

Wieghaus, Elizabeth Wehenpohl 1862 - 1930

Cincinnati Enquirer – January 6, 1930

WIETHAUS — Mary Elizabeth Wiet-
haus (nee Wehenpohl), beloved
wife of John Henry Wiethaus, Sun-
day, January 5, at 2:15 p. m., at
residence, 1311 Cutter st., aged 68
years. Remains at Busse & Borg-
mann Co.'s mortuary, 1517 Free-
man ave. Due notice of funeral.

1 PLACE OF DEATH		DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		94 2750	
County <u>Hamilton</u>		Registration District No. <u>627</u>		File No. <u>2750</u>	
Township		Primary Registration District No. <u>82</u>		Registered No. <u>82</u>	
or Village		No. <u>1</u>		St. <u>Ward</u>	
or City of <u>Incuninate</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Mary Elizabeth Kieghaus</u>		Did Deceased Serve in U. S. Navy or Army			
(a) Residence. No. <u>1311 Center</u>		St. <u>Ward</u>		(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					
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>			
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>John Henry Kieghaus</u>					
6 DATE OF BIRTH (month, day, and year) <u>April 6 - 1861</u>					
7 AGE	Years <u>68</u>	Months	Days	If LESS than 1 day hrs. or min. <u>mid</u>	
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>At Home</u>					
(b) General nature of Industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9 BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
10 NAME OF FATHER <u>Joseph Kieghaus</u>					
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>					
12 MAIDEN NAME OF MOTHER <u>Anna M. Giesbeck</u>					
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Germany</u>					
14 Informant <u>John Henry Kieghaus</u>					
(Address) <u>1311 Center</u>					
15 <u>JAN 1 1930</u> <u>Curran Evans</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH (month, day and year) <u>Jan 5 1930</u>					
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 29, 1929</u> to <u>Jan 5, 1930</u>					
that I last saw her alive on <u>Jan 5, 1930</u>					
and that death occurred, on the date stated above, at <u>2:15 P.</u> m.					
The CAUSE OF DEATH* was as follows: <u>Lobar Pneumonia</u>					
(duration) — yrs. — mos. <u>3</u> ds.					
CONTRIBUTORY <u>Influenza</u>					
(SECONDARY) (duration) — yrs. — mos. <u>7</u> ds.					
18 Where was disease contracted if not at place of death?					
Did an operation precede death? <u>no</u> Date of					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>Physic's Examination</u>					
(Signed) <u>H. M. Abbott</u> , M. D.					
Jan 6, 1930 (Address) <u>938 Clark St.</u>					
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)					
19 PLACE of Burial, Cremation, or Removal <u>Mother of God</u> DATE OF BURIAL <u>Jan 8 1930</u>					
20 UNDERTAKER <u>Russell Bergman</u> ADDRESS <u>City</u>					
20a WAS THE BODY EMBALMED? <u>yes</u> EMBALMER'S LICENSE NO. <u>1616</u>					