

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22300

FILED JUN 21 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1409

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. CITY OR TOWN <u>Warson Woods, Kirkwood</u>	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) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>1126 North Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>W.</u> c. (Last) <u>MACRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10, 1894</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>3</u> IF UNDER 4 HRS. Hours <u>26</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gaylord Container Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oakmont, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George S. Macrum</u>	13b. MOTHER'S MAIDEN NAME <u>Lois Wade</u>	14. NAME OF HUSBAND OR WIFE <u>Beatrice Macrum</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. W. I.</u>	16. SOCIAL SECURITY NO. <u>451-07-6729</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James W. Gardner, Jr.</u> ADDRESS <u>Warson Woods, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 <u>metastatic Carcinoma</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>157X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 May, 1956, to June 6, 1956, that I last saw the deceased alive on June 6, 1956, and that death occurred at 10.10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Catanzaro M.D.</u>	23b. ADDRESS <u>206 N. Clay, Kirkwood Mo</u>	23c. DATE SIGNED <u>6/8/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>6/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>
	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-8-56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Popp, Inc.</u> ADDRESS <u>Kirkwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Licensed Embalmer No.

P. O. Address.....

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.