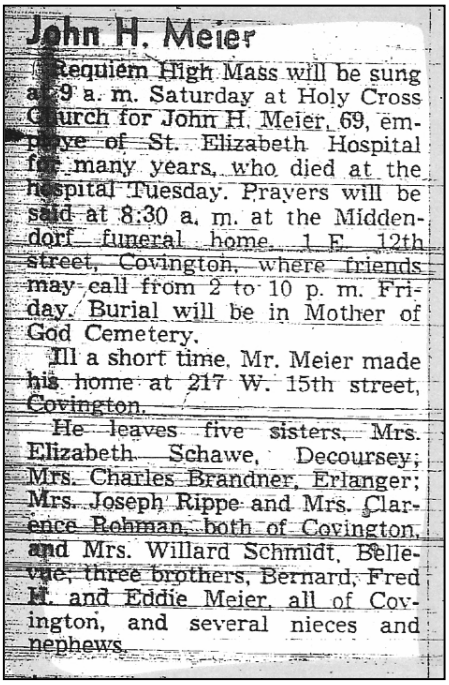
Kentucky Post – January 1, 1953



John H. Meier

Requiem High Mass will be sung at 9 a. m. Saturday at Holy Cross Church for John H. Meier, 69, employe of St. Elizabeth Hospital for many years, who died at the hospital Tuesday. Prayers will be said at 8:30 a. m. at the Middendorf funeral home, 1 E. 12th street, Covington, where friends may call from 2 to 10 p. m. Friday. Burial will be in Mother of God Cemetery.

Ill a short time, Mr. Meier made his home at 217 W. 15th street, Covington.

He leaves five sisters, Mrs. Elizabeth Schawe, Decoursey; Mrs. Charles Brandner, Erlanger; Mrs. Joseph Rippe and Mrs. Clarence Rohman, both of Covington, and Mrs. Willard Schmidt, Bellevue, three brothers, Bernard, Fred H. and Eddie Meier, all of Covington, and several nieces and nephews.

DELAY

Form V. S. 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

28013
52
FILE NO. 116
REGISTRAR'S NO. 307
Registration District No. 790X
Primary Registration District No. 2290

1. PLACE OF DEATH
a. COUNTY: Kenton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Covington
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kentucky
b. COUNTY: Kenton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Covington,
d. STREET ADDRESS (If rural, give location): 217 West 15th St.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) H; c. (Last) Meier
4. DATE OF DEATH (Month) (Day) (Year): 12/30/52
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 13, 1883
9. AGE (In years last birthday): 69
If Under 1 Year: Months; Days
If Under 24 Hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee St.
10b. KIND OF BUSINESS OR INDUSTRY: Elizabeth Hospt.
11. BIRTHPLACE (State or foreign country): Covington, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernard Meier
14. MOTHER'S MAIDEN NAME: Agnes Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 407-12-0250A
17. INFORMANT: Mrs. Elizabeth Schawe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 8 hours
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerotic Heart Dis
DUE TO (c) Generalized Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pyloric Obstruction due to old & recent peptic ulcers

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4201-081-17
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26, 1952 *to* 12-30, 1952 *that I last saw the deceased alive on* 12-30, 1952 *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. DATE SIGNED: 1-5-53
23b. ADDRESS: 3357 Ky Ave Covington Ky
23c. SIGNATURE (Degree or title): [signature] M D

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/3/53
24c. NAME OF CEMETERY OR CREMATORY: Mother of God
24d. LOCATION (City, town, or county) (State): Kenton County Ky.

25a. DATE RECD. BY LOCAL REG.: JAN 6 1953
25b. REGISTRAR'S SIGNATURE: Marian Dean
26. FUNERAL DIRECTOR: John F. Misendorf Sons
ADDRESS: Covington, K

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