

Scheffer, Frank 1891 - 1892

Record of Interments - St. Aloysius Catholic Church, Covington, Ky

| 1892 Record of Interments. | | | Record of Interments. | | | |
|----------------------------|----------------------------|-----------------|-----------------------|---------------|---------------|--------------|
| Date of Death & Burial. | Names of Persons Interred. | Place of Birth. | Disease. | Priest. | Cemetery. | Remark. |
| Aug 14 Aug 14 | Maria Elis Dickman | Kille Gen | Fracture | Jos Blenke | St John's | Sacris |
| Sept 29 Sept 29 | Joseph Richard Grace | Gen | Paralysis | Jos. T Blenke | St Joseph's | St. Aloysius |
| Aug 29 Sept 1 | Kam. Mrs Pieper | James Old | Old age | Jos Blenke | Mother of God | Sacris |
| 3 Sept 5 Sept | Ber. Thering | Berensb | Phthisis | Jos Blenke | Mother of God | Sacris |
| 5 Sept 7 Sept | Josephina Willmer | Cov Ky | Spasms | Jos Blenke | St Joseph's | Cin Baptiz |
| 6 Sept 8 Sept | Wilhelmina Fink | Germany | Paralysis | Jos Blenke | Mother of God | Sacris |
| 10 Sept 11 Sept | Anna M. Pakenitz | Cov Ky | Brain fever | Jos Blenke | Mother of God | Baptiz |
| 11 Sept 13 Sept | Gerdm. Gluckner | Germany | Wound fever | Jos. Blenke | St. Bernard | Sacris |
| 24 Sept 22 Sept | Amie M. Pottery | Cov Ky | Infant | Jos. Blenke | St. Healthy | Water |
| 27 Sept 1 Oct | Mae. Elis G. Budke | Cov Ky | Phthisis | Jos Blenke | St. John's | Baptiz |
| Sept 3 Oct | Sophia Reinwald | Cov Ky | Consumption | Jos Blenke | St. Mary's | Sacris |
| Oct 4 Oct | Kate Schmillen | Ohio | Consumption | Jos Blenke | Ohio | |
| Oct 10 Oct | Frank Schaeffer | Cin Ohio | Phthisis | Jos T Blenke | St. Mary's | Cin Baptiz |

STATISTICS

The Cincinnati Catholic Cemetery Society

FUNERAL DIRECTORS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SUPT. WHERE INTERMENT IS MADE.

Name of Deceased (in full) Frank Schaeffer

Date of Death 19 Place of Death _____

Single, Married or Widowed Single Age 1 Years _____ Months _____ Days _____

Place of Birth Cincinnati Occupation _____

Name of Parents William & Maria Schaeffer

Name of Next of Kin _____

Address _____ City _____ State _____

Cause of Death _____

Last Place of Residence _____

Physician's Name _____ Date of Interment Oct 12, 1892

Name of Cemetery St. Mary's

In Whose Lot Interred H. Ahrens & Herding Lot 261 R _____ Sec. 2

Size of Coffin, Casket or Box _____

Hedemier Funeral Director

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

649

PHYSICIAN'S CERTIFICATE.

(TO BE FILLED OUT AND SIGNED BY THE PHYSICIAN.)

Name of Deceased *Frank Schaeffer*
 Color *White* Sex *Male* Age *One Year*
~~Married~~ Single ~~Widow~~ or ~~Widower~~
 Duration of Last Illness *Two Weeks*
 Date of Death *Oct 9 1892*
 Cause of Death { Remote or Predisposing *Measles*
 Immediate *Pneumonia*
Lebanon G. T. Coakley M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

UNDERTAKERS ARE ESPECIALLY REQUESTED TO HAVE BLANKS FILLED OUT IN FULL.)

Occupation
 Place of Birth *Cin. O.*
 Residence *7* Ward *Bakerwell* Street No. *829*
~~Tenement~~ Private Residence *Private*
 Time of Residence in the City *Four Months*
 Place of Previous Residence *Cin. O.*
 When a Minor { Name of Mother *Phillemine Aens*
 Name of Father *William Schaeffer*
 Nativity of { Mother *Germany*
 Father *Do. Do.*
 Place of Intended Interment *St Marys St Bernard C.*
 Date of Intended Interment *Oct 11 1892*
Blindmeyer Bros Undertaker.
 Date of Certificate Residence

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A. M. and 12 M., and from 1 to 5 P. M.