THE GERMAN CATHOLIC GEMETERY SOCIETY
UNDERTAKERS ORDERING GRAVES MUST PILL OUT THIS BLANK AND TAKE IT TO THE SEXTON WHERE INTERMENT IS MADE.
Name of Deceased (in full) Trank J. Thome
Date of Death June 21 it. 1937 Place of Death 3730 Vahlen Chr.
Single, Married Widowed Mo arried Age 68 Years 8 Months 2 Days
Place of Birth Concernate Ohio Occupation Stock hecker
Name of Parents Sohn Chame
Disease Margocardial jailure
Direct Cause of Death " degeneration ST. MARY ()
Indirect Cause of Death Chronia Nephritis Color White
Last Place of Residence 3730 Tappen Que. Citte Oliv
Physicians' Name Dr. Lilland Date of Interment June 25 th. 1937
In whose Lot Interred Thank, Thome Lot 312 R Sec 7
Size of Coffin, Casket or Box Cament 84m 28m 22m
Chan H. Shonon Sons Co. Undertaker.
Underfaces

ATTIVITY OF THE PROPERTY OF TH	DIVISION O	F VITAL STATISTICS	
1 PLACE OF DEATH	CERTIFI	CATE OF DEATH	\$188833
County Hawillon	Registration	n District No	File No.
Township	Primary Re	egistration District No	Registered No.
or Village	No	rred in a hospital or institution, give its N	Ward
or City of Gineinvali	(If death occu	rred in a hospital or institution, give its a	7
Length of residence in city or town where death occurred	ars mos a	As. How long in U. S., if of foreign birth	
		'/ Did Decea	sed Serve in avy or Army
// 54-14		St. Ward.	•
(a) Residence. No. 736 (Usual place of	abode)	(If nonre	sident give city or town and State)
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE 5. Single, Ma	rried, Widowed,	21. DATE OF DEATH (month, day, a	nd year) June 2/ , 19 37
Milale White Marin	d (write the word)	1 HEREBY CERTIFY	That attended deceased from
5a. If married, widowed, or divorced	1	Jan 1 7, 1937, 10,	June 2/, 1937.
HUSBAND of Margarit Conflu	whower	I last saw haralive on tean E.	/ 651:
6. DATE OF BIRTH (mooth, day, and year Oct	19-1868	to have occurred on the date stated abo	ve at //
7. AGE Years Months Days	If LESS than	The PRINCIPAL CAUSE OF DEATH	and related causes of importance
68 8 2	1 day,hrs.	my carded a	line
8. Trade profession, or particular Out	11	1	
8. Trade profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc	Reefer	Cop my ocalles	Degeneran 3 gro
kind of work done, as spinner sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as sill mill saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and	kary (230	I fet this / had	half
saw mill, bank, etc	I time (years)	The same of	(/3/)
this occupation (month and spec	nt in this upation	CONTRIBUTORY CAUSES of impor	tance not related
12. BIRTHPLACE (city or town) Conceins	ati: (01	to principal cause:	
(State or country)		Partale toma de	John Bylon
		1	
H. Manue		Name of operation	Date of
13. NAME John Thome 14. BIRTHPLACE (city or town)		What test confirmed diagnosis? Clemen Was there an autopsy?	
E 15. MAIDEN NAME Untervier	7	23. If death was due to external cause	ses (violence) fill in also the fol-
M .		lowing: Accident, suicide, or homicide?	L Date of injury, 19
16. BIRTHPLACE (city or fown)	•	Where did injury occur?	fy city or town, county, and State)
- 11 11 10	ndl.	Specify whether injury occurred in ind	
17. INFORMANT More Managarete of his and (Address) 3730 Japhon are			
18 RITRIAL CREMATION, OR REMOVAL		Manner of injury	
Place St Many's Date June	6 25 th 19.27	24. Was disease or injury in any way	Andrew Comment of the
19. UNDERTAKER G. H. Hana Som	60.	24. Was disease of injury in any way	
(Address) Butti Ohir 19a. Was body embalmed yes Embalmer's No	2861 A.	If so, specify	Lucay
11 (01/7/11)	in Orall.	(Signed)	My D.
20. FILE 193719. QUOMU	Registrar.	Date 23 193 Address	35 Hamilton leve
II	,		can't &