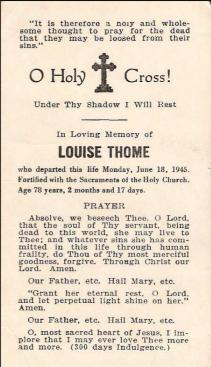
Cincinnati Enquirer - June 19, 1945

THO ME-Louise (see Herning), 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, 4265 Cherry St. Friends may call at the Chos. A. Miller Sons Funeral Home, Hamilton Ave. at Knowlten St., Northside, on Wednesday after 3 p. m. Bequiem high mass at St. Boniface Church, Thursday at 8:30 a. m.





Thome, Louise Horning 1867-1945

OHIO DEPARTMENT OF HEALTH		
Reg. Dist. No. State File No. State File No.		
CERTIFICATE		<u> </u>
Department of Commerce Darrage of the Commerce		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	. 1
(a) County Hamilton	(a) State Ohio (b) County Hamil	ton_
	· · · · · · · · · · · · · · · · · · ·	
(b) Cincinnati (City, Village, Township)	(c) City or village Cincinnati (If outside city or village, write RURAL)	
(c) Name of hospital or institution:	(If outside city of vinige, while RORAL)	
No	(d) Street No. 4205 Cherry St.	
(If not in hospital or institution, write street No. or location)	(If reval give location)	945
(d) Length of stay: In hospital or institution (Days)	JOL 13	345
In this community	(e) If foreign born, how long in U. S. A.?	years.
(Years, months or days)	MEDICAL CERTIFICATION	
FULL 3. NAME Louise Thome	20. Date of death: Month June day 18	
(a) If veteran, (b) Social Security	year 1945 hour 11:00 minute 35	Ph
name war No No. No.	21. I hereby certify that I attended the deceased from	
5. Color or 6.(a) Single, widowed, married,	Tagrender 18, 19:14, 10, June 18, 1	19 45:
4. Sex emale race White divorced widow	that I last saw hen alive on time 18, 1	19 4 5
6. (b) Name of husband or wife6.(c) Age of husband or wife if	and that death occurred on the date and hour stated above. D	uration
John Thome aliveyears	Immediate cause of death	
7. Birth date of deceased April 1, 1867	Paramona Deladder &	Sycan
(Month) (Day) (Year)		7
8. AGE: Years Months Days If less than one day	Due to	
78 2 17 hr. min.	ar terio delevolio hest di	555
9. Birthplace Cinci nnati Ohio (State or foreign country)	Due to	1
(City, town, or county) (State or foreign country)		
10. Usual occupation None	Other conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	
12 Name Louis Horning Ohio		
13. Birthplace UILO (City, town, or county) (State or foreign country)		Underline e cause to
[4]	wh	ich death
15. Birthplace Unknown (City, town, or county) (State or foreign country)	Major findings of autopsy chr	ould be arged sta-
	Major indings of autopsytis	tically.
16. (a) Informant's signame larvery Thorne		
(b) Address 4205 Cherry St.	22. If death was due to external causes, fill in the follo (a) Accident, suicide, or homicide (specify)	
17. (a) Burial, cremation, or other; (b) Date 6-21-1945 (Month) (Day) (Year)		
(c) Place st. John's (Month) (Day) (Year)	(b) Date of occurrence	
	(c) Where did injury occur? (City or Village) (County) (c) (d) Did injury occur in or about home, on farm, in in	State)
(d) N. N. Miller 36364	(d) Did injury occur in or about home, on farm, in industrial	
(Name of Embalmer) (Lic. No.)	place, in public place? (Specify type of place)	
18. (a) Office 1241 (Signature of Funeral Director) (Lie. No.)	While at work? (c) How did injury occur?	
(Signature of Funeral Director) (Lic. No.)	70.)	
(b) Address 4138 Hamilton Ave.	23 Signature Her a tellundor or D	
JUN 2 1945 (Specify if Doctor of Medicine or Ostcopathy)		
19. (a) Address 128 Charles Date signed 6-19-45		
Lipsity		