Kentucky Post – October 23, 1945

Bernard G. Klare

Solemn Requiem High Mass for Bernard G. Klare, custodian of St. Benedict Church, Covington, will be sung at St. Benedict Church at 9 a. m. Wednesday following prayers at the Henry Linnemann Sons funeral home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.

Mr. Klare died Sunday at his residence, 327 E. 17th street, Covington. He was 65.

The Holy Name Society of St. Benedict Church will meet at 8:15 p. m. Tuesday at the funeral home for prayers.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 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. 21715
Registrar's No. 956

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

1. PLACE OF DEATH:
(a) County: Kenton
(b) City or town: Covington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 327 E. 17 St (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community: 65 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ky (b) County: Kenton
(c) City or town: Covington (If outside city or town limits, write RURAL)
(d) Street No. 327 E 17 St (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ___ yrs

3(a) FULL NAME: Bernard G. Klare
3(b) If veteran, Name war: No
3(c) Social Security No.
4. Sex: M.
5. Color or race: W
6(a) Single, widowed, married, divorced: Married
6(b) Name of husband or wife: Lillian Bomhom
6(c) Age of husband or wife if alive: 64 Years
7. Birth date of deceased: Sept. (Month) 10 (Day) 1880 (Year)
8. AGE: Years 65 Months 8 Days 11 If less than one day hr. ___ min.
9. Birthplace: Covington Ky
10. Usual occupation: Janitor
11. Industry or business: St. Benedict Church
FATHER 12. Name: Bernard G. Klare
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Dont Know
MOTHER 15. Birthplace: Germany
16(a) Informant's own signature: Lillian Klare
(b) Address: 327 E 17 St.
17. BURIAL, CREMATION, OR REMOVAL
Place: Mother of God Date: 10-24- 1945
18(a) Signature of funeral director: Henry G. Linnemann
(b) Address: Covington Ky.
19(a) OCT 27 1945 (Date received by local registrar) (b) Mrs. H. C. Ohler (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Oct. 21 - 1945
21. I hereby certify that I attended the deceased from March 1 1945 to Oct 21 1945 that I last saw him alive on Oct 17 1945 and that death occurred on the date stated above at 11 A. M.
Immediate cause of death: Inanition
Gastro Intestinal Atrophy, 6 mos.
Due to: Pulmonary Tuberculosis 7
F.K. Facio-Hiac Joints 6 mos
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: none 13B - 17B
Of autopsy: none
DURATION

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(b) Date of occurrence: —
(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? — (Specify type of place)
While at work? ___ (e) Means of injury ___
23. Signature: Pierce Post Dorsey M.D. (M. D. or other)
Address: Coppin Bldg Date signed 10/22/45

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