

Muck, Elizabeth Toebbe 1877 - 1946

Kentucky Post – January 3, 1946

Mrs. Elizabeth Muck

Requiem High Mass for Mrs. Elizabeth Toebbe Muck, 68, of 1541 St. Clair street, Covington, will be sung at Mother of God Church at 9 a. m. Saturday, following prayers at the Hugenberg & Glindmeyer funeral home at 8:30 a. m. Burial will be in Mother of God Cemetery.

Mrs. Muck died Wednesday at her home following a long illness.

She leaves her husband, Charles Muck; two sons, John, Covington, and Robert, Newport; two daughters, Mrs. Walter Klare Jr. and Mrs. Gerhard Wenstrup, Covington; three brothers Henry, Toebbe, Cincinnati, and William and Bernard Toebbe, Covington; two sisters, Mrs. Fred Hohnhorst and Mrs. Harvey Handorf, Covington, and a grandchild.



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Form V. A. 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. **1833**
Registrar's No. **7**

Registration District No. **790** Primary Registration District No. **2290**

2. PLACE OF DEATH:
(a) County **KENTON**
(b) City or town **COVINGTON**
(c) Name of hospital or institution **1541 ST. CLAIR**
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **KY** (b) County **KENTON**
(c) City or town **COVINGTON**
(d) Street No. **1541 ST. CLAIR**
(e) If foreign born, how long in U. S. A. 1 year

3(a) FULL NAME **ELIZABETH MUCK**
3(b) If veteran, Name war No. 3(c) Social Security No.

4. Sex **F** 5. Color or race **W.** 6(a) Single, widowed, married, divorced **MARRIED**

6(b) Name of husband or wife **CHARLES MUCK**
6(c) Age of husband or wife if alive **67** Years
7. Birth date of deceased **MAR 16 1877** (Month) (Day) (Year)

8. AGE: **68** Years **9** Months **16** Days If less than one day hr. min.

9. Birthplace **COVINGTON, KY.**
10. Usual occupation **AT HOME**
11. Industry or business

12. Name **BERNARD TOEBBE**
13. Birthplace **GERMANY**

14. Maiden name **HELENA WIEGHAUS**
15. Birthplace **COVINGTON, KY**

16(a) Informant's own signature **MR. CHARLES MUCK**
(b) Address **1541 ST. CLAIR**

17. BURIAL, CREMATION, OR REMOVAL
Place **M.O.F. G.D. CEM.** Date **JAN 5 1946**

18(a) Signature of funeral director **HUGENBERG & GLINDMEYER**
(b) Address **40 W. 6th ST. COV. KY.**

19(a) **JAN 4 - 1946** (Date received by local registrar) (b) **MA H.C. VAHRT** (Registrar's signature)

20. DATE OF DEATH **JAN 2 1946**
21. I hereby certify that I attended the deceased from **Jan 2 1946** to **Jan 31 1946** that I last saw him alive on **Jan 31 1946** and that death occurred on the day stated above at **P. M.**

Immediate cause of death **chronic typhoid**
pulmonary tuberculosis
Due to
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? (Specify type of place)
(d) Signature **Paul E. H. H. H.** (M. D. or other)
Address **705 5th St. Bldg.** Date signed **1-4-46**