

STATE OF ILLINOIS - DEPARTMENT OF PUBLIC HEALTH
CERTIFIED COPY OF A DEATH RECORD

87355

1. PLACE OF DEATH
 619 Mill
 County of _____
 (Show on line below the name of place where death occurred; give either City (or Village) or Township (or Road District), not both.)
 Township, or Road District, or Village, or _____
 City, of _____
 Street and Number, No. _____ St.; _____ Ward, _____ Hospital.

STATE OF ILLINOIS ORIGINAL
 Department of Public Health - Division of Vital Statistics
 STANDARD CERTIFICATE OF DEATH
 Registration Dist. No. 974
 Primary Dist. No. 8014
 44157
 Registered No. 17
 (Consecutive No.)

2. FULL NAME Aaron Mandelbaum
 (a) Residence No. _____ St.; _____ Ward, _____ Hospital.
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred yrs // mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE WIDOWED
 (Write the word)

16. DATE OF DEATH
Nov 14 1926
 (Month) (Day) (Year)

5a. If married, widowed or divorced HUSBAND of Lena Mandelbaum
 (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to 11-14, 1926, that I last saw him alive on 11-14, 1926, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH* was as follows:
Arterio sclerosis

6. DATE OF BIRTH Aug 14 1897
 (Month) (Day) (Year)

18. Where was disease contracted, if not at place of death?
 Was an operation performed? _____ Date of _____
 For what disease or injury? _____
 Was there an autopsy? no
 What test confirmed diagnosis?
 (Signed) Charles L. Lashof, M.D.
 Address Crete Ill
 Date 11-15, 1926 Telephone _____

7. AGE Years 29 Months 3 Days _____ If LESS than 1 day _____ hrs. _____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (city or town) Saxony
 (State or Country) Germany

10. NAME OF FATHER Daniel Mandelbaum

11. BIRTHPLACE OF FATHER Germany

12. MAIDEN NAME OF MOTHER Lena

13. BIRTHPLACE OF MOTHER Germany

14. INFORMANT A. D. Mandelbaum
 Address 2110 E. Tenth St. Crete Ill
 Filed Nov 15, 1926 to A. J. Sucke Registrar.
 (P. O. Address) Crete Ill

*N. E.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act. (See reverse side.)

19. PLACE OF BURIAL OR REMOVAL Hall Home

21. DATE OF BURIAL Nov 15 1926

20. UNDERTAKER W. Hollmann

ADDRESS _____

21. DATE OF BURIAL _____

20. UNDERTAKER _____

ADDRESS _____

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record of death as made from the original certificate of death for the decedent named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD
 JULY 12, 1974
 Page 38.
 Joyce C. Lashof, M.D.
 Director of Public Health and State Registrar

U.S. 4
 ORIGINAL WHITE FORM V.S. NO. 1 MUST BE USED
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.
 U.S. 4
 1000-2M (Rev. 2-25)
 STAT
 PARENTS

STANLEY T. KUSPER, JR.
COUNTY CLERK

JAN 28 1975

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

Form 206 B 637

Registration Number 251-4

STATE OF ILLINOIS }
COOK COUNTY }

REPORT OF DEATH

VITAL STATISTICS DEPARTMENT — COUNTY CLERK'S OFFICE

1. Name of Deceased Daniel Mandelbaum
2. Place of Death 142 Canal Port Ave. Date of Death March 2, 1880
3. Address of Deceased 142 Canal Port Ave.
4. Name of Hospital or Institution _____
5. Sex Male Race White
6. Date of Birth 1810 Age 70 Yrs. Birthplace Germany
7. Occupation _____
8. Father's Name _____
9. Mother's Maiden Name _____
10. Cause of Death Pneumonia

Interval Between Onset and Death _____

11. Date Signed _____ Medkle M.D.
12. Disposition: Burial Removal Cremation _____ Date March 2, 1880
Cemetery Waldheim
Location _____
13. (Funeral Director) Firm Name Chalefoux
Address _____

March 4, 1880

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

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State of Illinois, 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

STATE OF ILLINOIS - DEPARTMENT OF PUBLIC HEALTH
 CERTIFIED COPY OF A DEATH RECORD

FEE RECEIPT NO. 882796

John Polakoff M.D.

STATE OF ILLINOIS ORIGINAL

Department of Public Health - Division of Vital Statistics

1. PLACE OF DEATH
 County of Cook Registration Dist. No. 7102
Chicago
 *Township *Road Dist *Village *City Primary Dist. No. 7102
 (Cancel the three terms not applicable - Do not enter "H. R." "R. F. D." or other P. O. address)
 Street and Number - No. 2839 Ellis Ave St.

STANDARD CERTIFICATE OF DEATH
 Registered No. 18851
 (Consecutive No.)

2. FULL NAME Jacob Mandelbaum
 (a) Residence No. 6140 Wavel St. Ward, 6 Michael Reese
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth 60 yrs. mos. ds.

Ward, Michael Reese Hospital (If death occurred in hospital or institution, give its name instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX male 4. COLOR OR HAIR White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Single
 6a. If married, widowed or divorced HUSBAND of (or) WIFE of #####
 6. DATE OF BIRTH January 6 1852
 (Month) (Day) (Year)
 7. AGE Years 37 Months 5 Days 26 If LESS than 1 day ____ hrs. OR ____ min.

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH (month, day, year) July 27 1927
 17. I HEREBY CERTIFY, That I attended deceased from May 15 1927 to July 27 1927 that I last saw him alive on July 16 1927 and that death occurred, on the date stated above, at 2:25 p.m. The CAUSE OF DEATH* was as follows:
Cerebrum of infarctum
Phlebotomy
 (Duration) 2 yrs. 5 mos. 5 ds.
 CONTRIBUTORY (Secondary) Debility - Arteriosclerosis
 (Duration) 5 yrs. 5 mos. 5 ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired (10 yrs)
 (b) General nature of industry, business, or establishment in which employed (or employer) Real Estate Salomon
 (c) Name of employer Himself

18. (Where was disease contracted, if not at place of death?)
 Was an operation performed? Yes Date of 6/29/27
 For what disease or injury? Respiratory tract
 Was there an autopsy? Yes
 What test confirmed diagnosis? Operation
 (Signed) Michael Reese M.D.
 Address Michael Reese Hosp
 Date 7/27/27 Telephone Cal. 260

9. BIRTHPLACE (city or town) Unknown
 (State or Country) Germany
 10. NAME OF FATHER unknown mandelbaum
 11. BIRTHPLACE OF FATHER unknown
 (City or Town) Germany
 (State or Country) Germany
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER Unknown
 (City or Town) Germany
 (State or Country) Germany

19. PLACE OF BURIAL, Creation or Removal Cemetery Evergreen
 Location Evergreen Park
 (Township, Road Dist., Village or City)
 County Cook State Ill
 20. US CERTIFICATE No. 936 E 47th St
 (Personal signature with pen and ink) Harry H. Gase
 Address 936 E 47th St
 City Chicago State Ill Zip 60640

14. INFORMANT Hospital Records
 (personal signature with pen and ink)
 P. O. Address 1821 Michael Reese
 City Chicago State Ill Zip 60612
 15. Registrar John Eckert
 P. O. Address 1821 Michael Reese
 City Chicago State Ill Zip 60612

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record of death as made from the original certificate of death for the decedent named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

Joyce C. Lashof, M.D.
 Joyce C. Lashof, M.D.
 Director of Public Health and State Registrar

SEPTEMBER 5, 1927