

Benzinger, Christopher 1879 - 1939

Kentucky Post – September 20, 1939

CHRISTOPHER BENZINGER
Christopher Benzinger, bartender, succumbed to a heart attack Wednesday morning at his home, 113 East Tenth Street, Covington. Dr. James P. Riffe, Kenton County Coroner, issued the verdict. Surviving Benzinger are his widow, Mrs. Jeannetta; one daughter, Mrs. Philip Wagner, and three sisters, Mrs. Clement Pater and Mrs. John Pater, of Hamilton, O., and Mrs. John Schnorbus, Lockland, O. Funeral services will be completed Wednesday by Allison & Rose, Covington funeral directors.

CHRISTOPHER BENZINGER
Services for Christopher Benzinger, bartender, who died Wednesday at his home following a heart attack, will be held Saturday, 8:30 a. m. at the Allison and Rose funeral home, Covington, followed by requiem high mass at St. Mary Cathedral at 9 a. m. Burial will be in the Mother of God Cemetery.



Benzinger, Christopher 1879 - 1939

Coroner Riffe
23061

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Kenton
Vol. Pct. _____
Inc. Town _____
City Covington Ky (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Christopher Benzinger
(a) Residence, No. 113 East 10th St. _____ Ward _____
(Usual place of abode) (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 | | | | MEDICAL CERTIFICATE OF DEATH | |
|--|----------------------------------|--|--|--|----|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>White</u> | 5. Single, Married, Widowed or Divorced, (write the word) <u>MARRIED</u> | | 21. DATE OF DEATH <u>Sept 20, 1939</u> | 19 |
| 6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jeannette Benzinger</u> | | | | 22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____ I last saw him alive on _____ 19 _____ death is sub- stantiated to have occurred on the date stated above, at <u>3 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Coronary Thrombosis</u> Date of onset _____ | |
| 7. AGE Years Months Days <u>60</u> <u>2</u> <u>30</u> IF LESS THAN 1 day..... hrs. or..... min. | | | | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bar Tender</u> | | | | | |
| 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bill Carr's Cafe</u> | | | | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | | | 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE <u>Covington</u> | | | | | |
| 13. NAME <u>Bernard Benzinger</u> | | | | | |
| 14. BIRTHPLACE <u>Germany</u> | | | | | |
| 15. MAIDEN NAME <u>Caroline Baumann</u> | | | | | |
| 16. BIRTHPLACE <u>Germany</u> | | | | | |
| 17. INFORMANT <u>Mrs Jeannette Benzinger</u> (Address) <u>113 East 10th st</u> | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Mother Of God</u> Date <u>Sept 20, 1939</u> | | | | | |
| 19. UNDERTAKER <u>Allison & Rose</u> (Address) <u>Covington Ky</u> | | | | | |
| 20. FILED <u>SEP 21 1939</u> <u>Mrs. H. C. White</u> Registrar. (Address) _____ | | | | | |
| | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>Sudden Death</u> Nature of injury <u>Heart Failure</u> | |
| | | | | 24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____ (Signed) <u>J. P. Riffe</u> Coroner M. D. (Address) <u>17 1/2 E. Eastern Ave</u> <u>Cov. Ky</u> | |

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH
FADING INK—THIS IS A PERMANENT RECORD. Every item of information
should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in
plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions
on back of certificate.