

Kentucky Times Star - August 24, 1935

PRIEST WILL SAY MASS AT FUNERAL FOR MOTHER

Mrs. Gertrude Wagner, Bellevue, Ky., Died Friday.

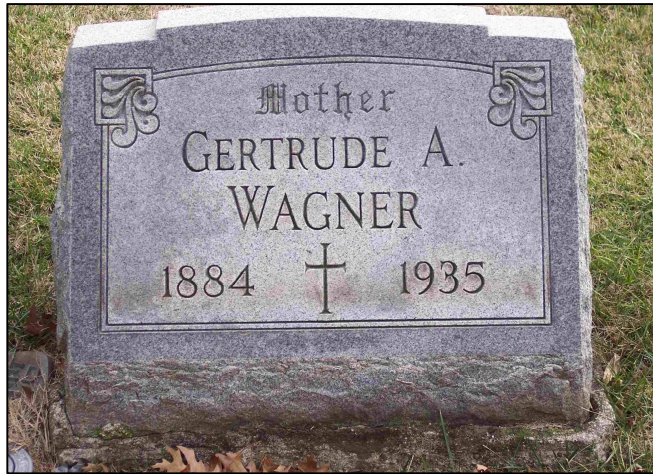


Mrs. Gertrude Wagner, mother of the Rev. Father Ambrose Wagner of St. Mary Cathedral, Covington, Ky., died Friday in her home, 125 Lake street, Bellevue, Ky., following several months' illness.

She is survived by her husband, Joseph Wagner, and thirteen children, nine sons, the Rev. Ambrose Wagner of Covington, formerly of Lexington, Ky., Paul Wagner, Ft. Mitchell, Ky., Philip Wagner, West Covington, Joseph, Jr., Eugene, John, Louis, Raymond and Anselm of Bellevue, and four daughters, Mrs. Gertrude Roubusch, Covington, Ky., and the Misses Elizabeth, Jane and Rosemary Wagner, at home. Six grandchildren also survive.

The Rev. Father Wagner will officiate at the solemn requiem high mass for his mother, Monday, at 9:30 a. m., in Sacred Heart Church, Taylor avenue and Division street, Bellevue. Burial will be in St. Stephen Cemetery, Ft. Thomas, near Mühlenkamp. Costigan & Roll, funeral directors of Newport, are in charge of arrangements.

Wagner, Gertrude McGovern 1884 - 1935



Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 21392
 Registered No. 43

1. PLACE OF DEATH
 County Campbell
 Vol. Pct. _____
 Inc. Town Bellvue
 City Bellvue (No. _____ St. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude A. Wagner
 (a) Residence, No. 125 Ashcroft St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>Aug 26</u> , 19 <u>35</u>	
6. If married, widowed, or divorced (or) WIFE of <u>Joseph Wagner</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 15</u> , 19 <u>28</u> to <u>Aug 26</u> , 19 <u>35</u> . I last saw <u>her</u> alive on <u>Aug 20</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>10:24</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE	Yrs. <u>54</u>	Months <u>1</u>	Days <u>22</u>	If LESS than 1 day.....hrs. or.....min.	Date of onset <u>?</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Contributory causes of importance not related to principal cause:	
10. Date deceased last worked at this occupation (month and year)				Name of operation <u>Cancer</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
11. Total time (years) spent in this occupation				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
12. BIRTHPLACE <u>Cincinnati Ohio</u>				(Signed) <u>Stewart G. DeWitt</u> M. D. (Address) <u>Deerpark Ky</u>	
13. NAME <u>Charles Mc Govern</u>					
14. BIRTHPLACE <u>Cincinnati Ohio</u>					
15. MAIDEN NAME <u>Ediz Smith</u>					
16. BIRTHPLACE <u>Cincinnati Ohio</u>					
17. INFORMANT <u>Jess Wagner</u> (Address) <u>125 Ashcroft Bellvue Ky</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>at Ripper Cemetery</u> Date <u>August 26</u> , 19 <u>35</u>					
19. UNDERTAKER <u>Myers Burk Camp, Catigawa Rd</u> (Address) <u>Newport Ky</u>					
20. FILED <u>Aug 26</u> , 19 <u>35</u> <u>Judith Keene</u> Registrar					

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—this IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.