

Scheffer, William 1854 - 1920

Kentucky Post – May 8, 1920

~~SCHAEFFER~~ William Schaeffer, beloved husband of Philomena Schaeffer (nee Feldhaus), suddenly, Friday, May 7, age 66 years. Funeral Tuesday, May 11, from the late residence, 734 Dalton street, Covington, Ky., at 7:30 a. m. Requiem high mass at Mother of God Church at 8 a. m. Interment in St. John Cemetery, St. Bernard, O.

Unidentified Newspaper – May 9 1920

WILLIAM SCHAEFFER DIES
William Schaeffer, aged 66 years, died suddenly Friday at his residence, 734 Dalton st., Covington.
He is the husband of Philomena Schaeffer (nee Feldhaus).
The funeral will be held Tuesday at 7:30 a. m. from the residence with requiem high mass at 8 a. m. in Mother of God Church.
Interment will be in St. John's Cemetery, St. Bernard, O.

Scheffer, William 1854 - 1920

JOHN N. MIDDENDORF & SON

Name of Deceased *Wm. Schaeffer*
Place of Nativity *Germany*
Late Residence *724 Dakota*
Date of Birth or Age *66 - March 10th*
Date of Decease *May 7/20*
Vault or Burial
Date of Interment *May 14/20*
Dr. *Sever Corones*
Parent's Names *Heriman Schaeffer*
" Birth Place *Germany*
Maiden Name of Mother *Dutler*
In Whose Lot Interred
Size of Caskét, Coffin or Box
Informant *Philomina Schaeffer (Gildhaus)*
Name Cemetery *St. Johns & St. Nicholas*
Occupation *Porter*
Male Female
Single Married Widowed
Advertisement *Dist. & Express*
Length of Casket _____ Style _____
Remarks *Lot 1/2 lot 61 - Block 4
Bernard St. Arcus*



Scheffer, William 1854 - 1920

STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Hamilton</u>		Registration District No. <u>43</u> File No. <u>36356</u>	
Township		Primary Registration District No. <u>8207</u> Registered No. <u>2788</u>	
or Village		No. <u>at Model Laundry - Cincinnati St.</u> Ward	
or City of <u>Cincinnati</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>William Scheffer</u>			
(a) Residence No. <u>634 Dalton St.</u> St. <u>Cincinnati</u> Ward		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred yrs. <u>1</u> mos. <u>1</u> ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>	16 DATE OF DEATH (month, day and year) <u>May 7 1920</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE <u>Philomena Scheffer</u>			17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.
6 DATE OF BIRTH (month, day, and year) <u>March 16. 1854</u>			The CAUSE OF DEATH* was as follows: <u>or viewed remains:</u> <u>as most necessary:</u> <u>Probably: Cerebral Hemorrhage</u>
7 AGE Years <u>66</u>	Months	Days	(duration) ____ yrs. ____ mos. ____ ds.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Porter</u>			CONTRIBUTORY <u>Arterio Sclerosis</u> (SECONDARY) (duration) ____ yrs. ____ mos. ____ ds.
(b) General nature of industry, business, or establishment in which employed (or employer)			18 Where was disease contracted if not at place of death?
(c) Name of employer <u>Model Laundry Co</u>			Did an operation precede death? _____ Date of _____
9 BIRTHPLACE (city or town) <u>Germany</u> (State or country)			Was there an autopsy? <u>None</u>
10 NAME OF FATHER <u>Therman Scheffer</u>			What test confirmed diagnosis? <u>History colour</u>
11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u> (State or country)			(Signed) <u>Arthur C. Bauer</u> M. D. <u>5-8, 1920</u> (Address) <u>P.O. R.G.L.D.</u>
12 MAIDEN NAME OF MOTHER <u>Not known</u>			*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)
13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u> (State or country)			19 PLACE OF BURIAL, CREMATION, OR REMOVAL
14 Informant <u>Philomena Scheffer</u> (Address) <u>634 Dalton St. Cin. Ky.</u>			DATE OF BURIAL <u>May 11 1920</u>
15 <u>Walter Ewell</u> MAY 8 - 1920 REGISTER			20 UNDERTAKER, License No. <u>John A. Caudman & Son</u> ADDRESS <u>Court Ky.</u>