Kentucky Post – June 29, 1942

Mrs. Estella Meier

Funeral arrangements were being completed Monday for Mrs. Estalla Meier, 217 W. 15th stret, Covington, who died Sunday at St. Elizabeth Hospital after a short illness.

She leaves her husband, Fred H. Meier; a son, Fred B. Meier, and a sister, Miss Carries Stenken, all of Covington.

John N. Middendorf Sons, Covington funeral directors, are in charge.

Requiem High Mass will be sung at 9 a. m. Wednesday at St. Mary Cathedral following prayers at 8:30 a. m. at the funeral home. Burial will be in Mother of God Cemetery.

Form V. S. DELAY
DEPARTMENT OF COMMERCE

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 16432
Registrar's No.

Registration District No. 790 Primary Registration District No. 2290

1. 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. Eliz.
(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 Kentucky (b) County Kenton
(c) City or town Covington (If outside city or town limits write RURAL)
(d) Street No. 217 W. 15th St. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Estella Meier
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife Fred Meier
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Dec. (Month) 12 (Day) 1894 (Year)
8. AGE: Years 47 Months 6 Days 16 If less than one day hr. min.
9. Birthplace Cincinnati O.
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Steenken
13. Birthplace Cov. Ky.
MOTHER 14. Maiden name Caroline Kline
15. Birthplace Germany
16(a) Informant's own signature Fred Meier
(b) Address 217 W. 15th St.
17. BURIAL, CREMATION, OR REMOVAL Place mother of God Date July 1, 1942
18(a) Signature of funeral director J. N. Middendorf & Son
(b) Address 917 Main St.
19(a) JUL 2 1942 (Date received by local registrar) (b) Mrs H. C. White (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 28 1942
21. I hereby certify that I attended the deceased from June 10 1942 to June 28 1942 that I last saw him alive on June 27 1942 and that death occurred on the date stated above at 11:00 A. M.

Immediate cause of death Appendicitis, acute septic
Due to Peritonitis, septic

	DURATION

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Perforated Gangrenous Appendix. Peritonitis, General.
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? (e) Means of injury
23. Signature Jas. G. Ryan (M. D. or other)
Address Covington Ky. Date signed June 30-42