

Kentucky Post – November 17, 1952

Carl G. Franxmann

Requiem High Mass will be intoned at 9 a. m. Tuesday at St. Augustine Church for Carl C. Franxmann, 59, retired custodian of Pohlmann-Linnemann Post, Veterans of Foreign Wars, Covington, who died Saturday at his home, 1512 Woodburn avenue, Covington. Prayers will be said at 8:30 a. m. at the Middelendorf funeral home, 917 Main street, Covington. Burial will be in Mother of God Cemetery.

He leaves his widow, Mrs. Loretta J. Franxmann; two daughters, Mrs. Lucille Buecker and Mrs. Marian Pauly, Park Hills; four brothers, Joseph, Bernard and Henry Franxmann, Covington, and Louis Franxmann, Ft. Thomas; two sisters, Mrs. Lena Rauch, Lexington, and Mrs. Anna Rice, Covington, and five grandchildren.

Franxmann, Carl C 1893 - 1952

| Form V. R. 1-A | | COMMONWEALTH OF KENTUCKY | | 52 26272 | |
|---|--|--|--|---|-----|
| FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS | | Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | FILE NO. 116 | 162 |
| Registration District No. 790 | | Primary Registration District No. 2290 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Kenton</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Covington</u> | | c. LENGTH OF STAY (to this place) | | c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Covington</u> <u>2</u> | |
| d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1512 Woodburn St.</u> | | d. STREET ADDRESS (if rural, give location) <u>1512 Woodburn St.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Carl</u> (Type or Print) | | b. (Middle) <u>C.</u> | | c. (Last) <u>Franxmann</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11/15/52</u> | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>May 3, 1893</u> | | 9. AGE (in years last birthday) <u>59</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Custodian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>V.F.W.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Covington, Kentucky</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>Unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs Loretta Franxmann</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>congestive failure</u> DUE TO (c) <u>?</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>1 yr</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4-11-081-17</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>8:20</u> , <u>1952</u> , to <u>11-15</u> , <u>1952</u> , that I last saw the deceased alive on <u>11-13</u> , <u>1952</u> , and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>11-25-52</u> | | 23b. ADDRESS <u>33 E 7th Covington Ky</u> | | 23c. SIGNATURE (Degree or title) <u>Carl W. Kumpke M.D.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>11/18/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kenton County Ky</u> | | 25. DATE REC'D BY <u>NOV 28 1952</u> | | 25. REGISTRAR'S SIGNATURE <u>Warren Dean</u> | |
| 26. FUNERAL DIRECTOR <u>John H. Hagedorn Sons</u> | | ADDRESS <u>Covington, Kentucky</u> | | | |