

Theissen, James Phillip 1948 - 1949

Kentucky Post - March 20, 1949

THEISSEN—James' P. Jr., beloved infant son of James P. Theissen, at the residence, 107 Sterrett-av, Covington, Ky., Saturday, March 19, 1949, age 4 months. Private funeral Monday, March 21. Blessing at the Linnemann Funeral Home, 25-27 E. 11th-st, at the convenience of the family.

Form V. R. 1-A FEDERAL BUREAU OF INVESTIGATION U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. 5583 Registrar's No. 286	
Registration District No. 799		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY Kenton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Kenton			
b. CITY (If outside corporate limits, write RURAL, and give township) Covington		c. CITY (If outside corporate limits, write RURAL, and give township) Covington			
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 Sterrett Avenue		d. STREET ADDRESS (If rural, give location) 107 Sterrett Avenue			
3. NAME OF DECEASED a. (First) James b. (Middle) Phillip c. (Last) Theissen, Jr.		4. DATE OF DEATH (Month) (Day) (Year) March 19, 1949			
5. SEX male		6. DATE OF BIRTH Nov 24, 1948		9. AGE (In years last birthday) 0 Months 3	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Covington, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME James P. Theissen, Sr.		14. MOTHER'S MAIDEN NAME Esther Verhoeven			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT James P. Theissen, Sr., Father	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus Spina Bifida from Birth</u>		INTERVAL BETWEEN ONSET AND DEATH from Birth			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Anoxia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 75 x - 157 mm		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 3-19-49		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29, 1949 to 3-19, 1949 , that I last saw the deceased alive on 3-18, 1949 , and that death occurred at 3 PM , from the causes and on the date stated above.					
23a. DATE SIGNED 3-21-49		23b. ADDRESS 1 Wallace Ave.		23c. SIGNATURE (Degree or title) M. J. Temple M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 21, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	
24d. LOCATION (City, town, or county) (State) South Ft. Mitchell, Ky.		25. FUNERAL DIRECTOR ADDRESS Henry Linnemann Sons, Covington, Ky.			

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