

Cincinnati Enquirer - January 11, 1931

THOME—Edward J. Thome, beloved son of Frank and Margaret Ankenbauer Thome, passed away Friday, January 9, 1931, at 10:45 p. m., in his 27th year. Funeral from his late residence, 3730 Tappan ave., Tuesday, January 13, at 8 a. m. Requiem high mass at St. Pius Church at 8:30 a. m.

Office Hours:
9 a.m. to 4:30 p.m.

Statistics—St. Joseph's Cemetery

Undertakers ordering graves must fill out this blank together with the PRIEST'S CERTIFICATE and DEED OF LOT.
SPECIAL NOTICE TO UNDERTAKERS,—All applications for Burial Permits MUST BE IN THIS OFFICE NOT
LATER THAN 12 M. on day preceding interment. If interment is to be in a lot you must bring deed.

Name of Deceased Edward Thome

Place of Nativity Cincinnati, Ohio.

Late Residence Cincinnati, Ohio.

Age 27 yrs. 4 mo's. 14 days Date of Death Jan. 9, 1931

Date of Interment Jan. 13th, 1931

Cause of Death Anemia

Parents' Name Frank J. and Margaret Ankenbauer Thome

Physicians' Name Dr. Lilliard Married or Single Single

In Whose Lot Interred Frank Thome Lot 312 Range Sec 7

LENGTH	WIDTH	HEIGHT
<u>84 inches</u>	<u>28 inches</u>	<u>22 inches</u>

Chas. H. Dhonau Sons Co. Undertaker.

LAS. J. MULLANEY, PRINTER, 504 MAIN ST.

DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH				2768
1 PLACE OF DEATH		Registration District No. <u>3227</u>		File No. <u>205</u>
County <u>Hamilton</u>		Primary Registration District No. <u>3227</u>		Registered No. <u>205</u>
Township.....		No. <u>Good Samaritan Hosp.</u>		St., Ward
or Village.....		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
or City of <u>Cincinnati</u>				
Length of residence in city or town where death occurred..... yrs..... mos..... ds.		How long in U. S., if of foreign birth?..... yrs..... mos..... ds.		
2 FULL NAME <u>Edward Joseph Thome</u>		Did Deceased Serve in U. S. Navy or Army.....		
(a) Residence. No. <u>3730</u>		St., Ward.....		(If nonresident give city or town and State)
(Usual place of abode)				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Jan 9, 1931</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of.....				22. I HEREBY CERTIFY, That attended deceased from <u>November 12, 1930</u> to <u>January 9, 1931</u> .
6. DATE OF BIRTH (month, day, and year) <u>Aug 22nd 1900</u>		I last saw him alive on <u>January 9, 1931</u> , death is said to have occurred on the date stated above at <u>10:30p.m.</u>		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
7. AGE	Years <u>27</u>	Months <u>4</u>	Days <u>14</u>	or LESS than 1 day, yrs. or mos.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			Teratoma of Testicle (R) <u>11/10/30</u> Generalized malignant invasion of all organs in the Chest and abdomen
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>around the city</u>			
	10. Date deceased last worked at this occupation (month and year) <u>11/17/30</u>			
MOTHER	12. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>			CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Extreme Secondary Anemia</u> <u>Myocardial Degeneration</u> <u>and failure</u>
	13. NAME <u>Frank J. Thome</u>			Name of operation <u>Blood Transfusion</u> on <u>12/29/30</u>
	14. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>			What test confirmed diagnosis: <u>Clinic</u> Was there an autopsy? <u>Yes</u>
FATHER	15. MAIDEN NAME <u>Margaret Imhambauer</u>			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) Specify whether injury occurred in industry, in home, or in public place.
	16. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>			Manner of injury..... Nature of injury.....
	17. The Signature of Informant and (Address) <u>Frank J. Thome</u> <u>3730 Saffron Ave.</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify..... (Signed) <u>Hamilton</u> M. D. Date <u>10</u> , 19 <u>31</u> . Address <u>4239 Hamilton Ave.,</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Marg's</u> Date <u>Jan 13th 1931</u>		19. UNDERTAKER <u>Chas. H. Shannon's son</u> (Address) <u>Hamilton Ohio</u>		
19a. Was body embalmed <u>Yes</u> Embalmer's No. <u>2861 A</u>		20. FILED <u>Jan 12 1931</u> <u>Hamilton Ohio</u> Registrar.		