

*Busse, Joseph H 1894 - 1948*

Kentucky Post – March 25, 1948

**Joseph Busse**  
Requiem High Mass for Joseph Busse, 310 W. 20th street, Covington, will be sung at St. Augustine Church at 9 a. m. Monday, following prayers at the Hugenberg & Glindmeyer funeral home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.  
Mr. Busse, who was 54, died Wednesday at the Dayton, O., Veterans Hospital. He was a veteran of World War I and a carpenter by trade.  
He leaves his widow, Mrs. Antoinette Busse, and three sisters, Mrs. Anna Feldhaus, Mrs. Joseph Meier and Mrs. Charles Jackson, all of Covington.

**BUSSE—Joseph H.**, beloved husband of Antoinette Busse (nee Bieger), at his home, 310 W. 20th-st, Covington, Wednesday, March 24, 1948. Funeral Monday, March 29, from the Hugenberg & Glindmeyer Funeral Home, 40 W. Sixth-st, Covington, at 8:30 a. m. Requiem High Mass at St. Augustine Church at 9 a. m. Interment Mother of God Cemetery.



Busse, Joseph H 1894 - 1948

| OHIO DEPARTMENT OF HEALTH   |  |   |  |
|---|--|---|--|
| COLUMBUS  |  | State File No. <u>19379</u>   |  |
| Reg. Dist. No. <u>2954</u>  |  | Registrar's No. _____   |  |
| CERTIFICATE OF DEATH  |  |   |  |
| <b>1. PLACE OF DEATH:</b>   |  | <b>2. USUAL RESIDENCE OF DECEASED:</b>  |  |
| (a) County <u>Montgomery</u>  |  | (a) State <u>Ky.</u> (b) County _____   |  |
| (b) <u>Dayton</u><br>(City, Village, Township)  |  | (c) City or village <u>Covington</u><br>(If outside city or village, write RURAL) |  |
| (c) Name of hospital or institution:<br><u>VA Hospital</u><br>(If not in hospital or institution, write street No. or location)   |  | (d) Street No. <u>310 West 20th St.</u><br>(If rural, give location)              |  |
| (d) Length of stay: in hospital or institution<br>In this community <u>0 0 2</u> (Days)<br>(Years, months or days)  |  | (e) If foreign born, how long in U.S. A? _____ years                              |  |
| <b>MEDICAL CERTIFICATION</b>  |  |   |  |
| 20. Date of death: Month <u>March</u> day <u>24</u><br>year <u>1948</u> hour <u>8</u> minute <u>10 A.M.</u>   |  |   |  |
| 21. I hereby certify that I attended the deceased from <u>Mar. 22</u> , 19 <u>48</u> to <u>Mar. 24</u> , 19 <u>48</u> ,<br>that I last saw him alive on <u>Mar. 24</u> , 19 <u>48</u> ,<br>and that death occurred on the date and hour stated above. |  |   |  |
| Immediate cause of death <u>Hypertensive cardiovascular disease Class IV</u> <u>1 year</u><br>Duration  |  |   |  |
| Due to <u>1948-928-</u>   |  |   |  |
| <del>Other conditions:</del> <u>arteriosclerosis</u><br><u>generalized, coronary, cerebral</u><br><u>and renal.</u><br>(Include pregnancy within 3 months of death)   |  |   |  |
| Major findings of operation <u>None</u><br>Underline the cause to which death should be attributed.   |  |   |  |
| Major findings of autopsy <u>Same plus confirmatory and non-contributory findings.</u>  |  |   |  |
| 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? _____<br>(City or Village) (County) (State)   |  |   |  |
| (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____<br>(Specify type of place)  |  |   |  |
| While at work? _____ (e) How did injury occur? _____  |  |   |  |
| 23. Signature <u>Albert T. Tarsule M.D. Asst. CMO.</u><br>(Specify if Doctor of Medicine or Osteopathy)<br>Address <u>VAC. Dayton, Ohio</u> Date signed <u>Apr. 7, 1948</u>   |  |   |  |
| <b>3. NAME</b> <u>BUSSE, Joseph H.</u>  |  |   |  |
| (a) if veteran, name war <u>World War #1</u> (b) Social Security No. <u>286182292</u>   |  |   |  |
| 4. Sex <u>Male</u> 5. Color or race <u>White</u> 6. (a) Single, widowed, married, divorced <u>Married</u>   |  |   |  |
| 6. (b) Name of husband or wife <u>Mrs. Antonette Busse</u> 6. (c) Age of husband or wife if alive _____ years   |  |   |  |
| 7. Birth date of deceased <u>August 24</u> , 189 <u>4</u><br>(Month) (Day) (Year)   |  |   |  |
| 8. AGE: Years <u>53</u> Months <u>10</u> Days <u>0</u> If less than one day hr. min.  |  |   |  |
| 9. Birthplace <u>Covington, Ky.</u><br>(City, town, or county) (State or foreign country)   |  |   |  |
| 10. Usual occupation <u>Carpenter</u>   |  |   |  |
| 11. Industry or business _____  |  |   |  |
| 12. Name <u>Unknown</u>   |  |   |  |
| 13. Birthplace <u>Unknown</u><br>(City, town, or county) (State or foreign country)   |  |   |  |
| 14. Maiden name <u>Unknown</u>  |  |   |  |
| 15. Birthplace <u>Unknown</u><br>(City, town, or county) (State or foreign country)   |  |   |  |
| 16. (a) Informant's signature <u>R. O. Comm</u>   |  |   |  |
| (b) Address <u>VAC. Dayton, Ohio</u>  |  |   |  |
| 17. (a) Burial <del>xxxxxxxxxxxx</del> (b) Date <u>Mar. 29, 1948</u><br>(Month) (Day) (Year)  |  |   |  |
| (c) Place <u>Covington, Ky.</u>   |  |   |  |
| (d) <u>Harry Howell</u> <u>5122-A</u><br>(Name of Embalmer) (Lic. No.)  |  |   |  |
| 18. (a) <u>Hugenburger &amp; Hindner</u> <u>400</u><br>(Signature of Funeral Director) (Lic. No.)   |  |   |  |
| (b) Address <u>42 West 6th St., Covington, Ky.</u>  |  |   |  |
| 19. (a) <u>Apr. 7, 1948</u> (b) <u>R. O. Comm</u><br>(Date received local registrar) (Registrar's signature)  |  |   |  |