

Kentucky Post - April 3, 1952

Mrs. Mary Steckle

Requiem High Mass will be sung at 9 a. m. Saturday at Immaculate Conception Church for Mrs. Mary Steckle, 64, of 511 W. Sixth street, Newport, who died Wednesday at her home. Prayers will be said at 8:30 a. m. at the Muehlenkamp funeral home, Newport. Burial will be in Mother of God Cemetery, Covington.

A native of Covington, she had lived in Newport 43 years.

She leaves three daughters, Mrs. Evelyn Knoblock, Mrs. Marcella Thompson and Mrs. Mildred Rodgers, all of Newport, and two grandchildren.

Friends may call at the funeral home after 3 p. m. Friday.

Steckle, Mary Bornhorn 1888 - 1952

Form V. B. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	52	6607
Registration District No. <u>2004</u>		Primary Registration District No. <u>2090</u>		REGISTRAR'S NO. <u>76</u>		
1. PLACE OF DEATH a. COUNTY <u>CAMPBELL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>KY</u> b. COUNTY <u>CAMPBELL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEWPORT</u>		c. LENGTH OF STAY (in this place) <u>42 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEWPORT</u> <u>2</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>511 W. 6th St.</u>			d. STREET ADDRESS (If rural, give location) <u>511 W. 6th ST.</u>			
3. NAME OF DECEASED a. (First) <u>MARY BERNARDIA</u> (Type or Print)			b. (Middle) <u>STECKLE</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>4/2/52</u>			5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>MAR. 28, 1889</u>		9. AGE (in years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>		11. BIRTHPLACE (State or foreign country) <u>COVINGTON, KY.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>LOUIS BORNHORN</u>			14. MOTHER'S MAIDEN NAME <u>ZADA PETERS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>EDWARD STECKLE</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of cervix with metastases to pelvic organs.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Norbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>171X - 052 - 14</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1951</u> to <u>April 2, 1952</u> that I last saw the deceased alive on <u>April 1, 1952</u> , and that death occurred at <u>1:45 P.</u> m., from the causes and on the date stated above.						
23a. DATE SIGNED <u>4-4-52</u>		23b. ADDRESS <u>Newport, Ky.</u>		23c. SIGNATURE (Signature or title) <u>[Signature]</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOTHER DE GOD</u>		24d. LOCATION (City, town, or county) (State) <u>COVINGTON KY.</u>
25a. DATE REC'D BY LOCAL REG <u>4-5-52</u>		25b. REGISTRAR'S SIGNATURE <u>Josephine A. Meyer RR.</u>		25c. FUNERAL DIRECTOR ADDRESS <u>MUEHLENKAMP & SONS - NEWPORT</u>		