

Wagner, Joseph Frank 1877 - 1953



Joseph & Gertrude McGovern Wagner Family

Last printed 8/31/2009 8:16 PM

Kentucky Post – September 11, 1953

Joseph Wagner

Solemn Requiem High Mass for Joseph F. Wagner, 76, of 1539 Maryland avenue, Covington, will be sung at 11 a. m. Monday at St. Benedict Church in the presence of Bishop William T. Mulloy, following prayers at 10:30 a. m. at the Middendorf funeral home, 1 E. 12th street, Covington. Burial will be in St. Stephen Cemetery, Ft. Thomas.

Mr. Wagner, father of two priests and brother of two nuns, died Thursday at St. Elizabeth Hospital. He was a native of Germany and had lived most of his life in northern Kentucky. He was foreman at Michaels Art/Bronze Co., Covington.

He leaves nine sons. Rev. Ambrose Wagner, former secretary to the late Bishop Francis W. Howard of Covington and now pastor of Church of the Resurrection, Lynch, Ky.; Rev. Eugene Wagner, assistant pastor of St. Patrick Church, Maysville; Paul, Erlanger, and Philip, Joseph, John, Louis, Raymond and Anselm Wagner, all of Covington.

Four daughters Mrs. Gertrude Ruedebusch, Ft. Mitchell; Mrs. Elizabeth Callaban, Dayton; Mrs. Jane Foltz, Florence, and Mrs. Rosemary Drees, Covington; five brothers, Philip, Henry, Anthony and Casper Wagner, all of Akron, O., and Charles Wagner, Los Angeles; four sisters, Sister Mary Ligouri and Sister Mary Coeline, Order of Notre Dame, Toledo, O.; and Mrs. Mary Nau and Mrs. Anna Walters, both of Akron; 53 grandchildren and two great-grandchildren.



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Form V. S. 1-A
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

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

FILE NO. 116 53 19071
 REGISTRAR'S NO. 975
 Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH
 a. COUNTY **Kenton**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Covington,**
 c. LENGTH OF STAY (in this place) **2 WKS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Elizabeth Hospt. 01**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Kentucky** b. COUNTY **Kenton**
 c. CITY OR TOWN **Covington,**
 d. STREET ADDRESS (If rural, give location) **1539 Maryland Ave.**

3. NAME OF DECEASED
 a. (First) **Joseph** b. (Middle) **F.** c. (Last) **Wagner**

4. DATE OF DEATH (Month) (Day) (Year)
9/10/53

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower** 8. DATE OF BIRTH **Jan. 2, 1877** 9. AGE (In years last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if foreman) **Foreman Michaels Art Bronze Co.** 10b. KIND OF BUSINESS OR INDUSTRY **Art Bronze Co.** 11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Phillip Wagner** 14. MOTHER'S MAIDEN NAME **Anna Jacobs**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? **no** 16. SOCIAL SECURITY (If you, give war or dates of service) **402-03-2188** 17. INFORMANT **Phillip Wagner**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of sigmoid**
 ANTECEDENT CAUSES **Colon-c Metastasis** DUE TO (b) **to lung and liver**
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **153 X - 047-14**

19a. DATE OF OPERATION **Sept. 1949** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of sigmoid** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in home, farm, factory, street, other place, etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/6/53** to **9/10/53**, that I last saw the deceased alive on **9/10**, 19**53** and that death occurred at **3:30 A. M.** from the causes and on the date stated above.

23a. DATE SIGNED **9/12/53** 23b. ADDRESS **#8 E 20th Covington Ky** 23c. SIGNATURE **H. J. Schweitzer M.D.** (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **9/14/53** 24c. NAME OF CEMETERY OR CREMATORY **St. Stephen Cemetery** 24d. LOCATION (City, town, or county) (State) **Ft. Thomas Ky**

25a. DATE REC'D BY REG. **SEP 14 1953** 25b. REGISTRAR'S SIGNATURE **Marion Deane** 25c. FUNERAL DIRECTOR **John N. Middendorf Sons** ADDRESS **Covington, Ky**

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