

Thome, Martin Francis 1895 - 1950

Cincinnati Enquirer - January 20, 1950

THOME—Martin (Motz), beloved husband of Rose Litka Thome (nee Wirtle), dear father of Marcia, dear brother of Mrs. Carl Theobald, Mrs. James Henderson, John, Frank, Louis, Edward, Clarence and Anthony Thome, Thursday, January 19, 1950, at residence, 4246 Blaney Ave. Friends may call at the Chas. A. Miller Sons funeral home, Hamilton Ave., at Knowlton St., Northside, Sunday after 2 P. M. Requiem high mass, St. Boniface Church, Monday, 9 A. M.



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OHIO DEPARTMENT OF HEALTH											
DIVISION OF VITAL STATISTICS											
CERTIFICATE OF DEATH											
Reg. Dist. No. _____				State File No. 02959				Registrar's No. 316			
Primary Reg. Dist. No. _____											
1. PLACE OF DEATH a. COUNTY Hamilton				2. USUAL RESIDENCE (Where deceased lived, if institution, res. since before admission) c. STATE Ohio b. COUNTY Hamilton							
b. CITY OR VILLAGE Cincinnati				c. LENGTH OF STAY (in this place)				c. CITY OR VILLAGE Cincinnati			
d. FULL NAME OF (If NOT in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 4245 Blaney Ave.				d. STREET (If rural, give location) ADDRESS 4245 Blaney Ave. 1/2							
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) Martin			b. (Middle)			c. (Last) Thome			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1896		9. AGE (In years last birthday) Under 1 Year: Months 53 Days 10 Hours 28 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Cafe Owner				10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Thome						14. MOTHER'S MAIDEN NAME Louise Horning					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No Yes				16. SOCIAL SECURITY NO. No				17. INFORMANT'S SIGNATURE Rose Thome			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction								Median	
		ANTECEDENT CAUSES Coronary sclerosis								unknown	
		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or condition that caused death.									
		DUE TO (b) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at <input type="checkbox"/> Work or Not Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Feb 18 , 19 48 to 1/19 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE J. H. Cotte, M.D.				23b. ADDRESS 707 Tate St. Cin 4, O				23c. DATE SIGNED 1/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-23-50		24c. NAME OF CEMETERY OR CREMATORY St. John's Cem.				24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio			
BIRTH NO. _____				NAME OF EMBALMER John M. Brown (LIC. NO.) 5161 A							
Do not write in this space				25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Miller (LIC. NO.) 1241							
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE R. S. Newsome									