

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

Do not use this space.

5225

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1
City Kansas City (No. Research Hospital)

File No. _____
Registered No. 833
St. _____ Ward _____

2. FULL NAME Rella Weiss

(a) Residence, No. 4040 Benton Blvd. St. 16 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24, 1930.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Weiss 1879

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1930, 8:24 that I last saw h. alive on Feb 24, 1930, and that death occurred, on the date stated above, at 6:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1892

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute hepatitis following
gastroenteritis of common
bile duct

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 14

CONTRIBUTORY (SECONDARY) myocarditis & hyperkalemia
low (duration) many yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18- WHERE WAS DISEASE CONTRACTED
9015
19- DID AN OPERATION PRECEDE DEATH? no DATE OF Feb 14 - 1930

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

10. NAME OF FATHER Samuel Rosenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Hannah Berman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

WHAT TEST CONFIRMED DIAGNOSIS? operative & pathology
(Signed) Ernest F. Robertson, M. D.
Feb 1930 (Address) 603 Bryant St.

14. INFORMANT Miss. Irene Wiess
(Address) 4040 Benton Blvd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sheffield Cemetary **DATE OF BURIAL** Feb. 26, 1930

15. FILED 2/25 1930 M. M. Brown
REGISTRAR

20. UNDERTAKER J. P. Louis Funeral Director, City. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

14 2355

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

Reference is made to New York letter to Bureau dated 1/15/54.

Enclosed for the Bureau are two copies of a report dated 1/15/54.

The report is being furnished to the New York Office for information.

Very truly yours,
[Illegible Signature]

Special Agent in Charge

New York Office

100-100000-100

Enclosure

[Illegible]

[Illegible]

[Illegible]

[Illegible]