

*Thome, Mildred Anna Mary 1908-1933*

Cincinnati Times Star – September 19, 1933

**THOME—Mildred, beloved daughter of John and Louise Horning Thome. Monday, September 18, 1933, in her 26th year. Funeral from residence, 4236 Williamson pl., Northside, Thursday at 8 a. m. Requiem high mass at St. Boniface Church at 8 30 a. m.**



*Ecce Homo  
My sweetest Jesus, be not my  
judge, but my Saviour.  
(30 Days Indulgence)*

PRINTED IN GERMANY

'It is therefore a holy 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

**Mildred Anna Mary Thome**

who departed this life September 18, 1933, fortified with the Sacraments of the Holy Church. Born August 24, 1908, age 25 years, 24 days.

PRAYER

Absolve, we beseech Thee, O Lord, the soul of Thy servant MILDRED that 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.

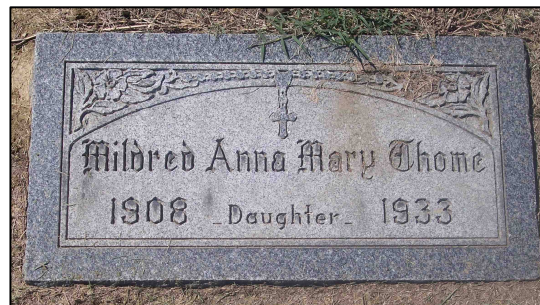
Our Father, etc. Hail Mary, etc.

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.)

WEST END PRINTERY, 917-19 STATE AVE.



Thome, Mildred Anna Mary 1908-1933

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH			
<b>1 PLACE OF DEATH</b>		Registration District No. <u>469</u> File No. <u>51014</u>	
County <u>Hamilton</u>		Primary Registration District No. <u>222</u> Registered No. <u>1956</u>	
Township <u>Cincinnati</u>		No. <u>      </u> St. <u>      </u> Ward <u>      </u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred <u>      </u> yrs. <u>      </u> mos. <u>      </u> ds.		How long in U. S., if of foreign birth? <u>      </u> yrs. <u>      </u> mos. <u>      </u> ds.	
<b>2 FULL NAME</b> <u>Mildred Thome</u>		Did Deceased Serve in <u>      </u>	
(a) Residence. No. <u>4236 Williamson Pl.</u> St. <u>      </u> Ward <u>      </u>		U. S. Navy or Army <u>      </u>	
(Usual place of abode) (If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>Sept 18, 1933</u>	
5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>April 1, 1933</u> to <u>Sept 18, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>      </u>		I last saw <u>her</u> alive on <u>Sept 18, 1933</u> death is said to have occurred on the date stated above at <u>12:45 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 24, 1908</u>		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
7. AGE	Years <u>25</u> Months <u>      </u> Days <u>24</u>	If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	<u>6</u> <u>hypertension</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	<u>6</u> <u>Slight Exophthalmic Goitre</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 7, 1933</u>	11. Total time (years) spent in this occupation <u>      </u>	
12. BIRTHPLACE (city or town) (State or country) <u>Cinti Ohio</u>		CONTRIBUTORY CAUSES of importance not related to principal cause: <u>chronic nephritis</u> <u>Essential Hypertension</u>	
MOTHER FATHER	13. NAME <u>John Thome</u>	Name of operation <u>Shunt operation</u> Date of <u>July 30, 33</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Cinti Ohio</u>	What test confirmed diagnosis? <u>Phys. signs</u> Was there an autopsy? <u>      </u>	
	15. MAIDEN NAME <u>Louise Horning</u>	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>      </u> Date of injury <u>      </u> , 19 <u>      </u> Where did injury occur? <u>      </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) (State or country) <u>Cinti Ohio</u>		Manner of injury <u>      </u> Nature of injury <u>      </u>	
17. INFORMANT (The Signature of <u>John Thome</u> and (Address) <u>4236 Williamson</u> )		24. Was disease or injury in any way related to occupation of deceased? <u>      </u> If so, specify <u>      </u>	
18. BURIAL, CREMATION, OR REMOVAL (Place) <u>St. John</u> (Date) <u>Sept 21, 1933</u>		(Signed) <u>M.L. Bender</u> M. D. Date <u>Sept 20, 1933</u> Address <u>1625 Chase</u>	
19. UNDERTAKER (Address) <u>Chas. A. Miller Sons</u>		20. FILED <u>SEP 20 1933</u> Registrar <u>      </u>	
19a. Was body embalmed? <u>Yes</u> Embalmer's No. <u>2582 A</u>			