

Kentucky Post – October 19, 1918

## DOUBLE BURIAL FOR COUPLE

### Husband and Wife Victims of Pneumonia.

A double funeral will be held for Frank B. Rinder, 27, of Louisville, Ky., and his wife, Mrs. Irene Busse Rinder, 27, at Holy Cross Church, former Latonia, Monday, at 8 a. m. Burial will be in Mother of God Cemetery.

Mrs. Rinder died Friday of pneumonia at the home of her mother, 4612 Huntington-av, and her husband died of the same disease last Tuesday.

Mrs. Rinder was a daughter of Henry Busse, former brick manufacturer. Her husband was a son of Joseph Rinder, former Covington contractor.



Rinder, Irene Busse 1891 - 1918

FORM V & 1-2004 2-25-12

1 PLACE OF DEATH  
 County Huntington  
 Vol. Pot. R  
 Ino. Town Huntington  
 City Huntington

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Dr. Hintermeyer  
25206  
 File No. 1236  
 Registered No. 1236

Registration District No. 580  
 Primary Registration District No. 2290  
 (No. 4612 Huntington St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irene Busse Rinder  
4612 Huntington Ave.

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**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
 (Write the word)

6 DATE OF BIRTH Oct 13, 1891  
 (Month) (Day) (Year)

7 AGE 27 yrs. 0 mos. 5 ds. IF LESS than 1 day ... hrs. or min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry business or establishment in which employed (or employer)  
Housewife

9 BIRTHPLACE (State or country) Covington

PARENTS  
 10 NAME OF FATHER Henry Busse  
 11 BIRTHPLACE OF FATHER (State or country) Covington  
 12 MAIDEN NAME OF MOTHER Ely Henn  
 13 BIRTHPLACE OF MOTHER (State or country) Covington

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs Henry Busse  
 (Address) 4612 Huntington

15 Filed Oct 19, 1918 J. B. Schumring REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Oct 19th 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 15, 1918, to Oct 17, 1918, that I last saw her alive on Oct 17, 1918, and that death occurred on the date stated above at 12 A. m. The CAUSE OF DEATH\* was as follows:  
Pleur Pneumonia  
 (Duration) ... yrs. ... mos. 7 ds.  
 Contributory (Secondary) ... (Duration) ... yrs. ... mos. ... ds.  
 (Signed) H. Hintermeyer, M. D.  
Oct 19, 1918 (Address) Covington, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
 At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Walter F. Ford DATE OF BURIAL Oct 21, 1918  
 20 UNDERTAKER Lumpsum ADDRESS 31-8-11th  
Sans

11-3184