

Kentucky Post - June 28, 1951

Herman H. Moeller

Requiem High Mass will be sung at 9 a. m. Saturday at Mother of God Church for Herman H. Moeller, 235 W. Ninth street, Covington, who died Wednesday at St. Elizabeth hospital. Prayers will be said at 8:30 a. m. at the Middendorf funeral home, 917 Main street, Covington. Burial will be in Mother of God cemetery.

Mr. Moeller, 71, had been a layout man for Newman Bros., Cincinnati, for the past 15 years. He was a member of the Covington Eagles and Covington Moose Lodge.

He leaves his widow, Mrs. Anna Moeller; four sons, Paul Moeller,

Erlanger; Carl Moeller, Southgate, Cal. and Richard and Norman J. Moeller, both of Covington; a daughter, Mrs. Beatrice Streutker, Covington; two brothers, Victor M. Moeller, Erlanger, and Joseph Moeller, Los Angeles, Cal.; three sisters, Mrs. Bertha Flesh, Erlanger, and Misses May and Fred Moeller, Ft. Mitchell; six grandchildren and a great-grandchild.

Moeller, Herman H 1879 - 1951

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		51 14523	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		FILE NO. 116	
		CERTIFICATE OF DEATH		REGISTRAR'S NO. 639	
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY Kenton			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE Ky b. COUNTY Kenton (Institution)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		d. STREET ADDRESS (If rural, give location) 235 W.9th	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth					
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) H. c. (Last) Moeller		4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1951			
5. SEX M	4. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/3/1879	9. AGE (In years last birthday) If Under 1 Year: Months 10 Days 24 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAYOUT MAN		10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal		11. BIRTHPLACE (State or foreign country) Cov. Ky.	
13. FATHER'S NAME Henry Moeller		14. MOTHER'S MAIDEN NAME Mary Bornhorn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Anna Moeller	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Gall bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION SEE - 259-17		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS Covington, Kentucky		23c. SIGNATURE John Golden M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/30/51		24c. NAME OF CEMETERY OR CREMATORY Mother of Gods	
25a. DATE REC'D BY LOG & REG. JUL 3 1951		25b. REGISTRAR'S SIGNATURE Marion Dean		26. FUNERAL DIRECTOR Middendorf ADDRESS Cov. Ky.	