

Heskamp, Henry J 1865 - 1945

Kentucky Post – December 6, 1945

Henry J. Heskamp

Requiem High Mass for Henry J. Heskamp, 80, retired Covington grocer, will be sung at St. Augustine Church at 9 a. m. Monday, following prayers at the Henry Linnemann Sons funeral home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.

Mr. Heskamp died Wednesday

at St. Elizabeth Hospital. Operator of a grocery at 19th and Russell streets for 35 years, he retired 20 years ago. He was a lifelong resident of Covington.

He leaves two sons, Joseph and Louis Heskamp, both of Covington; three daughters, Misses Marie and Hermine Heskamp, Covington, and Mrs. Howard Swagler, Bellevue, and a brother, George M. Heskamp, Bronson, Mich.



Heskamp, Henry J 1865 - 1945

26557

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 101

Registration District No. 790 Primary Registration District No. 2290

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Kenton</u></p> <p>(b) City or town <u>Covington</u></p> <p>(c) Name of hospital or institution: <u>St. Elizabeth Hospital</u> (If outside city or town limits, write RURAL)</p> <p>(d) Length of stay: In hospital or community <u>4 Weeks</u> (years, months or days)</p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Ky</u> (b) County <u>Kenton</u></p> <p>(c) City or town <u>Covington</u> (If outside city or town limits, write RURAL)</p> <p>(d) Street No. <u>157 W 19th St</u> (If rural give precinct)</p> <p>(e) If foreign born, how long in U. S. A.? _____ year</p>											
<p>3(a) FULL NAME <u>Henry J. Heskamp</u></p> <p>3(b) If veteran, _____ 3(c) Social Security No. _____</p> <p>Name war _____</p> <p>4. Sex <u>M</u> 5. Color or race <u>Wh</u> 6(a) Single, widowed, married, divorced <u>Widower</u></p> <p>6(b) Name of husband or wife <u>Mary F. Buss</u></p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased <u>Feb 25th 1865</u> (Month) (Day) (Year)</p> <p>8. AGE: Years <u>80</u> Months <u>10</u> Days <u>11</u> If less than one day hr. _____ min. _____</p> <p>9. Birthplace <u>Cincinnati Ohio</u></p> <p>10. Usual occupation <u>Retired Mason</u></p> <p>11. Industry or business <u>Life Insurer 19th Casualty</u></p>		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>December 5th 1945</u></p> <p>21. I hereby certify that I attended the deceased from <u>June 9 1945</u> to <u>December 5 1945</u>, that I last saw him alive or stated above at <u>3:40 P. M.</u></p> <p>Immediate cause of death</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DURATION</th> </tr> </thead> <tbody> <tr> <td><u>Chr. Pyelo. nephritis</u></td> <td style="text-align: center;"><u>4 mo</u></td> </tr> <tr> <td><u>uracmia</u></td> <td style="text-align: center;"><u>1 yr</u></td> </tr> <tr> <td><u>Art. sclerosis</u></td> <td style="text-align: center;"><u>1 yr</u></td> </tr> <tr> <td><u>Enlarged Prostate</u></td> <td style="text-align: center;"><u>1 yr</u></td> </tr> </tbody> </table> <p>Due to _____</p> <p>Major findings: <u>None - cystoscopic</u></p> <p>Of operations <input checked="" type="checkbox"/></p> <p>Of autopsy <input checked="" type="checkbox"/></p>			DURATION	<u>Chr. Pyelo. nephritis</u>	<u>4 mo</u>	<u>uracmia</u>	<u>1 yr</u>	<u>Art. sclerosis</u>	<u>1 yr</u>	<u>Enlarged Prostate</u>	<u>1 yr</u>
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<p>FATHER</p> <p>12. Name <u>John Heskamp</u></p> <p>13. Birthplace <u>Herrmann</u></p> <p>MOTHER</p> <p>14. Maiden name <u>Adelaide Beinker</u></p> <p>15. Birthplace <u>Herrmann</u></p>		<p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)</p> <p>While at work? _____ (e) Means of injury _____</p>											
<p>16(a) Informant's own signature <u>Louis C. Heskamp</u></p> <p>(b) Address <u>157 W 19th St.</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL</p> <p>Place <u>Mother of God</u> Date <u>12-10 1945</u></p> <p>18(a) Signature of funeral director <u>H. Zimmerman</u></p> <p>(b) Address <u>Covington Ky</u></p>		<p>19(a) <u>DEC 7 - 1945</u> (Date received by local registrar)</p> <p><u>Miss H. C. White</u> (Registrar's signature)</p> <p>Address <u>Covington, Ky</u> Date signed <u>12/7/45</u></p>											

DEATH IN PRIVATE VERMONT PORTANT.