

Nienaber, Albert Joseph 1925 - 1928

Kentucky Post - April 18, 1928

NIENABER—Albert, Jr., beloved son of Albert Nienaber and the late Geneva Nienaber (nee Bornhorn), at the residence, 4452 Decoursey-av., Covington, Ky., Tuesday, April 17, 1928, aged 2 years. Funeral from the above residence Friday, April 20, at 7:30 a. m. Angel mass at Holy Cross Church at 7:45 a. m. Interment Mother of God Cemetery. —1

Form V. S. 1-50m-5-23-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr Morris ✓

1 PLACE OF DEATH
County Kenton File No. 10231
Registration District No. 790 Registered No. _____
Inc. Town _____ Primary Registration District No. 2290
City Covington (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Nienaber Jr.
(a) Residence No. 4452 Decoursey St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 Single Married <input checked="" type="checkbox"/> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>April 17</u> , 19 <u>28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>April 16</u> , 19 <u>27</u> , to <u>April 17</u> , 19 <u>28</u> , that I last saw h ^m alive on <u>17</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>110</u> m. The CAUSE OF DEATH* was as follows: <u>Convulsions</u>
6 DATE OF BIRTH <u>Feb 2nd</u> 19 <u>26</u> (Month) (Day) (Year)	7 AGE <u>2</u> yrs. <u>7</u> mos. <u>15</u> ds. IF LESS than 1 day _____ hrs. or _____ min?	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <input checked="" type="checkbox"/> (b) General nature of industry, business or establishment in which employed (or employer)	18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>L. A. Morris</u> M. D. _____, 19 <u>28</u> . (Address) <u>311 N. 34th St.</u>	19 PLACE OF BURIAL OR REMOVAL <u>Mother of Gods</u> UNDERTAKER <u>Stons</u> <u>H. Zimmerman</u> DATE OF BURIAL <u>April 20</u> , 19 <u>28</u> ADDRESS <u>Covington</u>
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Ky.</u>	10 NAME OF FATHER <u>Albert Nienaber</u>	11 BIRTHPLACE OF FATHER (city or town) <u>Covington</u> (State or country) <u>Ky.</u>	12 MAIDEN NAME OF MOTHER <u>Geneva Bornhorn</u>	13 BIRTHPLACE OF MOTHER (city or town) <u>Covington</u> (State or country) <u>Ky.</u>
14 (Informant) <u>Albert Nienaber</u> (Address) <u>4452 Decoursey</u>	15 <u>April 18 1928</u> <u>J. P. Riffe</u> Registrar			

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.