

Heving, Frank 1857 - 1928

Kentucky Post - November 12, 1928

HEZING—Frank, beloved husband of Louise Hezing (nee Busse), Sunday, Nov. 11, 1928, at the residence, 3916 Tracy av., Latonia, Covington, Ky., aged 71 years. Funeral Tuesday, Nov. 13, at 8:30 a. m. from the late residence. Requiem high mass at St. Mary's Cathedral at 9 a. m. Interment St. Mary's Cemetery.

Form V. S. 1-50a-5-23-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Butler File No. 28015

Vol. Pat. _____ Registration District No. 290 Registered No. _____

Inn. Town _____ Primary Registration District No. 2290

City Covington (No. St. Elizabeth Hospital (If death occurred in hospital or institution, give its NAME instead of street and number) Ward _____)

2 FULL NAME Frank Heving

(a) Residence. No. 3916 Tracy ave St. _____ Ward. Latonia Ky
(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>male</u>	4 COLOR OR RACE <u>white</u>	5 Single Married Married Widowed Divorced (Write the word)	16 DATE OF DEATH (Month) _____ (Day) _____ 19 _____ (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 10</u> , 19 <u>28</u> , to <u>Nov 11</u> , 19 <u>28</u> , that I last saw him alive on <u>Nov 11</u> , 19 <u>28</u> , and that death occurred on the date stated above at _____ m.	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			The CAUSE OF DEATH* was as follows: <u>Coronary Sclerosis</u> <u>Myocardial Degeneration</u>		
8 DATE OF BIRTH <u>Oct 15</u> 18 <u>57</u> (Month) (Day) (Year)			(Duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.		
7 AGE <u>71</u> yrs. <u>27</u> mos. <u>0</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			Contributory <u>Chronic Coronary Disease</u> (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Brick Burner</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____		
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>			(Signed) <u>W. M. ...</u> M. D. <u>11-11</u> , 19 <u>28</u> . (Address) <u>Covington Ky</u>		
PARENTS	10 NAME OF FATHER <u>Bernard Heving</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.)		
	11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u> (State or country)		19 PLACE OF BURIAL OR REMOVAL <u>St Mary's</u>		
	12 MAIDEN NAME OF MOTHER <u>Mary Brink</u>		DATE OF BURIAL <u>Nov 13, 1928</u>		
13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u> (State or country)		20 UNDERTAKER <u>John H. Mudding</u>			
14 (Informant) <u>Frank Heving</u> (Address) <u>3916 Tracy Ave</u>			ADDRESS _____		
15 Recd. <u>11-13</u> , 19 <u>28</u> Registrar _____					