

Kentucky Post - January 5, 1929

## MRS. BUSSE IS DEAD

Rosedale Woman, 33, Succumbs  
After 10 Days' Illness

Mrs. Elizabeth Busse, 33, of 208 Grand-av., Rosedale, died late Friday at her home following an illness of about 10 days.

Influenza which developed into pneumonia, coupled with the birth of a child Thursday, are said to have caused her death. The baby, a girl is said to be doing fine.

Mrs. Busse had lived in Covington all her life, and was widely known. She was the wife of Herman J. Busse, president of the Busse Brick Co., Rosedale.

She was a member of the Ladies Sodality of St. Anthony's Church, Decoursey.

Besides her husband Mrs. Busse is survived by six children, Clifford, Rita, John, Thelma, Herman Jr, and the baby, Mary Elizabeth; her parents, Joseph Koop and wife, of Florence, Ky., a brother, Alfred Koop, of Florence.

Funeral arrangements which have not yet been completed, are in charge of the Henry Linneman & Sons Co., 25 E. 11th-st, Covington.

Funeral services for Mrs. Busse will be held Tuesday, with requiem high mass at 9 a. m. at St. Anthony's Church, Decoursey. Burial will be in Mother of God Cemetery.



Busse, Elizabeth Lillian Koop 1895 - 1929

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH							
1 PLACE OF DEATH County <u>Hamilton</u> Registration District No. <u>8227</u> File No. <u>4613</u>							
Township _____ Primary Registration District No. _____ Registered No. <u>142</u>							
or Village _____ No. <u>Good Samaritan Hospital</u> St. _____ Ward _____ (If death occurred in a hospital or institution, give its name instead of street and number)							
2 FULL NAME <u>Elizabeth Busse</u> Did Deceased Serve in U. S. Navy or Army _____							
(a) Residence, No. <u>208 Grand Ave</u> St. _____ Ward <u>Covington 15</u> (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>F</u>	4 COLOR OR RACE <u>W.</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>		16 DATE OF DEATH (month, day and year) <u>Jan 4 1929</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 3 1929</u> to <u>Jan 4 1929</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Norman J. Busse</u>				What I last saw h. & y. alive on <u>Jan 4 1929</u>			
6 DATE OF BIRTH (month, day, and year) <u>Nov 9-1895</u>				and that death occurred, on the date stated above, at <u>6:25 P.M.</u>			
7 AGE Years <u>33</u>	Months <u>1</u>	Days <u>26</u>	If LESS than 1 day.....hrs. or.....min.	The CAUSE OF DEATH* was as follows: <u>Influenza Pneumonia</u> <u>Secondary of Lungs.</u>			
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u>				(duration) _____ yrs. mos. <u>7</u> ds.			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>at Home</u>				CONTRIBUTORY (SECONDARY) _____			
(c) Name of employer _____				(duration) _____ yrs. mos. ds.			
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>				18 Where was disease contracted If not at place of death? <u>208 Grand Ave</u>			
10 NAME OF FATHER <u>Joseph Koop</u>				Did an operation precede death? <u>No</u> Date of _____			
11 BIRTHPLACE OF FATHER (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>				Was there an autopsy? <u>No</u>			
12 MAIDEN NAME OF MOTHER <u>Anna Tennant</u>				What test confirmed diagnosis? <u>Chemical</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>				(Signed) <u>Edward Schurter</u> M. D. <u>Jan 5 1929</u> (Address) <u>1630 California</u>			
14 Informant <u>Mr. Norman J. Busse</u> (Address) <u>208 Grand Ave Covington</u>				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)			
15 Filed <u>7</u> - <u>1929</u> <u>Covington</u> REGISTRAR				19 PLACE of Burial, Cremation, or Removal <u>W. of G. of G. of G.</u>		DATE OF BURIAL <u>Jan 8-1929</u>	
				20 UNDERTAKER <u>Wm. Linnemann Son</u>		ADDRESS <u>Covington</u>	
				20a WAS THE BODY EMBALMED? <u>Yes</u>		20b EMBALMER'S LICENSE NO. <u>1420</u>	