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.

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Charles Registration District No. 756
Township Portage De Sioux Primary Registration District No. 5997
City (No. , St. Ward)

File No. 28192
Registered No.

2. FULL NAME Leo Brass
(a) Residence, No. West Alton Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13th 1876
7. AGE YEARS 61 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) West Alton Mo

FATHER
13. NAME Casper Brass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Pauline Cruse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo.

17. INFORMANT (ADDRESS) Clemence Brass West Alton Mo

18. BURIAL, CREMATION, OR REMOVAL Portage De Sioux
PLACE St Francis Cem DATE July 12th 1937

19. UNDERTAKER (ADDRESS) F. C. C. Dellmeyer & Hans C. St Charles Mo

20. FILED July 12, 1937 C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Lacerations and punctures of the head, back, chest, arms, hands and ~~[illegible]~~ abdomen.

Date of onset

202

Other contributory causes of importance:
As a result of falling into wheat separator. Lacerations and punctures caused by revolving banding knives & feeder pronges.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-9-37
Where did injury occur? near West Alton. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Farm.
Manner of injury fell into wheat separator.
Nature of injury numerous lacerations, punctures.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Threshing wheat, own farm, own rig.
(Signed) John H Buse
(Address) Coroner, St. Charles, Co. Mo.