

Kentucky Post - May 6, 1953



GEORGE RIEGLER
... carbon monoxide causes death.

Rites Set Thursday For Sewer Victims

(See Pictures Page 10)

Funeral services for two Elsmere workmen who died of carbon monoxide poisoning in a sewer in South Ft. Mitchell will be held Thursday.

The victims were Warren Green, 33, Blue Grass avenue, and George Riegler, 33, Short street.

They were employees of the Jay E. Harris Co., Erlanger, and were cleaning a lift station in a sewer on Pleasant Ridge avenue near Beechwood avenue when they lost their lives.

In 18-Foot Hole

Robert C. Dorsey, acting Kenton county coroner, said the men apparently were overcome in the 18-foot-deep hole from fumes off a gasoline-powered pump. They were last seen alive Monday.

The bodies were recovered from the bottom of the lift station Tuesday. They were covered over with water from the rain Monday.

Services for Mr. Riegler will be held at 8:30 a. m. Thursday from the Taliaterro funeral home, Erlanger, with Requiem High Mass at 9 a. m. at St. Henry Church. Burial will be in St. John Cemetery, Ft. Mitchell.

Survivors Listed

Mr. Riegler leaves his mother, Mrs. Clara Riegler, Erlanger, and three brothers, Hilary, Dayton, O.; Louis (Pete) and John Riegler, both of Erlanger. He was a member of the Elsmere Volunteer Fire Department and the Covington Aerie of Eagles.

Services for Mr. Green, a veteran of World War II, will be held at 2:30 p. m. Thursday at the Taliaterro funeral home, with burial in Forest Lawn Memorial Park, Erlanger.

Mr. Green leaves his widow, Mrs. Edna Green; two sons, Warren D. Jr., 9, and Dwight Green, 3; his parents, Mr. and Mrs. Charles W. Green, Batesville, Ind.; one sister, Mrs. Robert Moore, Miami, Fla., and a brother, Floyd Green, member of the Merchant Marine.

The Elsmere Fire Department and Ladies Auxiliary will meet at 8 p. m. Wednesday at the funeral home to pay their last tribute of respect to Mr. Riegler.

Reigler, George William 1919 - 1953

Form V. S. 1-A 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 53 10646
Registration District No. 790		Primary Registration District No. 0271 3285		
1. PLACE OF DEATH a. COUNTY <u>Kenton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Kenton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>So. St. Mitchell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elsmere</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>237 Short St</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS		
3. NAME OF DECEASED a. (First) <u>Geo.</u> b. (Middle) <u>Wm</u> c. (Last) <u>Reigler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH <u>1919</u>		9. AGE (In years last birthday) <u>33</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Elsmere Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John Reigler 2L</u>		
14. MOTHER'S MAIDEN NAME <u>Clara Dornbory</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>407-05-4129</u>		17. INFORMANT <u>Bullery Reigler</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Accidental Asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8913 - 140 - 25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) <u>Service Station, Smith # Mitchell, Kenton Ky</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5-4-53 7:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Carbon Monoxide Gas Fumes</u>		
21f. HOW DID INJURY OCCUR? <u>Carbon Monoxide Gas Fumes</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.		
23a. DATE SIGNED <u>5-10-53</u>		23b. ADDRESS <u>Covington Ky</u>		23c. SIGNATURE (Degree or Title) <u>Leslie Rolfe Special Coroner</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St John</u>
24d. LOCATION (City, town, or county) (State) <u>Kenton Ky</u>		25a. DATE REC'D BY <u>MAY 13 1953</u>		
25b. REGISTRAR'S SIGNATURE <u>William Dean</u>		25c. FUNERAL DIRECTOR <u>Thos. J. Jurek</u>		
25d. ADDRESS		25e. ADDRESS		