

Volpenhein, Joseph 1888 - 1955

Kentucky Post – October 6, 1955

VOLPENHEIM — Joseph, beloved husband of the late Lula Volpenhein (nee Heving) and dear father of Mrs. Alma Muench, Mrs. Ruth Dedden, and Joseph Volpenhein Jr., Wednesday, October 5, 1955, at his home, 10 E. Park-dr, Covington, Ky., age 67 years. Funeral Saturday, October 8, from John N. Middendorf Sons Funeral Home, 917 Main-st., at 10:30 a. m. Requiem High Mass Holy Cross Church, 11 a. m. Interment Mother of God Cemetery. Friends may call Friday from 2 to 10 p. m.



Volpenhein, Joseph 1888 - 1955

FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	20833
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY <u>Covington 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) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Covington, 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>St. Elizabeth Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>10 East Park Drive</u>		
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>--</u> c. (Last) <u>Volpenhein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>Feb 28, 1888</u>	9. AGE (In years last birthday) <u>67</u> If Under 1 Year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give it) <u>Retired Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>30</u>	11. BIRTHPLACE (State or foreign country) <u>Covington, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Tony Volpenhein</u>			14. MOTHER'S MAIDEN NAME <u>Carolina Wahle</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>402-03-0879</u>		17. INFORMANT <u>Joseph Volpenhein Jr</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, apoplexy, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Smoking</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 days</u> <u>10 yrs</u> <u>67</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201-089-16</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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-10</u> , 19 <u>55</u> to <u>10-5</u> , 19 <u>55</u> that I last saw the deceased alive on <u>10-5</u> , 19 <u>55</u> , and that death occurred at <u>11 P</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>10-8-55</u>		23b. ADDRESS <u>104E 38 Cov Ky</u>		23c. SIGNATURE (Degree or title) <u>Paul Murray MD</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God</u>	
24d. LOCATION (City, town, or county) (State) <u>Covington, Kentucky</u>		25. REGISTRAR'S SIGNATURE <u>John N. Middendorf Sons</u>			
26. FUNERAL DIRECTOR ADDRESS <u>Covington, Kentucky</u>					