Pulskamp, Elizabeth Busse 1882 - 1940

Kentucky Post – January 19, 1940

PULSKAMP—Elizabeth (nee Busse) passed away Thursday, January 18, 1940, at her [illegible] 1917 Augustine-st, Covington, aged 57 years. Funeral Saturday, January 20, from John N. Middendorf Sons funeral Home, 917 Main-st, at 8:30 a. m. Requiem High Mass at St. Augustine Church at 9 a. m. Interment Mother of God's Cemetery. Members of St Monica Maried Ladies' Society will meet at the funeral home Friday, at 8 p. m., for services.

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Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. **1856**
Registrar's No.

Registration District No. 790 X Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 1917 Augustine St (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Covington (If outside city or town limits, write RURAL)
(d) Street No. 1917 Augustine St. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? 2 years

3(a) FULL NAME Elizabeth Pulskamp
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced
6(b) Name of husband or wife George Pulskamp
6(c) Age of husband or wife if alive years
7. Birth date of deceased August 20, 1882 (Month) (Day) (Year)
8. AGE: Years 57 Months 4 Days 29 If less than one day hr. min.
9. Birthplace Covington, Ky
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Louis Busse
13. Birthplace Germany
MOTHER 14. Maiden name Margaret Bruns
15. Birthplace Germany
16(a) Informant's own signature Mr. Vincent Pulskamp
(b) Address 1917 Augustine St. Cov, Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date Jan. 20, 1940
18(a) Signature of funeral director John N. Middendorf Sons
(b) Address 917 Main St. Covington, Ky
19(a) JAN 19 1940 Date received by local registrar
(b) Mrs. M. C. White (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH January 18th 1940
21. I hereby certify that I attended the deceased from August 1939 to January 18 1940 that I last saw him alive on Jan 17 1940 and that death occurred on the date stated above at 7 A. M.

Immediate cause of death	DURATION
Cerebral Hemorrhage	8 [illegible]
Due to Arterial Hyper[illegible]	2 yrs
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 13 B - 93 d
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? — (Specify type of place) 3402
While at work? (e) Means of injury —
23. Signature Philip J. Dorger M.D. (M. D. or other)
Address Dixie Terminal Bldg Date signed 1/19/40