

*Kampsen, Eleanor Trenkamp 1897 - 1951*

Kentucky Post - August 8, 1951

**KAMPSEN**—Eleanor (nee Trenkamp), beloved wife of John H. Kampsen, devoted mother of Mrs. Dolores Isenhour, Mrs. Eleanor Martin, Marvin, Thomas and Janet Kampsen, and the late Joseph and Pvt. Jack Kampsen, and dear sister of Mrs. Mathilda Shulte, Mrs. Elizabeth Wingerstuhl, Louis and John, Trenkamp, Sunday, August 5, 1951, at residence, 1827 Holman-st, Covington, Ky. Funeral from the Muehlenkamp Funeral Home, 835 York-st, Newport, Wednesday, August 8, at 8:30 a. m. Requiem High Mass, St. Augustine Church, 9 a. m. Friends may call Tuesday after 2 p. m.

Kampsen, Eleanor Trenkamp 1897 - 1951

| Form V. R. 1-A<br>FEDERAL SECURITY AGENCY<br>U. S. PUBLIC HEALTH SERVICE<br>NATIONAL OFFICE VITAL STATISTICS  |  | COMMONWEALTH OF KENTUCKY<br>Department of Health<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH  |  | FILE NO. 116<br>51 16524  |
|---|--|---|--|---|
| Registration District No. 790 X   |  | Primary Registration District No. 2290 760  |  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>KEATON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>KY.</u> b. COUNTY <u>KEATON</u>                            |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Covington</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Covington</u>  |  |   |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><u>1827 HOLMAN ST.</u>   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1827 HOLMAN ST.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>1827 HOLMAN ST.</u>   |  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>ELEANOR</u> b. (Middle) <u>KAMPSEN</u> c. (Last) <u>KAMPSEN</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>8-5-51</u>   |  |   |
| 5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>  |  | 8. DATE OF BIRTH<br><u>12/23/186</u>  |
| 9. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |  | 10. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Covington Kentucky</u>              |
| 12. FATHER'S NAME<br><u>Henry J. Trenkamp</u>   |  | 13. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><u>Louise Sasse</u>   |  | 17. INFORMANT<br><u>Husband John H. Kampsen</u>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |  | 16. SOCIAL SECURITY NO.<br><u>-</u>   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, cathexis, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u>   |  | INTERVAL BETWEEN ONSET AND DEATH  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Mitral Insufficiency</u> |  | <u>10 11</u>  |
|   |  | DUE TO (c) <u>Hypertension</u>  |  | <u>yes</u>  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>overweight</u>        |  |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>none</u>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>none</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <u>8/5/51</u> to <u>8/5/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/5/51</u> , 19 <u>51</u> , and that death occurred on <u>8/5/51</u> , 19 <u>51</u> , from the causes and on the date stated above. |  |   |  |   |
| 23a. DATE SIGNED<br><u>8/5/51</u>   |  | 23b. ADDRESS<br><u>515 Coppin Bldg</u>  |  | 23c. SIGNATURE<br><u>Philip H. Wolfe M.D.</u>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>8/8/51</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mother of God</u>                          |
| 24d. LOCATION (City, town, or county) (State)<br><u>Covington Ky</u>  |  | 25a. DATE REC'D BY<br><u>AUG 10 1951</u>  |  |   |
| 25b. REGISTRAR'S SIGNATURE<br><u>Maxine Dean</u>  |  | 25c. FUNERAL DIRECTOR<br><u>Muehlkamp</u>   |  | ADDRESS<br><u>835 York St. Newport Ky</u>   |