Kentucky Post - January 27, 1931

Long Illness Fatal to Brick Manufacturer Frank H. Haar, 52, of 622 Highland-av, Covington, died Monday, night at St. Elizabeth Hospital after a lingering illness. Haar was president of the Busse Brick Co., Covington, and was widely known in business circles in northern Kentucky. He was a lifelong resident of Covington. He was a member of the Knights of Columbus of Covington. He was a member of the Knights of Columbus of Covington, the Covington Aerie of Eagles and the St. Augustine Benevolent Society. Haar was a brother-in-law of the late Rev. Frank Busse, former pastor of St. Augustine's Church, Covington. He is survived by his widow, Mrs. Anna Busse Haar. Funeral arrangements are being completed by the Henry Linnemann Sons, Covington undertakers.



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	F KENTUCKY 1549 Holman
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Form V. S. 1-A-57m-11-1-29 COMMONWEALTH O	Health 1007
1 PLACE OF DEATH BUREAU OF VITAL	STATISTICS File No.
CERTIFICATE O	FDEATH
County Of County	790 Registered No.
Vot. Pct Registration District No 2290	
Inc. Town Primary Registration District No. 2 2	
Mend)	
(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Manual H. Nau	
2 FULL NAME JACK A PILL	
(a) Residence. No. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Length of residence in city or town where death occurred yes, mos. di	s. How long in U, S., if of foreign birth? yrs. mos. ds.
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	Da. 2131
3. 8EX 4. COLOR OR RACE 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day, and year) 22. I HEREBY CERTIFY, That I attended deceased from
Mr. H married	Not 16 1920 to 100 150 1921
6a. If married, widewed, or divorced HUSBAND of	The said seath is said
(ar) WIFE of Gund B mane Haar	
7	The principal cause of death and related causes of importante
6. DATE OF BIRTH (month, day, and year) 10 -181 7. AGE Years Months Days If LESS than	annet a
1 dayhra.	Blume Vorenkymalous
3'9. 10 11 ormin.	Nephralia 1.31
Z 8. Trade, profession, or particular kind of work done, as spinner 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
kind of work done, as spinners awayer, bookkeeper, etc. 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 6).	
9. Industry or business in which work was done, as slik mill, Pauli	
saw mill, bank, etc	Contributory causes of importance not related to principal cause:
o this occupation (month and spent in this 02	acuti Carole
1790	Dilatation 95
12. BIRTHPLACE (city or town)	
	Name of operation Date of
II 13. NAME A ANALY MACON	What test confirmed diagnosist Was there an autopsy?
13. NAME Analy Lac. 14. BIRTHPLICE (city or town)	33. If death was due to external causes (violence) fill in also the
	following: Accident, suicide, or homicide?Date of injury19
15. MAIDEN NAME AND Kname 16. BIRTHPLACE (city or town) (State or country)	Accident, Building, of Monneses.
O 16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
E (State or country)	Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT CAMAGE HAGE	
(Address)	Manner of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of
19. UNDERTAKER Allem Commission Street	deceased? ACL If so, specify
1 290 K. Q.P.V. 1/2	(Signed) Chili Moeur, M. D.
20. FILED BASSTAR.	(Address) 1549 Holman an: