

Schnorbus, Amelie Benzinger 1868 - 1941

Kentucky Post – January 21, 1941

SCHNORBUS — Emelte (nes Benzinger), beloved wife of John Schnorbus Sr., mother of Mrs. Walter Deutenberg, J. C. (Jim); John and Henry Schnorbus, Sunday, January 19, 1941, at the residence, 521 Western-av., Covington, Ky. Funeral from the Vorhis Funeral Home, 310 Dunn-st, Lockland, Wednesday, January 22, at 8:30 a. m. Requiem High Mass St. James Church, Wyoming, 9 a. m. [Frankfort and Louisville (Ky.) papers please copy].



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2281

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. _____
Registrar's No. _____

Registration District No. **790** Primary Registration District No. **2290**

1. PLACE OF DEATH:
 (a) County Kenton
 (b) City or town Covington
 (c) Name of hospital or institution: 521 Western Ave
 (If not in hospital or institution write street number or location.)
 (d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County Kenton
 (c) City or town Covington
 (If outside city or town limits, write RURAL)
 (d) Street No. 521 Western Ave
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Emelie Schnorbus
3(b) If veteran, no **3(c) Social Security** none
 Name war _____ No. _____

4. Sex F **5. Color or** W **6(a) Single, divorced,** married
 race _____ divorced _____

6(b) Name of husband or wife John Schnorbus
6(c) Age of husband or wife if alive 75 Years

7. Birth date of deceased: August 29, 1868
 (Month) (Day) (Year)

8. AGE: Years _____ Months 4 Day 21 If less than one day _____ min.

9. Birthplace Covington Ky
10. Usual occupation Housewife
11. Industry or business _____

FATHER
12. Name Bernard Benzinger
13. Birthplace Germany

MOTHER
14. Maiden name Caroline Bauman
15. Birthplace Germany

16(a) Informant's own signature James Schnorbus
(b) Address 521 Western

17. BURIAL, CREMATION, OR REMOVAL
Mother of God Date Jan 22, 1941

18(a) Signature of funeral director W M Benz
Parke's Funeral Home
(b) Address JAN 21 1941
19(a) JAN 21 1941 (Date received by local registrar) Ma. H. C. O'Brien (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH January 19, 1941
21. I hereby certify that I attended the deceased from 1/2 1941
 to 1/19 1941 that I last saw her alive on 1/19 and that death occurred on the date stated above at 1 P.M.
 Immediate cause of death Coronary Arteriosclerosis DURATION 7
 Due to Arteriosclerosis 7-1628
 Other conditions senility (include pregnancy within 3 months of death) 1941
 Major findings:
 Of operations _____
 Of autopsy _____

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. or other) _____
 Address Covington, Ky Date signed 1/20/41

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.