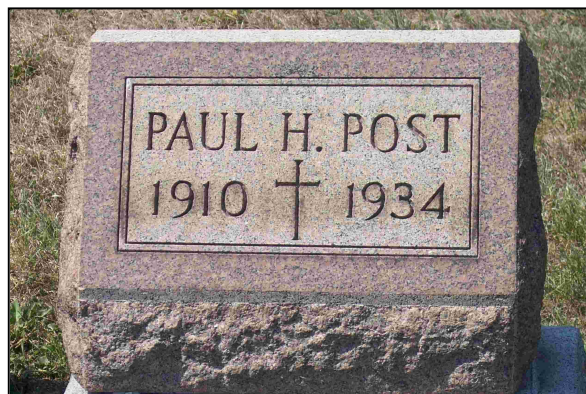


Post, Paul 1910 -1934

Kentucky Post – January 5, 1934

Paul Post
Last rites for Paul Post, 23, insurance agent, who died Thursday at Good Samaritan Hospital, Cincinnati will be held Monday at 8:30 a. m. at the residence, 1514 Holman-st., Covington, with a solemn requiem high mass at 9 a. m. at St. Joseph Church. Burial will be in Mother of God Cemetery.
He leaves his parents and a sister.
Henry Linnemann Sons, Covington, are in charge of the funeral.
Members of All Saints Court, Catholic Order of Foresters, Covington, of which he was a member, will meet Sunday at 8 p. m. at the residence to hold services.

POST—Paul, beloved son of Peter M. and Elizabeth Post (nee Frankman), of 1514 Holman-st., Covington, Thursday, January 4, 1934, age 23 years. Funeral from the above residence Monday, January 8, at 8:30 a. m. Solemn requiem high mass at St. Joseph's Church at 9 a. m. Interment Mother of God's Cemetery. All Saints Court, Catholic Order of Foresters will meet at the residence Sunday night at 8 o'clock.



Post, Paul 1910 -1934

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Hamilton</u> Registration District No. <u>494</u> File No. <u>2874</u> Township <u>Union</u> Primary Registration District No. <u>8227</u> Registered No. <u>66</u> or Village <u>None</u> No. <u>road Samaritan Hospital</u> Ward <u>None</u> or City of <u>Cincinnati</u> (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds. How long in U. S., if of foreign birth? <u>None</u> yrs. <u>None</u> mos. <u>None</u> ds.	
2 FULL NAME <u>Paul Post</u> (a) Residence. No. <u>1514 Holman St.</u> St. <u>Ward</u> <u>Corryington Ky</u> (Usual place of abode) (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>
5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mar. 27 - 1910</u> (or) WIFE of <u>None</u>	
6. DATE OF BIRTH (month, day, and year) <u>March 24, 1910</u>	
7. AGE	Years <u>23</u> Months <u>9</u> Days <u>8</u> If LESS than 1 day, <u>None</u> hrs. <u>None</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>clerk</u> <u>W. Clerk</u>
	9. Industry or business in which work was done, as <u>Bo O. R. R.</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 1930</u>
	11. Total time (years) spent in this occupation <u>4 yrs</u>
12. BIRTHPLACE (city or town) <u>Corryington Ky</u> (State or country)	13. NAME <u>Peter F. Post</u>
14. BIRTHPLACE (city or town) <u>Corryington Ky</u> (State or country)	15. MAIDEN NAME <u>Elizabeth Frazer</u>
16. BIRTHPLACE (city or town) <u>Corryington Ky</u> (State or country)	17. INFORMANT <u>Mr. Peter Post</u> The Signature of <u>1514 Holman St.</u> and (Address)
18. BURIAL, CREMATION, OR REMOVAL <u>Interment</u> Place <u>Mt. Zion Church</u> <u>8</u> <u>1934</u>	19. UNDERTAKER <u>H. Ginnemann</u> (Address)
19a. Was body embalmed <u>Yes</u> Embalmer's No. <u>1420</u>	20. FILED <u>JAN 5 - 1934</u> <u>Ernest Crall</u> Registrar
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Jan 4, 1934</u>	
22. <u>Jan 1st</u> HEREBY CERTIFY, That I attended deceased from <u>1934</u> to <u>Jan 4</u> , 19 <u>34</u> I last saw <u>him</u> alive on <u>Jan 3</u> , 19 <u>34</u> , death is said to have occurred on the date stated above at <u>4:30 a. m.</u>	
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Lobar Pneumonia</u> <u>12-20-33</u>	
CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Shingles</u> <u>1929</u>	
Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>None</u> Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>None</u> Nature of injury <u>None</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>William B. Fessenden</u> (Signed) <u>1-5</u> 1934 Address <u>Cincinnati Ky</u>	