

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36572**
Registrar's No. **2428**

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 25 yrs.		e. STREET ADDRESS (If rural, give location) 1050 Terrace Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1050 Terrace Drive			

3. NAME OF DECEASED (Type or Print) a. (First) Georgie	b. (Middle) May	c. (Last) McGunnegle	4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1956
--	------------------------	-----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 29, 1873	9. AGE (In years) (Last birthday) 83	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 4 HRS. Hours Min.
----------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secretary	10b. KIND OF BUSINESS OR INDUSTRY Western Adv. Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Frank D. McGunnegle	13b. MOTHER'S MAIDEN NAME Georgie E. Fuller	14. NAME OF HUSBAND OR WIFE Single
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-054273	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude K. Rieman	ADDRESS 1050 Terrace Dr.
---	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Mammary Gland		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Aug 4, 1956**, to **Oct 18, 1956**, that I last saw the deceased alive on **Sept 10, 1956**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name and Title) May Compton M.D.	23b. ADDRESS 10502 Manchester	23c. DATE SIGNED 10/19/56
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-22-56	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. 10-21-56	REGISTRAR'S SIGNATURE Herbert B. Donkin	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp Inc.	ADDRESS Kirkwood, Mo.
--	--	--	------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10502 of Manchester
Dr Roy Compton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Highland Jr*

Licensed Embalmer No. *451*

P. O. Address *Hickwood,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.