

Kampsen, Bernardina Herzog 1861 - 1936

Kentucky Post – October 6, 1936

Mrs. Bernadina Kampsen

Requiem High Mass will be sung Thursday at 9 a. m. at St. Augustine Church for Mrs. Bernadina Kampson, 1846 Euclid avenue, who died Monday at her home after a lingering illness. She was 75.

She was widely known in church and charitable circles, and was a member of the St. John Orphan Society, the St. Monica Married Ladies' Society, the Altar Society and the Poor Souls Society of St. Augustine Church, the Ladies' Society of St. Elizabeth Hospital and the St. Elizabeth Married Ladies' Society of St. Aloysius Church.

KAMPSEN— Bernadina Kampsen (nee Herzog), beloved wife of the late Bernard Kampsen, Monday, October 5, 1936, at the residence, 1846 Euclid ave., Covington, aged 75 years. Funeral Thursday, October 8, from the above residence at 9:30 a. m. Solemn Requiem High Mass at St. Augustine Church at 9 a. m. Interment Mother of God Cemetery.



Kampsen, Bernardina Herzog 1861 - 1936

Form V. B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 37716
 Registered No. _____

1. PLACE OF DEATH
 County Newton
 Vol. Pat. _____
 Inc. Town _____
 City Covington (No. _____ St. _____ Ward _____)
 If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME Bernardina Kampsen
 (a) Residence. No. 1846 Euclid Ave. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH <u>Oct 5</u> , 19 <u>36</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Bernard Kampsen</u>				22. I HEREBY CERTIFY That I attended deceased from <u>Aug 31</u> , 19 <u>36</u> to <u>Oct 5</u> , 19 <u>36</u> . I last saw <u>her</u> alive on <u>Oct 9</u> , 19 <u>36</u> . death is said to have occurred on the date stated above, at <u>1:30</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>April 26, 1861</u>				<u>Carcoma of sigmoid 1936</u>	
7. AGE Year <u>75</u> Month <u>5</u> Days <u>9</u> If LESS than 1 day.....hrs. or.....min.		Date of onset			
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.				Contributory causes of importance not related to principal cause:	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>House-Wife</u>				46	
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE <u>Germany</u>					
13. NAME <u>Henry Herzog</u>					
14. BIRTHPLACE <u>Germany</u>					
15. MAIDEN NAME <u>Elizabeth Puthoff</u>					
16. BIRTHPLACE <u>Germany</u>					
17. INFORMANT <u>Mrs. Rose Kampsen</u> (Address) <u>1846 Euclid Ave.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Nathan's Gd.</u> Date <u>October 8, 1936</u>					
19. UNDERTAKER <u>White Middlebury Co</u> (Address) <u>917 Main St. Cov. Ky</u>					
20. FILED <u>OCT 5 1936</u> 19 <u>36</u> <u>Mrs. H.C. Offutt</u> Registrar.					
				Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If yes, specify _____					
				(Signed) <u>John J. Pelt</u> M. D. (Address) <u>406 N. 6th St. Cov. Ky</u>	