

Thome, Adelaide Quick 1903 - 1937

Cincinnati Enquirer - July 25, 1937

THOME Adelaide Thome (nee Quick), beloved wife of the late Frank F. Thome, and beloved mother of Adelaide Thome, passed away Saturday, July 24, 1937, in her 33rd year. Funeral from the Dhonau funeral home, 1608 Hoffner st., Northside, Tuesday, July 27, at 8:30 a. m. Requiem high mass at St. Clare Church, College Hill, at 9 a. m.

STATISTICS			
THE GERMAN CATHOLIC CEMETERY SOCIETY			
OF CINCINNATI, OHIO.			
UNDERTAKERS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SEXTON WHERE INTERMENT IS MADE.			
Name of Deceased (in full)	Adelaide Thome		
Date of Death	July 24	1937	Place of Death Bethesda Hospital
Single, Married or Widowed	Widow	Age 32 ¹ Years 7 Months 6 Days	
Place of Birth	Cincinnati	Occupation	Office work
Name of Parents	Alva + Elizabeth Bessler Quick		
Disease	Leucemia		
Direct Cause of Death	ST. MARY		
Indirect Cause of Death	St. Clare Church		
Last Place of Residence	6022 Hamilton Ave		
Physician's Name	E. A. Dickson	Date of Interment	July 27, 1937
In whose Lot Interred	Single # 532	Lot	R Sec 23
Size of Coffin, Casket or Box	Dhonau + Son		
	Undertaker.		

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STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Hamilton Registration District No. 48 File No. 44856
Township _____ Primary Registration District No. 322 Registered No. 1519
or Village _____ No. Bethesda Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
or City of Cincinnati (10) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. 82
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

2 FULL NAME Adelaide Thome (Thome) Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 6022 Hamilton Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>		21. DATE OF DEATH (month, day, and year) <u>July 24, 1937</u>	
5a. If married, widowed, or divorced (husband of or) WIFE of <u>Frank J. Thome (dec.)</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 19, 1937</u> , to <u>July 24, 1937</u> . Last saw her alive on <u>July 23, 1937</u> , death is said to have occurred on the date stated above at <u>5 A.</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>Dec 18th 1903</u>				The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
7. AGE Years <u>32</u>	Months <u>7</u>	Days <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.	<u>Acute Myelogenous Leukemia</u>	Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gen. Office (368)</u>				9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Products Co.</u>	
11. Total time (years) spent in this occupation <u>12</u>				CONTRIBUTORY CAUSES of importance not related to principal cause:	
12. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>(01)</u>				Name of operation <u>none</u> Date of _____	
13. NAME <u>Alva Quick</u>				What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>yes</u>	
14. BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Elizabeth Beidler</u>				Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>Cinti</u> (State or country) <u>Ohio</u>				Manner of injury _____ Nature of injury _____	
17. INFORMANT The Signature of <u>Alva Quick</u> and (Address) <u>6022 Hamilton Ave.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Ed Dickson</u> M. D. Date <u>7/26 1937</u> Address <u>1602 Cedar Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Marys</u> Date <u>July 27th 1937</u>					
19. FUNERAL DIRECTOR <u>C. H. Shannon</u> Some Lic. No. <u>562</u> (Address) <u>Cinti Ohio</u>					
19a. Was body embalmed <u>yes</u> Embalmer's Lic. No. <u>2861A</u>					
20. FILER <u>RL</u> <u>2-6-1937</u> Registrar <u>W. Vallentyne</u>					