

Busse, Dorothea A Voskuhl 1890 - 1948

Kentucky Post – August 10, 1948

BUSSE—Dorothea (nee Voskuhl), beloved wife of Joseph V. Busse and beloved mother of Louis and Paul Busse, Monday, August 9, 1948, at her home, 1702 Banklick-st, Covington, aged 57 years. Funeral Thursday, August 12, from the John N. Middendorf Sons Funeral Home, 12th and Madison-av, at 8:30 a. m. Requiem High Mass St. Augustine Church, 9 a. m. Interment Mother of God Cemetery.

Busse, Dorothea A Voskuhl 1890 - 1948

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		Case File No. <u>16924</u> Registrar's No. <u>803</u>
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>		
1. PLACE OF DEATH: (a) County <u>Kenton</u> (b) City or town <u>Covington</u> (c) Name of hospital or institution <u>St. Elizabeth Hospital</u> (If not in hospital or institution write street number or location) <u>01</u> (d) Length of stay in hospital or community (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Kenton</u> (c) City or town <u>Covington</u> (d) Street No. <u>1702 Bankliak Street</u> (e) If foreign born, how long in U. S. A.		
3(a) FULL NAME <u>DOROTHEA BUSSE</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>August 9 1948</u> 21. I hereby certify that I attended the deceased from <u>July 28 1948</u> to <u>Aug 9 1948</u> , that I last saw him alive on <u>Aug 8 1948</u> and that death occurred on the day stated above at <u>1:34 P. M.</u> Immediate cause of death <u>marked anemia from gastric intestinal hemorrhage</u> Due to _____ Other conditions <u>Dyspepsia with pain</u> (Include pregnancy within 3 months of death) Major findings: Of operation <u>123-112</u> Of autopsy <u>Bleeding point in 3rd portion of duodenum</u>		
3(b) If veteran, Name war _____ No. _____ 3(c) Social Security No. _____ 4. Sex <u>Female</u> 5. Color <u>White</u> 6(1) Single, <u>Married</u> 6(b) Name of husband or wife <u>Joseph Y. Busse</u> 6(c) Age of husband or wife if alive _____ 7. Birth date of deceased <u>November 27 1890</u> (Month) (Day) (Year) 8. AGE: Years <u>57</u> Months <u>8</u> Days <u>13</u> If less than one day hr. _____ min. _____ 9. Birthplace <u>Covington, Kentucky</u> 10. Usual occupation <u>Domestic</u> 11. Industry or business _____		12. Name <u>Theodore Voskuhl</u> 13. Birthplace <u>Germany</u> 14. Maiden name <u>Elizabeth Vass</u> 15. Birthplace <u>Covington, Kentucky</u> 16(a) Informant's own signature <u>Joseph W. Busse</u> (b) Address <u>1702 Bankliak St., Covington</u> 17. BURIAL, cremated, <u>not cremated</u> Place <u>Mother of Gods</u> Date <u>Aug. 12 1948</u> 18(a) Signature of funeral director <u>John H. Middendorf, Sons</u> (b) Address <u>1 E. 12th St., Covington, Ky</u> 19(a) <u>AUG 13 1948</u> (Date received by local registrar) (b) <u>Adrian D. ...</u> (Registrar's Signature)		
		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 plant, in public place? _____ (Specify type of place) While at work _____ (a) Name of injury _____ 23. Signature <u>Murray Elrick M.D.</u> Address <u>33 East 7th St</u> Date signed <u>Aug 11, 1948</u> <u>Covington Ky</u>		