

STANLEY T. KUSPER, JR.
COUNTY CLERK

BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO, ILLINOIS 60606

10751

PHYSICIAN'S CERTIFICATE OF DEATH—Issued by State Board of Health.

State of Illinois,
COOK COUNTY.

CITY BOARD OF HEALTH.

19 The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk, if the party deceased died outside the limits of the City of Chicago; all deaths inside the city limits should be returned on these blanks to the

1. Name *Harold Mandelkern*
2. Sex *Male* Color *White*
3. Age *67* years *4* months *1* days
4. Occupation *Clothing cutter*
5. Date of death *Oct 27 1944* — *1:15 P.M.*
6. *Single, Married, Widower, Widow.*
7. Nationality and place where born *Germany*
8. How long resident in this State *Twenty five years*
9. Place of death *962 North La* St *4 1/2* Ward
10. Cause of death *Embolic thrombotic*
Duration of disease *less than 2 weeks*
11. Place of burial *Malden*
12. Name of Undertaker *J. E. Smith* 2207 College Street
13. Taken at *Chicago* 1894 Residence *Chicago*

SEP 28 1894

2207 College Street
Chicago, Ill.
2207-8274

THIS CERTIFICATE OF DEATH IS A PUBLIC RECORD AND SHOULD BE KEPT IN A SAFE PLACE. IT IS THE DUTY OF THE PHYSICIAN TO SIGN AND RETURN THIS CERTIFICATE TO THE COUNTY CLERK'S OFFICE. IT IS THE DUTY OF THE UNDERTAKER TO SIGN AND RETURN THIS CERTIFICATE TO THE COUNTY CLERK'S OFFICE. IT IS THE DUTY OF THE COUNTY CLERK TO SIGN AND RETURN THIS CERTIFICATE TO THE COUNTY CLERK'S OFFICE.

STATE OF ILLINOIS, }
County of Cook, } ss.

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk

STANLEY T. KUSPER, JR.
COUNTY CLERK
 BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
 CHICAGO, ILLINOIS 60606

12996

BUREAU OF VITAL STATISTICS
 DEPARTMENT OF HEALTH: CITY OF CHICAGO.

UNDERTAKER'S REPORT OF DEATH

1. Name of Deceased (in full) *James ...*

2. Sex: *M* Color: *W* Date of Birth: *...* Place of Birth: *...*

3. Age: *65* years *...* months *...* days. Lived in Illinois *...* years *...* months *...* days in Chicago.

4. Died on the *5th* day of *May* 190*7*, at about *...*

5. Single, Married, Widowed, Divorced. Occupation: *...*

6. Place of Death: *5630 ...*

7. Place of Burial: *...* Undertaker: *...*

8. Date of Burial: *5-10* 190*7* Address: *...*

Hour: *10 A.M.* Tel. *...*

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.
 (See "Suggestions to the Undertaker in Case of Death," on back of Report.)

I solemnly certify, that, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

Cause or Causes of Death: Immediate and Determining	<i>Diabetes Mellitus</i>	DURATION OF ILLNESS OR DISEASE			
		Years	Months	Days	Hours
Contributing Cause or Complication	<i>Infection of Hand & Forearm</i>	<i>5(?)</i>	<i>1 1/2 mos</i>		

Witness my hand, this *8th* day of *May* 190*7* (Signature): *...* M. D.

Address: *4825 ...* Tel. *...*

STATE OF ILLINOIS, }
 County of Cook, } ss.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
 County Clerk

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (Chap. 193.380 RSMo 1969)

STATE OF MISSOURI }
CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the
certificate for the person named therein as it now appears in the permanent records of the Bureau of
Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital
Statistics and the Seal of the Division of Health of Missouri this date of

MAR 17 1975

Herbert R. Loralis
State Registrar of Vital Statistics

19. 39
19. 69

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5570 **26966**

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY in this place 60 days
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 Ward Parkway

2. USUAL RESIDENCE (Where deceased lived if institution residence before death)
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. STREET ADDRESS 103 Ward Parkway

3. NAME OF DECEASED
a. (First) MATILDA b. (Middle) R. c. (Last) MANDELBAUM

4. DATE OF DEATH (Month) (Day) (Year)
8 3 1949

5. SEX F. **6. COLOR OR RACE** W. **7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED** Widowed

8. DATE OF BIRTH (Month) (Day) (Year)
Sept. 15 1875 73 40

9. AGE (In years) (Months) (Days) (Hours) (Mins.)
73 40

10a. USUAL OCCUPATION (Give kind of work done during days of working (do. from if retired)) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Leavenworth Kansas

11. BIRTHPLACE (State or foreign country) Leavenworth Kansas **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME Isaac Reach **13b. MOTHER'S MAIDEN NAME** ROSE NEUBAUER **14. NAME OF HUSBAND OR WIFE** Frank Mandelbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) ✓ **16. SOCIAL SECURITY NO.** ✓

17. INFORMANT'S SIGNATURE OR NAME Robt. P. Mann **ADDRESS** 422 W 61st

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of injury, such as heart failure, stroke, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema
ANTECEDENT CAUSES
Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease 6 mos
DUE TO (c) Coronary Thrombosis

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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 1948 to Aug 3, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 5:45 P.M., from the cause and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) **23b. ADDRESS** 200 Biggs Blvd Kansas City, Mo **23c. DATE SIGNED** Aug 5 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** 8/17/49 **24c. NAME OF CEMETERY OR CREMATORY** Elmwood Cem **24d. LOCATION** (City, town, or county) (State) 15-B MO.

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE 8-5-49 Sheldine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Carroll Davidson 3024 Truman

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Elmwood Cemetery and Crematory

OFFICE OF SECRETARY-SUPERINTENDENT
4900 TRUMAN ROAD - BENTON 1-0373
KANSAS CITY, MISSOURI 64127

5 March 1975

R R Grayson, M D
103 West Main Street
St. Charles, Ill. 60174

Dear Dr Grayson:

Please forgive me for not answering sooner, not negligence, just plain old flu.

After checking the Mandelbaum property - Block H - Lot 179 we found the following on the markers.

Matilda Mandelbaum	1875 - 1945
Sam Grabscheid	1870 - 1931
Caroline Grabscheid	1869 - 1944
Solomon Mandelbaum	1843 - 1924
Adeline Mandelbaum	1851 - 1912
Jacob Mandelbaum	1871 - 1941

Dear Dr. Grayson:

Mrs. Vaughan has asked me to answer you letter of April 14th. Enclosed is an obituary of Jacob Mandelbaum found in the Kansas City Journal, Friday, October 10, 1941, page 12, column 3. I also rechecked the Kansas City Star for the dates October 9-October 13, 1941 without finding an obituary for Mr. Mandelbaum.

Jacob Mandelbaum—Services for Mr. Mandelbaum, 70, of 4327 Harrison St., who died Thursday at his home, were held this afternoon at the home. Burial was in Elmwood Cemetery. Mr. Mandelbaum was the former president of Mandelbaum & Sons, a packing company. He retired in 1928 to manage his farm holdings in Western Kansas. Surviving are his wife, Mrs. Tillie Mandelbaum; a son, Robert D. Mann, 438 Greenway Terrace; a daughter, Mrs. Ruth Bloch, New York, and a sister, Mrs. Carrie Grabschied, Minneapolis.

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STATE OF MISSOURI }
CITY OF JEFFERSON } SS

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Herbert K. Leavelle, M.D.

JAN 24 1975

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

Do not use this space.

4982

399

Registration District No. 1.002

File No. 865
Registered No.

1. PLACE OF DEATH

County *Jefferson*
City *Hannover*

Primary Registration District No. *4327 Harrison*

2. FULL NAME

Solomon Mandelbaum
Residence No. *4327 Harrison* St. Word. (If nonresident give city or town and State)
Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U.S., if of foreign birth *50* yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) *Widower*

6. MARRIED, WIDOWED, OR DIVORCED (circle the word) *WIDOWED*

7. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 10 1849*
AGE YEARS MONTHS DAYS *81 2 19*
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
profession, or kind of work *Retired*
nature of industry, or establishment in which employed (or employer) *Real Estate*

9. PLACE OF BIRTH (CITY OR TOWN) *Germany*
COUNTRY *Germany*
NAME OF FATHER *David Mandelbaum*
PLACE OF FATHER (CITY OR TOWN) *Germany*
STATE OR COUNTRY *Germany*
NAME OF MOTHER *Don't Know*
PLACE OF MOTHER (CITY OR TOWN) *Germany*
STATE OR COUNTRY *Germany*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 1 1924*

17. I HEREBY CERTIFY, That I attended deceased from *Dec. 26 1923* to *Feb. 29 1924* (that I last saw him alive on *Feb. 29 1924* and that death occurred, on the date stated above, at *12:30 a.m.*)

THE CAUSE OF DEATH WAS AS FOLLOWS:
chronic myocarditis
(duration) *1* yrs. *2* mos. *10* da.

CONTRIBUTORY (SECONDARY) *Pulmonary Congestion*
(duration) *6* yrs. *10* da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: *✓*
DID AN OPERATION PRECEDE DEATH? *NO* DATE OF *✓*
WAS THERE AN AUTOPSY? *NO*
WHAT TEST CONFIRMED DIAGNOSIS? *Aluphase*
(Signed) *Frank B. Leavelle, M.D.*
3-1-1924 (Address) *324 West 10th St. Kansas City, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT DEATH, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Edinwood*
DATE OF BURIAL *Feb. 3 1924*

20. UNDERTAKER *Julian K. Dardess*
ADDRESS *3024 Torat*

21. INFORMANT *Jacob Mandelbaum*
ADDRESS *4327 Harrison*

22. REGISTERED *3/2 1924 M.M. Leavelle*
REGISTRAR

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MAR 17 1975

Herbert K. Corralis, M.D.
State Registrar of Vital Statistics

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH		33856
Registration District No. <u>322</u>	Primary Registration District No. <u>1002</u>	Death No. <u>3202</u>
1. PLACE OF DEATH: (a) County <u>JACKSON</u> (b) City or town <u>KANSAS CITY</u> (c) Name of hospital or institution <u>4327 HARRISON STREET</u> (d) Length of stay: In hospital or institution <u>43 YEARS</u> In this community <u>43 YEARS</u>		
2. USUAL RESIDENCE OF DECEASED: (a) State <u>MISSOURI</u> (b) County <u>JACKSON</u> (c) City or town <u>KANSAS CITY</u> (d) Street No. <u>4327 HARRISON</u> (e) Citizen of foreign country? <u>No</u>		
3. (a) DECEASED FULL NAME <u>JACOB MANDELOAUM</u> (b) If veteran, name was <u>No</u> (c) Social Security No. <u>No</u>		
(d) Sex <u>MALE</u> (e) Color or race <u>WHITE</u> (f) Single, widowed, married, divorced <u>MARRIED</u> (g) Name of husband or wife <u>MATILDA</u> (h) Age of husband or wife if alive <u>63</u> years (i) Birth date of deceased <u>FEB 8 1871</u>		
4. AGE: Years <u>70</u> Months <u>8</u> Days <u>1</u> If less than one day hr. min.		
(j) Birthplace <u>CHICAGO ILLINOIS</u> (k) Usual occupation <u>MEAT PACKER</u>		
5. (a) Informant <u>ROBERT A. MANN GERMANY</u> (b) Address <u>438, GREENWAY TERRACE</u> (c) Date thereof <u>10/10/41</u> (d) Signature of funeral director <u>Edmund Egan</u> (e) Address <u>3044 North Ave.</u> (f) Date of death <u>10/10/41</u> (g) Signature of registrar <u>H. M. Corralis</u>		
MEDICAL CERTIFICATION 20. DATE OF DEATH: Month <u>OCT</u> day <u>9</u> year <u>1941</u> hour <u>1</u> min. <u>30 P.</u> 21. I hereby certify that I attended the deceased from <u>May 1941</u> to <u>10-9-41</u> that I last saw him alive on <u>10-9-41</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Paralytic Angiostenosis</u> Description <u>3:47</u> Due to <u>NO</u> Due to <u>NO</u> Other conditions <u>Myocardial Infarction</u> (Include pregnancy within 6 months of death) Major Endites: Of operations <u>NO</u> Of autopsy <u>NO</u> FOREIGN Underline the cause to which death should be charged etiologically.		
MOTHER FATHER 12. Name <u>SOLOMON MANDELOAUM</u> 13. Birthplace <u>GERMANY</u> 14. Maiden name <u>ADELINE WEINBERG</u> 15. Birthplace <u>GERMANY</u> 16. (a) Informant <u>ROBERT A. MANN GERMANY</u> (b) Address <u>438, GREENWAY TERRACE</u> (c) Date thereof <u>10/10/41</u> (d) Signature of funeral director <u>Edmund Egan</u> (e) Address <u>3044 North Ave.</u> (f) Date of death <u>10/10/41</u> (g) Signature of registrar <u>H. M. Corralis</u>		
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? While at work? _____ (Specify type of place) (e) Nature of injury _____ 23. Signature <u>H. M. Corralis</u> (M. D. or Registrar) Address <u>3044 North Ave.</u>		