

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015970

STATE FILE NUMBER

4538

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>151 5335 West</u>
3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>INT</u> Last <u>FELD</u>		4. DATE OF DEATH Month <u>4</u> Day <u>25</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 19, 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIN CAPTAIN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REGAL LANES</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
13a. FATHER'S NAME <u>MILTON INTFELD</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service) <u>N</u>		16. SOCIAL SECURITY NO. <u>489-38-9958</u>	17. INFORMANT Address <u>MILTON INTFELD 5335 West Ave.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> DUE TO (b) <u>Lymphoblastic infiltration of lungs</u> DUE TO (c) <u>Lymphoblastic leukemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>204.0</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1-11-58 4-25-58</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>4-25-58</u>	
21. I attended the deceased from <u>1-11-58</u> to <u>4-25-58</u> and last saw <sup>her</sup> him alive on <u>4-25-58</u> Death occurred at <u>7:45 P.M. 7:45PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Kenneth E. Walters, M.D.</u> (Degree or title)		22b. ADDRESS <u>1325 S. Grand</u> <u>1325 S. Grand Blvd.</u>	22c. DATE <u>4/25/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>APRIL 28, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CONCORDIA CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kuto 2916 Grannis</u>		25. DATE RECD. BY LOCAL REG. <u>APR 28 '58</u>	26. REGISTRAR'S SIGNATURE <u>Charles Smith MD</u> <u>mfb.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

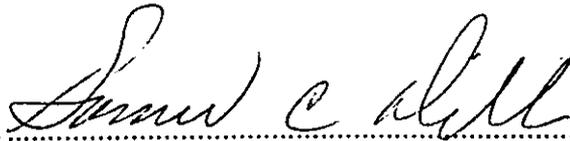
by me, or by ....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4347

P. O. Address 2906 Dav

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.