

Cincinnati Enquirer - January 7, 1952

## Suicide Is Verdict In Railman's Death

A verdict of suicide was returned yesterday after Frank Heving, 58, Decoursey, a railroad employee and brother of two widely known major league baseball players, died at St. Elizabeth Hospital, Covington.

Mr. Heving was found late Saturday lying across a bed in his room above Sis's Cafe in Decoursey with a bullet wound in his head and a 22-caliber rifle lying at his side.

Cpts. Ed Taylor, Russell England and William Goetz had him taken to the hospital. Acting Coroner Robert C. Dorsey said that presumably ill health was the cause of Mr. Heving's death. He had been laying off from work with the Louisville & Nashville Railroad because of poor health.

He was a veteran of World War I and had been employed as a machinist's helper with the railroad.

His survivors include a sister, Mrs. Mayme Hauser, Visalia, Ky., and his two brothers, Joe Heving, a former pitcher for the Cleveland Indians, and John Heving of Salisbury, N. C., former catcher for the Philadelphia Athletics.

The Middendorf funeral home, Covington, is completing plans for services.

Kentucky Post - January 8, 1952

## Frank Heving

Blessing will be held at 10 a. m. Wednesday at the Middendorf funeral home, 1 E. 12th street, Covington, for Frank Heving, 58, machinists' helper for the Louisville & Nashville Railroad. Burial will be in St. Mary Cemetery.

Mr. Heving died Sunday at St. Elizabeth Hospital where he was taken Saturday night. He was found with a bullet wound in his head in his room above Sis's Cafe, Decoursey. Robert C. Dorsey, Kenton county coroner, said the wound was self-inflicted. Mr. Dorsey returned a verdict of suicide due to ill health.

Heving, Frank 1885 - 1952

Form F. R. 1-A		COMMONWEALTH OF KENTUCKY		116 52 1185	
FEDERAL SECURITY AGENCY		Department of Health		BUREAU OF VITAL STATISTICS	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 33	
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 790X	
Registration District No. 790X		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY <b>Kenton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kv</b> b. COUNTY <b>Kenton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Covington</b>		c. LENGTH OF STAY (in this place) <b>01</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Covington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>		d. STREET ADDRESS (If rural, give location) <b>Old Decoursey Pike</b>			
3. NAME OF DECEASED a. (First) <b>Frank</b> b. (Middle) c. (Last) <b>Heving</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Don't Know</b>		9. AGE (in years last birthday) <b>58</b>		10. MONTHS <b>0</b> DAYS <b>0</b> HOURS <b>0</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Covington, Kv.</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Frank Heving</b>		14. MOTHER'S MAIDEN NAME <b>Louise Busse</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>34</b>		17. INFORMANT <b>Joseph Heving</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Brain Vessel aneurysm</b>		DUE TO (b) <b>Bullet Wound R. Temple</b>			
2. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		DUE TO (c)			
3. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>976X-148-26</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Decoursey Kenton Kv</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-5-52 9:20</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>22 Cal Rifle Bullet into R Temple</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:25 P</b> m., from the causes and on the date stated above.					
23a. DATE SIGNED <b>1/12/52</b>		23b. ADDRESS <b>Covington, Kv.</b>		23c. SIGNATURE (Deputy or title) <b>Jessie Riffe, Coroner</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-9-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Mary</b>	
24d. LOCATION (City, town, or county) (State) <b>Ft Mitchell Kv</b>		25a. DATE REC'D BY LOCAL REG. <b>JAN 12 1952</b>		25b. REGISTRAR'S SIGNATURE <b>Marion Deans</b>	
25c. FUNERAL DIRECTOR <b>Middendorf</b>		25d. ADDRESS <b>Cov. Kv.</b>			