

Thome, Regina 1945 - 1945

STATISTICS	
THE CINCINNATI CATHOLIC CEMETERY SOCIETY	
FUNERAL DIRECTORS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SUPT. WHERE INTERMENT IS MADE	
Name of Deceased (in full)	Regina Thome
Date of Death Feb 8 1945	Place of Death Good Samaritan
Single, Married or Widowed Single	Age 20 yrs 00 Months Days
Place of Birth Cincinnati	Occupation
Name of Parents Raymond Thome and Virginia Hofmann	
Disease Enteritis	
Direct Cause of Death	
Indirect Cause of Death	ST. MARY Color
Last Place of Residence	
Physician's Name Dr. Muegel	Date of Interment Feb 10 - 45
Name of Cemetery St. Marys	
In whose Lot Interred Single	For 79 BSR Sec. 18
Size of Coffin, Casket or Box	
Thome & Son Funeral Director	

OHIO DEPARTMENT OF HEALTH	
COLUMBUS	
CERTIFICATE OF DEATH	
Reg. Dist. No. 494	State File No. 12238
Primary Reg. Dist. No. 4227	Registrar's No. 513
Department of Commerce - Bureau of the Census	
1. PLACE OF DEATH:	
(a) County Hamilton	(b) City or village Cincinnati
(c) Name of hospital or institution: Good Samaritan	(d) Street No. 1827 Hanfield St
(e) Length of stay: In hospital or institution (Days)	(f) If foreign born, how long in U. S. A.?
2. USUAL RESIDENCE OF DECEASED:	
(a) State Ohio	(b) County Hamilton
(c) City or village Cincinnati	(d) Street No. 1827 Hanfield St
(e) Length of stay: In hospital or institution (Days)	(f) If foreign born, how long in U. S. A.?
3. FULL NAME Regina Thome	
(a) If veteran, name war	(b) Social Security No.
4. Sex Female	5. Color or race White
6. (a) Single, widowed, married, divorced Single	6. (b) Name of husband or wife
7. Birth date of deceased Jan 9 - 1945	8. AGE: Years Months Days 30 hr. min.
9. Birthplace Cincinnati	10. Usual occupation
11. Industry or business	12. Name Raymond Thome
13. Birthplace Cincinnati	14. Maiden name Virginia Hofmann
15. Birthplace Cincinnati	16. (a) Informant's signature Mrs. Raymond Thome
17. (a) Burial, cremation, or other; (b) Date Feb 10 - 1945	(c) Place St. Marys Cemetery
(d) T. Rosenacker 4722A	(e) Harry W. Thome 522
(f) Address Cincinnati Ohio	(g) Grace Leforis Deputy
MEDICAL CERTIFICATION	
20. Date of death: Month February day 8th year 1945 hour 8 minute 45	21. I hereby certify that I attended the deceased from Jan 23, 1945, to Feb 8, 1945, and that I last saw her alive on Feb 8, 1945, and that death occurred on the date and hour stated above.
Immediate cause of death Epidemic enteritis	Due to 1120
Other conditions	Major findings of operation
Major findings of autopsy	Underline the cause to which death should be charged statistically.
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?	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) How did injury occur?	23. Signature Robert M. Robinson M.D.
Address Good Sam. Hosp Date signed Feb 8, 1945	

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