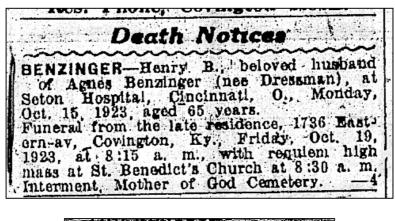
Benzinger, John Henry 1858 - 1923

Kentucky Post – October 17, 1923



HENR	Y BENZINCER DEAD
Henry	Benzinger, 65, mest packer,
of 1376	Eastern av, Covington, who esday at the Seton Hospital,
Cineinm	the mill be buried from St.
Benedic	t's Church at 8:30 a.m. Fri.
day. Benzia	who was ill several
weeks	was manager of the Rice
& Sons formerl	Packing Co., Covington. He
His -	widow, two sons and two
daughte	re survive. Burial will be



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a the area of the	STATE OF OHIO
PLACE OF DEATH	DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CEPTIFICATE OF DEATH 494 File No. 60232
village No.Set	gistration District 82.2.7. Registered 5.6.4.4. din a hospital or institution, give its NAME instead of street and number)
a) Residence. No. 17 3 6 Fasture (a) Residence. No. 17 3 6 Fasture (Usual place of abode) ength of residence in city or town where death occurred yrs. mos. \neq	Did Deceased Serve in U. S. Navy or Army. St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 Single, Married, Widowed or Divorced (write the word)	16 DATE OF DEATH (month, day and year) 01 13
M. M. Manush If married, widowed or divorced HUSBAND of (or) WIPE of Lynes Bright	17 I HEREBY CERTIFY, That I attended deceased from 001, 1., 1973, to 001 15, 19 13 that I last saw h Limalive on 001 15, 19 13 10 10 10 10 10 10 10 10 10 10 10 10 10 1
AGE Years Months Days If LESS than 1 day	and that death occurred, on the date stated above, at <u><u><u></u></u> a.m.</u> The CAUSE OF DEATH [®] was as follows: <u><u>P</u>ulmonary</u> <u>alcaleuro</u> .
(a) Trade, profession, or Bartelen	atrophic Cinhoris of Firer
(b) General nature of Industry, business, or establishment in which employed (or employer)	(duration)yrsds.
(c) Name of employed is Pasting by	(SECONDARY) (duration)
(State or country)	if not at place of death?
10 NAME OF FATHER Bernand Bernan	Was there an autopsy?
11 BIRTHPLACE OF FATHER (city or town)	(Signed) and Schercher D.
12 MAIDEN NAME OF MOTHER Sellin Paman	10/17 19 13 (Address) 210 W 9
13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLINT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. (See reverse side for additional space.)
(Address) 17 36 Zanten Ander Si	19 PLACE OF BURIAL CREMATION, OR DATE OF BURIAL REMOVAL 0 J 19 . 1973 20 UNDERTAKER License No. ADDRESS
Piled 19 awalle Gran	Admment Som brody