

Schmidt, Emma Moeller 1884 - 1947

Cincinnati Enquirer – March 12, 1947

MRS. EMMA SCHMIDT.

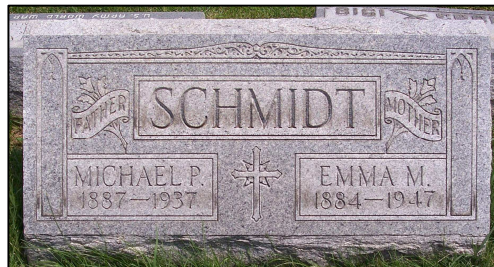
The funeral of Mrs. Emma Schmidt, 43 Belmont Ave., Lakeside Park, will be held from the Middendorf funeral home, 917 Main St., Covington, at 8:30 a. m. Friday. Requiem High Mass will be sung at 9 a. m. at Blessed Sacrament Church, South Fort Mitchell. Burial will be in Mother of God Cemetery, Covington.

Mrs. Schmidt died yesterday at her home. She was 62 years old.

Surviving are a daughter, Mrs. Al Fedders, South Fort Mitchell; two sons, Michael, at home, and Paul Schmidt, Santa Monica, Calif.; three sisters, Misses Mae and Freda Moeller, both of South-Fort Mitchell, and Mrs. Bertha Flesch, Elmore, and three brothers, Herman Moeller, Covington; Joseph Moeller, Los Angeles, and Victor Moeller, Elmore.

Kentucky Post – March 13, 1947

SCHMIDT—Emma (nee Moeller), beloved wife of the late Michael P. Schmidt, and beloved mother of Mrs. Al Fedders, Michael and Paul Schmidt, Tuesday, March 11, 1947, at her home, 43 Belmont-av, Lakeside, Covington, Ky., age, 62 years. Funeral Friday, March 14, from John N. Middendorf Sons Funeral Home, 917 Main-st, at 8:30 a. m. Requiem High Mass at Blessed Sacrament Church at 9 a. m. Interment Mother of God Cemetery.



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REPRODUCED FOR BIRTHING

N. B.—WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. B. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

State File No. **6550**
 Registrar's No. **243**

Registration District No. **780** Primary Registration District No. **2290**

<p>1. PLACE OF DEATH: (a) County Kenton (b) City or town Covington (If outside city or town limits, write RURAL) (c) Name of hospital or institution St. Elizabeth Hospital (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)</p>	<p>2. USUAL RESIDENCE OF DECEASED: (a) State Kentucky (b) County Kenton (c) City or town Covington - Rural (If outside city or town limits, write RURAL) (d) Street No. 43 Bellemonte Ave., Lakeside Park (If rural give precinct) (e) If foreign born, how long in U. S. A.? yes</p>
<p>3(a) FULL NAME EMMA SCHMIDT</p>	
<p>3(b) If veteran, Name war _____ 3(c) Social Security No. _____</p>	
<p>4. Sex Female Color or race White 6(a) Single, widowed, divorced Widowed</p>	
<p>6(b) Name of husband or wife Michael P. Schmidt (Deceased)</p>	
<p>6(c) Age of husband or wife if alive _____ Years</p>	
<p>7. Birth date of deceased October 22, 1884 (Month) (Day) (Year)</p>	
<p>8. AGE: 62 Months 17 Days _____ If less than one day hr. _____ min.</p>	
<p>9. Birthplace Covington, Ky.</p>	
<p>10. Usual occupation Housewife</p>	
<p>11. Industry or business _____</p>	
<p>FATHER</p>	<p>MEDICAL CERTIFICATION</p>
<p>12. Name Herman Moeller</p>	<p>20. DATE OF DEATH March 11, 1947</p>
<p>13. Birthplace Covington, Ky.</p>	<p>21. I hereby certify that I attended the deceased from March 1, 1947 March 10, 1947, that I last saw her alive on March 10, 1947, and that death occurred on the date stated above at 12:10 P.M.</p>
<p>MOTHER</p>	<p>Immediate cause of death Acute myocardial infarction DURATION _____ Angioneurosis</p>
<p>14. Maiden name Mary Bornkorw</p>	<p>Due to _____</p>
<p>15. Birthplace Cincinnati, Ohio</p>	<p>Other conditions Right renal Calculus (Include pregnancy within 3 months of death)</p>
<p>16(a) Informant's own signature Mrs. G. Fudders</p>	<p>Major findings: Of operations 134 A-153 A Of autopsy _____</p>
<p>(b) Address 5 Pleasant Ridge, S. Ft. Mitchell</p>	<p>22. If death was due to external causes, fill in the following:</p>
<p>17. BURIAL, CREMATION, OR REMOVAL Place Mother of God Cem. Date Mar. 14, 1947</p>	<p>(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)</p>
<p>18(a) Signature of funeral director John S. Smallwood, Jr.</p>	<p>While at work? _____ (c) Means of injury _____</p>
<p>(b) Address 917 Main St., Covington, Ky.</p>	<p>23. Signature W. V. Pearson, M. D. (M. D. or other) _____ Address 27 E. 2nd St., Covington, Ky. Date signed 3-15-47</p>
<p>19(a) MAR 17 1947 (Date received by local registrar)</p>	<p>(b) W. M. Williamson (Registrar's signature)</p>