

Overwein, Henry J 1863 - 1948

Kentucky Post – October 23, 1948

Henry J. Overwein

Henry J. Overwein, 84, of 1912 Howell street, Covington, died Thursday at the home of a daughter, Mrs. Angela Bailer, with whom he lived. A life-long resident of Covington, he was a retired mechanic.

He also leaves another daughter, Mrs. E. C. Petty, Walnut Hills; a son, Joseph Overwein, Covington; 11 grandchildren and nine great-grandchildren.

Requiem High Mass will be sung at Mother of God Church at 9 a. m. Monday following prayers at the Hugenberg & Glindmeyer funeral home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.

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Form V. R. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Issue File No. <u>1354</u> Registrar's No. <u>04</u>
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>		
1. PLACE OF DEATH: (a) County <u>KENTON</u> (b) City or town <u>COVINGTON</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>1912 HOWELL ST</u> (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 <u>KY</u> (b) County <u>KENTON</u> (c) City or town <u>COVINGTON</u> (If outside city or town limits, write RURAL) (d) Street No. <u>1912 HOWELL ST</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ yrs		
3(a) FULL NAME <u>HENRY J OVERWEIN</u> 3(b) If veteran, Name war <u>NO</u> 3(c) Social Security No. <u>272-12-5780</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>JAN 22</u> 19 <u>48</u> 21. I hereby certify that I attended the deceased from <u>Jan 2</u> 19 <u>48</u> to <u>Jan 22</u> 19 <u>48</u> , that I last saw him alive on <u>Jan 21</u> 19 <u>48</u> , and that death occurred on the date stated above at <u>7:30 AM</u> . Immediate cause of death <u>Bronchopneumonia</u> DURATION <u>3 days</u> Due to <u>chronic bronchitis</u> <u>3 wks</u> Other conditions <u>Senility</u> (Include pregnancy within 3 months of death)		
4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, widowed, married, divorced <u>WIDOWER</u> 6(b) Name of husband or wife <u>ANNA HUENINGHAKE</u> 6(c) Age of husband or wife if alive <u>DEAD</u> Years _____ 7. Birth date of deceased <u>Nov. 28</u> 19 <u>63</u> (Month) (Day) (Year)		8. AGE: Years <u>84</u> Months <u>1</u> Days <u>24</u> If less than one day hr. _____ min. _____ 9. Birthplace <u>COVINGTON KY</u> 10. Usual occupation <u>RETIRED</u> <u>3</u> 11. Industry or business <u>MACHINIST</u>		
12. Name <u>HENRY OVERWEIN</u> 13. Birthplace <u>GERMANY</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____ While at work? _____ (a) Means of injury _____		
FATHER { 12. Name <u>HENRY OVERWEIN</u> 13. Birthplace <u>GERMANY</u>		Major findings: _____ Of operations <u>107-106B</u> Of autopsy _____		
MOTHER { 14. Maiden name <u>ELIZABETH BARNHORN</u> 15. Birthplace <u>GERMANY</u>		16(a) Informant's own signature <u>MRS ANGELA BAILER</u> (b) Address <u>1912 HOWELL ST COV. KY</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>MOTHER OF GODS</u> Date <u>JAN 26 1948</u> 18(a) Signature of funeral director <u>HUGENBERG & GLINDMEYER</u> (b) Address <u>42 W 6TH ST COV. KY</u> 19(a) <u>JAN 22 1948</u> (Date received by local registrar) (b) <u>W W Williamson</u> (Registrar's signature)		
		19(b) <u>5-25 Main St.</u> (Date signed) <u>1-22-48</u> <u>Covington, Ky.</u>		