

Moeller, Joseph R 1916 - 1951

Post & Times Star - July 28, 1951

MOELLER—Joseph, beloved brother of Paul, Bertha and Shirley Moeller and Mrs. Marie Behymer, Mrs. Virginia Grote and Mrs. Margaret Hoeb, Friday, July 27, 1951, at his home, 243 W. Seventh-st., Covington, Ky., age 34 years. Funeral Tuesday, July 31, from the John N. Middendorf Sons Funeral Home, 917 Main-st. at 8:30 a. m. Requiem High Mass, Mother of God Church, 9 a. m. Interment Mother of God Cemetery.

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		51 16559	
FEDERAL SECURITY AGENCY		Department of Health		FILE NO. 116	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 739	
NATIONAL OFFICE VITAL STATISTICS		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 admission) a. STATE Ky b. COUNTY Kenton			
b. CITY OR TOWN Covington		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Covington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Licking River			d. STREET ADDRESS Kenton County Infirmary		
3. NAME OF DECEASED a. (First) Joseph		b. (Middle)		c. (Last) Moeller	
4. DATE OF DEATH (Month) (Day) (Year) 7 27 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct 13, 1916		9. AGE (In years last birthday) 34	
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, Ky.	
12. FATHER'S NAME Paul Moeller		13. MOTHER'S MAIDEN NAME Mayme Klare		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. or unknowns) (If No. give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Bertha Moeller	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Accidental Drowning</i>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.			DUE TO (b)
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9298-146-25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <i>Swimming Pool, Covington, Kentucky</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Covington, Kenton, Ky.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>7-27-51 3 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Blow on the side of the head while swimming</i>	
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 _____, _____, _____, from the causes and on the date stated above.					
23a. DATE SIGNED <i>7/31/51</i>		23b. ADDRESS <i>Covington, Ky.</i>		23c. SIGNATURE <i>Jessie Riffe</i> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/31/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mother of Gods</i>	
24d. LOCATION (City, town, or county) (State) <i>Covington Ky.</i>		25a. DATE REC'D BY <i>AUG 2 1951</i>		25b. REGISTRAR'S SIGNATURE <i>Maxine Dean</i>	
25c. FUNERAL DIRECTOR <i>Middendorf</i>		25d. ADDRESS <i>Cov. Ky.</i>			

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