

Toebe, Infant of Frank & Marjorie Mulvey 1942 - 1942

Form U.S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. **790** County **Franklin** District No. **2290** 14092

1. PLACE OF DEATH: (a) County **Kentucky** (b) County **Kentucky**
 (c) City or town **Covington** (d) City or town **Covington**
 (e) Name of hospital or institution where death occurred **St. Elizabeth Hospital** (f) State No. **4612** **Huntington Ave**
 (g) Length of stay in hospital or sanatorium (years, months or days) (h) If coroner inquest held in U. S. A.?

2. (a) FULL NAME **Infant Toebe** (b) Social Security No. **7-1-00**

3. (a) Sex **Male** (b) Color or race **W** (c) Single, widowed, divorced, or married **Single**

4. (a) Name of husband or wife (b) Name of husband or wife if alive (c) Age of husband or wife if alive (Years, Months, Days) **May 26 1942**

5. AGE: Years **15** Months **0** Days **0** (If less than one year)

6. Birthplace **St. Elizabeth Hospital, Cov. Ky.**

7. Usual occupation **Infant**

8. Industry or business

FATHER: (a) Name **Frank Toebe** (b) Birthplace **Cov. Ky.**

MOTHER: (a) Maiden name **Marjorie Mulvey** (b) Birthplace **Cov. Ky.**

9. (a) Informant's own signature **Mr. Frank Toebe** (b) Address **4612 Huntington Ave.**

10. (a) Signature of funeral director **J. W. Middlebrook, Sons** (b) Address **917 Main St.**

11. (a) Date received by local registrar **MAY 26 1942** (b) Registrar's signature **Mrs. H. E. Coffey**

12. (a) Date of death **May 26 1942** (b) I hereby certify that I attended the deceased from **May 26 1942** and that death occurred on the date stated above at **11** M. (c) Cause of death **Urbemycin** (d) Due to **Cardio-Vascular** (e) **Failure - probably** (f) Other conditions (g) Major findings (h) Of operations (i) Of autopsy

13. (a) If death was due to external causes, fill in the following: (b) Accident, suicide, or homicide (specify) (c) Date of occurrence (d) Where did injury occur? (e) While at work? (f) Means of injury (g) Signature **Howard R. Melany, M.D.** (h) Address **Covington Ky** (i) Date signed **5/26/42**

14. (a) Name of cemetery or place of burial **St. Marys Cem.** (b) Date of interment **May 26 1942**