

Blenke, Peter Anton 1885 - 1941

Cincinnati Enquirer - November 2, 1941

BLLENKE Peter Blenke, beloved husband of Margaret Mary Blenke (nee Ireland) and father of JOHN and MARY ELIZABETH Blenke, Friday, October 31, 1941, at residence, 335 10th ave., Dayton, Ky. Funeral from the John J. Radel Co. funeral home, 822 York st., Newport, Tuesday at 8 a. m. Requiem high mass from St. Joseph Church, Camp Springs, at 9 a. m.

Form V. S. 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. 25878  
Registrar's No. 210

Registration District No. 202 Primary Registration District No. 2093

1. PLACE OF DEATH: (a) County Campbell (b) City or town Dayton (c) Name of hospital or institution \_\_\_\_\_ (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Ky (b) County Campbell (c) City or town Dayton (If outside city or town limits, write RURAL) (d) Street No. 335 10th Ave (If rural, give precinct) (e) If foreign born, how long in U.S. DELA years

3(a) FULL NAME Peter Blenke

3(b) If veteran No 3(c) Social Security No. 407-10-7384

4. Sex Male 5. White 6(a) Single, divorced, married Married

6(b) Name of husband or wife Margaret Mary Ireland

6(c) Age of husband or wife if alive 54 Years

7. Birth date of deceased June 22 1885 (Month) (Day) (Year)

8. AGE: Year 56 Month 4 Day 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Camp Springs, Ky

10. Usual occupation Healer

11. Industry or business Rolling mill

12. Name John Blenke

13. Birthplace U.S.

14. Maiden name Elizabeth Reitman

15. Birthplace U.S.

16(a) Informant's own signature Mrs Margaret Blenke

(b) Address 335 10th Ave Dayton

17. BURIAL, CREMATION, OR REMOVAL Place St Joseph Church Date 11-4-41

18(a) Signature of funeral director J J Radel Co

(b) Address Newport Ky

19(a) 11-2-41 (Date received by local registrar) (b) H. Halkoran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31-41

21. I hereby certify that I attended the deceased from 8-31-41 to 10-31-41, that I last saw h. alive on 10-31-41 and that death occurred on the date stated above at 11:30 AM

Immediate cause of death Epileptic convulsions DURATION 2 hrs.

Due to Epilepsy for past 3 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Edwin Kerman M.D. (M. D. or other)  
Address 1366 Newport Date signed Nov 4/41