

Kentucky Post - April 18, 1944

Mrs. Sarah Fraxmann

Requiem High Mass will be sung at 9 a. m. Wednesday at St. Mary Cathedral, Covington, following prayers at 8:30 a. m. at the Henry Linnemann Sons funeral home, Covington, for Mrs. Sarah Fraxmann, 55, who died Monday at her home, 343 Pike street, Covington, after a long illness. Burial will be in Mother of God Cemetery.

A lifelong resident of Covington, Mrs. Fraxmann leaves a son, John H. Fraxmann, and two daughters, Miss Mary Margaret Fraxmann and Mrs. William Moss.

Fraxmann, Sarah Blattrup 1889 - 1944

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. _____ Registrar's No. <u>9945</u>	
Registration District No. <u>190</u>		Primary Registration District No. <u>2290</u>			
1. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASED:		
(a) County <u>Kenton</u>			(a) State <u>Ky</u> (b) County <u>Kenton</u>		
(b) City or town <u>Covington</u>			(c) City or town <u>Covington</u>		
(c) Name of hospital or institution: <u>343 Pike St.</u> (If outside city or town limits, write RURAL)			(d) Street No. <u>343 Pike St.</u> (If rural give precinct)		
(d) Length of stay: In hospital or community <u>50 Yrs.</u> (years, months or days)			(e) If foreign born, how long in U. S. A.? <u>2</u> years		
3(a) FULL NAME <u>Sarah Fraxmann</u>			MEDICAL CERTIFICATION		
3(b) If veteran, Name war <input checked="" type="checkbox"/> No. _____			20. DATE OF DEATH <u>April 17th</u> 19 <u>44</u> .		
3(c) Social Security No. _____			21. I hereby certify that I attended the deceased from <u>20-Jan-1944</u> to <u>April 17</u> 19 <u>44</u> , that I last saw him alive on <u>April 16</u> 19 <u>44</u> , and that death occurred on the date stated above at <u>12:30 A. - M.</u>		
4. Sex <u>F</u> 5. Color of race <u>Wh</u> 6(a) Single, widowed, married, divorced <u>Widow</u>			Immediate cause of death		
6(b) Name of husband or wife <u>John T. Fraxmann</u>			<u>Subacute Pancreatitis</u>		
6(c) Age of husband or wife <u>alive</u> Years _____			Due to _____		
7. Birth date of deceased <u>April 8th</u> 18 <u>89</u> (Month) (Day) (Year)			Other conditions <u>Chronic Arthritis</u> (Include pregnancy within 3 months of death)		
8. AGE: Years <u>55</u> Months <u>-</u> Days <u>9</u> If less than one day hr. _____ min. _____			Major findings: Of operations <u>5953-128</u>		
9. Birthplace <u>Narwood Ohio</u>			Of autopsy _____		
10. Usual occupation <u>House Work</u>			22. If death was due to external causes, fill in the following:		
11. Industry or business <u>at home</u>			(a) Accident, suicide, or homicide (specify) _____		
FATHER { 12. Name <u>Joseph B. Blattrup</u>			(b) Date of occurrence _____		
13. Birthplace <u>Bavaria Germany</u>			(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)		
MOTHER { 14. Maiden name <u>Don't know</u>			While at work? _____ (e) Means of injury _____		
15. Birthplace _____			23. Signature <u>Lawrence M. Spillberger M.D.</u> (M.D. or other)		
16(a) Informant's own signature <u>J. Fraxmann</u>			Address <u>511 Clay Dayton Ky</u> Date signed <u>4-18-44</u>		
(b) Address <u>343 Pike St.</u>					
17. BURIAL, CREMATION, OR REMOVAL					
Place <u>Methodist Ep. Ch.</u> Date <u>4-19-</u> 19 <u>44</u>					
18(a) Signature of funeral director <u>N. Fraxmann</u>					
(b) Address <u>Covington Ky</u>					
19(a) <u>APR 18 1944</u> (Date received by local registrar)			(b) <u>M. H. C. White</u> (Registrar's signature)		