

Kentucky Post - November 29, 1951

Bernard H. Kroger

Requiem High Mass for Bernard H. Kroger, 78, of 1615 Holman street, Covington, will be sung at 10 a. m. Friday at Mother of God Church, following prayers at 9:30 a. m. at the Hugenberg and Glindmeyer funeral home, Covington. Burial will be in St. John Cemetery, Ft. Mitchell.

Mr. Kroger, clerk at Dow Drug Store, Pike street and Madison avenue, Covington, died Tuesday at home after a brief illness. He was a member of the Holy Name Society of Mother of God Church.

He leaves his widow, Elizabeth; a son Charles Kroger, Covington; two daughters, Mrs. Lester Bosch, Cincinnati, and Miss Helen Kroger, Covington; a sister, Mrs. Josephine Osterman, Covington; two brothers, Robert, Indianapolis, and Lawrence Kroger, Ft. Lauderdale, Fla., and five grandchildren.

Kroger, Bernard H 1873 - 1951

FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 51 25285	REGISTRAR'S NO. 1158
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY KENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KY b. COUNTY KENTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COVINGTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1615 HOLMAN ST		d. STREET ADDRESS (If rural, give location) 1615 HOLMAN ST			
3. NAME OF DECEASED a. (First) BERNARD		b. (Middle) H		c. (Last) KROGER	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1951		5. SEX MALE 6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 27 1873		9. AGE (In years last birthday) 78 10. Months 9 11. Days 0 12. Hours 0 13. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE		11. BIRTHPLACE (State or foreign country) Covington Ky	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME JOHN BERNARD KROGER		14. MOTHER'S MAIDEN NAME ELIZABETH OVERWEIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 269-05-0291		17. INFORMANT ELIZABETH KROGER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) arterio-sclerosis		4 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 4201-081-17			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) obstructive jaundice				9-51	
19a. DATE OF OPERATION Sept 1951		19b. MAJOR FINDINGS OF OPERATION 9 all stones		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) none		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1951 to Nov 27, 1951 , that I last saw the deceased alive on Nov 27, 1951 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23a. DATE SIGNED 9/29/51		23b. ADDRESS 575 Coppin Rd, Covington, Ky		23c. SIGNATURE (Degree or title) Philip H. Vesper M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 30 1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem	
24d. LOCATION (City, town, or county) (State) FT MITCHELL KY		25a. DATE REC'D BY NOV 30 1951		25b. REGISTRAR'S SIGNATURE Marianne Dean	
25c. FUNERAL DIRECTOR HUGENBERG & GLINDMEYER		25d. ADDRESS 40 W. 6th			

Cov. Ky