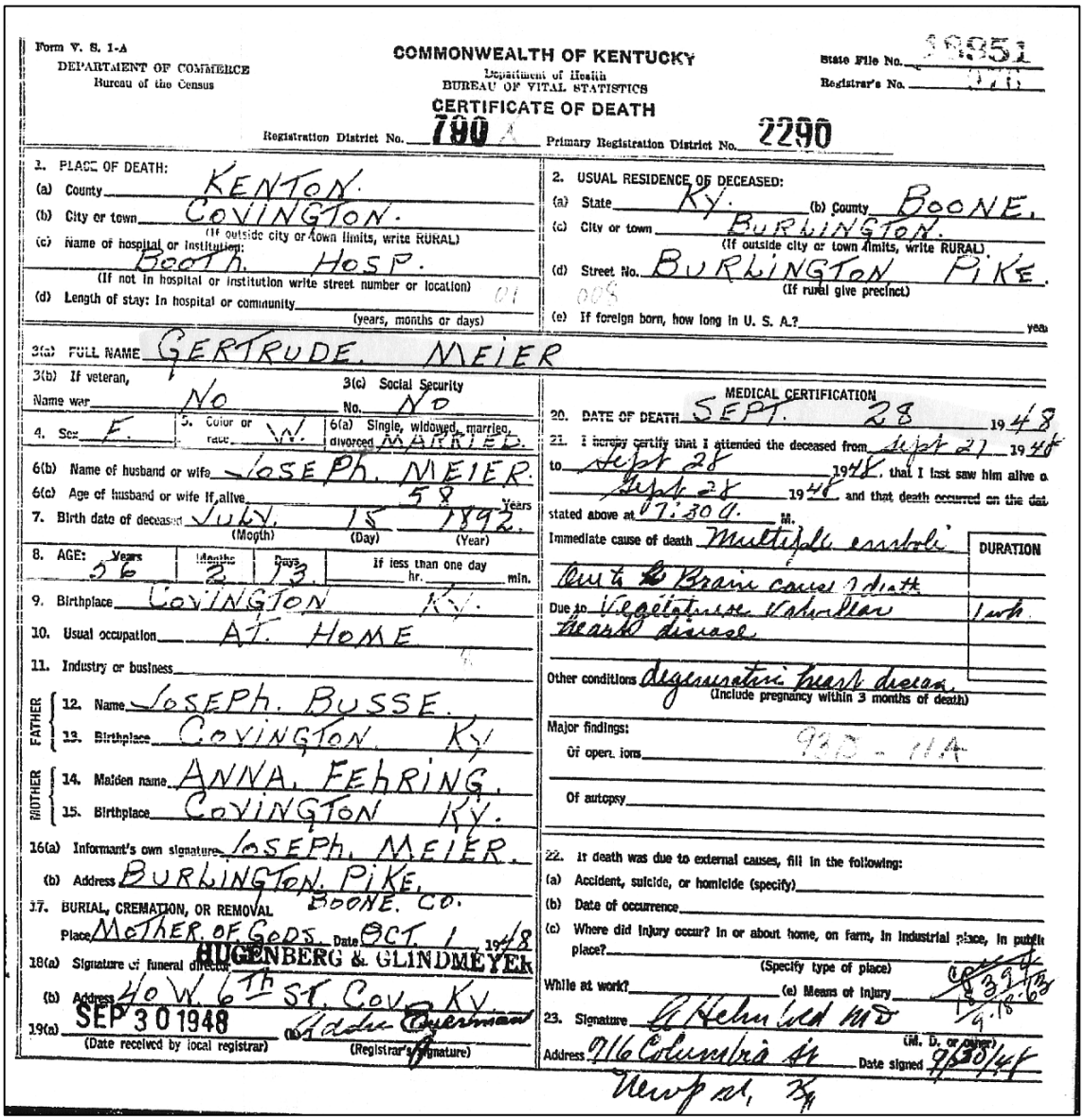
Kentucky Post – September, 1948

Mrs. Gertrude Meier

Requiem High Mass for Mrs. Gertrude Meier, Burlington pike, Boone county, will be sung at St. Paul Church, Florence, at 9 a. m. Friday. Burial will be in Mother of God Cemetery under direction of the Hugenberg & Glindmeyer funeral home, Covington.

Mrs. Meier, who was 56, died Tuesday at Booth Hospital following a short illness. She was a member of St. Cecilia Auxiliary, Knights of St. John, Newport.

She leaves her husband, Joseph Meier, and two sisters, Mrs. Anna Feldhaus and Mrs. Josephine Jackson, Covington.



Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 19851
Registrar's No. 2411

CERTIFICATE OF DEATH

Registration District No. 790 A — 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: BOOTH. HOSP. (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 01 005 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KY. (b) County BOONE.
(c) City or town BURLINGTON. (If outside city or town limits, write RURAL)
(d) Street No. BURLINGTON PIKE. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ____ years

3(a) FULL NAME GERTRUDE MEIER

3(b) If veteran, Name war No
3(c) Social Security No. No
4. Sex F.
5. Color or race W.
6(a) Single, widowed, married, divorced MARRIED.
6(b) Name of husband or wife JOSEPH MEIER.
6(c) Age of husband or wife if alive 58 Years
7. Birth date of deceased JULY. (Mogth) 15 (Day) 1892. (Year)
8. AGE: Years 56 Months 2 Days 13. If less than one day hr. ____ min.
9. Birthplace COVINGTON KY.
10. Usual occupation AT HOME
11. Industry or business
FATHER 12. Name JOSEPH BUSSE.
FATHER 13. Birthplace COVINGTON KY
MOTHER 14. Maiden name ANNA FEHRING.
MOTHER 15. Birthplace COVINGTON KY.
16(a) Informant's own signature JOSEPH MEIER.
(b) Address BURLINGTON. PIKE, BOONE. CO.
17. BURIAL, CREMATION, OR REMOVAL
Place MOTHER OF GODS. Date OCT. 1 1948
18(a) Signature of funeral director HUGENBERG & GLINDMEYER
(b) Address 40 W. 6th ST. COV. KY.
19(a) SEP 30 1948 (Date received by local registrar) (b) Adele Overman (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH SEPT. 28 1948
21. I hereby certify that I attended the deceased from Sept 27 1948 to Sept 28 1948. that I last saw him alive on Sept 28 1948 and that death occurred on the date stated above at 7:30 A. M.

Immediate cause of death	DURATION
Multiple emboli	
Due to Brain cause Death	
Due to Vegetative Vascular	1 wk.
Heart disease	
Other conditions Degenerative heart disease. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9-28 - HA
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 C Hehn Jr MD (M. D. or coroner)
Address 916 Columbia St Date signed 9/30/48
Newport, Ky