

**GERMAN UNION CEMETERY**  
**THREE-GENERATION GENEALOGY**

*Created By: Ronald R. Prinzing*

Surname: **KRUEGER**

Given Name: **ALBERTINA**

Middle Name If Any:

Gender: **FEMALE**

Date of Birth: **1851**

Place of Birth: **GERMANY**

Date of Death: **JUNE 5, 1933**

Place of Death: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
MINNESOTA**

Plot Number: **EXACT PLOT UNKNOWN**  
(One of five: 20j, 20k, 20l, 20m or 20n)

Father:

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Mother:

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Marital Status: **MARRIED**

Date:

1. **FREDRICK KOLTERMAN** born: JANUARY 25, 1843 IN GERMANY

Children:

1. **AUGUST KOLTERMAN** born: 1869

2. **GUSTAVE F. KOLTERMAN** born: 1874 in GERMANY

3. **FREDERICK KOLTERMAN** born: 1875 in GERMANY

4. **IDA KOLTERMAN** born:

5. **(MRS. H. GEIFER)** born:

6. **ANNE KOLTERMAN** born:

7. **MARTHA KOLTERMAN** born:

8. **WILLIAM KOLTERMAN** born:

NOTE: The Burial – Removal – Transit Permit shows the place of burial to be ST. JOHN'S CEMETERY, which is the same as GERMAN UNION CEMETERY. St. John's Church, before its demise, was located nearby and the cemetery was sometimes referred to as ST. JOHN'S CEMETERY.

**KOLTERMAN, ALBERTINA. NEE: KRUEGER**

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PLACE OF DEATH

STATE OF MINNESOTA  
REGISTRAR'S

County Rice

Township Forest

OR

Village \_\_\_\_\_

OR

City \_\_\_\_\_

No. \_\_\_\_\_

**Permit for Burial or Removal**

Date of Death June 5 1933

Full Name Albertina Kolterman Age 82 yrs.

Sex Female Place of Birth Germany

Disease causing death \_\_\_\_\_

Medical attendant Dr. Meyers Proposed date of burial or removal June 7 1933

Place of burial St. John's Cemetery

Place of removal \_\_\_\_\_ via \_\_\_\_\_

Undertaker  Aaron Lemmark Address Faribault

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the burial of the (Burial or Removal\*)

body of deceased person as stated above. In case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the State and local board of health.

Aaron Lemmark  
Sub (Registrar of Deaths)

Dated June 7 1933 Licence No. 1501  
Official Title

\*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the Undertaker to the Sexton. Removal permits must be given to the Agent of Transportation Company, and attached by him to box containing body. Sub-registrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. \_\_\_\_\_" below, always giving No. of License. Fine or imprisonment for receiving a body for burial without permit.

Received \_\_\_\_\_ 19 \_\_\_\_\_ Sexton

Name of Cemetery \_\_\_\_\_ Address \_\_\_\_\_

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**KOLTERMAN FAMILY MARKER**