Wieghaus, John Henry 1859 - 1942

Front: Ann L, John Henry, Elizabeth, Joseph
Back: Marie, Frank, Josephine

Kentucky Post – March 30, 1942

WIEGHAUS—J. Henry, husband of the late Elizabeth Wieghaus (nee Wehenpohl), and beloved father of Frank J. and Joseph J. Wieghaus, Mrs. R. J. Dierker and Mrs. James Lewis Henson, Sunday, March 29, 1942, of 104 Trevor-pl, Covington, Ky. Funeral Wednesday, April 1, from Nurre Bros. Funeral Home, 3437 Montgomery-rd, 8:15 p. m. Solemn Requiem High Mass St. Joseph Church, Covington, Ky., 9 a. m.

9072

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH 494

Social Security No. ______

1 PLACE OF DEATH
County *Hamilton* Registration District No. ______ File No. 17203
Township ______ Primary Registration District No. 8227 Registered No. 1773
or Village ______ No. *Jewish Hospital* St., ______ Ward
(If death occurred in a hospital or institution, give its Name instead of street and number)
or City of *Cincinnati*
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.

2 FULL NAME *John Henry Wieghaus*
Did Deceased Serve in U. S. Navy or Army ______ *716*
(a) Residence. No. *104 Trevor* St. ______ Ward *Covington Ky.*
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, Widowed or Divorced (Write the word) *Widowed*
5a. If Married, Widowed, or Divorced Husband of (or) Wife of *Elizabeth Wieghaus*
6. DATE OF BIRTH (month, day, and year) *Jan-3-1859*
7. AGE (years) *83* Months *2* Days *26* If LESS than 1 day ___ hrs. or ___ min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ______
10. Date deceased last worked at this occupation (month and year) ______ 11. Total time (years) spent in this occupation ______
12. BIRTHPLACE (city or town) *Covington* (State or country) *Kentucky*
Father
13. NAME *Unknown Wieghaus*
14. BIRTHPLACE (city or town) (State or country) *Holland*
Mother
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *Holland*
17. The Signature of INFORMANT *Joseph Wieghaus* and (Address) *4338 Pitts*
18. BURIAL, CREMATION, OR REMOVAL Place *Mother of God* Date *April-1*, 19*42*
19. FUNERAL FIRM *Nurre Bros & Sons*
19a. BURIED BY *H. G. Nurre* Lic. No. *1360*
Address *1364 Elm St*
19b. EMBALMER *Joseph Nurre* Lic. No. *4527*
20. FILED APR 1 1942 *Jos Sack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *March 29 1942*
22. I HEREBY CERTIFY, That I attended deceased from ______, 19___, to ______, 19___,
I last saw h___ alive on ______, 19___, death is said to have occurred on the date stated above at ______ m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: — Date of onset
Fractured femur
left neck - Senility
CONTRIBUTORY CAUSES of importance not related to principal cause:
180/ Accidental fall
Name of operation ______ Date of ______
What test confirmed diagnosis? ______ Was there an autopsy? *No*
23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ______ Date of injury *3/24*, 19*42*
Where did injury occur? *Norwood O 312*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Residence of daughter*
Manner of injury *Fell down steps*
Nature of injury ______
24. Was disease or injury in any way related to occupation of deceased? ______
If so, specify ______
(Signed) *David E. Coppock* M. D.
Date ______ 19___ Address *Norwood*