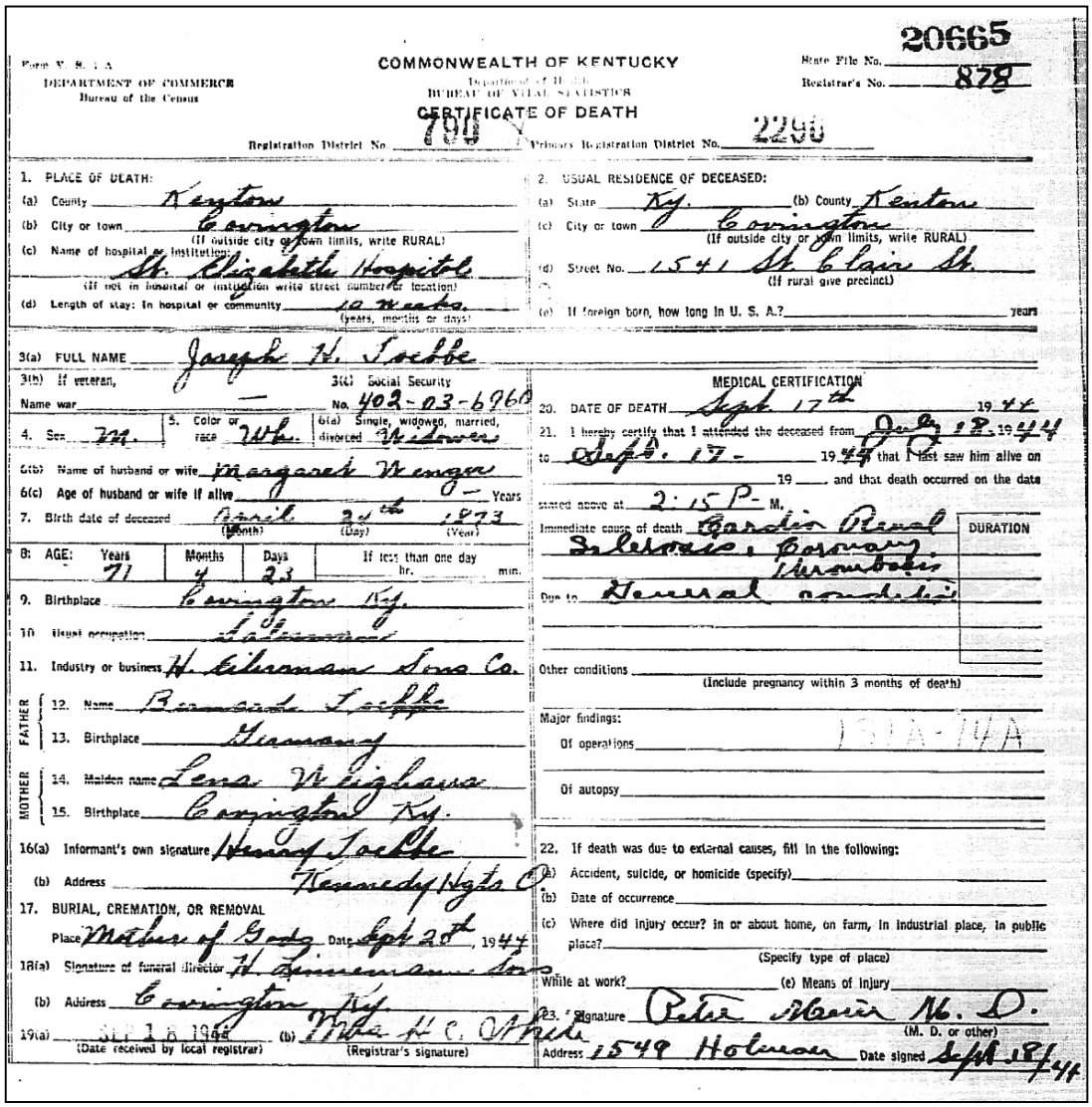
Kentucky Post – September 1944

Joseph Toebbe

Requiem High Mass will be sung at 9 a. m. Wednesday at St. Augustine Church, Covington, following prayers at 8:30 a. m. at the Henry Linnemann Sons funeral home, Covington, for Joseph Toebbe, 71, doorman at the Madison Theater, who died Sunday at St. Elizabeth Hospital, Covington. Burial will be in the Mother of God Cemetery.



Form V. S. 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. 20665
Registrar's No. 878

Registration District No. 796 Primary Registration District No. 2246

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St. Elizabeth Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 10 weeks. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Kenton
(c) City or town Covington (If outside city or town limits, write RURAL)
(d) Street No. 1541 St Clair St. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ____ years

3(a) FULL NAME Joseph H. Toebbe
3(b) If veteran, Name war —
3(c) Social Security No. 402-03-6960
4. Sex M. 5. Color or race Wh. 6(a) Single, widowed, married, divorced Widower
6(b) Name of husband or wife Margaret Wenger
6(c) Age of husband or wife if alive — Years
7. Birth date of deceased April 2nd 1873 (Month) (Day) (Year)
8. AGE: Years 71 Months 4 Days 23 If less than one day hr. min.
9. Birthplace Covington Ky.
10. Usual occupation Salesman
11. Industry or business H. Eilerman Sons Co.
FATHER 12. Name Bernard Toebbe
13. Birthplace Germany
MOTHER 14. Maiden name Lena Weighana
15. Birthplace Covington Ky.
16(a) Informant's own signature Henry Toebbe
(b) Address Kennedy Hgts O
17. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date Sept 20th 1944
18(a) Signature of funeral director H. Eilerman Sons
(b) Address Covington Ky
19(a) SEP 18 1944 (Date received by local registrar) (b) Mrs. H. C. O'Neil (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 17th 1944
21. I hereby certify that I attended the deceased from July 18 1944 to Sept. 17 1944 that I last saw him alive on ____ 19__ and that death occurred on the date stated above at 2:15 P. M.

Immediate cause of death	DURATION
Cardiac Renal	
Sclerosis, Coronary, Thrombosis	
Due to General condition	

Other conditions ____ (Include pregnancy within 3 months of death)
Major findings:
Of operations ____ NONE - NA
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? ____ (c) Means of injury ____
23. Signature Peter Maria M. D. (M. D. or other)
Address 1549 Holman Date signed Sept 18/44