

Wiechman, John M 1888 - 1944

Kentucky Post - April 12, 1944

WIEGHMAN John, beloved husband of Rose Wiechman (nee Scheffer), Tuesday, April 11, 1944, at his home, 1109 Pike-st., Covington, age 56 years. Funeral Friday, April 14, from John N. Midden-dorf Sons Funeral Home, 917 Main-st. at 8:30 a. m. Requiem High Mass at St. John Church, at 9 a. m. Interment Mother of God Cemetery.

Form V. R. 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. 9887  
Registrar's No. 369

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH: Kenton  
(a) County Kenton  
(b) City or town Covington  
(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 Kentucky (b) County Kenton  
(c) City or town Covington  
(d) Street No. 1109 Pike St  
(e) If foreign born, how long in U. S. A.? 2 years

3(a) FULL NAME Wiechman John  
3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. 402-93-3883

4. Sex Male 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Rose Scheffer  
6(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 14 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Covington Ky  
10. Usual occupation Took his mother's  
11. Industry or business Procter Sale Co

FATHER { 12. Name Henry Wiechman  
13. Birthplace Germany

MOTHER { 14. Maiden name Mary Spreehalmeyer  
15. Birthplace Co. Ky

16(a) Informant's own signature Rose Wiechman  
(b) Address 1109 Pike St

17. BURIAL, CREMATION, OR REMOVAL:  
Place Middendorf Park Date April 14, 1944

18(a) Signature of funeral director John N. Midden-dorf  
(b) Address Cov. Ky

19(a) APR 12 1944 (Date received by local registrar) (b) Ma H. C. Atch (Registrar's signature)

20. DATE OF DEATH April 11 1944  
21. I hereby certify that I attended the deceased from January 1944 to April 11 1944 that I last saw him alive on April 10 1944 and that death occurred on the date stated above at 3 0 H.  
Immediate cause of death embolus of liver DURATION ?  
Due to \_\_\_\_\_  
Other conditions mitral insufficiency ?  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 92 B - 124 B  
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 J. Jarrell (M. D. or other)  
Address 1101 Main Date signed 4-12-44