

Kentucky Post – November 28, 1938

FORMER CAFE OPERATOR CALLED

Franxman Rites To Be Held Tuesday

Requiem high mass for John T. Franxman Sr., former Covington cafe owner, will be sung at 9 a. m. Tuesday at St. Augustine Church, following services at 8:30 a. m. at the Henry Linnemann Sons funeral home. Burial will be in Mother of God Cemetery.

Mr. Franxman died Saturday at his home, 1723 Russell street, Covington. He was 49.

With his brother, Carl, he conducted the Barrel House Cafe at 11th and Greenup streets for many years. Later he was employed at the American Tool Co., Cincinnati.

He leaves his widow, Mrs. Sadie Franxman; a son, John T. Franxman Jr.; two daughters, Mrs. Virginia Moss and Miss Mary Margaret Franxman, and six brothers, William, Joseph, Louis, Henry, Bernard and Carl Franxman, and four sisters, Mrs. Anna Rice, Mrs. Lena Auch, Mrs. Peter Post and Mrs. Marie Huller.



Franxmann, John T 1889 - 1938

Form V. S. 1-A

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

Dr. Adams.

1. PLACE OF DEATH
County Kenton

Registration District No. 790
Primary Registration District No. 2790

2. FULL NAME John T. Franxmann
IF VETERAN, WHAT WAR? _____

(a) Residence No. 1723 Russell - St. _____ Ward _____
(Usual place of abode)

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>M</u>	4. COLOR OR RACE <u>Wh.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>November 26th</u> , 19 <u>38</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sadie B. Blattrup</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 26</u> , 19 <u>38</u> to <u>Nov 28</u> , 19 <u>38</u> I last saw him alive on <u>Nov 26</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>11:15</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Cancer of Throat</u>	
6. DATE OF BIRTH <u>Jan 22, 1889</u>				Date of onset	
7. AGE Years <u>49</u> Months <u>10</u> Days <u>4</u> If LESS than 1 day..... hrs. or..... min.				45	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>American Tool Co.</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) <u>May/38</u> 11. Total time (years) spent in this occupation <u>3 yrs</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)	
12. BIRTHPLACE <u>Covington Ky.</u>				Specify whether injury occurred in industry, in home, or in public place.	
13. NAME <u>Henry Franxmann</u>				Manner of injury _____	
14. BIRTHPLACE <u>Germany</u>				Nature of injury _____	
15. MAIDEN NAME <u>Mary Weithaus</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
16. BIRTHPLACE <u>Cov Ky.</u>				(Signed) <u>Ed Adams</u> M. D.	
17. INFORMANT <u>Mrs John T. Franxmann</u> (Address) <u>1723 Russell St. Cov Ky</u>				(Address) <u>21 McLeathway Ave</u> <u>Covington, Ky</u>	
18. BURIAL, CREMATION OR REMOVAL Place <u>Methodist Ch.</u> Date <u>11/29</u> , 19 <u>38</u>					
19. UNDERTAKER <u>H. J. ...</u> (Address) <u>Covington Ky.</u>					
20. FILED <u>NOV 28 1938</u> <u>Mrs H. C. ...</u> Registrar					