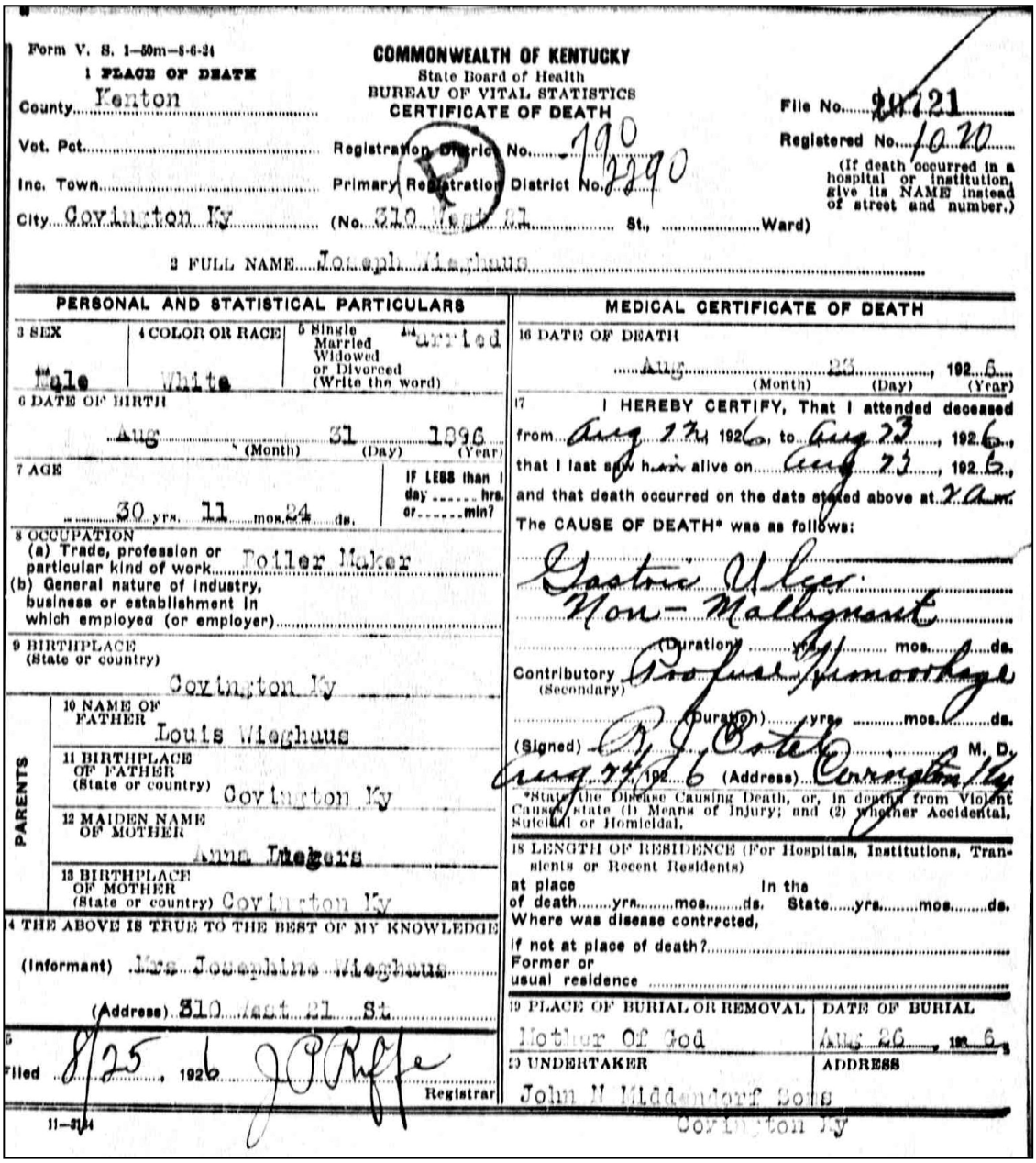
Kentucky Post, August 24, 1926

WEIGHAUS—Joseph, beloved husband of Josephine Weighaus (nee Hoffer). Monday, Aug. 23, 1926, at the residence, 310 W. 21st-st, Covington, aged 30 years. Funeral Thursday, Aug. 26, at 8 a. m., from the late residence. Requiem high mass at 8:30 a. m. at St. Augustine Church. Interment Mother of God Cemetery.



Form V. S. 1—50m—8-6-24

1 PLACE OF DEATH

County Kenton

Vot. Pct.

Inc. Town

City Covington Ky (No. 310 East 21 St., Ward)

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 190
Primary Registration District No. 2290

File No. 20721
Registered No. 1020
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Wieghaus

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (Write the word): Married

6 DATE OF BIRTH: Aug (Month) 31 (Day) 1896 (Year)

7 AGE: 30 yrs. 11 mos. 24 ds. If LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Boiler Maker
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Covington Ky

PARENTS
10 NAME OF FATHER: Louis Wieghaus
11 BIRTHPLACE OF FATHER (State or country): Covington Ky
12 MAIDEN NAME OF MOTHER: Anna Thelers
13 BIRTHPLACE OF MOTHER (State or country): Covington Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Josephine Wieghaus
(Address) 310 East 21 St

15 Filed 8/25, 1926 J P Riffe Registrar

11—3M4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 23 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 17th 1926, to Aug 23, 1926, that I last saw him alive on Aug 23, 1926, and that death occurred on the date stated above at 2 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer.
Non-Malignant

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Profuse Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. J. Estes M. D.
Aug 24th, 1926 (Address) Covington Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mother of God
DATE OF BURIAL: Aug 26, 1926

20 UNDERTAKER: John H Middendorf Sons
ADDRESS: Covington Ky