

Kemphaus, Joseph F 1876 - 1949

Kentucky Post – April 21, 1949

KEMPHAUS—Joseph F., beloved husband of Elizabeth Kemphaus (nee Koehne) and dear father of Ralph Kemphaus, Wednesday, April 20, 1949, at his home, 1542 St. Clair-st., Covington, Ky., aged 72 years. Funeral Saturday, April 23, from the John N. Middendorf Sons Funeral Home, 917 Main-st., Covington, at 9 a. m. Requiem High Mass at St. Augustine Church at 9:30 a. m. Interment Mother of God Cemetery. Friends may call at the funeral home Friday from 2 to 10 p. m.



Kemphaus, Joseph F 1876 - 1949

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <u>21205</u>
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>		
1. PLACE OF DEATH a. COUNTY <u>Kenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Covington</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Covington,</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>St. Elizabeth Hosp. 01</u>		d. STREET ADDRESS (If rural, give location) <u>1542 St. Clair Street</u>		
3. NAME OF DECEASED a. (First) <u>JOSEPH</u> (Type or Print)		b. (Middle) <u>F.</u>	c. (Last) <u>KEMPHAUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1876</u>	9. AGE (In years last birthday) <u>72</u> If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City of Covington, Ky.</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Alexander Kemphaus</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Busse</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Elizabeth Kemphaus</u>
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) <u>Ruptured gastric ulcer</u>		DUE TO (b) <u>4/15/49</u>		<u>5 days</u>
ANTECEDENT CAUSES		DUE TO (c) <u>generalized peritonitis</u>		
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5401-117A</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Rupt. Gastric Ulcer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4-15-49</u> to <u>4-20-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-20-49</u> , 19 <u>49</u> and that death occurred at <u>2 p.m.</u> from the causes and on the date stated above.				
23a. DATE SIGNED <u>4-25-49</u>	23b. ADDRESS <u>33 E. 7th Cov. Ky.</u>	23c. SIGNATURE (Degree or title) <u>E. B. Meroch M.D.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 23, 1949</u>	24c. NAME OF CEMETERY OR CREAMATORY <u>Mother of God</u>	24d. LOCATION (City, town, or county) (State) <u>Covington, Kentucky</u>	
25a. DATE REC'D BY LOCAL REG. <u>APR 26 1949</u>	25b. REGISTRAR'S SIGNATURE <u>Adelle Ojerman</u>	25c. FUNERAL DIRECTOR <u>John N. Middendorf Sons, Cov., Ky.</u>		