

Westkamp, Henry 1882 - 1939

Kentucky Post - February 13, 1939

Henry Westkamp

Requiem high mass for Henry Westkamp, 112 Beech street, Newport, will be sung at 9 a. m. Tuesday at St. Stephen Church, Newport, following services at 8:30 a. m. at the Muehlenkamp, Costigan & Roll funeral home. Burial will be in St. Stephen Cemetery.

Mr. Westkamp died Sunday at Speers Hospital. He was 56. He leaves six daughters; Virginia, Luella, Dolores, Henrietta, Delorita and Frances Westkamp; a son, Cletus Westkamp, and two sisters, Mrs. Joseph Fenders and Mrs. Fred Zimmerman.

Westkamp, Henry 1882 - 1939

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3264

County Campbell File No. _____
 Registration District No. 202 Registered No. 35
 Inc. Town _____ Primary Registration District No. 2093
 City Dayton (No. Spear Hospital) (if death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH
 2. FULL NAME Henry Westkamp IF VETERAN, WHAT WAR? _____
 (a) Residence, No. 112 Beach St., Newport, Ky. Ward Newport City
 (Usual place of abode) (if nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>			21. DATE OF DEATH <u>Feb 12</u> , 19 <u>39</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Elizabeth Westkamp</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 11</u> to <u>Feb 12</u> , 19 <u>39</u> I last saw h. alive on <u>Feb 12</u> , 19 <u>39</u> , death is said to have occurred on the date stated above, at <u>12:30</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows:		
6. DATE OF BIRTH <u>Oct. 30, 1882</u>				Date of onset		
7. AGE Years <u>56</u> Months <u>3</u> Days <u>13</u>		If LESS than 1 day..... hrs. or..... min.		<u>Coronary embolism</u>		<u>Feb 12/39</u>
8. Trade, profession, or particular kind of work done, as spinner, weaver, cooper, bookkeeper, etc. <u>Clerk</u>				Contributory cause of importance not related to principal cause:		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Restaurant</u>				<u>Chronic Hypert.</u>		<u>Feb 12/39</u>
10. Date deceased last worked at this occupation (month and year) <u>1/11/39</u>				11. Total time (years) spent in this occupation <u>5 yrs.</u>		
12. BIRTHPLACE <u>Newport, Ky.</u>						
13. NAME <u>Carl Westkamp</u>						
14. BIRTHPLACE <u>Germany</u>						
15. MAIDEN NAME <u>Mary Reising</u>						
16. BIRTHPLACE <u>Germany</u>						
17. INFORMANT <u>Mrs. John Feathers</u> (Address) <u>112 Beach St. Newport Ky</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Stephen</u> Date <u>2/14/39</u>						
19. UNDERTAKER <u>Westkamp & Co. Inc. Newport Ky</u> (Address) <u>Newport Ky</u>						
20. FILED <u>Feb 14</u> 19 <u>39</u> <u>Margaret Holleran</u> Registrar						
				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... date of injury..... 19____ Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
				24. Was disease or injury in any way related to occupation of deceased?..... If so, specify		
				(Signed) <u>W. H. H. 5750</u> , M. D. (Address) <u>930 - Dayton Ave. Newport Ky</u>		

The physician's signature should be stated EXACTLY. PHYSICIAN'S name and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.