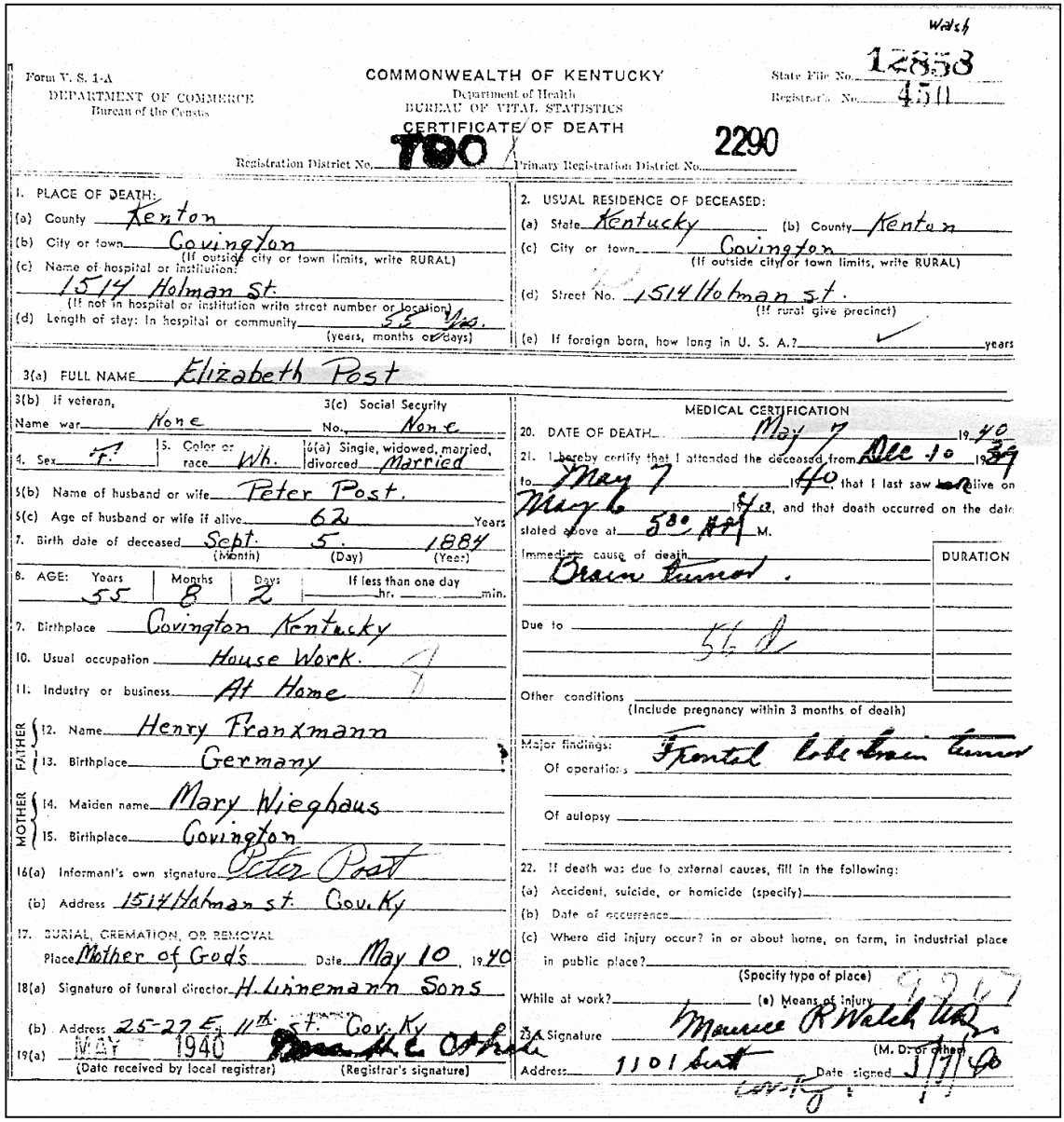
Kentucky Post – May 8, 1940

Mrs. Elizabeth Post

Funeral services for Mrs. Elizabeth Post, 1514 Hofman street, Covington, will be held at the Henry Linnemann Sons Funeral Home at 8:30 a. m. Friday, with Requiem High Mass at 9 a. m. at St. Joseph Church. Burial will be in Mother of God Cemetery. She was 55.

Mrs. Post died at her home early Tuesday. She leaves her husband, Peter Post; one daughter, five brothers and three sisters.



Walsh

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. 12853
Registrar's No. 451

Registration District No. 700 Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 1514 Holman St. (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 5 5 Yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Covington (If outside city or town limits, write RURAL)
(d) Street No. 1514 Holman st. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ✓ years

3(a) FULL NAME Elizabeth Post

3(b) If veteran, Name war None
3(c) Social Security No. None

4. Sex F | 5. Color or race Wh. | 6(a) Single, widowed, married, divorced Married

5(b) Name of husband or wife Peter Post.
5(c) Age of husband or wife if alive 62 Years
7. Birth date of deceased Sept. (Month) 5. (Day) 1884 (Year)

8. AGE: Years 55 | Months 8 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Covington Kentucky
10. Usual occupation House Work.
11. Industry or business At Home

FATHER
12. Name Henry Franxmann
13. Birthplace Germany

MOTHER
14. Maiden name Mary Wieghaus
15. Birthplace Covington

16(a) Informant's own signature Peter Post
(b) Address 1514 Holman st. Cov. Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Mother of God's Date May 10, 1940
18(a) Signature of funeral director H. Linnemann Sons
(b) Address 25-27 E. 11th. st. Cov. Ky
19(a) MAY 1940 Frank L. O'Neil
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May 7 1940
21. I hereby certify that I attended the deceased from Dec 10 1939 to May 7 1940 that I last saw her alive on May 6 1940, and that death occurred on the date stated above at 5:30 P.M.

Immediate cause of death Brain Tumor. — DURATION
Due to 5 M
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation: Frontal Lobe Brain Tumor
Of autopsy

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 Maurice R Walsh M.D.
(M. D. or other)
Address 1101 East Date signed 5/7/40