

Bischoff, Mary L Kersting 1890 - 1942

Kentucky Post – November 7, 1942

BISCHOFF—Mary (nee Kesting), beloved wife of George Bischoff, Friday, November 6, 1942, at her home, LLL Highway, Kenton County, Ky., aged 52 years. Funeral Monday, November 9, from John N. Middendorf Sons Funeral Home, 917 Main-st, Covington, at 8:30 a. m. Requiem High Mass at Holy Guardian Angel Church, at 9 a. m. Interment Mother of God Cemetery.

Bischoff, Mary L Kersting 1890 - 1942

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **24821**
Registrar's No. _____

Registration District No. **790** X Primary Registration District No. **2290**

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington
(c) Name of hospital or institution St. Elizabeth 01
(d) Length of stay: In hospital or community 14 days
(years, month, or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Rural - Caudwell
(d) Street No. 36 Highway
(e) If foreign born, how long in U. S. A. ? _____ years

3(a) FULL NAME Mary Bischoff
3(b) If veteran, _____ 3(c) Social Security _____
Name war _____ No _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Geo. Bischoff
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Feb. 10 1890
(Month) (Day) (Year)
8. AGE: Years 52 Months 9 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Cov. Kentucky
10. Usual occupation Housewife
11. Industry or business _____

FATHER
12. Name Anthony Kersting
13. Birthplace Germany
MOTHER
14. Maiden name Eli Barnhorn
15. Birthplace Cov. Kentucky

16(a) Informant's own signature Geo. Bischoff
(b) Address 36 Highway

17. BURIAL, CREMATION, OR REMOVAL
Place Mother Road Date Nov. 9 1942
18(a) Signature of funeral director J. H. Mendenhall
(b) Address 917 Main St.

19(a) NOV 10 1942 (Date received by local registrar) Mrs. H. C. Abbott (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH November 6 1942
21. I hereby certify that I attended the deceased from Oct 28 1942 to Nov 6 1942 and that death occurred on the date stated above at 7 A.M.
Immediate cause of death Cardiac Failure DURATION _____
Due to Arterio Sclerosis; and Curvature of the Large Bowel
Other conditions: (include pregnancy within 3 months of death) _____
Major findings: 46E
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ (Specify type of place)
While at work? _____ (a) Means of Injury _____

23. Signature Robert J. Hoffmann M.D. (M. D. or other)
Address St. Elizabeth Date signed 11-6-42