

Schawe, Andrew J 1906 - 1953

Kentucky Post – September 23, 1953

SCHAWE—Andrew J., beloved son of Elizabeth Schawe (nee Meier) and dear brother of Mrs. Agnes Kordenbrack, Mrs. Catherine Blaschoff and Henry B. Schawe, suddenly Tuesday, September 22, 1953; at his home, R. R. 5 Decoursey-pike, Kenion Co., Kentucky; age 46 years. Funeral Friday, September 25, from John N. Middendorf Sons Funeral Home, 12th-st and Madison-av, at 8:15 a. m. Requiem High Mass at St. Anthony Church, Forest Hills, at 9 a. m. Interment Mother of God Cemetery, Friends may call Thursday from 2 till 10 p. m.

Schawe, Andrew J 1906 - 1953

| 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 | | FILE NO. 116 53 19122 | REGISTRAR'S NO. 1028 |
|--|--|---|--|---|----------------------|
| Registration District No. 790 | | Primary Registration District No. 6271 | | | |
| 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) OR TOWN <u>Rural - Covington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Covington</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.R.5 Decoursey Pike</u> | | d. STREET ADDRESS (If rural, give location) <u>RR5 Decoursey Pike</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Andrew</u> (Type or Print) b. (Middle) <u>J.</u> c. (Last) <u>Schawe</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9/22/53</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | |
| 8. DATE OF BIRTH <u>12/19/06</u> | | 9. AGE (In years last birthday) <u>46</u> | | 10. MONTHS <u>46</u> DAYS <u>46</u> HOURS <u>46</u> MIN. <u>46</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>//</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kenton County Ky</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>Henry C. Schawe</u> | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Meier</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Mrs. Elizabeth Schawe</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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 <u>4201-081-17</u> | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30</u> P.m., from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>9-22-53</u> | | 23b. ADDRESS <u>Covington, Ky.</u> | | 23c. SIGNATURE (Degree or title) <u>Leslie Ruffe Special - Coroner</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>9/25/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Covington, Ky</u> | | 25a. DATE REC'D BY LOCAL REG. <u>SEP 29 1953</u> | | 25b. REGISTRAR'S SIGNATURE <u>Marion Dean</u> | |
| 26. FUNERAL DIRECTOR <u>John N. Middendorf Sons</u> | | ADDRESS <u>Covington, Ky</u> | | | |

Last printed 8/13/2009 8:14 PM