

Franxmann, Caroline Haar 1874 - 1947

Kentucky Post - May 19, 1947

FRANXMANN—Caroline (nee Haar), beloved wife of Joseph Franxmann, and mother of Teresa, Magdeline, and Alma Franxmann, at the residence, 1537 Nancy-st, Covington, Sunday, May 18, 1947, age 72 years. Funeral Wednesday, May 21, from the Linnemann Funeral Home, 25-27 E. 11th-st. at 8:30 a. m. Requiem High Mass at St. Benedict Church at 9 a. m. Interment Mother of God Cemetery.

Fraxmann, Caroline Haar 1874 - 1947

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. <u>11499</u> Registrar's No. <u>510</u>
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>		
I. PLACE OF DEATH: (a) County <u>Kenton</u> (b) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>1537 Nancy St.</u> (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community <u>Life</u> (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky.</u> (b) County <u>Kenton</u> (c) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (d) Street No. <u>1537 Nancy St</u> (if rural give precinct) (e) If foreign born, how long in U. S. A.? <u>Not</u> year		
3(a) FULL NAME <u>Caroline Fraxmann</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>May 18th 1947</u> 21. I hereby certify that I attended the deceased from <u>Oct 2nd 1946</u> to <u>May 18th 1947</u> , that I last saw him alive on <u>May 16th 1947</u> , and that death occurred on the date stated above at <u>6:00 A. M.</u> Immediate cause of death <u>Chronic myocarditis</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings: <u>938</u> Of operations _____ Of autopsy _____		
3(b) If veteran, Name war <u>No</u> 3(c) Social Security No. <u>None</u> 4. Sex <u>F.</u> 5. Color or race <u>W.</u> 5(a) Single, widowed, married, divorced <u>Married</u> 6(b) Name of husband or wife <u>Joseph Fraxmann</u> 6(c) Age of husband or wife if alive <u>71 Yrs.</u> Years 7. Birth date of deceased <u>Aug. 3rd 1874</u> (Month) (Day) (Year) 8. AGE <u>72</u> Years <u>9</u> Months <u>15</u> Days If less than one day hr. min. 9. Birthplace <u>Covington Ky.</u> 10. Usual occupation <u>House Wife</u> 11. Industry or business _____		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? _____ (e) Means of injury _____ 23. Signature <u>[Signature]</u> (M. D. or Other) Address <u>103 Cypress Blvd Covington Ky.</u> Date signed <u>5/19/47</u>		
12. Name <u>George Haar</u> 13. Birthplace <u>Germany</u> 14. Maiden name <u>Teresa Borchet</u> 15. Birthplace <u>Germany</u>				
16(a) Informant's own signature <u>Joseph Fraxmann</u> (b) Address <u>1537 Nancy St. Cov. Ky</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>5-21-</u> 19 <u>47</u> 18(a) Signature of funeral director <u>Henry H. Harrison</u> (b) Address <u>Covington Ky</u> 19(a) <u>MAY 19 1947</u> (Date received by local registrar) (b) <u>J.W. Williamson</u> (Registrar's signature)				