# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space. 35319

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10062

City St Louis (No. 3144 Schenandoah St. ..... Ward)

**2. FULL NAME** Frank D. McGunnegle

(a) Residence. No. ..... St., 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | White | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa McGunnegle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 — 1850

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 9 | 26 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Rice Stix

(c) Name of employer Dry Good Co.

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George McGunnegle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Meadville Pa.

12. MAIDEN NAME OF MOTHER Elizabeth Starr 10/11, 1929

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Rome N. York

14. INFORMANT Theresa McGunnegle
(Address) 3144 Schenandoah St

15. FILED ....., 19.. Max C Starkey
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1929, to Oct 11, 1929 that I last saw him alive on Oct 11, 1929, and that death occurred, on the date stated above, at 12 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

a) apoplexy due to Cerebral Hemorrhage
82A
97 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edw Freeman, M.D.
(Address) 2974 S Grand Br

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL Oct 15 1929

20. UNDERTAKER J H Gebken — ADDRESS 2630 Gravois Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2927 S Grand,