Kentucky Post – January 31, 1951

Henry H. Pohlman

Requiem High Mass will be sung at 9 a. m. Saturday at Blessed Sacrament Church, South Ft. Mitchell, for Henry H. Pohlman, 12 Lafayette circle, Lakeside Park, who died Tuesday at St. Elizabeth Hospital. Prayers will be said at 8:15 a. m. at the Linnemann, Juneral home, Coving. Linnemann-funeral home, Covington. Burial will be in Mother of God Cemetery.

An employe of the Newman Manufacturing Co., Cincinnati, for more than 25 years, he was 67. He leaves his widow, Mrs. Mary He leaves his widow, Mrs. Mary Bornhorn Pohlman; two sons, Harold H. and Charles G. Pohl-man, both of Covington; three daughters, Mrs. Mary Margaret Smith and Mrs. Lillian Kayser, both of Covington, and Mrs. Char-lotte Young, Cincinnati, and a brother, George Pohlman, New-port. port.

Pohlman, Henry H 1883 - 1951

FEDERAL SECURITY AGENCY Depart	LTH OF KENTUCKY	
ti. ministra constant stanta and antiquests	ATE OF DEATH REGISTRAN'S NO. 2280	-
1. PLACE OF DEATH * COUNTY Kenton	2. USUAL RESIDENCE (Where deceased lived, if institution) residence b. COUNTY Kenton adults	ofore sion)
b. CITY (If solide corporate limits, write RURAL and give c. LENGTH O	Town Lakeside, Park	
d. FULL NAME OF (If no in hospita) or institution, give street address or HOSPITALOR location, St. Elizabeth Hospital Institution	al ADDRESS 12 Lafayette Circle	
S. NAME OF a. (First) b. (Middle) DECEASED Henry H.	e. (Last) 4. DATE (Month) (Dar) (Year Pohlman Open Jan 30 195	
6. COLOR OR RACE / MARRIED, NEVER MARRIED, MARRIED, MARRIED, MARRIED, NEVER MARRIED, MARRIED, NEVER MARRIED, MARRIED, NEVER MA	Aug. 18, 1883 67 Morths Days Blours 1	Hin.
ios. USUAL OCCUPATIONICITE blad of work lob. KIND OF BUSINESS OR I	N. II. BIRTHPLACE (Mate or foreign country)	1841
13. FATHER'S NAME Herman Pohlman	Agnes Brueggeman	_
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURI (Yes. Mor unbown) (If yes. sire was or dates of service) 270-03-5870		
18. CAUSE OF DEATH Enter only one cause per in DIRECTLY LEADING TO DEATH* (a)	CERTIFICATION PRINCE ? INTERVAL BETWEEN AND DEL	W.
ANTECEDENT CAUSES This does not mean Morbid conditions, if any, giv- DUE TO (b)	Rt. Dugiel Karina 7 min	
This does not mean the mode on disting, if any, give DUE TO (b) the mode of dying), ing rise to the above cause such as heart failure, (a) etaing the underlying athenia, ct. I means the disease, injury, or complication which his Types (GNIEICAUT COMPLICAT	verthe Diestine	
Conditions contributing to the death but not related to the disease or condition causing death.	5600-103-28	-
THE DATE OF OPERAL ITS. MAJOR FINDINGS OF OPERATION	aben It. Rt. On A Hemil 1 to 100	3
21a. ACCIDENT (Recity) SUICIDE 21b. PLACE OF INJURY (e.g., in or a boine, failm, factory, street, affice in etc.)	Italia (CITY, TOWN, OR TOWNSHIP) (GOUNTY) (STATE)	_
21d. TIME (Nonib) (Day) (Toer) (Mour) 21e. INJURY OCCURRED OF WHILE AT NOT WHILE INJURY OCCURRED OF WHILE AT WH		M
22. I hereby certify that I attended the deceased from 1-20- alive on 1-50-, 19 L and that death occurred	at 1950 in 1-30 , 19 1, that I last saw the decea	sed
The DATE SIGNED HE ADDRESS . 7 - Cor. Ky.	at. 7 m., from the causes and on the date stated above.	•)
Ma Burial CREMA. 24b. DATE 24c. NAME OF CURIT		_
MA DATE RICO BY MS. ABOISTRAN'S SIGNATURE	Henry Linnemann Sons Cov. Ky	_