Benzinger, Charles John 1886 - 1893

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE.

(TO BE FILLED OUT AND SIGNED BY THE PHYSICIAN.)

Name of Deceased Charles Benzinger

Color White Sex male Age 8 years

~~Married~~, Single, ~~Widow or Widower~~

Duration of Last Illness

Date of Death Dec. 15th 1893

Cause of Death, { Remote or Predisposing Pneumonia
{ Immediate (Valvular Disease of Heart) Heart Failure

Epp Wallace, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

UNDERTAKERS ARE ESPECIALLY REQUESTED TO HAVE BLANKS FILLED OUT IN FULL.)

Occupation

Place of Birth Covington

Residence 0 Ward. Burnet Street. No. 114

~~Tenement or~~ Private Residence

Time of Residence in the City

Place of Previous Residence

When a Minor, { Name of Mother Maria Benzinger
{ Name of Father Henry Benzinger

Nativity of { Mother U. S. A.
{ Father U. S. A.

Place of Intended Interment Mother of God Cem

Date of Intended Interment Dec. 18 1893

Wm. McClevelan, Undertaker.

Date of Certificate Dec. Residence 61 T

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A. M. and 12 M., and from 1 to 5 P. M.