

Blenke, Mary Elizabeth 1907 - 1944

Kentucky Post - June 21, 1944

Miss Mary Blenke

Requiem High Mass for Miss Mary Elizabeth Blenke, of 131 Evergreen avenue, Southgate, will be sung at 9 a. m. Saturday at St. Theresa Church, Southgate, following prayers at the Radel funeral home, Newport, at 8:30 a. m. Burial will be in St. Joseph Cemetery, Camp Springs, Campbell county.

Miss Blenke, a lifelong resident of northern Kentucky, died Tuesday at her home following a long illness. She leaves her mother, Mrs. Mary M. Blenke, and a brother, John Blenke, Southgate.

Blenke, Mary Elizabeth 1907 - 1944

Form V. B. 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. 15318
Registrar's No. 213

Registration District No. 201 Primary Registrar District No. 2089

1. PLACE OF DEATH: (a) County Campbell (b) City or town Southgate (c) Name of hospital or institution: 131 Evergreen ave. (d) Length of stay: 36 (years, months or days)

USUAL RESIDENCE OF DECEASED: (a) State Ky. (b) County Campbell (c) City or town Newport Ky. Southgate (d) Street No. 131 Evergreen ave. (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mary Elizabeth Blenke
3(b) If veteran, Name war — 3(c) Social Security No. none
4. Sex F. 5. Color or race W. 6(a) Single, widowed, married, divorced single
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Dec. 21 1907 (Month) (Day) (Year)
8. AGE: Years 36 Months 5 Days 29 If less than one day hr. _____ min. _____
9. Birthplace Newport Ky.
10. Usual occupation none ✓
11. Industry or business _____

FATHER { 12. Name Peter C. Blenke
13. Birthplace Camp Springs Ky.

MOTHER { 14. Maiden name Mary Margaret Island
15. Birthplace Bathasville, Ind.

16(a) Informant's own signature Mary Blenke
(b) Address 131 Evergreen ave.

17. BURIAL CREMATION, OR REMOVAL. Place Camp Springs Ky. Date June 24 1944
18(a) Signature of funeral director E. G. Gadelco
(b) Address 822 York St. Newport Ky
19(a) 6-26-44 (Date received by local registrar) (b) D. Conner (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 20 1944
21. I hereby certify that I attended the deceased from birth 10 years to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at _____ M.
Immediate cause of death Coronary DURATION _____
Arteriosclerosis
bedridden for past 10 years
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations 876-57A
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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)
While at work? _____ (e) Means of injury _____

23. Signature Edw. Herman (M. D. or other)
Address 1766 Newport Ky Date signed June 23/44

Dr. Ed. Herman