

Bornhorn, Anne M Kreke 1863 - 1943

Kentucky Post - May 3, 1943

Mrs. Anna M. Bornhorn

Requiem High Mass for Mrs. Anna M. Bornhorn, 1528 Garrard street, Covington, will be sung at St. Benedict's Church at 9 a. m. Tuesday, following prayers at the Henry Linnemann Sons' funeral home, Covington, at 8:30 a. m.

Burial will be in Mother of God Cemetery. She was 79.

Mrs. Bornhorn died Saturday at her home following a long illness. She leaves two sons, Stanley and Carroll, both of Covington; one daughter, Miss Henrietta Bornhorn, Covington; three brothers, John Kreke, San Antonio, Tex.; Harry Kreke, Hamilton, O., and Joseph Kreke, Cincinnati, and two grandchildren.

Form V. B. 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. **11703**
Registrar's No. **2290**

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: **1528 Garrard St.**
(d) Length of stay: **79** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Ky** (b) County **Kenton**
(c) City or town **Covington**
(d) Street No. **1528 Garrard St.**
(e) If foreign born, how long in U. S. A. **2** years

3(a) FULL NAME **Anna M. Bornhorn**
3(b) If veteran, Name war **✓** 3(c) Social Security No. **✓**

4. Sex **F** 5. Color or race **Wh** 6(a) Single, widowed, married, divorced **Widowed**

6(b) Name of husband or wife **Joseph C. Bornhorn**
6(c) Age of husband or wife if alive **Years**

7. Birth date of deceased **Oct 28 1863**
(Month) (Day) (Year)

8. AGE **79** Years **6** Months **2** Days If less than one day hr. min.

9. Birthplace **Covington, Ky.**

10. Usual occupation **Housework**

11. Industry or business **At Home**

FATHER { 12. Name **Henry Kreke**
13. Birthplace **Germany**

MOTHER { 14. Maiden name **Kathryn Schmidt**
15. Birthplace **Germany**

16(a) Informant's own signature **Henrietta Bornhorn**
(b) Address **1528 Garrard St**

17. BURIAL, CREMATION, OR REMOVAL
Place **Mother of God** Date **5/4/1943**

18(a) Signature of funeral director **Henry J. Linnemann**
(b) Address **1528 Garrard St**
19(a) (Date received by local registrar) **MAY 3 1943** (Registrar's signature) **Mrs. H. C. White**

20. DATE OF DEATH **May 1st 1943**

21. I hereby certify that I attended the deceased from **9/1/13** to **May 1st 1943** that I last saw him alive on **May 1st 1943** and that death occurred on the date stated above at **12:55 P. M.**

Immediate cause of death **Cerebral thrombosis** DURATION **1 Day**

Due to **Dysphagia Mellitus: 10 yrs**
ast. sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **61-83A**
Of autopsy

22. 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? (a) Means of injury
Signature **A. J. Schwertman MD**
Address **Covington Ky** Date signed **5/1/43**

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.