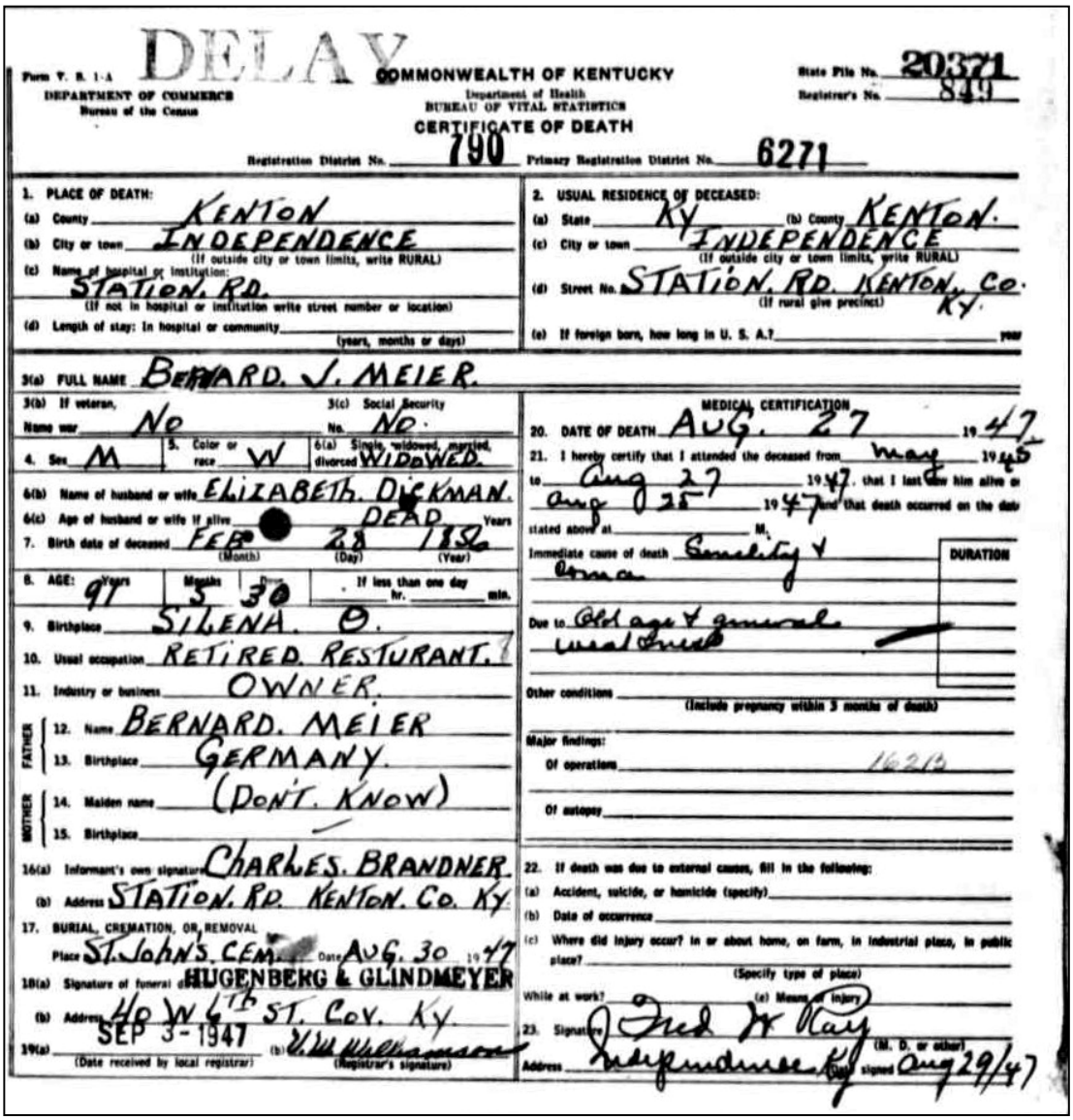
Kentucky Post – August 28, 1947

Kenton Resident, 92, Is Taken by Death

Bernard J. Meier, 92-year-old Kenton county resident, died late Wednesday at the home of a daughter, Mrs. Charles Brandner, Independence, following a long illness.

Besides Mrs. Brandner, he leaves four sons, John, Bernard, Fred and Edward Meier; four other daughters, Mrs. Elizabeth Schawe, Mrs. Frances Rippe, Mrs. Matilda Rohmon and Mrs. Catherine Schmidt; 25 grandchildren, 10 great-grandchildren and two great-great-grandchildren.

Requiem High Mass will be sung at St. Anthony Church at 9 a. m. Saturday, following prayers at the Hugenberg & Glindmeyer funeral home, Covington, at 8:30 a. m. Burial will be in St. John Cemetery.



DELAY

Form V. S. 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. 20371
Registrar's No. 849

Registration District No. 790 Primary Registration District No. 6271

1. PLACE OF DEATH:
(a) County KENTON
(b) City or town INDEPENDENCE (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: STATION. RD. (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KY (b) County KENTON.
(c) City or town INDEPENDENCE (If outside city or town limits, write RURAL)
(d) Street No. STATION. RD. KENTON, Co. KY. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME BERNARD. J. MEIER.

3(b) If veteran, Name war No
3(c) Social Security No. NO.
4. Sex M
5. Color or race W
6(a) Single, widowed, married, divorced WIDOWED.
6(b) Name of husband or wife ELIZABETH. DICKMAN.
6(c) Age of husband or wife if alive _____ DEAD Years
7. Birth date of deceased FEB. 28 1856 (Month) (Day) (Year)
8. AGE: Years 91 Months 5 Days 30 If less than one day hr. _____ min.
9. Birthplace SILENA. O.
10. Usual occupation RETIRED. RESTURANT.
11. Industry or business OWNER.
FATHER 12. Name BERNARD. MEIER
13. Birthplace GERMANY.
MOTHER 14. Maiden name (DON'T. KNOW)
15. Birthplace _____
16(a) Informant's own signature CHARLES. BRANDNER.
(b) Address STATION. RD. KENTON. Co. KY
17. BURIAL, CREMATION, OR REMOVAL
Place ST. JOHN'S. CEM. Date AUG. 30 1947
18(a) Signature of funeral director HUGENBERG & GLINDMEYER
(b) Address 40 W 6TH ST. COV. KY.
19(a) SEP 3-1947 (Date received by local registrar) (b) W. M. Williamson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH AUG. 27 1947
21. I hereby certify that I attended the deceased from May 1945 to Aug 27 1947. that I last saw him alive on Aug 25 1947 and that death occurred on the date stated above at _____ M.
Immediate cause of death Senility
Due to Old age & general usual Break
DURATION
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations 1621?
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? (d) Means of injury _____
23. Signature J. Fred H. Kay (M. D. or other)
Address Independence Ky. Date signed Aug 29/47