

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

Do not use this space.

41298

1. PLACE OF DEATH

County Gasconade Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 200 Registered No. _____
 City Jefferson (No. 900) _____ St. _____ Ward _____

2. FULL NAME

William Anthony Brasch
 (a) Residence, No. 16 1/2 W. Grand Ave. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yvonne Marie Brasch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1953

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castroville, Missouri

FATHER 13. NAME Glenn Brasch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Lida Brasch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Yvonne Marie Brasch

18. BURIAL, CREMATION, OR REMOVAL? PLACE Castroville DATE Dec 16 1937

19. UNDERTAKER (ADDRESS) H. H. Wilson

20. FILED 12/15 1937 W. J. Peterson Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Dec 13, 1937.
 Last saw him alive on Dec 12, 1937. Death is said

to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Coronal thrombosis from Arterio Sclerosis

Other contributory causes of importance: 82 1/2 97 J. J. W.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) H. H. Wilson, M. D.

(Address) Gasconade

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.

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

1874

600 Paper