Cincinnati Enquirer – April 20, 1948

★THOME — Charles E. Thome, beloved husband of Elizabeth Hensler Thome; beloved father of Mrs. Jeannette Renners and Mrs. Betty Welchers; dear brother of Mrs. Louise Theobald, Mrs. Loretta Henderson, John, Frank, Louis, Martin, Edward, Clarence and Anthony Thome. Monday, April 19, 1948, residence, 4724 Hamilton ave. Friends may call at the Chas. A. Miller Sons funeral home, Hamilton ave. at Knowlton st., Northside. Wednesday, after 2 p. m. Requiem high mass St. Clare Church, Thursday, at 9 a. m.

STATISTICS

THE CINCINNATI CATHOLIC CEMETERY SOCIETY

FUNERAL DIRECTORS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SUPT. WHERE INTERMENT IS MADE

Name of Deceased (in full)	Charles E. Thome
Date of Death	April 19, 1948 Place of Death Jewish Hosp.
Single, Married or Widowed	Married Age 52 Years 4 Months 18 Days
Place of Birth	Cincinnati Occupation Delicatessen Owner
Name of Parents	John Thome Louise Horning
Disease	Coronary Occlusion
Direct Cause of Death	
Indirect Cause of Death	Color White
Last Place of Residence	4724 Hamilton Ave.
Physician's Name	Dr. Nulsen Date of Interment April 22, 1948
Name of Cemetery	St. Mary's Cem.
In whose Lot Interred	Thome Lot 332 R Sec. 26
Size of Coffin, Casket or Box	Standard Size Baxter Vault (LENGTH / WIDTH / HEIGHT)
	Chas. A. Miller Sons — Funeral Director

Thome, Charles E 1896 - 1948

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.
V.S. 11

OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH

Reg. Dist. No. 494 — State File No. 24120
Primary Reg. Dist. No. 8227 — Registrar's No. 2835

1. PLACE OF DEATH:
(a) County Hamilton
(b) Cincinnati (City, Village, Township)
(c) Name of hospital or institution: Jewish Hosp. (If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution ____ (Days) In this community ____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Hamilton
(c) City or village Cincinnati (If outside city or village, write RURAL) 75
(d) Street No. 4724 Hamilton Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. FULL NAME Charles E. Thome
(a) If veteran, name war WW #1 (b) Social Security No. NO

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Hensler (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. 9, 1895 (Month) (Day) (Year)

8. AGE: Years 52 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Delicatessen owner

11. Industry or business own employment

Mother Father
12. Name John Thome
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
14. Maiden name Louise Horning
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's signature Mrs Elizabeth Thome
(b) Address 4724 Hamilton Ave.

17. (a) Burial, cremation, or other; (b) Date 4-22-48 (Month) (Day) (Year)
(c) Place St. Mary's Cem.

(d) J. S. Den Herder (Name of Embalmer) 5058 A (Lic. No.)

18. (a) Chas. A. Miller (Signature of Funeral Director) 1241 (Lic. No.)
(b) Address 4138 Hamilton Ave.

19. (a) 4/14/48 (Date received local registrar) (b) R. E. Welsh M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 19 year 1948 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from April 14, 1948, to April 19, 1948; that I last saw h[illegible] alive on April 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	1 week
Due to: Coronary heart disease	
Due to: 9HA-0	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation: —	
Major findings of autopsy: —	

Underline the cause to which death should be charged statistically.

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? ____ (City or Village) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) How did injury occur? ____

23. Signature Jay O. Anderson, M.D. (Specify if Doctor of Medicine or Osteopathy)
Address 6107 Hamilton Ave. Date signed 4/21/48

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