

Thome, Louise Horning 1867-1945

Cincinnati Enquirer – June 19, 1945

THOME--Louise (nee Horning), widow of John Thome, beloved mother of Mrs. Louise Theobald, Mrs. Loretta Henderson, John, Frank, Louise, Martin, Charles, Edward, Clarence and Corp. Anthony Thome, Monday, June 18, 1945, at residence, 4305 Cherry St. Friends may call at the Chas. A. Miller Sons Funeral Home, Hamilton Ave. at Knowlton St., Northside, on Wednesday after 3 p. m. Requiem high mass at St. Boniface Church Thursday at 8:30 a. m.



"It is therefore a noisy and wholesome thought to pray for the dead that they may be loosed from their sins."

O Holy  Cross!

Under Thy Shadow I Will Rest

In Loving Memory of

LOUISE THOME

who departed this life Monday, June 18, 1945.
Fortified with the Sacraments of the Holy Church.
Age 78 years, 2 months and 17 days.

PRAYER

Absolve, we beseech Thee, O Lord, that the soul of Thy servant, being dead to this world, she may live to Thee; and whatever sins she has committed in this life through human frailty, do Thou of Thy most merciful goodness, forgive. Through Christ our Lord. Amen.

Our Father, etc. Hail Mary, etc.

"Grant her eternal rest, O Lord, and let perpetual light shine on her." Amen.

Our Father, etc. Hail Mary, etc.

O, most sacred heart of Jesus, I implore that I may ever love Thee more and more. (300 days Indulgence.)

Thome, Louise Horning 1867-1945

OHIO DEPARTMENT OF HEALTH		COLUMBUS	
CERTIFICATE OF DEATH		BUREAU OF THE CENSUS	
Reg. Dist. No. <u>494</u>	State File No. <u>3215</u>	Primary Reg. Dist. No. <u>27</u>	Registrar's No. <u>3215</u>
1. PLACE OF DEATH: (a) County <u>Hamilton</u> (b) <u>Cincinnati</u> (City, Village, Township) (c) Name of hospital or institution: <u>No</u> (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 <u>Ohio</u> (b) County <u>Hamilton</u> (c) City or village <u>Cincinnati</u> (If outside city or village, write RURAL) (d) Street No. <u>4205 Cherry St.</u> (If rural, give location) <u>JUL 1945</u> (e) If foreign born, how long in U. S. A.? _____ years.	
3. FULL NAME <u>Louise Thome</u> (a) If veteran, name war <u>No</u> (b) Social Security No. <u>No</u>		MEDICAL CERTIFICATION 20. Date of death: Month <u>June</u> day <u>18</u> year <u>1945</u> hour <u>11:00</u> minute <u>35 PM</u>	
4. Sex <u>Female</u> 5. Color or race <u>White</u> 6. (a) Single, widowed, married, divorced <u>Widow</u> 6. (b) Name of husband or wife <u>John Thome</u> 6. (c) Age of husband or wife if alive _____ years		21. I hereby certify that I attended the deceased from <u>November 18, 1944</u> to <u>June 18, 1945</u> that I last saw her alive on <u>June 18, 1945</u> and that death occurred on the date and hour stated above. <u>Duration</u> Immediate cause of death <u>Carcinoma of bladder</u> <u>5 years</u> Due to <u>arterio-sclerotic heart disease</u> <u>5 years</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)	
7. Birth date of deceased <u>April 1, 1867</u> (Month) (Day) (Year)		Major findings of operation _____ Major findings of autopsy _____ Underline the cause to which death should be charged statistically.	
8. AGE: Years <u>78</u> Months <u>2</u> Days <u>17</u> hr. min.		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? _____	
9. Birthplace <u>Cincinnati, Ohio</u> (City, town, or county) (State or foreign country)		23. Signature <u>John L. Healdorf MD</u> (Specify if Doctor of Medicine or Osteopathy) Address <u>1728 Chas. Ave.</u> Date signed <u>6-19-45</u>	
10. Usual occupation <u>None</u>			
11. Industry or business _____			
12. Name <u>Louis Horning</u>			
13. Birthplace <u>Ohio</u> (City, town, or county) (State or foreign country)			
14. Maiden name <u>Unknown</u>			
15. Birthplace <u>Unknown</u> (City, town, or county) (State or foreign country)			
16. (a) Informant's signature <u>Blarey Thome</u> (b) Address <u>4205 Cherry St.</u>			
17. (a) Burial, cremation, or other; (b) Date <u>6-21-1945</u> (Month) (Day) (Year) (c) Place <u>St. John's</u> (d) <u>N. J. Miller</u> <u>3636</u> (Name of Embalmer) (L.I.C. No.)			
18. (a) <u>Blarey Thome</u> <u>1247</u> (Signature of Funeral Director) (L.I.C. No.) (b) Address <u>4138 Hamilton Ave.</u>			
19. (a) <u>JUN 1945</u> (Date received local registrar) (b) <u>Grace Tolson</u> (Registrar's signature) <u>Deputy</u>			