

Franxmann, Joseph F 1876 - 1955

Kentucky Post - January 5, 1955

FRANXMANN—Joseph F., beloved husband of the late Carrie Franxmann (nee Haak), dear father of Misses Thesa Magdalena and Alma Franxmann, 1537 Nally St., Covington, Monday, Jan. 3, 1955, age 78 years. Funeral Friday, Jan. 7, from the Linnemann Funeral Home, 25-27 E. 11th St., at 9:30 a. m. Requiem High Mass St. Joseph Church, 10 a. m. Interment Mother of God Cemetery.

Franxmann, Joseph F 1876 - 1955

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY		55- 1114	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		REC. NO. 116	
		CERTIFICATE OF DEATH		6	
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY Kenton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Kenton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		c. LENGTH OF STAY (in this place) hosp 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hosp. 1		d. STREET ADDRESS (If rural, give location) 1537 Nancy Street			
3. NAME OF DECEASED a. (First) Joseph (Type or Print)			b. (Middle) F. Franxmann		c. (Last) Franxmann
4. DATE OF DEATH (Month) (Day) (Year) Jan 3, 1955		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb 29, 1876		9. AGE (in years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tailor		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Covington, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Franxmann		14. MOTHER'S MAIDEN NAME Mary Weighaus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 208-09-2084		17. INFORMANT Mrs. Leo J. Browne, niece	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2-3 1/2 to 3-8
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____ DUE TO (c) _____
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Arteriosclerosis			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 493 X - 071-20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12/30, 1954 to 1/3, 1955, that I last saw the deceased alive on 1/3, 1955, and that death occurred at 9:20 a.m. from the causes and on the date stated above.					
23a. DATE SIGNED 5 Jan 55		23b. ADDRESS 1 Wallace Ave. Covington, Ky.		23c. SIGNATURE Paul W. Simpson M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Mother of God Cem., Covington, Kentucky	
24d. LOCATION (City, town, or county) (State) Covington, Kentucky		25a. DATE RECD BY JAN 8 1955		25b. FUNERAL DIRECTOR Henry Linnemann Sons, Covington, Ky.	

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