

Toebe, Sherrie 1947 - 1947

MARGIN RESERVED FOR BINDING

R. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

27071
REGISTRAR'S No. 1118

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

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 790 Primary Registration District No. 2290

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| <p>1. PLACE OF DEATH:</p> <p>(a) County <u>Kenton</u></p> <p>(b) City or town <u>Covington</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution <u>St. Elizabeth Hospital</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Kenton</u></p> <p>(c) City or town <u>Elsmere</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>82 Park Avenue</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A. T. _____</p> |
| <p>3(a) FULL NAME <u>INFANT TOEBBE</u></p> <p>3(b) If veteran, _____ 3(c) Social Security No. _____</p> <p>4. Sex <u>Female</u> 5. Color <u>White</u> 6(a) Single <u>Single</u> married, divorced _____</p> <p>6(b) Name of husband or wife _____</p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased: <u>December 1, 1947</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years <u>0</u> Months <u>0</u> Days <u>0</u> <small>1/2 less than one day min.</small></p> <p>9. Birthplace <u>Covington, Kentucky</u></p> <p>10. Usual occupation _____</p> <p>11. Industry or business _____</p> | |
| <p>FATHER { 12. Name <u>William Toebe</u></p> <p>13. Birthplace <u>Covington, Kentucky</u></p> <p>MOTHER { 14. Maiden name <u>Mary Culbertson</u></p> <p>15. Birthplace <u>Covington, Kentucky</u></p> <p>16(a) Informant's own signature <u>Wm. Toebe</u></p> <p>(b) Address <u>Elsmere, Kentucky</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>Dec. 3 1947</u></p> <p>18(a) Signature of funeral director <u>John N. Middleton</u></p> <p>(b) Address <u>917 Main St., Covington, Ky.</u></p> <p>19(a) <u>DEC 4 - 1947</u> (Date received by local registrar) (b) <u>E. W. Williamson</u> (Registrar's signature)</p> | |
| <p>20. DATE OF DEATH <u>December 1 1947</u></p> <p>21. I hereby certify that I attended the deceased from <u>12/1 1947</u> to <u>Dec 1 1947</u> that I last saw <u>alive</u> or stated above at <u>7:00 PM</u> and that death occurred on the date <u>Dec 1 1947</u></p> <p>Immediate cause of death <u>Respiratory Distress</u> DURATION <u>1 1/2 hrs</u></p> <p>Due to <u>2 hrs fetal Distress</u></p> <p>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operation <u>159-161A</u></p> <p>Of autopsy _____</p> <p>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? _____ <small>(Specify type of place)</small></p> <p>Write at work? _____ (a) Means of injury _____</p> <p>23. Signature <u>Howard R. Insalaco</u> (b) D. or M.D. _____ Address <u>707 Cuppen Rd</u> Date signed <u>12/2/47</u> <u>Covington Ky</u></p> | |