

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

34508
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Gilbert L. Hoenig
 (a) Residence, No. 3001 Highland St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Hoenig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1902

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
36	3	15	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dist Manager
 9. Industry or business in which work was done, as saw mill, bank, etc. Liebel-Flarsheim Co
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME William L. Hoenig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Lena A. Schmetzer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Florence Hoenig
 (ADDRESS) 3001 Highland, Kansas Cy. Mo.

18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri DATE Oct. 3, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Oct 3, 1938 M. M. Crowe
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 2, 1938.
 I last saw him alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
94B
 Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. D. Wilson M.D.
 (Address) Flanagan Med Bldg
R. E. M.D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2 DEC 13
515-214-1111
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.