

Woehler, Helena 1871 - 1928

Kentucky Post - April 4, 1928

**WOEHLER** Helena (nee Brase), widow of Joseph Woehler, Tuesday, April 3, 1928, at the residence, 417 W. 19th-st., Covington, Ky., aged 57 years. Funeral Saturday, April 7, at 8:15 a. m. from the late residence. Blessing at St. Augustine's Church at 8:30 a. m. Interment in old St. Joseph's Cemetery, Price Hill, Cincinnati, O.

Form V. S. 1927		<b>COMMONWEALTH OF KENTUCKY</b> State Board of Health <b>BUREAU OF VITAL STATISTICS</b> <b>CERTIFICATE OF DEATH</b>		File No. <b>10266</b>
1 PLACE OF DEATH County <u>Newton</u>		Vot. Pct. _____ Registration District No. <u>792</u>		Registered No. _____
Ino. Town _____ Primary Registration District No. <u>2290</u>		City <u>Covington</u> (No. _____ St. _____ Ward) _____ <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small>		
2 FULL NAME <u>Helena Woehler</u>				
(a) Residence, No. <u>417 West 19th</u> St. _____ Ward _____ <small>(Usual place of abode)</small> <small>(If non-resident, give city or town and State)</small>				
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Widowed</u> Divorced <small>(Write the word)</small>	16 DATE OF DEATH <u>April 3</u> 19 <u>28</u> <small>(Month) (Day) (Year)</small>	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Joseph Woehler</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>March 31</u> , 19 <u>28</u> , to <u>April 3</u> , 19 <u>28</u> , that I last saw her alive on <u>April 3</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>7:30</u> a. m. The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>	
6 DATE OF BIRTH <u>July 7</u> 18 <u>73</u> <small>(Month) (Day) (Year)</small>			(Duration): _____ yrs. _____ mos. _____ ds.	
7 AGE <u>55</u> yrs. <u>8</u> mos. <u>27</u> ds. IF LESS than 1 day _____ hrs or _____ min?			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>Dr. A. J. Schweitzer</u> M. D. <u>April 7</u> 19 <u>28</u> (Address) <u>Covington Ky</u>	
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>			State the Disease Causing Death, or, in deaths from violent causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
PARENTS	10 NAME OF FATHER <u>Joseph Woehler</u>		19 PLACE OF BURIAL OR REMOVAL <u>St. Joseph's Old Cem.</u> DATE OF BURIAL <u>April 7</u> 19 <u>28</u>	
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>		20 UNDERTAKER <u>John M. Maddox</u> ADDRESS <u>County Court Bldg</u>	
	12 MAIDEN NAME OF MOTHER <u>Margaret Brase</u>			
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Germany</u>		14 (Informant) <u>Margaret Woehler</u> (Address) <u>417 West 19th</u>		
15 Filed <u>4/8</u> , 19 <u>28</u> Registrar _____				