

*Toebe, Helena Wieghaus 1852 - 1928*

Kentucky Post – February 9, 1928

**TOEBBE**—Lena (nee Weighaus), widow of Bernard Toebe, Wednesday, Feb. 8, 1928, at the home of her daughter, Mrs. F. J. Hohhorst, 760 Highland-pike, Covington, Ky., aged 76 years. Funeral Saturday, Feb. 11, at 8:30 a. m., from the above residence. Solemn requiem high mass at St. Augustine Church at 9 a. m. Interment in Mother of God Cemetery.

We have loved her during life, let  
us not forget her in death.



**IN LOVING MEMORY OF  
HELENA TOEBBE,**

Nee WIEGHAUS.

Born in Covington, Ky., on November 1, 1851, and departed this life in same city, on February 8, 1928, fortified with the last sacraments of the church.

**LET US PRAY:**

Absolve, we beseech Thee; O Lord, the soul of Thy servant HELENA, that being dead to this world, she may live to Thee; and whatever sins she has committed in this life through human frailty, do Thou wipe away by the pardon of Thy most merciful goodness.

Eternal rest grant unto her, O Lord, and let perpetual life shine upon her.—MY JESUS MERCY!

Toebe, Helena Wieghaus 1852 - 1928

Form V, S. 1-50m-5-23-27

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Franklin File No. 4399

Vet. Pot. \_\_\_\_\_ Registration District No. 790 Registered No. \_\_\_\_\_

Inn. Town \_\_\_\_\_ Primary Registration District No. 2290

City Covington (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Helena Toebe

(a) Residence. No. 760 Highland Ave. Ward. \_\_\_\_\_

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.

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX Female 4 COLOR OR RACE White 5 Single Married 6a If married, widowed, or divorced Widowed

6 DATE OF BIRTH Nov. 1 - 1852 (Month) (Day) (Year)

7 AGE 76 yrs. 3 mos. 7 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work at Home (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Covington (State or country) Kentucky

PARENTS

10 NAME OF FATHER Joseph Wieghaus

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Elizabeth Toebe

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country) \_\_\_\_\_

14 (Informant) Mr. F. J. Probst (Address) 760 Highland Ave.

15 Filed 2/9, 1928 J. P. Riffert Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 8 (Month) (Day) (Year) 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1927, to Feb. 8, 1928, that I last saw her alive on Oct. 2, 1927, and that death occurred on the date stated above at 10 P.M. The CAUSE OF DEATH\* was as follows: Angina Pectoris

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

Contributory (Secondary) Arterio Sclerosis (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam.

(Signed) Edwin H. Mason, M. D. Feb. 9, 1928 (Address) 1549 Holman

\*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.)

19 PLACE OF BURIAL OR REMOVAL Mother of God DATE OF BURIAL Feb 11, 1928

20 UNDERTAKER John K. Mason ADDRESS Covington Ky