

Koehne, Marie B Klosterman 1904 - 1948

Kentucky Post – September, 11, 1948

KOEHNE, Marie B. (nee Klosterman), widow of Clarence R. Koehne, beloved mother of Robert and Jeroma Koehne, daughter of Mrs. B. Klosterman and the late Bernard Klosterman, and sister of Bernard F. Klosterman, residence, 1845 Tilden av, Norwood, Thursday, September 9, 1948. Friends may call at the Tredway Funeral Home, 2131 Cameron av, Norwood, Sunday after 3 p. m. Solemn Requiem High Mass, St. Elizabeth Church, Norwood, Monday, September 13, 10 a. m. Interment Mother of God Cemetery.



Koehne, Marie B Klosterman 1904 - 1948

Form V. M. 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

Name #20 No. 18937
 Registrar's No. 004

Registration District No. 790 X Primary Registration District No. 2290

2. PLACE OF DEATH:
 (a) County KENTON
 (b) City or town COVINGTON
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: ST. ELIZABETH
 (If not in hospital or institution write street number or location)
 (d) Length of stay: in hospital or community 14 Days
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State OHIO (b) County HAMILTON
 (c) City or town NORWOOD
 (If outside city or town limits, write RURAL)
 (d) Street No. 1845 TILDEN AVE
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A. 4 years

3(a) FULL NAME MARIE BERNADETTE KOEHNE
 3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced WIDOWED

6(b) Name of husband or wife CLARENCE
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased JANUARY 25th 1904
 (Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 15 If less than one day hr. _____ min. _____

9. Birthplace COVINGTON KY
 10. Usual occupation HOUSE WIFE
 11. Industry or business _____

FATHER { 12. Name BERNARD KLOSTERMAN
 13. Birthplace COVINGTON KY

MOTHER { 14. Maiden name BERNADINA KAMASEN
 15. Birthplace COVINGTON KY

16(a) Informant's own signature Robert Koehne
 (b) Address 1845 TILDEN AVE NORWOOD OHIO

17. BURIAL, CREMATION, OR REMOVAL
 Place MOTHER OF GOD Date 9-9 1948

18(a) Signature of funeral director Paul H. Bonover
 (b) Address TREDWAY-NORWOOD, OHIO

19(a) SEP 16 1948 (Date received by local registrar) (b) Marie B. Klosterman (Registrar's signature)

20. DATE OF DEATH September 9th 1948
 21. I hereby certify that I attended the deceased from Aug 26 1948 to Sept 9 1948, that I last saw him alive on Sept 9 1948, and that death occurred on the day stated above at 6:50 P.M.

Immediate cause of death Bilateral ureteral obstruction DURATION _____
 Due to Metastatic Carcinoma of Rectum 6 mos

Other conditions None (Include pregnancy within 3 months of death)
 Major findings: Carcinoma Rectum
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (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)
 While at work? _____ (c) Means of injury _____

23. Signature John C. Larned M.D. (M. D. or officer)
 Address 33 E 7th St Date signed 9-13-48

11-20-48 H. Covington Ky OPC 1580 12-4-56