

For citation purposes:

Records Copied at the National Archives at Kansas City

Record Group 566, Records of the U.S. Citizenship and Immigration Services

Department of Justice. Immigration and Naturalization Service.

Alien Case Files, 1944-2003

Alien Case File A10351299 Harry Beldner

National Archives Identifier: 5400102

No. 10 351 299

June 15, 1956

(Date of examiner's findings)

EXAMINER'S REPORT—CERTIFICATE OF CITIZENSHIP
(Section 341 of the Immigration and Nationality Act)

DISTRICT DIRECTOR OR OFFICER IN CHARGE OF IMMIGRATION AND NATURALIZATION:

I submit herewith the above file and the following findings made by me in the above-numbered proceeding based upon my investigation of the facts therein. I find that—

1. The name of applicant is Harry Beldner
2. The applicant resides at 700 85th St., Miami Beach, Florida.
3. The applicant was born on Dec. 18, 1895 at ----- Germany
(Month) (Day) (Year)
(County, District, Province, or State) (Country)
4. The applicant did lawfully enter United States for permanent residence on Sept. 1900
(Month) (Day) (Year)
at New York, N. Y.
(Port)
5. The applicant did derive or acquire citizenship of the United States on June 25, 1906
(Month) (Day) (Year)
through the naturalization of his father, Moritz B. Beldner, by the Circuit Court of the United States, at Philadelphia, Penna., on June 25, 1906, applicant being then a minor and having resided permanently in the United States since September 1900.
6. I am satisfied that the applicant, since deriving or acquiring citizenship as set forth in item 5 above, has not become expatriated in any manner and that the applicant is now a citizen of the United States.
7. The following named persons were examined by me under oath on the dates indicated:

Name	Address	Relationship to applicant	Date testimony heard
Harry Beldner	See Sec. 2 above	Applicant	June 15, 1956

8. Attached to and made a part of the file are the following documents: N-600; two photographs; Report from Bureau of Census; Death certificate of father; Death Certificate of mother; N-25 verification of father's naturalization; Attached hereto is file A-278545 of applicant brother, Michael Belder.

9. Recommendation that application be granted is based primarily upon documentary evidence.
10. The application does present a prima facie case of citizenship.
11. I recommend that the said application be granted. (If an adverse recommendation is made a statement in support thereof should accompany the report.)
12. An A AA Certificate of Citizenship should be issued in the name of
(A or AA)

Harry Beldner (1) & (4) Applicant acquired the name of Harry by continuous use of the name since 1926.
(Applicant's legal name acquired: (1) at birth, (2) through marriage, (3) by court order, (4) State law. Explain if (3) or (4))

I do concur with the decision

Date

6/19/56

(Signature of examining officer)

STATISTICS

(Signature of District Director or officer in charge)

GPO 900972

APPLICATION FOR CERTIFICATE OF CITIZENSHIP UNDER SEC. 341 OF THE IMMIGRATION AND NATIONALITY ACT

*Well
OK
Frances J
2/8/56*

Take or mail this application to:
IMMIGRATION AND NATURALIZATION SERVICE

Print or

HARRY-BELDNER

(Name)

type *also known as Harry Beldner*

Name and

(Apartment number, Street address, and if appropriate, "in care of")

Address

Miami Beach Florida

(City)

(State)

Date

2/8/56

TO THE APPLICANT:

READ THE INSTRUCTIONS ON THE LAST PAGE OF THIS FORM: FOLLOW THEM EXACTLY. IF YOU DO NOT HAVE ENOUGH ROOM FOR ANY QUESTION, CONTINUE IT ON ANOTHER SHEET OF PAPER THIS SIZE.

(This form must be completely filled out—preferably on a typewriter)

I hereby apply to the Commissioner of Immigration and Naturalization for a certificate showing that I am a citizen of the United States of America.

(1) (If a married woman) My maiden name was _____

(2) I was born in **Germany** (City) on **Dec 18 - 1895** (Month) (Year)

(3) My personal description is: Age **60** years; sex **Male**; complexion **Tan**; color of eyes **Brown**; color of hair **Brown**; height **5** feet **6** inches; weight **150** pounds; race **White**; visible distinctive marks **none**

Marital status: Single; Married; Divorced; Widow(er)

(4) I arrived in the United States at **New York City** (City) on **New York** (State)

under the name of **Harold Beldner** on **SEPT - 1900** (Month) (Day) (Year)

by means of **Ship's name do not know** (Name of vessel or other means of arrival)

(5) I have not been absent from the United States except as follows:

Date departed	Date returned	Name of ship, or of airline, railroad company, bus company, or other means used to return to the United States	Place or port of entry through which you returned to the United States
			EE PAID NO 223-11
			IMMIGRATION & NATURALIZATION SERVICE
			MIAMI FLORIDA N & F
		Date 5-15-56	Accepted by J

(6) My last permanent foreign residence was **France** (City)

(7) The place where I took the ship or train to the United States was **Harrisburg** (City) (Country)

Answer questions (8), (9), and (10) only if you arrived in United States before July 1, 1924.

(8) The person in the United States to whom I was coming was _____

(9) The place in the United States to which I was going was **Philadelphia**

(10) The names of some of the passengers or other persons I traveled with, including members of my family, and their relationship to me, if any, are **Father - Mother - and Brother Michael Beldner**

Moms Beldner Father & Gazele Beldner mother

TO THE APPLICANT: DO NOT WRITE BETWEEN THE DOUBLE LINES BELOW. CONTINUE ON NEXT PAGE

FOR USE IN SEARCHING RECORDS OF ARRIVAL:

RECORDS EXAMINED

Card index

Index books

Manifests

RECORD FOUND

Place

Date

Name

Manner

Marital status

(Signature of person making search)

CONTINUE HERE:

2 (11) I claim United States citizenship through my (check whichever applicable) father; stepfather; mother; husband; as a British Columbia Indian having resided in Alaska continuously since _____

3 (12) My father's name is/was Morris B. Beldner; he was born at Bucharest (City)
Romania (State or country) on don't know (Month) 1869 (Day) (Year) and now resides at Decesased 3-1-33 (Street address)

(City) (If deceased, show "deceased" only) (State)
United States at birth naturalization on June 25 - 1906 (Month) (Year) in the Old Miss. Circuit Court (Name of Court)
Court of _____ at Philadelphia Penn. (City or town) (State)

Certificate of Naturalization No. _____; he was last a citizen of United States; he resided in the United States from 1900 to until Decesased; from _____ to _____; from _____ to _____; from _____ to _____

(13) My mother's maiden name is/was Gazelle Feldman; she was born at Bucharest (City)
Romania (State or country) on do not know (Month) (Year) and now resides at Decesased 3-1-52 (Street address)

(City) (If deceased, show "deceased" only) (State)
United States at birth; naturalization; on Marrying my Father (Month) (Day) (Year) in the _____ (Name of court)

Court of _____ at _____ (City or town) (State)
Certificate of Naturalization No. _____; she was last a citizen of _____; she resided in the United States from _____ to _____; from _____ to _____; from _____ to _____; from _____ to _____

She and my father were married on do not know (Month) (Day) (Year) at _____ (City) (State or country)

4 My mother has been married 1 times, and my father has been married 1 times.

(14) I have have not filed a declaration of intention or petition for naturalization

(If so, give name and location of court)

in which filed, and date and number of papers)

(15) I have have not lost my United States citizenship in any manner. To the best of my knowledge the person(s) through whom I claim citizenship have have not lost United States citizenship. (If citizenship lost, give date and manner)

(16) Should a certificate of citizenship be issued to me, I desire it to be issued in the name of:

* Kerry Beldner

(17) I submit the following documents with this application:

Nature of Document

Names of Persons Concerned

Census of 1910

Discharge from Navy

School Record not Available

5 By reference A-278545 of my brother, Michael Beldner

(18) Fill in this block only if citizenship is claimed through a stepfather.

- (a) The full name of my stepfather is _____
- (b) He was born at _____ (City) _____ (State or country) on _____ (Month) _____ (Day) _____ (Year)
and now resides at _____ (City) _____ (State or country) and is now a citizen of _____
; he acquired United States citizenship through birth;
 naturalization; on _____ (Month) _____ (Day) _____ (Year) in the _____ (Name of court) Court of _____
at _____ (City or town) _____ (State);
Certificate of Naturalization No. _____
- (c) He and my mother were married on _____ (Month) _____ (Day) _____ (Year) at _____ (City) _____ (State or country)
- (d) Before marrying my mother, he was married _____ times, as follows:

Date married	Date marriage ended	Name of wife	How marriage ended (Death or divorce)

(19) Fill in this block only if you are or were a married woman.

I have been married _____ times, as follows:

Date married	Date marriage ended	Name of husband	Citizenship of husband	How marriage ended (Death or divorce)

(20) Fill in this block only if you claim citizenship through a husband.

- (a) The name of my citizen husband is/was _____
(Give full and complete name)
- (b) He was born at _____ (City) _____ (State or country) on _____ (Month) _____ (Day) _____ (Year)
and now resides at _____ (City) _____ (State or country)
- (c) He became a U. S. citizen through birth; naturalization; on _____ (Month) _____ (Day) _____ (Year) in the _____ (Name of court)
Court of _____ at _____ (City or town) _____ (State);
Certificate of Naturalization No. _____
- (d) Before my marriage to him he was married _____ times as follows:

Date married	Date marriage ended	Name of wife	How marriage ended (Death or divorce)

(21) I HAVE NOT (Have) (Have not) heretofore filed an application for a certificate of citizenship

on _____ 19_____; at _____

(SIGN HERE)

Signature of applicant or parent or guardian

(3)

16-17953-13

NOTE CAREFULLY.—Do not sign your name on this page until you appear before an officer of the Immigration and Naturalization Service for the examination on this application.

AFFIDAVIT

I, Darry Belmer, am the applicant
(Full name, without abbreviation) (Applicant, parent or guardian)

and do swear (affirm) that the contents of the foregoing application comprising pages 1 to 3 inclusive, are true to the best of my knowledge and belief; that corrections numbered (1) to (5) were made by me or at my request; and that this application was signed by me with my full, true, and correct name:

Darry Belmer
also known as Robert Belmer 15th
(Complete and true signature of applicant, parent, or guardian)

Subscribed and sworn to, before me, at Miami, Fla this 15th
day of June, 1956

James S. Cramm
U.S. Naturalization Examiner
(Title of officer)

INSTRUCTIONS TO THE APPLICANT

1. Execution of this application, if applicant 18 years of age or over.—If you are 18 years of age or over, you must sign your full name in the space provided on page 3 of the application, but do not execute the affidavit on page 4. This affidavit will be executed for you when you appear before an officer of the Immigration and Naturalization Service at the hearing on the application.

2. Execution of this application, if applicant under 18 years of age.—If you are under 18 years of age, do not sign the application on page 3 or the affidavit on page 4. Your parent or guardian must sign his or her name in the space provided on page 3 and must later appear before an officer of the Immigration and Naturalization Service at the hearing on the application to execute the affidavit on page 4.

3. Fee.—A fee of five dollars (\$5) must accompany this application. Remittances should be made payable to the "Immigration and Naturalization Service, Department of Justice." If residing in the Virgin Islands, remittances should be drawn in favor of the "Commissioner of Finance of the Virgin Islands." If residing in Guam, remittances should be drawn in favor of the "Treasurer, Guam." Do not send coins or postage stamps.

4. Photographs.—You are required to send with this application three photographs of yourself taken within 30 days of the date of this application. These photographs must be 2 by 2 inches in size and the distance from top of head to point of chin should be approximately 1½ inches; must not be pasted on a card or mounted in any other way; must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group, or full-length portraits will not be accepted. PHOTOGRAPHS SHOULD NOT BE SIGNED.

5. Facts concerning arrival in the United States.—Detailed information is necessary in relation to your arrival in the United States. If you do not know the exact date of arrival or name of the vessel or port and cannot obtain this information, give the facts of your arrival to the best of your ability. If you have an immigrant identification card, passport, ship's card, or baggage labels, they may help you to give this information.

6. Documents.—Send with this application any birth, marriage, divorce, death, or other document which will support your claim to citizenship. Do not send a Certificate of Naturalization or Certificate of Citizenship, and do not photostat or otherwise make copies of either of such documents. The Certificate of Naturalization or Certificate of Citizenship may be presented by you or your witnesses when they appear for examination before an officer of the Immigration and Naturalization Service. If you desire that the original documents which you send with this application be returned to you, they must be accompanied by photostatic or other copies of such documents. Describe in Statement 17, page 2, all the documents which you are sending with this application.

7. Race.—This item in Statement 3 must be filled in only if you are claiming citizenship through a husband. In such event, state whether you are of the white race or a person of African nativity or descent. If not of either of such races, state of what other race you are a member.



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON 25, D. C.

February 21, 1956

Re:

Harry Beldner
700 85th
Miami Beach, Fla.

The following information, including spelling of name, relationship, age, etc., is an EXACT COPY of the census record as reported by the census taker on the original schedule.

Census of 1910, taken as of April 15

345 Winton, Philadelphia

County Philadelphia State Pennsylvania

Name	Relationship	Age	Place of birth	Citizenship
Beldner, Morris B.	Head		Austria	*Naturalized
- Kate	Wife			*
- Isidore	Son	13	Austria	

*Year of immigration 1900



Robert W. Burgess
Director
Bureau of the Census

The above information is furnished upon application with the understanding that in no case shall the information furnished be used to the detriment of the person or persons to whom the information relates, in accordance with Title 13, United States Code, Section 8.

The Bureau of the Census does not issue birth certificates, but this record is often accepted in place of one.

APPLICATION FOR SEARCH OF CENSUS RECORDS
(See instructions on reverse side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DO NOT USE THIS SPACE
CASE NO.

FULL NAME OF PERSON WHOSE CENSUS RECORD IS REQUESTED (Print or type)

FIRST NAME MIDDLE NAME MAIDEN NAME—IF ANY

ISIDORE - BELDNER

Date 2/2/56

LAST NAME NICKNAMES

DATE OF BIRTH

Dec 18 - 1895

PLACE OF BIRTH

Germany.

RACE

white

FULL NAME OF HUSBAND OR WIFE OF PERSON WHOSE RECORD IS REQUESTED

FIRST MARRIAGE

SECOND MARRIAGE

THIRD MARRIAGE

FULL NAME OF FATHER AND MOTHER OF PERSON WHOSE RECORD IS REQUESTED

FATHER

MOTHER

(SEE INSTRUCTION 1)

PURPOSE FOR WHICH RECORD IS TO BE USED (MUST BE STATED HERE)

Naturalization

GIVE PLACE OF RESIDENCE AT EACH DATE LISTED BELOW

CENSUS DATE	NUMBER AND STREET (Very important)	CITY, TOWN, TOWNSHIP* (Precinct, beat, etc.)	COUNTY AND STATE	NAME OF PERSON WITH WHOM LIVING (Head of household)
JUNE 1, 1880 SEE INSTRUCTION 2				
*				
JUNE 1, 1900 SEE INSTRUCTION 2				
APRIL 15, 1910 SEE INSTRUCTION 3	345 Winton St Philadelphia		Penn.	Morris Beldner Father
JAN. 1, 1920 SEE INSTRUCTION 2				Kate Beldner mother
APRIL 1, 1930 SEE INSTRUCTION 3				
APRIL 1, 1940 SEE INSTRUCTION 3				
APRIL 1, 1950 SEE INSTRUCTION 3				

This authorizes the Census Bureau to send the record to: (If other than to person whose record is requested, give name and address of other person or agency. See instruction 4.)

SEE INSTRUCTION 5

FEES REQUIRED: A money order or certified check payable to the Treasurer of the United States must be sent with this application.

DO NOT SEND CASH

(Check type of service requested)

\$3.00 for a search in regular turn for information about one (1) person only, in not more than two censuses, OR

\$4.00 for a search ahead of \$3.00 searches.

SEE INSTRUCTION 6 FOR EXTRA COPIES

\$ for extra copies

I hereby certify that information furnished about anyone other than the applicant will not be used to the detriment of such person or persons.

SIGNATURE OF APPLICANT
(Do not print)
(See instruction 7)

PRESENT ADDRESS OF APPLICANT	NUMBER AND STREET
CITY	ZONE STATE
IF SIGNED ABOVE BY MARK (X), TWO WITNESSES MUST SIGN HERE	
SIGNATURE	
SIGNATURE	

*The 1890 Census records were destroyed by fire.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 25

INSTRUCTIONS FOR COMPLETING THIS FORM

The law provides a penalty for knowingly and willfully making a false statement to any department or agency of the United States as to any matter within its jurisdiction

1. Purpose.

The purpose for which the information is desired must be shown. The purpose enables this office to determine from which census year the information would be most acceptable, saving the expense of additional searches.

2. Censuses—years 1880—1900—1920.

A system for filing names by sound is available for these census years. Information can be furnished in many instances when only the following information is given:

The name of the person about whom the information is desired.

The name of the city or county and State where the person resided.

The head of the household with whom this person was living on the various dates of these censuses.

Additional information is desirable if it can be furnished.

3. Censuses—years 1910—1930—1940—1950.

If residing in a city at the time these censuses were taken, it is necessary to furnish the house number, the name of the street, city, county, and State and the name of the parent or other head of household with whom residing at the time of the census.

If residing in a small town or a rural area, give all available information as to cross-streets, road names, township, district, precinct or beat, etc. If the district or township is unknown, give the distance from the nearest town and the direction, also the rural route number.

4. Confidential information given to other than the person about whom it relates.

Census information is confidential and cannot be furnished to another person unless the person about whom it relates authorizes this in the space provided or there is proper authorization as explained in instructions 7 through 11 on this page.

5. Fee required.

Taxes are not available for the furnishing of this information. The fee charged is for the expense of searching the census records and furnishing informa-

tion. Accordingly, even though the information is not found, if a search has been made, the fee cannot be returned.

Should it be necessary to search more than two censuses for the information requested, you will be notified to send another fee before further searches are made.

6. Additional copies of Census Information.

Additional copies of the information furnished will be prepared at a cost of \$1.00 for each additional copy. Fill in the amount of money enclosed and the number of extra copies desired in the spaces provided.

7. Applicant.

In general the signed name of the applicant should be the same as that shown on the line captioned "full name of person whose census record is requested." If the applicant's name is not the same, an explanation on a separate sheet of paper should be attached.

8. Confidentiality.

Information recorded in the Census of 1900 and later censuses is confidential and may be furnished only upon the written request of the person about whom it relates or (for a proper purpose) a legal representative such as guardian, administrator of estates, etc. A certified copy of the court order naming the legal representative is required.

9. Minor children.

Information regarding a child who has not reached legal age may be obtained upon the written request of either parent.

10. Records of deceased persons.

If the record requested relates to a deceased person, the application must be signed by (1) a blood relative in the immediate family (parent, brother, sister or child), (2) the surviving wife or husband, or (3) a beneficiary along with legal evidence of such beneficiary relationship. In all cases involving deceased persons, a certified copy of the death certificate is required.

11. Special cases.

Specific information regarding the necessary authorizations for special cases will be furnished upon request.

GENERAL INFORMATION

The application on the reverse side of this sheet is for use in requesting a search of the census records and for a copy of the personal information found which includes age, place of birth and citizenship. This application should be filled in and mailed to the Bureau of the Census, Washington 25, D. C., together with a money order or certified check payable to the Treasurer of the United States, Washington, D. C., in an amount based upon the fees stated on the face of this form.

Regular birth certificates are not issued by the Bureau of the Census but by the Health Department or similar agency of the State in which the birth occurred. In Federal Censuses, the census takers obtained the age and place of birth of individuals. Copies of these census records are often accepted as evidence of age and place of birth for employment, social security benefits, insurance and other purposes.

Census records prior to 1880 have been transferred to the National Archives, Washington 25, D. C. Information from the 1880 Census records may be furnished by the Bureau of the Census for genealogical, historical and other proper purposes. The purpose for which the information is to be used must be stated in all cases. The fee for genealogical or historical searches will be estimated, based upon the population of the area to be searched. An estimate of such fees will be furnished upon request.

If you authorize the Bureau of the Census to send your record to someone other than yourself, attention is called to the possibility that the information shown in the census record may not agree with that given in your application. The record must be copied exactly as it appears and will be sent as you direct regardless of what it shows.

SCHOOL DISTRICT OF PHILADELPHIA
THE BOARD OF PUBLIC EDUCATION
PARKWAY AT TWENTY-FIRST STREET

ZONE 3

ALLEN H. WETTER
SUPERINTENDENT OF SCHOOLS

ROBERT C. TABER, DIRECTOR
DIVISION OF PUPIL PERSONNEL AND COUNSELING

CLARA B. BRYANT
ASSISTANT DIRECTOR, PUPIL PERSONNEL
EMILIE RANNELLS
ASSISTANT DIRECTOR, COUNSELING
EDITH DUFF GWINN
SPECIAL ASSISTANT
EMPLOYMENT CERTIFICATING SERVICE

Date February 20, 1956

RE: ISADORE BELDNER

We are unable to give you the information you requested from your school record because of the reason checked:

- No records available for pupils who attended school before 1900.
- XXX School out of existence - no records available.
(Northern Liberties)
- XXX School you attended destroyed all records prior to 1924.
- XXX Can find no record under name and date of birth given.
Notify this office if you have any additional information.
(Sharswood)

Robert C. Taber
Director

(Fee for this
Certificate, \$1.00)N. B. Do not accept this Certified Copy unless
the raised seal of the State Department of
Health is affixed thereon.

No. 351622

This to Certify that the following is a true and correct copy of a certificate of death
filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed
by Act 192 of the General Assembly, 1943, P. L. 414.11-9-54
(Date)

(Secretary of Health)



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

 Primary
 Dist No. 1701461
File No. 5224**BIRTH NO.**Registered No. 5224**1. PLACE OF DEATH**
a. County Olive**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. State Pab. City (If outside corporate limits, write RURAL and give township) Olive
or Boroughc. Length of Stay
(in this place)d. Full Name of (If not in hospital or institution, give street address or location)
Hospital or Institution Park State Hospe. City (If outside corporate limits, write RURAL and give township) Olivef. Street Address 7007 3rd St**3. NAME OF DECEASED** (Type or Print) Katea. (First) Kateb. (Middle) Geldnerc. (Last) Geldner4. DATE (Month) (Day) (Year)
OF DEATH 3 1 52**5. SEX** F **6. COLOR OR RACE** W**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W**8. DATE OF BIRTH** 10 30 18859. AGE (in yrs. last birthday) 86
If Under 1 Yr. Months 4 Days 4
If Under 24 Hrs. Hours 0 Min. 0**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife**10b. KIND OF BUSINESS OR INDUSTRY** N/A**13. FATHER'S NAME** See Below**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) No **16. SOCIAL SECURITY NO.** None**18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*** (a) Hypertension Cardiovascular Disease**ADDRESS****INTERVAL Between ONSET and DEATH****ANTECEDENT CAUSES**

Morbid conditions, if any, DUE TO (b) giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Essential Hypertension**II OTHER SIGNIFICANT CONDITIONS**Conditions contributing to the death but not related to the disease or condition causing death Dem. Depression Psychosis**19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**
Yes No **21a. ACCIDENT (Specify)**
SUICIDE
HOMICIDE**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)**21c. (CITY, TOWN AND TOWNSHIP)****(COUNTY)****(STATE)****21d. TIME (Month) (Day) (Year) Hour**
OF INJURY

m. E.S.T.

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 11-2-52, to 3-1-52, 1952, that I last saw the deceased alive on 3-1-52, 1952, and that death occurred at P.S.H. 5-1-52 m. E.S.T., from the causes and on the date stated above.**23a. SIGNATURE** Kathleen Geldner

M.D. or D.O.

23b. ADDRESS**23c. DATE SIGNED** 3-1-52**24a. BURIAL, CREMATION, REMOVAL (Specify)****24b. DATE** 3-3-52**24c. NAME OF CEMETERY OR CREMATORIUM** Ashland Cemetery Olive**24d. LOCATION (Town, township and county) (State)**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. SIGNATURE OF FUNERAL DIRECTOR

ADDRESS

(Fee for this
Certificate, \$1.00)

This to Certify that the following is a true and correct copy of a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

4-9-56

(Date)

Nº 392765

B.F. Mathias

(Secretary of Health)



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Primary Dist No. 5101-461

File No. —

Registered No. 5761

1. PLACE OF DEATH a. County <i>Phila.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <i>Pa.</i> b. County <i>Phila.</i>		
b. City (If outside corporate limits, write RURAL and give township) <i>Phila.</i>	c. Length of Stay (in this place)	c. City (If outside corporate limits, write RURAL and give township) <i>Phila.</i>	d. Street Address (If rural, give location) <i>204 Fairmount Ave.</i>	
d. Full Name of Hospital or Institution <i>Phila.</i>				
3. NAME OF DECEASED (Type or Print) <i>Morris Beldner</i>	a. (First) <i>M.</i>	b. (Middle) <i>w.</i>	c. (Last) <i>Beldner</i>	
5. SEX <i>M.</i>	6. COLOR or RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>— 6d</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cooking</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>			
13. FATHER'S NAME <i>Unknown</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown?) (If yes, complete reverse side of certificate)	16. SOCIAL SECURITY NO. <i>—</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, DUE TO (b) giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____</i> II OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) <i>—</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) <i>—</i>	
21d. TIME (Month) (Day) (Year) Hour OF INJURY <i>—</i>	(Day) <i>—</i>	(Year) <i>—</i>	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>—</i>
22. I hereby certify that I attended the deceased from <i>3-9-33</i> , to <i>3-11-33</i> , that I last saw the deceased alive on <i>3-10-33</i> , and that death occurred at <i>9:00 a.m. E.S.T.</i> from the causes and on the date stated above.				
23a. SIGNATURE <i>Dr. Glici</i>	M.D. or D.O. <i>—</i>	23b. ADDRESS <i>402 Green St.</i>	23c. DATE SIGNED <i>3-11-33</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>—</i>	24b. DATE <i>3-12-33</i>	24c. NAME OF CEMETERY OR CREMATORIAL <i>Mt. Sharon</i>	24d. LOCATION (Town, township and county) (State) <i>Phila. Pa.</i>	
DATE REC'D by LOCAL REG. <i>3-12-33</i>	REGISTRAR'S SIGNATURE <i>G.P. Greenba</i>	25. SIGNATURE OF FUNERAL DIRECTOR <i>J. Finnerty</i>	ADDRESS <i>513 Pine St.</i>	

VERIFICATION OF RECORD OF NATURALIZATION

Date _____, 19_____

File No. _____

Name of applicant _____

Name of naturalized person _____

Record of naturalization of the below named person has been verified as follows:

Name of naturalized person as shown in court record Moritz B. Beldner

Petition No. 12506 Certificate No. _____

Court (title and location) U.S. Circuit, Phila., Penna.

Date of naturalization May XXXXXXXX 1906 June 25, 1906

6/25/03

Date and place of birth (or age) 33 years or thereabouts at time of filing dec.

Place of residence 817 North 3rd St., Phila., Penna.

Former allegiance Austria Hungary Occupation not shown

Date, place, and manner of arrival in United States not shown

Names of witnesses Jacob Sherman 551 N. Randolph St., Phila., Penna.

Names of children, dates and places of birth not shown

Marital status not shown Name of spouse not shown

Other information appearing on record old law case-very little information

Above record verified by me on May 24, 1956

Wm. R. Beldner, Deputy Clerk
(Signature and title of person verifying the records)

(MAKE THREE TRACINGS OF THE NATURALIZED PERSON'S SIGNATURE TO THE NATURALIZATION RECORD, ON THIN PAPER, AND ATTACH SAME TO THIS REPORT.)

ENCLOSURE.

Moritz B. Beldner

Tracing of
his signature

Moritz B. Beldner

Moritz B. Beldner

UNITED STATES OF AMERICA

CERTIFICATE OF

No. A-298317
CITIZENSHIP

Application No. A-10 351 299

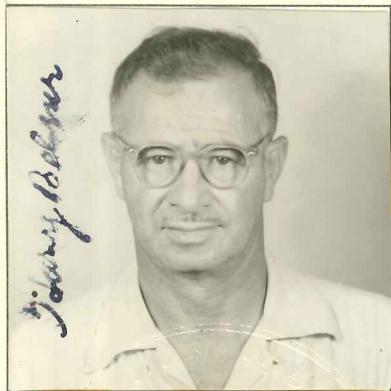
DUPLICATE.

Personal description of holder as of date of issuance of this certificate: Sex Male; date of birth December 18, 1895; country of birth Germany; complexion Fair; color of eyes Brown; color of hair Dark Brown; height 5 feet 6 inches; weight 150 pounds; visible distinctive marks None

Marital status Married

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)



Seal

Be it known, that HARRY BELDNER,
 now residing at 700 85th Street, Miami Beach, Florida,
 having applied to the Commissioner of Immigration and Naturalization for a certificate of
 citizenship pursuant to Section 341 of the Immigration and Nationality Act, having proved to
 the satisfaction of the Commissioner, that he is now a citizen of the United States of America, became
 a citizen thereon June 25, 1906 and is now in the United States.

Now therefore, in pursuance of the authority contained in Section 341 of the Immigration
 and Nationality Act, this certificate of citizenship is issued this Eighteenth
 day of June in the year of our Lord nineteen hundred
 and Fifty-Six, and of our Independence the
 one hundred and Eightieth, and the seal of the Department
 of Justice affixed pursuant to statute.

IT IS A VIOLATION OF THE U. S. CODE (AND PUNISHABLE AS SUCH) TO
 COPY, PRINT, PHOTOGRAPH, OR OTHERWISE ILLEGALLY USE THIS CERTIFICATE.

J. M. Swing

COMMISSIONER

Oath of Allegiance

I hereby declare, on oath, (affirm) that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will bear arms on behalf of the United States when required by the law; or that I will perform noncombatant service in the Armed Forces of the United States when required by the law; or that I will perform work of national importance under civilian direction when required by the law; and that I take this obligation freely without any mental reservation or purpose of evasion: SO HELP ME GOD. In acknowledgment whereof I have hereunto affixed my signature.



Subscribed and sworn (affirmed) to before me, a designated representative of the Immigration and Naturalization Service, this day of, 19.....

(Title).....



....., 1956

I hereby certify that I have this day received original certificate of citizenship of which this is a duplicate.



ON-10
4/18/56

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

3915 Biscayne Boulevard
Miami 37, Florida

June 14, 1956

Please refer to
this file number
A-10 351 299

Mr. Harry Baldner
700 85th Street
Miami Beach, Florida

Dear Sir:

In connection with your application for Certificate of Citizenship

please appear to meet an examiner of this

Service at 3915 Biscayne Blvd., Miami, Florida, Room 109,

on June 20, 1956 at 9AM

for a hearing

You should bring with you the following:

()

()

()

()

Please bring this letter with you.

Very truly yours,

Thomas J. McKeghney
Chief, Naturalizations
Citizenship Section

6-6

11-9-49

Da 278545

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

3915 Biscayne Boulevard

Miami 37, Florida

Please refer to
this file number

A10 351 299

June 5, 1956

Harry Beldner
700 - 85th
Miami Beach, Florida

Dear Sir or Madam:

Your application for citizenship has been returned here with a report that no record of your arrival can be found on the basis of the facts appearing in your application.

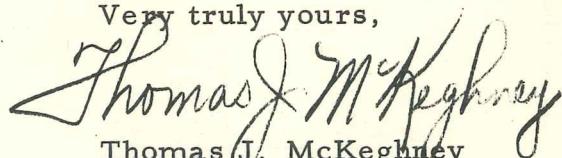
Please therefore state whether you are able to furnish any more information about the date, place, and manner of your arrival in the United States.

If so, it should be written on the attached form. If no more information can be furnished, this fact should be stated.

Persons who travelled with you may be able to give you information which would be helpful in locating your record. Travel documents, such as passport, passenger list, ship card, baggage labels, etc., might also be helpful, and if you have any they should be forwarded. If you entered the United States through a port along the Canadian or Mexican Border, it is important that you indicate the date, place, and amount of the immigration head tax paid, if any; also where you were examined by the immigration officers. You should also state the full names of your parents.

Further action upon your application will await your reply, which should state final information about the facts of your arrival to the best of your information and belief.

Very truly yours,


Thomas J. McKegney
Chief, Naturalizations
Citizenship Section

MM JK 72

P.P.S. TEL. 11-1111 VICE

MM NYA 18 JINE

JUN 4 2 02 PM 1956

NEWYORK 6-4-56 142PEST

MIAMI, FLA.

JINS

MM

BEKEB JUNE 1 A10351299 ATTENTION HAYNES MATAD ISIDORE BELDNER

SHAUGHNESSY

1 A10351299

TK 143PEST

EGL 159P

6X-3
4/12/56

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Miami, Florida

DATE: June 1, 1956

FILE NO: A10 351 299

INITIALS: NH

ACTIVITY: 30.0

JINS NEW YORK N Y

MABEK ISIDORE BELDNER ARRIVED YOUR PORT 1900 NAME OF VESSEL UNKNOWN
PROBABLY FRENCH LINER FROM HAVRE, FRANCE ACCCOMPANIED BY FATHER
MORRIS BELDNER, MOTHER GAZELLE FELDMAN BELDNER, AND BROTHER MICHAEL
APPLICANT BORN GERMANY DECEMBER 18, 1895 ENTIRE FAMILY DESTINED
PHILADELPHIA OUR REFERENCE A 10 351 299 BAFEL ATTENTION HAYNES

SAVORETTI

Joseph Savoretti
District Director

NO RECORD MADE OF THIS CORRESPON-
DENCE IN CASE OF FURTHER CORRESPON-

Office Memorandum • UNITED STATES GOVERNMENT

TO : District Director, Miami, Florida

DATE: May 24, 1956
*neel*FROM : Supervisor, Naturalizations & Citizenship Section
Philadelphia, Pennsylvania

SUBJECT: MORRIS BELDNER; your telegram of May 18, 1956; your A 10 351 299.

ATTENTION: Mr. Haynes

There is attached form N-25 verifying the naturalization of Moritz B. Beldner in the United States Circuit Court, Philadelphia, Pennsylvania, on June 25, 1906. The date of arrival and name of vessel is not shown in the naturalization record.

Eugene S. Kel

Attachment



XXXXXSX-228G

XXXXNXXX-229G

XXXXRXX-230G

XXXLXXXX-231G PH JK 59

JK MM 281 JISE

MIAMI FLA 5-18-56 414P

JINS

PH

Forward on N-25 to
TOMAC MORRIS BELDNER, NATURALIZED OLD LAW JUNE 25, 1906 US CIRCUIT

COURT, PHILADELPHIA, PENNA BORN ROUMANIA DATE UNKNOWN OUR REFERENCE

A10-351-299 BAFEL ATTENTION HAYNES NECESSARY TO KNOW DATE OF ARRIVAL

AND NAME OF VESSEL

SAVORETTI

25,1906 A10-351-299

B 415P

PS 418P

RECEIVED
U.S. IMM. & NAT. SERVICE

MAY 21 8 39 AM '56

PHILADELPHIA DISTRICT
DIRECTOR'S OFFICE

RECEIVED

MAY 18 4 58 PM '56

PUBLIC BUILDINGS
SERVICE
COMMUNICATIONS

NC

6X-3
4/12/56

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Miami, Florida

DATE: May 18, 1956

FILE NO: A10 351 299

INITIALS: NH

ACTIVITY: 30.0

JINS PHILADELPHIA PA

TOMAC MORRIS BLDNER NATURALIZED OLD LAW JUNE 25, 1906 US CIRCUIT
COURT, PHILADELPHIA, PENNA BORN ROUMANIA DATE UNKNOWN OUR REFERENCE
A10 351 299 BAFEL ATTENTION HAYNES

SAVORETTI

Joseph Savoretti
District Director