

Franxmann, William Christian 1874 -1939

Kentucky Post – April 24, 1939

William C. Franxmann

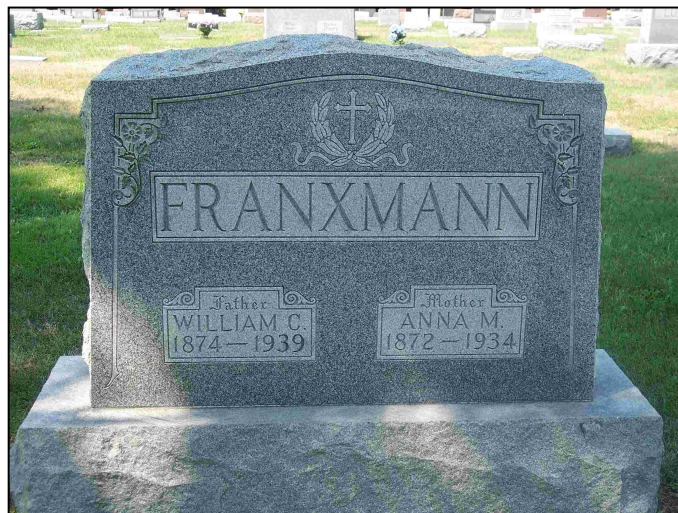
Requiem High Mass for William C. Franxmann, lifelong Covington resident, will be sung at 9 a. m. Wednesday at St. Joseph Church, following services at 8:30 a. m. at his home, 1338 Garrard street. Burial will be in Mother of God Cemetery.

Mr. Franxmann, 63, died Saturday of a cerebral hemorrhage at his home, Coroner James P. Riffe, Kenton county, said.

He leaves two sons, Edward and William; a daughter, Mrs. Leo Browne; five brothers, Joseph, Louis, Henry, Bernard and Carl, and four sisters, Mrs. Albert Rice, Mrs. William Rauch, Mrs. Peter Post, and Mrs. Bernard Huller.

Mr. Franxmann was the husband of the late Mrs. Anna Meyer Franxmann.

Arrangements are in charge of Henry Linnemann Sons, Covington funeral directors.



Franxmann, William Christian 1874 -1939

Dr. Piffle (Crown)

Form V. B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Butler File No. 10387
 Registration District No. 790 Registered No. _____
 Inc. Town _____ Primary Registration District No. 2290
 City Lovington (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH
 2. FULL NAME Williams C. Franxmann
 (a) Residence, No. 1338 Cassard St. _____ Ward _____
 (Usual place of abode) (if nonresident, give city or town and State)

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>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH <u>April 22</u> , 19 <u>39</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Annie Meeker</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 10_____ to _____, 10_____ I last saw h_____ alive on _____, 10____ death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>August 28th, 1874</u>		7. AGE Years <u>64</u> Months <u>7</u> Days <u>25</u> If LESS than 1 day.....hrs. or.....min.		<u>Cerebral Hemorrhage</u> <u>7 years</u> Contributory causes of importance not related to principal cause:	
8. Trade, profession, or particular kind of work done, as <u>Painter,</u> <u>carver, bookkeeper, etc.</u>		9. Industry or business in which work was done, as <u>oil mill,</u> <u>sawmill, bank, etc.</u>			
10. Date deceased last worked at this occupation (month and year).		11. Total time (years) spent in this occupation.		Date of onset	
12. BIRTHPLACE <u>Lovington Ky.</u>				Name of operation <u>None</u> Date of _____	
13. NAME <u>Henry Franxmann</u>		14. BIRTHPLACE <u>Germany</u>		What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>No</u>	
15. MAIDEN NAME <u>Mary Weighaus</u>		16. BIRTHPLACE <u>Lovington Ky.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>William C. Franxmann</u> (Address) <u>1338 Cassard St.</u>				Manner of injury <u>Sudden death</u> Nature of injury <u>no injury</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Methodist</u> Date <u>April 26</u> , 19 <u>39</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
19. UNDERTAKER <u>H. Franxmann & Sons</u> (Address) <u>Lovington Ky.</u>				(Signed) <u>J. P. Piffle, Crown</u> (M. D.) (Address) <u>1733 Eastern</u> <u>Cor. Ky.</u>	
20. FILED <u>APR 25 1939</u> <u>Mrs. M. C. Whit</u> Registrar.					