

Thome, Joseph W 1893 - 1939

Cincinnati Times Star - October 9, 1939

THOME—Joseph W., beloved husband of Catherine Glaser Thome, beloved father of Mrs. Catherine Duwe, Dorothy, Norbert, Joseph and Constance Thome, Sunday, October 8, 1939, in his 47th year, residence, 4170 Apple St. Funeral from Chas. A. Miller Sons Funeral Home, Hamilton Ave. at Knowlton St., Northside, Wednesday, 8 a. m. Requiem high mass St. Boniface Church, 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)	Joseph William Thome		
Date of Death	Oct 8, 1939	19	Place of Death Branch Hospital
Single, Married or Widowed	Married	Age 46	Years 6 Months 10 Days
Place of Birth	Cincinnati, Ohio	Occupation	Shoe-worker
Name of Parents	John Thome	Louise Hanning	ST. MARY
Disease	Pulmonary Tuberculosis		
Direct Cause of Death	<i>St. Boniface</i>		
Indirect Cause of Death	Color		
Last Place of Residence	4170 Apple St.		
Physician's Name	Branch Hospital	Date of Interment	Oct 11, 1939
In whose Lot Interred	Catherine Thome	Lot 680	R Sec. 22A
Size of Coffin, Casket or Box	H & B Concrete Box		LENGTH WIDTH HEIGHT
	Chas. A. Miller Sons		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. 494 File No. 59996
Township..... Primary Registration District No. 8227 Registered No. 5439
No. Hamilton County St. Ward ..
(If death occurred in a hospital or institution, give its name instead of street and number)
or City of Cincinnati Tuberculosis Sanatorium
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.
Did Deceased Serve in U. S. Navy or Army.....

2 FULL NAME Joseph Thome
(a) Residence. No. 4170 Apple St. 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>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>10-8-39</u> , 193	
5a. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Catherine Glaser</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>4-11-36</u> , 193, to <u>10-8-39</u> , 193		
6. DATE OF BIRTH (month, day, and year) <u>3-28-1893</u>				I last saw him alive on <u>10-5-39</u> , 193, death is said to have occurred on the date stated above at <u>5:25 A. m.</u>		
7. AGE (years) Months Days <u>46</u> <u>5</u> <u>11</u>	8. Trade, profession, or particular kind of work done, as <u>Shoe Worker</u> sawyer, bookkeeper, etc.			The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Pulmonary Tuberculosis Apr. 1935</u> <u>Pulmonary Hemorrhage 10-8-39</u>		
9. Industry or business in which work was done, as <u>Krippendorf Dittmann</u> saw mill, bank, etc.				CONTRIBUTORY CAUSES of importance not related to principal cause:		
10. Date deceased last worked at this occupation (month and year)				Name of operation..... Date of.....		
11. Total time (years) spent in this occupation				What test confirmed diagnosis? <u>Apertum</u> Was there an autopsy? <u>Yes</u>		
12. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>				23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide?..... Date of injury....., 19..		
13. NAME <u>John Thome</u>				Where did injury occur?..... (Specify city or town, county, and State)		
14. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>				Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME <u>Luise Horning</u>				Manner of injury.....		
16. BIRTHPLACE (city or town) <u>Cincinnati</u> (State or country) <u>Ohio</u>				Nature of injury.....		
17. INFORMANT <u>Carl Snell</u> Hamilton County Tuberculosis Sanatorium				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>Oct 11</u> , 193 <u>9</u>				If so, specify.....		
19. FUNERAL FIRM <u>Chas. A. Miller Sons</u>				(Signed) <u>Ernest Bishop</u> M. D.		
19a. BURIED <u>Chas. A. Miller</u> Lic. No. <u>1241</u>				Date <u>10-9</u> , 193 <u>9</u> Address <u>Cincinnati, O.</u>		
19b. EMBALMER <u>N. W. Miller</u> No. <u>3636A</u>						
20. FILED <u>OCT 11 1939</u>						