

Kentucky Post - November 18, 1943

Paul J. Casnellie
Requiem High Mass for Paul J. Casnellie, 3128 Beech street, Covington, will be sung at Holy Cross Church at 9 a. m. Friday, following prayers at the Henry Linnemann Sons Funeral Home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.
Mr. Casnellie died Wednesday at his home. He was 29. He leaves his parents, Mr. and Mrs. C. P. Casnellie, Covington; five brothers, and one sister.

Casnellie, Paul J 1914 - 1943

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. **25033**
 Registrar's No. **1064**

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

1. PLACE OF DEATH:
 (a) County Kenton
 (b) City or town Covington
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution 3128 Beech 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 Ky (b) County Kenton
 (c) City or town Covington (If outside city or town limits, write RURAL)
 (d) Street No. 3128 Beech Ave (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? 2 years

3(a) FULL NAME Paul J. Casnellie
3(b) If veteran, _____ **3(c) Social Security** No. 268-10-9580
Name war _____

4. Sex M **5. Color or race** Wth **6(a) Single, widowed, married, divorced** Single

6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased April 28 1914
 (Month) (Day) (Year)

8. AGE: Years 29 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Covington, Ky.
10. Usual occupation Stenographer - Knight
11. Industry or business Aeromarine Co. Dayton

FATHER
12. Name Columbus P. Casnellie
13. Birthplace New York

MOTHER
14. Maiden name Elizabeth Bernhardt
15. Birthplace Covington, Ky.

16(a) Informant's own signature Mrs. C. P. Casnellie
(b) Address 3128 Beech St.

17. BURIAL, CREMATION, OR REMOVAL
 Place Methodist Hosp. Date Nov 19 1943

18(a) Signature of funeral director H. J. Zimmerman
(b) Address Covington, Ky.

19(a) NOV 18 1943 (Date received by local registrar) **(b) H. C. White** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH November 17 1943
21. I hereby certify that I attended the deceased from _____ 19____
 to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 2-A M.
 Immediate cause of death Bronchial Pneumonia DURATION _____
 Due to Sec. Fall 7/13/43
Fractured Vertebra
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations 186A-107
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 7/13/43
 (c) Where did injury occur? In City of Covington, Ky. (Specify type of place)
 While at work? yes (e) Means of injury Sec. Fall
23. Signature J. P. Reffers, Coroner (M. D. or other)
 Address Covington, Ky. Date signed 4/19/45
1725 Laurel St.

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.