

Thome, Anna Ausdenmoore 1882-1931

Cincinnati Times Star - December 1, 1931

THOME—Anna (nee Ausdenmoore), beloved wife of John Thome, Jr., Sunday, November 29, 1931, in her 50th year. Funeral from residence, 4243 Langland st., Northside, Thursday, December 3, at 8 a. m. Requiem high mass at St. Boniface Church at 8:30 a. m.

STATISTICS.			
THE GERMAN CATHOLIC CEMETERY SOCIETY			
OF CINCINNATI, OHIO			
UNDERTAKERS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SIXTON WHERE INTERMENT IS MADE.			
Name of Deceased (in full)	Anna Thome		
Date of Death	Nov 29	19 31	Place of Death Good Samaritan
Single, Married or Widowed	Married	Age 49	Years 1 Months 17 Days
Place of Birth	Cinti, Ohio	Occupation	House-wife
Name of Parents	Henry Ausdenmoore	Rosa Eckhardt	
Disease	Embolism		
Direct Cause of Death	Mastoid- Operation	ST. MARY	
Indirect Cause of Death			Color White
Last Place of Residence	4243 Langland St., Cinti, Ohio		
Physician's Name	W. W. Huether	Date of Interment	Dec. 3, 1931
In whose Lot Interred	Ausdenmoore	Lot 79	R. Sec. /
Size of Coffin, Casket or Box	7/3	30	
	Chas. A. Miller Sons		Undertaker.

St. Boniface

Thome, Anna Ausdenmoore 1882-1931

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Hamilton</u> Township <u>Cincinnati</u> or Village <u>Cincinnati</u> or City of <u>Cincinnati</u>		Registration District No. <u>020</u> Primary Registration District No. <u>020</u> No. <u>Good Samaritan</u> St. <u>Ward</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Anna Thome</u> (a) Residence No. <u>4243 Langland</u> St. <u>Ward</u> (Usual place of abode)		File No. <u>66185</u> Registered <u>6968</u> Did Deceased Serve in U. S. Navy or Army	
Length of residence in city or town where death occurred <u> </u> yrs. <u> </u> mos. <u> </u> ds. How long in U. S., if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>John Thome Jr.</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Oct 12, 1882</u>			
7. AGE <u>49</u> Years <u>I</u> Months <u>I7</u> Days If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	8. Trade, profession, or particular kind of work done, as <u>spinner</u> , <u>sawyer</u> , <u>bookkeeper</u> , etc. <u>House-wife</u>		
9. Industry or business in which work was done, as <u>silk mill</u> , <u>bank</u> , etc.			
10. Date deceased last worked at this occupation (month and year) <u> </u> <u> </u>			
11. Total time (years) spent in this occupation <u> </u>			
12. BIRTHPLACE (city or town) <u>Cinti</u> (State or country) <u>Ohio</u>			
13. NAME <u>Henry Ausdenmoore</u>			
14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)			
15. MAIDEN NAME <u>Rosa Eckhardt</u>			
16. BIRTHPLACE (city or town) <u>Cinti</u> (State or country) <u>Ohio</u>			
17. INFORMANT <u>Mr. John Thome</u> and (Address) <u>4243 Langland</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>Dec. 3, 1931</u>			
19. UNDERTAKER <u>Chas. A. Miller</u> (Address) <u>Cinti</u>			
19a. Was body embalmed? <u>Yes</u> Embalmer's No. <u>2382 A</u>			
20. FILED <u>4</u> <u>1931</u> , 19 <u> </u> <u> </u> <u> </u> Registrar <u> </u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov 29, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 10, 1931</u> to <u>Nov 29, 1931</u> I last saw <u>her</u> alive on <u>Nov 29, 1931</u> death is said to have occurred on the date stated above at <u>9 P. m.</u>			
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Toxic nephritis</u> Date of onset <u>Nov 1931</u>			
CONTRIBUTORY CAUSES, of importance not related to principal cause: <u>mastoiditis</u>			
Name of operation <u>mastoidectomy</u> Date of <u>11/22/31</u>			
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury <u> </u>			
Nature of injury <u> </u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>WW Heister</u> (Signed) <u>1604 Chase</u> M. D.			