

Kentucky Post - January 18, 1935

**J. L. SCHWERTMAN  
CALLED BY DEATH**

Joseph L. Schwertman, 45, of 2128 Oakland avenue, Covington, died early Friday at his home. He formerly was secretary of Bishop Carrell Council, Knights of Columbus, Covington.

He was a brother of Dr. A. J. Schwertman, Covington physician. Besides Dr. Schwertman he leaves three sisters, Misses Antoinette and Mollie Schwertman and Mrs. George Ries, Chicago.

Funeral services will be held Monday at 8:30 a. m. at the home, with requiem high mass at 9 a. m. at St. Augustine Church. Burial will be in Mother of God Cemetery. John N. Middendorf Sons, Covington, are in charge.

MARGIN RESERVED FOR BINDING

D. ORD. 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 if very important. See instructions on back of certificate.

N. B. WRITE PLAINLY, WITH UNFADING 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 if very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed or Divorced (write the word) <i>Single</i>	21. DATE OF DEATH <i>Jan. 17<sup>th</sup> 1935</i>
2. FULL NAME <i>Joseph L. Schwertman</i>	6. DATE OF BIRTH <i>Oct 8 - 1889</i>	7. AGE Years <i>45</i> Months <i>3</i> Days <i>9</i>	22. I HEREBY CERTIFY that I attended deceased from <i>Dec. 17<sup>th</sup> 1934</i> to <i>Jan. 17<sup>th</sup> 1935</i> . I last saw him alive on <i>Jan. 17<sup>th</sup> 1935</i> . Death is said to have occurred on the date stated above at <i>8:00 p.m.</i> The principal cause of death and related causes of importance in order of onset were as follows: <i>Glioma - Brain</i>
3. PLACE OF DEATH County <i>Kenton</i>	8. Trade, profession, or particular kind of work done, as spinner, weaver, bookbinder, etc.	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	23. If death was due to external causes (violence) fill in using the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	12. BIRTHPLACE <i>Covington Ky</i>	24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
13. NAME <i>Joseph L. Schwertman</i>	14. BIRTHPLACE <i>Covington Ky</i>	15. MAIDEN NAME <i>Mollie Bendinger</i>	16. BIRTHPLACE <i>Covington Ky</i>
17. INFORMANT <i>Mr. A. J. Schwertman</i>	18. BURIAL, CREMATION, OR REMOVAL Place <i>Mother of God</i> Date <i>Jan. 21 1935</i>	19. UNDERTAKER <i>John W. McHenry Sons</i>	20. FILED <i>1/19 1935 Mrs. M. C. White</i>
		Name of operation <i>none</i> Date of _____ What test confirmed diagnosis? <i>PT</i> Was there an autopsy? <i>Y</i>	
		Manner of injury _____ Nature of injury _____	
		(Address) <i>2008 Madison Ave / Covington Ky</i>	