

*Klosterman, Bernard John 1879 - 1947*

Kentucky Post - November 17, 1947

### **Bernard Klosterman**

Solemn Requiem High Mass for Bernard Klosterman, 68, 1833 Jefferson avenue, Covington, will be sung at St. Augustine Church at

9:30 a. m. Tuesday, following prayers at the Henry Linnemann Sons funeral home, Covington, at 9 a. m. Burial will be in Mother of God Cemetery.

Mr. Klosterman, who died Saturday at his home, was a brother of MSGR. Edward G. Klosterman, pastor of Mother of God Church, Covington. He also was a brother of the late Harry G. Klosterman, former sheriff and jailer of Kenton county.

The clergy has been invited to attend the funeral.

Klosterman, Bernard John 1879 - 1947

Form V. B. 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. 21697  
Registrar's No. 1157

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:  
(a) County Kenton  
(b) City or town Covington  
(c) Name of hospital or institution 1833 Jefferson Avenue  
(d) Length of stay: In hospital or community 68 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Kenton  
(c) City or town Covington  
(d) Street No. 1833 Jefferson Avenue

3(a) FULL NAME Bernard Klosterman, Sr.  
3(b) If veteran, Name war none 3(c) Social Security No. 288-09-0860

4. Sex m 5. Color or race w 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Bernadina Kampsen  
6(c) Age of husband or wife if alive 65 Years

7. Birth date of deceased May 12 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Covington, Kentucky

10. Usual occupation driver

11. Industry or business Klosterman French Baking Co.

FATHER { 12. Name Frank Klosterman  
13. Birthplace Germany

MOTHER { 14. Maiden name Angela Reckers  
15. Birthplace Germany

16(a) Informant's own signature Bernadina Klosterman  
(b) Address 1833 Jefferson Avenue, Covington

17. BURIAL, CREMATION, OR REMOVAL  
Place Mother of God Date Nov 18, 1947

18(a) Signature of funeral director Wm. E. Deam, M.D.  
(b) Address 25-27 East 11th Street, Covington

19(a) NOV 17 1947 (Date received by local registrar) (b) W. W. Williamson (Registrar's signature)

20. DATE OF DEATH November 15, 1947  
21. I hereby certify that I attended the deceased from November 15, 1947 to November 15, 1947, that I last saw him alive on November 15, 1947, and that death occurred on the date stated above at 12:15 A.M.

Immediate cause of death Sclerotic heart disease

Other conditions none (Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

If death was due to external causes, fill in the following:  
(a) Nature of injury none  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
(d) While at work? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature W. E. Deam, M.D. (M. D. or other)  
Address Covington Ky Date signed 11-17-1947