Kentucky Post – February 19, 1948

## Mother of Former Pitcher Heving Dies

Requiem High Mass will be sung at 9 a. m. Saturday at Holy Cross Church, Covington, for Mrs. Louise Heving, mother of Joe Heving, former major league pitcher.

The funeral will be from the Middendorf funeral home, 917 Main street, at 8:30 a. m. Burial will be in St. Mary Cemetery, Ft. Mitchell.

Mrs. Heving, who was 84, died Wednesday at her home, 3526 Church street, after a long illness. She leaves two other sons, John, former minor league carcher and manager, and Franklin; one daughter, Mrs. Mayme Hauser, Visalia; 10 grandchildren and 15 great-grandchildren.

DEPARTMENT OF COMMERCES  Bureau of the Census  CERTIFICAT  TALL  TOTAL	TH OF KENTUCKY  of Heelth TEAL STATISTICS  TE OF DEATH  Commer Posterator Plant 2. 2291
Registration District No.	Primary Registration District No.
1. PLACE OF DEATH:	The state of the s
	2. USUAL RESIDENCE OF DECEASED:
(a) County Kenton	(a) State Kentucky (b) County Kenton
(b) City or town CCVington	(c) City or town Covincton (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:	(If outside city or town limits, write RURAL)
3526 Church Street	(d) Street No. 3526 Charach Street
(If not in hospital or institution write street number or location)	(d) Street No. 3526 Church Street (if rural give precinct)
(d) Length of stay: In hospital or community	
(years, months or days)	(e) If foreign born, how long in U. S. A.?
3(a) FULL NAME LOUISE HEVING	
3(b) If veteran, 3(c) Social Security	MEDICAL CERTIFICATION
Name warNo	
5. Color or (6(a) Single widowed married	20. DATE OF DEATH February 18 1948
4. SPamale race White divorced Widowad	21. I hereby certify that I attended the deceased from 2/14/19
6(b) Name of husband fr forte Frank Heving (Deceased	19, that I last saw him alive o
6(c) Age of husband or wife if alive	19 and that death occurred on the dat
ical)	stated above at 11 45 A M
7. Birth date of deceased October 25 1863	
O ACE VI	immediate gause of death DURATION
8. ASE: Years Months Days If less than one day hr.	afterware ma
	TWATER OF THE STATE OF THE STAT
9. Birthplace Covington, Kentucky	Due to all the keart disease.
10. Usual occupation Housewife	
11. Industry or business	Other conditions And
g [12. Name_ Louis Busse	(Include pregnancy within 3 months of death)
E 12. Name Louis Busse	N. D. C. II
US 12. Name Louis Busse 13. Birthplace Don't Know	Major findings:
	Of operations YUN-P
뜰 14. Malden name ***	
	Of autopsy / Conce
€ 15. Birthplace ***	
16(a) Informant's own signature Man George Widthen	22 16 death and to the second
	22. If death was due to external causes, fill in the following:
(b) Address Covington, Kentucky	(a) Accident, suicide, or homicide (specify)
17. BURIAL, CHEMATION GRANGWAL	(b) Date of occurrence
Place St. Mary's Cem. Date Feb. 21 19 48	(c) Where did injury occur? In or about home, on farm, in industrial place, in public
	place?
1.8(a) Signature of funeral director John N. Widdland of Jons	(Specify type of place)
(b) Address Q1 7 Me 1 2 St Contact	While at work? (9) Means of injury
TO COLUMN TO THE COLUMN TO	23. Signature 103 11 Hawke Po
19(a) PED / 14/14 (b) M. Walling and A.	1 / 1 / 2
(Date received by local registrar) (Registrar's signature)	Address Date signed
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