

Busse, Henry 1858 - 1915

Kentucky Post - February 1, 1915

BRICK MANUFACTURER DIES

Henry Busse, 57, of 4612 Huntington-av., South Covington, died at his home Sunday. He was President of the Busse Brick Co., of South Covington, succeeding his father, the late J. J. Busse. He is a brother of Father Herman Busse, Chaplain of St. Elizabeth's Hospital, Covington. Busse is survived by his widow and five children.



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PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
FORM V - 1-2008 2-29-12 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
1 PLACE OF DEATH County of <u>Kenton</u>		File No. <u>1898</u>	
2 SEX <u>Male</u>		Registered No. <u>4601</u>	
3 COLOR OR RACE <u>White</u>		(If death occurred in a hospital or institution, give its NAME (instead of street and number.) No. <u>4612 Huntington</u> St., <u>5</u> Ward	
4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>			
5 DATE OF BIRTH, 1....., 1915 (Month) (Day) (Year)		16 DATE OF DEATH <u>Jan 31, 1915</u> (Month) (Day) (Year)	
6 AGE <u>57</u> yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?		17 I HEREBY CERTIFY, That I attended deceased from <u>1913</u> , 191... to <u>1915</u> , 191... that I last saw h... alive on....., 191... and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows: <u>Diabetes Mell</u> (Duration).... yrs.... mos.... ds.	
7 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Book Manufacturer</u> (b) General nature of industry, business or establishment in which employed (or employer)		Contributory (Secondary)..... (Signed) <u>J. J. Moore</u> M.D. 191... (Address) <u>318 11 St.</u>	
8 BIRTHPLACE (State or country) <u>Kentucky</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
9 PARENTS 10 NAME OF FATHER <u>Joseph J. Busse</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds. Where was disease contracted, if not at place of death?	
11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		19 PLACE OF BURIAL OR REMOVAL <u>Mother Gods</u>	
12 MAIDEN NAME OF MOTHER <u>Mary Reiderhaake</u>		DATE OF BURIAL <u>Febr 3, 1915</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>		20 UNDERTAKER <u>Lumenant Moore</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>C. L. Busse</u> (Address) <u>4612 Huntington Ave</u>		ADDRESS <u>318 11 St.</u>	
15 Filed <u>Feb. 2, 1915</u> <u>J. J. Moore</u> REGISTRAR			

11-2184