

Overwein, Anna Hueninghake 1871 - 1931

Kentucky Post - May 15, 1931

**OVERWEIN—Anna** (nee Hueninghake), beloved wife of Henry Overwein, Thursday, May 14, 1931, age 60 years. Funeral from residence, 15 East Thirty-first-st, Latonia, Ky., Saturday, March 16, with requiem high mass at Holy Cross Church at 9 a. m. Interment in Mother of God Cemetery.

Form V. S. 1-A-50m-11-1-20

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

1 PLACE OF DEATH  
County Kenton File No. 12255  
Vot. Pct. H. Mitchell Registration District No. 791 Registered No. \_\_\_\_\_  
Inc. Town \_\_\_\_\_ Primary Registration District No. 2820  
City Latonia (No. La Fayette Circle Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna M Overwein  
(a) Residence. No. 15 E. 31st 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

3. SEX F. 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married  
6a. If married, widowed, or divorced HUSBAND of Henry Overwein (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) July 26, 71  
7. AGE Years 59 Months 10 Days 22 if LESS than 1 day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lang Wkr  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (city or town) (State or country) Corniglia  
13. NAME Herman Hueninghake  
14. BIRTHPLACE (city or town) (State or country) German  
15. MAIDEN NAME Angelina Preper  
16. BIRTHPLACE (city or town) (State or country) German  
17. INFORMANT (Address) Joe W. Overwein  
18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph Date 5/16/31  
19. UNDERTAKER (Address) Dr. Ratz  
20. FILED 5/17, 1931 Registrar J. L. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/13, 1931  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Anginal Pectoris Date of onset \_\_\_\_\_  
Contributory causes of importance not related to principal cause: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) Harry F. Dossels, M. D.  
(Address) James K. Kunkel  
Dr. Slater Dr. Fisher

PHYSICIANS should 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.