

Overwein, Henry J 1891 - 1941

Kentucky Post - October 6, 1941

## Henry J. Overwein

Requiem High Mass for Henry J. Overwein, 1545 Nancy Street, Covington, will be sung at St. Benedict Church at 9 a. m. Wednesday following prayers at the Henry Linnemann Sons funeral home, Covington. Burial will be in Mother of God Cemetery. He was 50.

A lifelong resident of Covington, Mr. Overwein died late Saturday at St. Elizabeth Hospital following a short illness. He was foreman of the defense order department of the American Tool Co., Cincinnati.

He leaves his widow, Mrs. Catherine Putthoff Overwein; one daughter, Miss Mary K. Overwein; one son, John Overwein; one brother, Joseph Overwein; his father, Henry Overwein, and two sisters, Mrs. Angela Baller, and Mrs. Emma Petty, all of Covington.

Overwein, Henry J 1891 - 1941

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  
2290

State File No. **24739**  
Registrar's No. \_\_\_\_\_

Registration District No. **790** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: (a) County **Kenton** (b) City or town **Covington**  
(c) Name of hospital or institution: **St Elizabeth's Hospital**  
(d) Length of stay: \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: (a) State **Ky** (b) County **Kenton**  
(c) City or town **Covington** (d) Street No. **1545 Nancy St**  
(e) If foreign born, how long in U. S. A.?  year

3(a) FULL NAME **Henry J. Overwein**  
(b) If veteran, Name war \_\_\_\_\_ (c) Social Security No. **268-09-2974**

4. Sex **Male** 5. Color or race **W** 6(a) Single, widowed, married, divorced \_\_\_\_\_

7. Birth date of deceased: **Jan 5 1891**  
8. AGE: Years **50** Months **9** Days **0** If less than one day: \_\_\_\_\_

9. Birthplace **Covington Ky**  
10. Usual occupation **Foreman**  
11. Industry or business **Am Tool Works**

12. Name **Henry Overwein**  
13. Birthplace **Covington Ky**  
14. Maiden name **Anna Hueninghake**  
15. Birthplace **Covington Ky**

16(a) Informant's own signature **Catherine P. Overwein**  
(b) Address **1545 Nancy St Cov Ky**

17. BURIAL, CREMATION, OR REMOVAL  
**Mothers of God** Date **10 8 1941**

18(a) Signature of funeral director **B. J. Sinnerman**  
(b) Address **24-67 St - Cov Ky**  
19(a) **OCT 17 1941** (Date received by local registrar) **Miss H. C. White** (Registrar's signature)

20. DATE OF DEATH **Oct 5 1941**  
21. I hereby certify that I attended the deceased from **Oct 4 1941** to **Oct 5 1941**, that I last saw him alive on **Oct 5 1941**, and that death occurred on the date stated above at **12:30 P.M.**  
Immediate cause of death **Myocardial Infarction**  
Due to **Coronary Artery Sclerosis**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **MI**  
Of operations   
Autopsy  **Henry J. Overwein**

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? **Home** (Specify type of place)  
While at work?  (e) Means of injury \_\_\_\_\_

23. Signature **C. Barr** (M. D. or other)  
Address **209 W. 34 St** Date signed **10-6-41**  
**Covington Ky**

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.