

Deutenberg, Amelia Schnorbus 1901 - 1945

Kentucky Post – June 18, 1945

Mrs. Amelia Deutenberg

Solemn Requiem High Mass will be sung at 9 a. m. Wednesday at St. Patrick Church, Covington, following prayers at 8:30 a. m. at the Hugenberg & Glindmeyer funeral home, Covington, for Mrs. Amelia S. Deutenberg, 43, formerly of Covington, who died Sunday at St. Elizabeth Hospital after a short illness. Burial will be in Mother of God Cemetery.

Mrs. Deutenberg, who lived at 823 Pedretti avenue, Cincinnati, leaves her husband, Walter Deutenberg; two daughters, Misses Teresa Marie and Mary Lou Deutenberg, at home; her father, John P. Schnorbus, Cincinnati, and three brothers, J. C. Schnorbus, Cincinnati; John P. Schnorbus Jr., Homestead, Fla., and Henry J. Schnorbus, Baltimore.



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COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 2240
Registrar's No. 561

Registrar, District No. 790 Primary Registration District No. 2240

1. PLACE OF DEATH:
(a) County MENTON
(b) City or town COVINGTON
(c) Name of hospital or institution: ST. ELIZABETH HOSPT.
(d) Length of stay: _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State OHIO (b) County HAMILTON
(c) City or town CINCINNATI
(d) Street No. 823 PERRETTI AVE
(e) If foreign, give full name of U. S. A. _____

3(a) FULL NAME AMELIA DEUTENBERG
3(b) If veteran, Name war No 3(c) Social Security No. No
4. Sex F 5. Color W 6(a) Single, widowed, married, divorced MARRIED
6(b) Name of husband or wife WALTER DEUTENBERG
6(c) Age of husband or wife if alive 47 Years
7. Birth date of deceased OCT 10 1901
(Month) (Day) (Year)
8. AGE: 43 Years 8 Months 1 Day If less than one day hr. min.
9. Birthplace CINCINNATI OHIO
10. Usual occupation _____
11. Industry or business AT HOME

FATHER
12. Name JOHN T. SCHNORBUS
13. Birthplace COVINGTON KY.

MOTHER
14. Maiden name AMELIA BEMIGER
15. Birthplace COVINGTON KY.

16(a) Informant's name WALTER DEUTENBERG
(b) Address 823 PERRETTI AVE

17. BURIAL, CREMATION, OR REMOVAL
MOTHER OF GODS Date JUNE 20 1945
HUGENBERG & CLUMMEYER

18(a) Signature of funeral director _____
(b) Address HOWARTH ST. Cov. Ky

19(a) JUN 1 1945 (Date received by local registrar) (b) Anna H. C. O'Neil (Registrar's signature)

20. DATE OF DEATH JUNE 17 1945
21. I hereby certify that I attended the deceased from June 9 1945 to June 17 1945 and that I last saw him alive on June 16 1945 and that death occurred on the date stated above at 3:00 P. M.
Immediate cause of death Stroke Brain Tumor DURATION 2 weeks
Due to _____
Other conditions none (Include pregnancy within 3 months of death)
Major findings: _____
Of operations none
Of autopsy 0

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature A. J. Schwertman (M. D.)
Address Cincinnati, Ky Date signed 6/17/45

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.

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