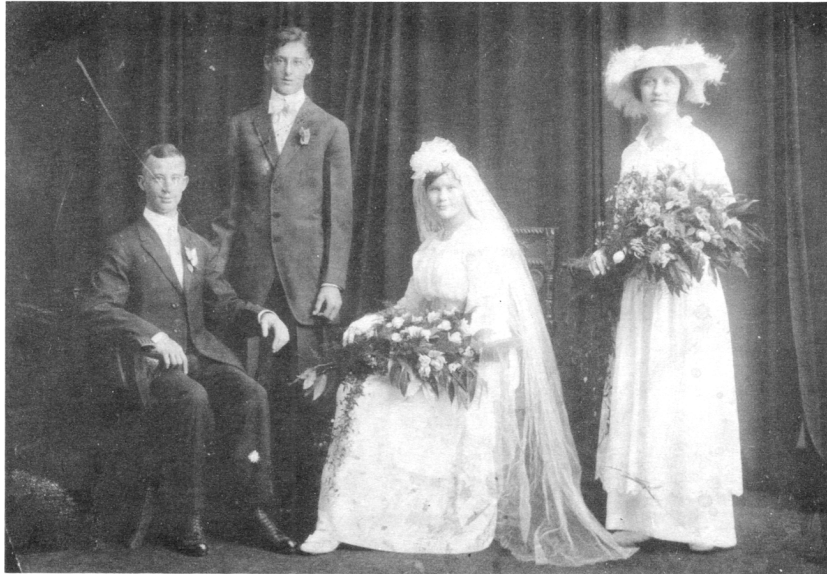


Faulhaber, Caroline (Carrie) Lieland 1897 - 1935



Arthur Faulhaber Sr. and Caroline Lieland (both seated) at the time of their marriage. Arthur Faulhaber's brother was best man; Caroline's attendant is not identified.

Cincinnati Enquirer – September 29, 1935

FAULHABER—Carrie Faulhaber (nee Lieland, beloved wife of Arthur Faulhaber, Sr., and beloved mother of Arthur, Jr., John and Betty Ann Faulhaber, Friday, September 27, 1935, in her 38th year, at residence, 5204 Rojston ave., Norwood. Funeral Tuesday, October 1, from above residence at 8:30 a. m. Requiem high mass SS. Peter and Paul Church, 9 a. m.

Faulhaber, Caroline (Carrie) Lieland 1897 - 1935

STATISTICS
THE GERMAN CATHOLIC CEMETERY SOCIETY
OF CINCINNATI, OHIO

UNDERTAKERS preparing Graves MUST FILL OUT THIS BLANK AND TAKE IT TO THE CEMETRY WHERE BURIAL IS MADE

Name of Deceased (in full) Carrie Faulhaber
 Date of Death Sept. 27 19 35 Place of Death Bethesda Hospital
 Single, Married or Widowed Married Age 38 Years 10 Months 4 Days
 Place of Birth Batesville Ind Occupation Housewife
 Name of Parents Henry Lieland Anna Huelsmann
 Disease _____
 Direct Cause of Death _____ ST. MARY _____
 Indirect Cause of Death _____ Color White
 Last Place of Residence 5204 Rolston Ave Norwood
 Physician's Name _____ Date of Interment Oct. 1 1935
 In whose presence Elizabeth Faulhaber Lot 258 B Sec. 12
 Size of Coffin, Casket or Box _____
 _____ Anthony Riedlinger _____
 _____ Undertaker _____

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County HAMILTON Registration District No. 40 File No. 11780
 Township _____ Primary Registration District No. _____ Registered No. 2176
 or Village _____ No. BETHESDA HOSPITAL St. _____ Ward _____
 or City of CINCINNATI (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.
 2 FULL NAME Mrs. Carrie Faulhaber Did Deceased Serve in U. S. Navy or Army? No
 (a) Residence. No. 5204 Rolston Ave. St. Ward Norwood (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>MARRIED</u>		21. DATE OF DEATH (month, day, and year) <u>9-27 1935</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>9/23/ 1935</u> to <u>9/27 1935</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>ARTHUR FAULHABER</u>				I last saw her alive on <u>9/27/ 1935</u> , death is said to have occurred on the date stated above at <u>9:58 a.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Nov 23, 1896</u>				The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
7. AGE Years <u>38</u> Months <u>10</u> Days <u>4</u>	8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			Date of onset <u>Sept 27 1935</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>AT HOME</u>				<u>Incomplete Abortion 9/8/35</u> <u>Spontaneous</u>	
10. Date deceased last worked at this occupation (month and year) <u>XVIV</u>				CONTRIBUTORY CAUSES of importance not related to principal cause:	
11. Total time (years) spent in this occupation.					
12. BIRTHPLACE (city or town) (State or country) <u>BATESVILLE IND</u>				Name of operation _____ Date of _____	
13. NAME <u>HENRY LIELAND</u>				What test confirmed diagnosis? <u>Culture</u> Was there an autopsy? <u>No</u>	
14. BIRTHPLACE (city or town) (State or country) <u>BATESVILLE IND</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____	
15. MAIDEN NAME <u>ANNA HUELSMANN</u>				Where did injury occur? _____ (Specify city or town, county, and State)	
16. BIRTHPLACE (city or town) (State or country) <u>CINCINNATI</u>				Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT and (Address) <u>ARTHUR FAULHABER</u> <u>5204 Rolston Ave</u>				Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>ST. MARY'S</u> Date <u>OCT. 1 1935</u>				Nature of injury _____	
19. UNDERTAKER (Address) <u>A. RIEDLINGER</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
20. FILLED <u>SEP 28 1935</u> Registrar <u>William C. ...</u>				If so, specify _____ (Signed) _____ M. D. _____ Date <u>9/27 1935</u> Address <u>Bethesda Hosp</u>	