

Bornhorn, Alphonse L 1887 - 1952

Kentucky Post – June 7, 1952

Alphonse Bornhorn

Requiem High Mass will be sung at 9 a. m. Monday at Holy Cross Church for Alphonse Ludwig Bornhorn, 64, machinist for the R. A. Jones Co., Covington, who died Friday at his home, 2814 Rogers street, Covington. Prayers will be said at 8:15 a. m. at the Linnemann funeral home, Covington. Burial will be in Mother of God cemetery.

He leaves his widow, Mrs. Elizabeth Horstman Bornhorn; a son, Joseph Bornhorn, Covington, and a sister, Mrs. Columbus Casnellie, Covington.



Bornhorn, Alphonse L 1887 - 1952

| Form V. 8-1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS | | COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | 52 15096 FILE NO. 116 | 582 REGISTRAR'S NO. |
|---|----------------------------------|---|---|--|------------------------|
| Registration District No. <u>790</u> | | Primary Registration District No. <u>2290</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Kenton</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Covington</u> | | c. LENGTH OF STAY (In this place) <u>64 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Covington</u> <u>2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2814 Rogers Street</u> | | d. STREET ADDRESS (If rural, give location) <u>2814 Rogers Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfonse</u> b. (Middle) <u>Ludwig</u> c. (Last) <u>Bornhorn</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1952</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug. 2, 1887</u> | 9. AGE (In last birthday) Months <u>64</u> Days <u></u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>R. A. Jones</u> | | 11. BIRTHPLACE (State or foreign country) <u>Covington, Kentucky</u> | |
| 12. FATHER'S NAME <u>unknown</u> | | 13. MOTHER'S MAIDEN NAME <u>Mary Keitz</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>401-26-7996</u> | | 17. INFORMANT <u>Mrs. Elizabeth Bornhorn, wife</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death. | | ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4202-081-17</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <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 <u>5-24, 1952</u> to <u>6-6, 1952</u> , that I last saw the deceased alive on <u>6-6, 1952</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>6-9-52</u> | | 23b. ADDRESS <u>201 E 38th St. Cov Ky</u> | | 23c. SIGNATURE <u>Henry J. Adams</u> (Degree or title) | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>June 9, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Covington, Kentucky</u> | | 25. REGISTRAR'S SIGNATURE <u>Marian Dean</u> | | | |
| 25a. DATE REC'D BY LOCAL REG. <u>JUN 11 1952</u> | | 25b. REGISTRAR'S SIGNATURE | | 26. FUNERAL DIRECTOR ADDRESS <u>Henry Linnemann Sons, Covington, Ky.</u> | |
| 6-11-52 | | | | | |