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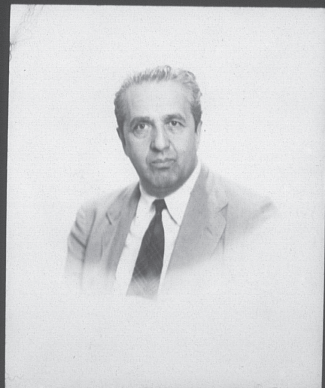
The Museum of Modern Art Archives, New York

J.B. Neumann  
Papers

VI.A

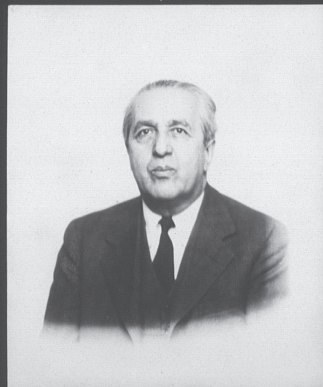
1116

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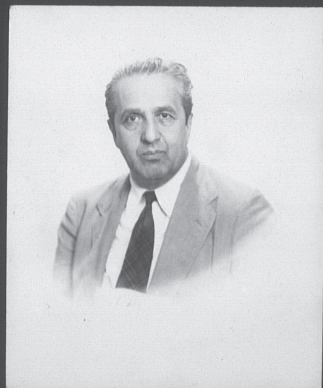
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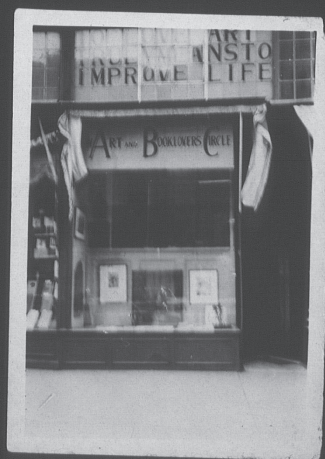
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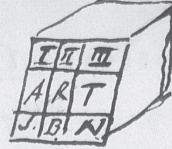


1121

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same size [redacted] I 200 pages  
II 200 pages  
III 400 pages

see dummies



Volume I

Confessions of an  
Art Dealer

by  
J.B. NEUMANN

Volume II

"ARTLOVER"

Collection J. B. NEUMANN  
and ELSA SCHMID

Volume III

THEY PASSED THROUGH  
MY HANDS

& picture book of several  
hundred work of art  
of all periods.

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**HOTEL** *Sir Walter*  
"RALEIGH'S LARGEST AND FINEST"  
RALEIGH, NORTH CAROLINA

Before each of the 4 chapters  
one empty page — one page in a small  
type (perhaps the Victor Hammer Musical)  
the name of the artist.  
next page photo of the artist — not too  
large reproduction opposite page  
facsimile of a letter filling the whole  
page (as we printers say "bleeding" without  
a proper margin —  
then again an empty page and opposite  
the text begins — on the top a linecut  
of a drawing —

THE SIR WALTER, RALEIGH, N. C.  
THE ROOSEVELT, JACKSONVILLE, FLA.



THE EMERSON, BALTIMORE, MD.  
THE WASHINGTON DUKE, DURHAM, N. C.

HOTEL ROBERT MEYER, JACKSONVILLE, FLA. OPENING JAN. 1959

*turn*

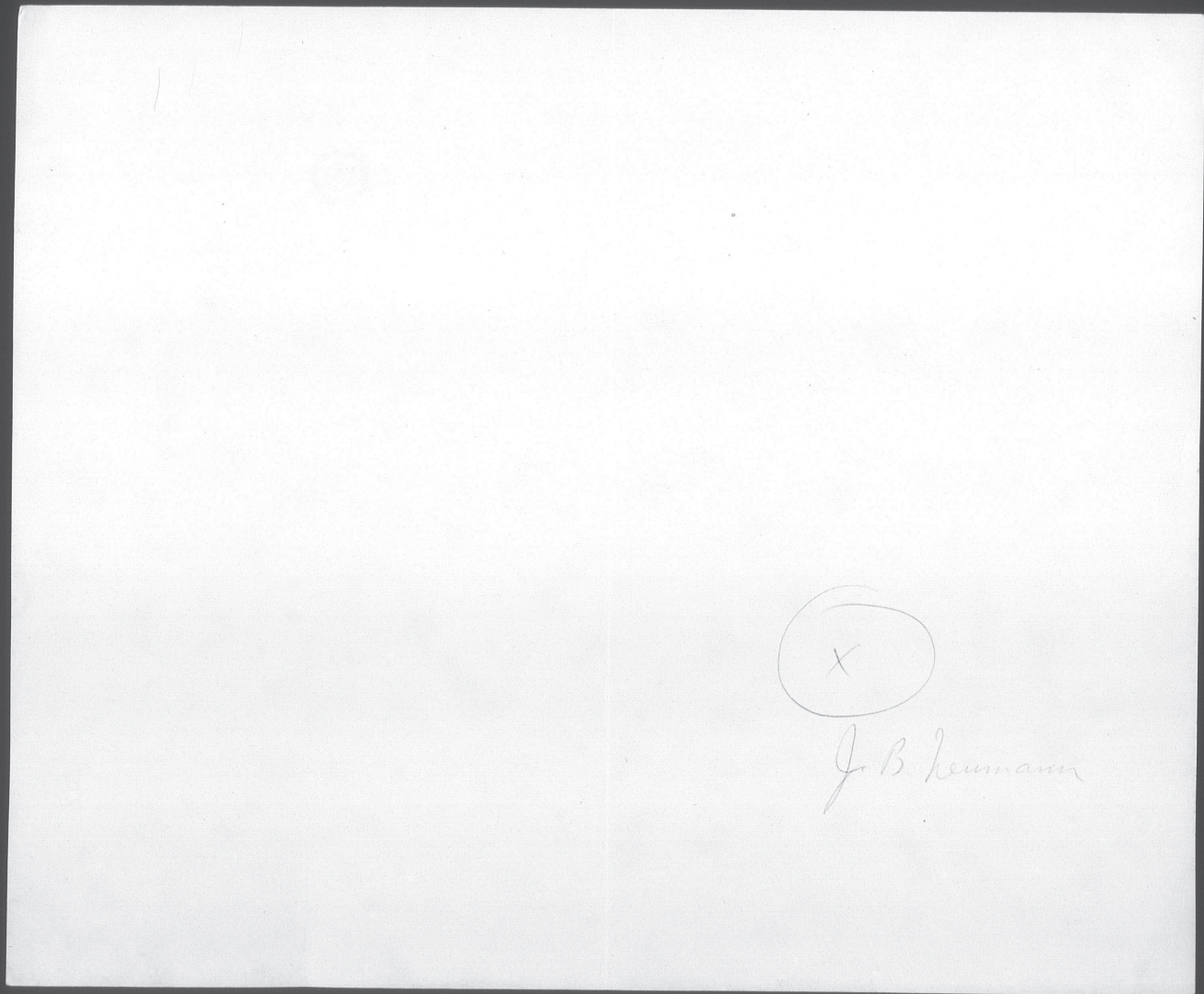
1123

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WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ



INTERNATIONAL CERTIFICATES  
OF VACCINATION

CERTIFICATS INTERNATIONAUX  
DE VACCINATION

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Passport No. / or / Travel Document No. /  
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INTERNATIONAL SANITARY REGULATIONS  
REGLEMENT SANITAIRE INTERNATIONAL

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**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA VARIOLE**

This is to certify that } date of birth } sex }  
 Je soussigné(e) certifie que } né(e) le } sexe }  
 whose signature follows }  
 dont la signature suit }  
 has on the date indicated been vaccinated or revaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Show by "x" whether : Indiquer par « X » s'il s'agit de :	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification	
1a	Primary vaccination performed Primovaccination effectuée		1a	1b
1b	Read as successful Prise Unsuccessful Pas de prise		2	3
2	Revaccination.....			
3	Revaccination.....			
4	Revaccination.....		4	5
5	Revaccination.....			
6	Revaccination.....		6	7
7	Revaccination.....			

The validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.  
 The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.  
 Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.  
 Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.  
 Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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The Museum of Modern Art Archives, NY	Collection:	Series.Folder:
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIÈVRE JAUNE

This is to certify that } date of birth } sex }  
 Je soussigné(e) certifie que } né(e) le } sexe }

whose signature follows }  
 dont la signature suit }

has on the date indicated been vaccinated or revaccinated against yellow fever.  
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

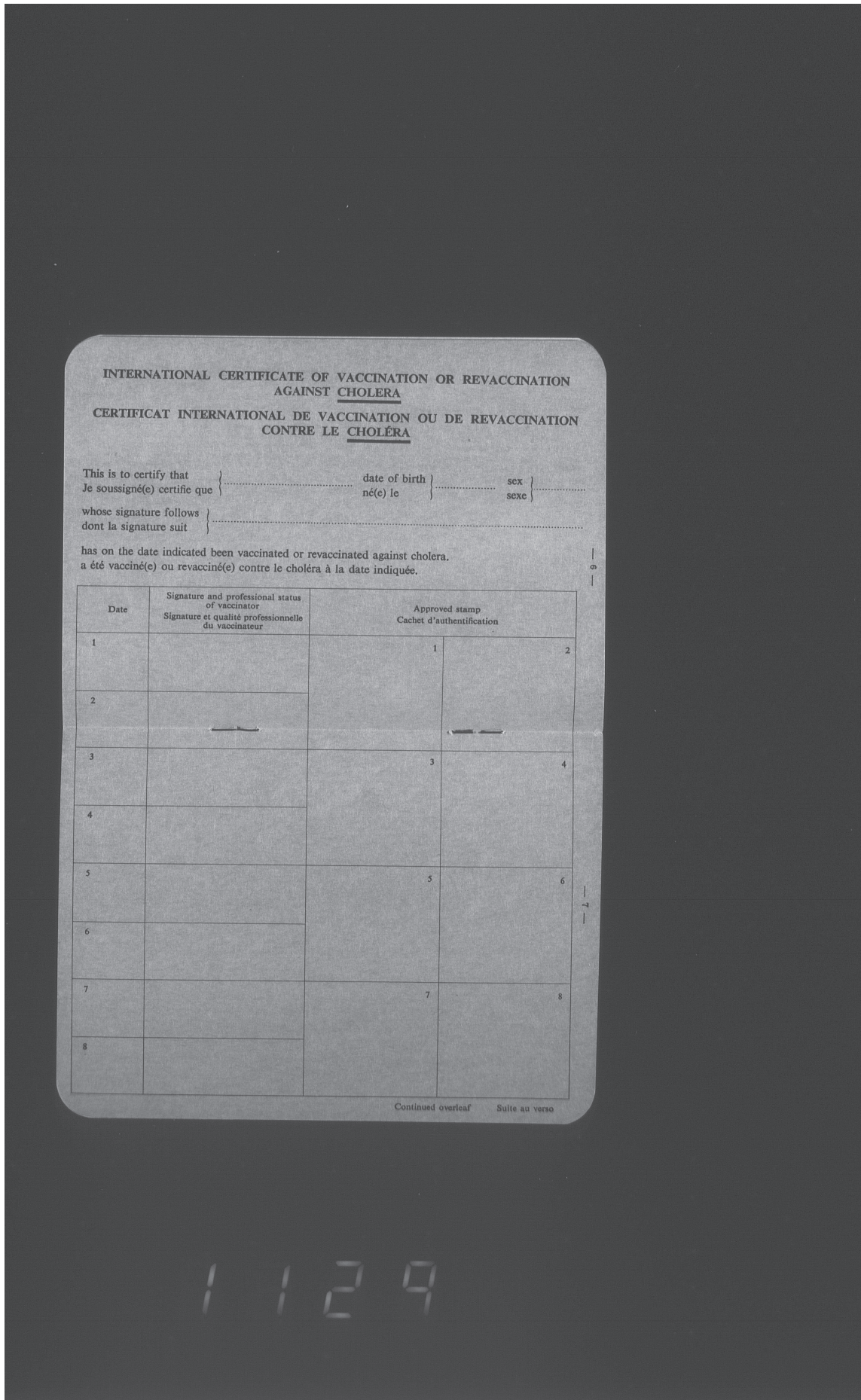
Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch no. of vaccine Origine du vaccin employé et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.  
 The validity of this certificate shall extend for a period of six years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of six years, from the date of that revaccination.  
 Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.  
 La validité de ce certificat couvre une période de six ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de six ans, le jour de cette revaccination.  
 Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LE CHOLÉRA

This is to certify that } ..... date of birth } sex }  
 Je soussigné(e) certifie que } né(e) le } sexe }  
 whose signature follows } .....  
 dont la signature suit }

has on the date indicated been vaccinated or revaccinated against cholera.  
 a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification	
		1	2
1			
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite au verso

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The Museum of Modern Art Archives, NY	Collection:	Series.Folder:
	Neumann	VI.A

Certificate (continued)      Certificat (suite)

9		9	10
10			
11		11	12
12			
13		13	14
14			
15		15	16
16			

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of the vaccine or, in the event of a revaccination within such period of six months, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination.

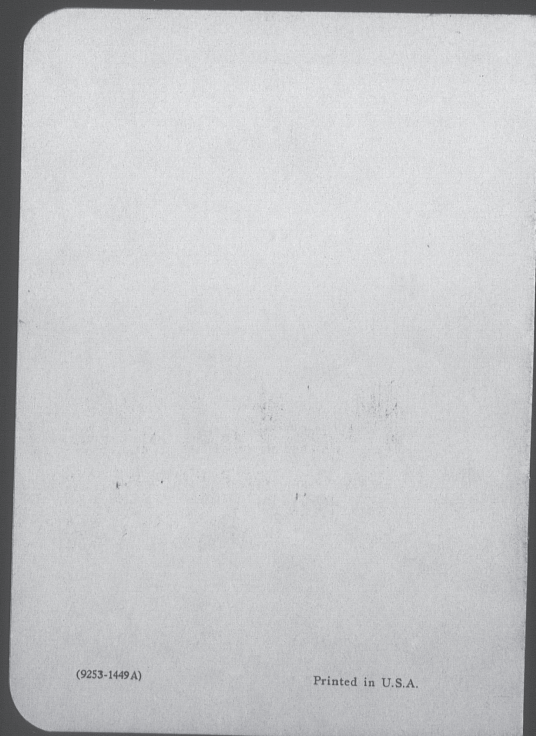
Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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(9253-1449 A)

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INTERNATIONAL CERTIFICATE  
of  
INOCULATION and VACCINATION  
As approved by  
WORLD HEALTH ORGANIZATION  
and  
THE PAN AMERICAN SANITARY  
ORGANIZATION

TRAVELER'S NAME JSRAEL BER NEUMANN

ADDRESS { 41 East 57th Street (NUMBER) (STREET)  
New York 22 (CITY, TOWN, OR VILLAGE)  
N.Y. (COUNTY) (STATE)

DATE OF BIRTH III/6/1887 SEX male

TRAVELER'S SIGNATURE *Jsrael Ber Neumann*



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U. S. PUBLIC HEALTH SERVICE

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**INTERNATIONAL CERTIFICATE OF VACCINATION AGAINST SMALLPOX**

This is to certify that Mr. J. Neuman has this day been vaccinated by me against smallpox.

Origin and Batch No. of vaccine 295-216B  
 Signature of vaccinator [Signature]  
 Official position (if any) M.D.  
 Place N.Y.C. Date 1/28/54

**IMPORTANT.**—In the case of primary vaccination the person vaccinated should be warned to report to a physician between the 8th and 14th day in order that the result of the vaccination may be recorded on this certificate. In the case of re-vaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

**CERTIFICATION.**—I hereby certify that to the best of my knowledge and belief, the above statement is true.

Validated: [Signature] [Signature] M.D. P.D.O.  
 [OFFICIAL STAMP]  
 Certifying officer Commissioner of Health  
 Official position City of New York, N.Y.  
 Place City of New York, N.Y. Date 1/28/54

This is to certify that the above vaccination was inspected by me on the date(s) and with the result(s) shown hereunder:

DATE OF INSPECTION 2/1/54 RESULT Vaccinated  
 Signature of physician [Signature]  
 Official position (if any) M.D.  
 Place N.Y.C. Date 2/1/54

\*Use one of the following terms in stating the results, viz.—"Reaction of immunity," "Accelerated reaction (vaccinoid)," "Typical primary vaccina." A certificate of "No reaction" will not be accepted.  
**This certificate is valid for only 3 years from date of issue.**

**CERTIFICATION.**—I hereby certify that to the best of my knowledge and belief, the above statement is true.

Validated: [Signature] [Signature] M.D. P.D.O.  
 [OFFICIAL STAMP]  
 Certifying officer Commissioner of Health  
 Official position City of New York, N.Y.  
 Place City of New York, N.Y. Date 2/1/54

**INTERNATIONAL CERTIFICATE OF INOCULATION AGAINST YELLOW FEVER**

This is to certify that \_\_\_\_\_ (age \_\_\_\_\_ sex \_\_\_\_\_), whose signature appears below, has this day been inoculated by me against yellow fever.

Origin and Batch No. of vaccine \_\_\_\_\_

[OFFICIAL STAMP OF INOCULATING OFFICER]  
 Signature of inoculating officer \_\_\_\_\_  
 Official position \_\_\_\_\_  
 Place \_\_\_\_\_ Date \_\_\_\_\_

Signature of person inoculated \_\_\_\_\_  
 Home address \_\_\_\_\_

N. B. This certificate is not valid:  
 (a) Unless the vaccine and the method employed have been approved by UNRRA, or WHO, or its Interim Commission.  
 (b) Until 10 days after the date of the inoculation, except in the case of persons reinoculated within 4 years.  
 (c) For more than 4 years from the date of the last inoculation.

18-55105-1

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Dr. Max Jacobson, 155 East 72nd New York 21  
**INTERNATIONAL CERTIFICATE OF INOCULATION AGAINST CHOLERA**  
 (This certificate is valid for only 6 months from date of last inoculation)

MATERIAL			SIGNATURE OF INOCULATING PHYSICIAN	CERTIFYING PHYSICIAN		OFFICIAL STAMP
DATE	ORIGIN	BATCH NO. AND TYPE		SIGNATURE OF	OFFICIAL POSITION	
1/28/54	Wakem	1976-625	<i>[Signature]</i>			
2/1/54	"	"	<i>[Signature]</i>			
2/5/54	"	"	<i>[Signature]</i>	<i>Max Jacobson M.D.</i>	<i>M.D.</i>	

Commissioner of Health  
City of New York, N. Y.

**RECORD OF OTHER IMMUNIZATIONS** (Typhus, Typhoid, Paratyphoid, Plague, Tetanus, etc.)

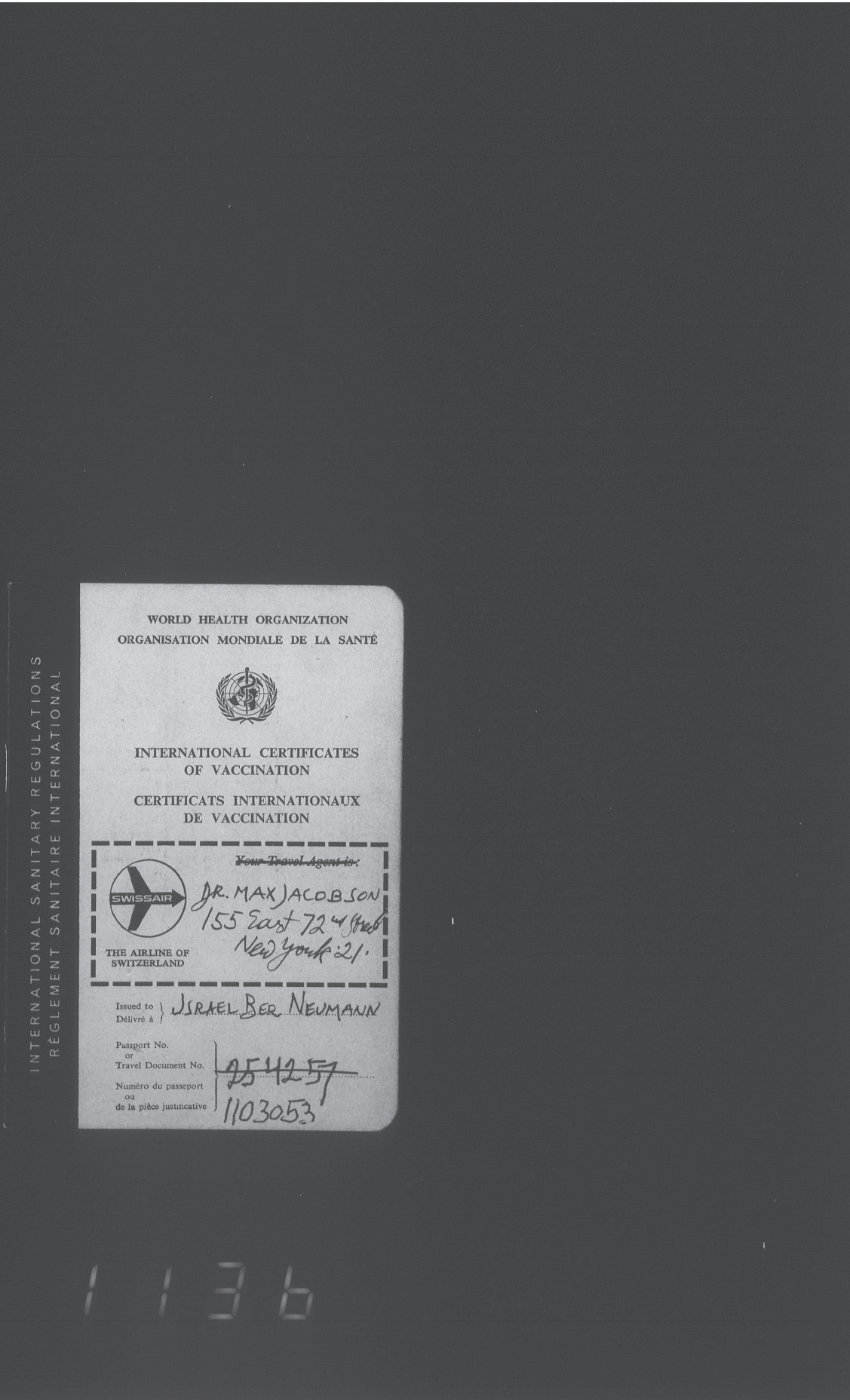
NATURE OF VACCINE	DATE	DOSE	PHYSICIAN'S SIGNATURE	NATURE OF VACCINE	DATE	DOSE	PHYSICIAN'S SIGNATURE
<i>Typhoid</i>	1/28/54	1/2 cc	<i>[Signature]</i>				
"	2/1/54	1 cc	<i>[Signature]</i>				
"	2/5/54	1 cc	<i>[Signature]</i>				
<i>Typhoid + Plague</i>	1/28/54	1/2 cc	<i>[Signature]</i>				
"	2/1/54	1 cc	<i>[Signature]</i>				
"	2/5/54	1 cc	<i>[Signature]</i>				

Commissioner of Health  
City of New York, N. Y.

\* U. S. GOVERNMENT PRINTING OFFICE : 1952 - O - 999541

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INTERNATIONAL SANITARY REGULATIONS  
RÈGLEMENT SANITAIRE INTERNATIONAL


WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ



INTERNATIONAL CERTIFICATES  
OF VACCINATION

CERTIFICATS INTERNATIONAUX  
DE VACCINATION

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 DR. MAX JACOBSON  
155 East 72<sup>nd</sup> Street  
New York 21

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ou  
de la pièce justificative } 1103053

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST SMALLPOX  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA VARIOLE

This is to certify that Je soussigné(e) certifie que J.B. Neumann date of birth 6.11.1887 sex male  
né(e) le 6.11.1887 sexe male  
whose signature follows dont la signature suit J. B. Neumann  
has on the date indicated been vaccinated or revaccinated against smallpox.  
a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification	State whether primary vaccination or revaccination; if primary, whether successful Indiquer s'il s'agit d'une primo-vaccination ou de revaccination; en cas de primovaccination, préciser s'il y a eu prise
1 5/7/57	<u>[Signature]</u>	1	2 <u>Revaccination</u>
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

The validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.  
The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.  
Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.  
Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.  
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIÈVRE JAUNE

This is to certify that } ..... date of birth } ..... sex }  
Je soussigné(e) certifie que } né(e) le } sexe }

whose signature follows } .....  
dont la signature suit }

has on the date indicated been vaccinated or revaccinated against yellow fever.  
a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch no. of vaccine Origine du vaccin employé et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.  
The validity of this certificate shall extend for a period of six years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of six years, from the date of that revaccination.  
Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.  
Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.  
La validité de ce certificat couvre une période de six ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de six ans, le jour de cette revaccination.  
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LE CHOLÉRA

This is to certify that } ..... date of birth } ..... sex }  
Je soussigné(e) certifie que } né(e) le } sexe }

whose signature follows } .....  
dont la signature suit }

has on the date indicated been vaccinated or revaccinated against cholera.  
a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Approved stamp Cachet d'authentification	
		1	2
1			
2			
3			
4			
5			
6			
7			
8			

Continued overleaf Suite au verso

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The Museum of Modern Art Archives, NY	Collection:	Series.Folder:
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Certificate (continued)      Certificat (suite)

9		9	10
10			
11		11	12
12			
13		13	14
14			
15		15	16
16			

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of the vaccine or, in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provisions, in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination.

Nonobstant les dispositions ci-dessus, dans le cas d'un pèlerin, le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle, et sa validité commence le jour de la seconde injection.

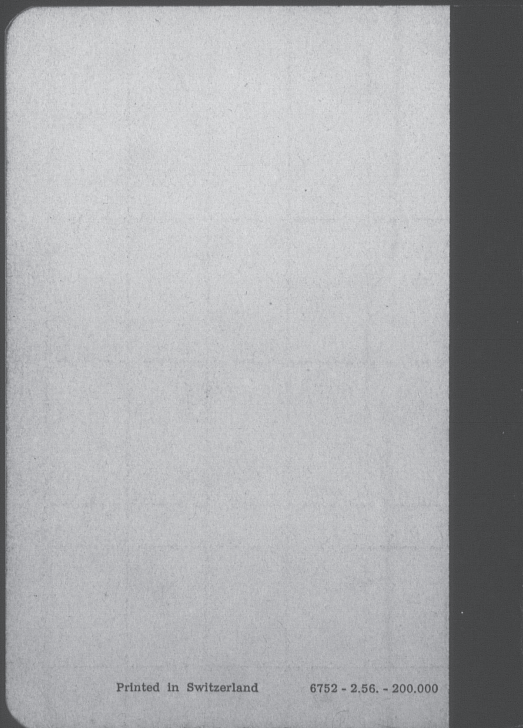
Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

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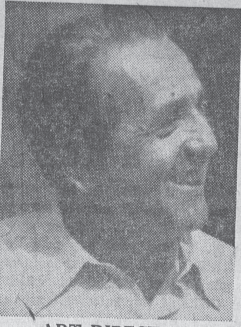
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SOCIETY.  
 erative Society  
 pital held its  
 Vincent Hall  
 ard A. Wagner,  
 rganization, ap-  
 g committee for

Chairman; Mrs.  
 Mrs. Allan M.  
 V. Peterson.  
 is an annual  
 children who  
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**ART DIRECTOR.**  
**M**R. AND MRS. ERASTUS AL-  
 LEN of Glendale are enter-  
 taining with a reception  
 Tuesday evening at their residence  
 in Glendale in honor of Mr. J. B.  
 Neumann, eminent art collector and  
 authority on modern art. This hos-  
 pitality will follow the lecture  
 which Mr. Neumann is giving at 8  
 o'clock in the Alms Auditorium of  
 the Art Museum under the auspices  
 of the Modern Art Society.

Several other affairs are being  
 arranged in honor of Mr. Neumann,  
 who is arriving in town Sunday. He  
 will be the guest at luncheon Mon-  
 day of members of the faculty of  
 the Art Academy, and on Tuesday  
 at a similar function at the Uni-  
 versity of Cincinnati. Mr. Neumann  
 is well known and greatly admired  
 in Cincinnati and in Glendale,  
 where he has lectured previously  
 and visited Mr. and Mrs. Lucien  
 Strauss, friends of many years  
 standing. He is known interna-  
 tionally as a sponsor of the artist  
 and his problem.

Coming to the United States in  
 1924, following 14 years as art  
 critic and collector in Berlin and  
 Munich, Mr. Neumann became di-  
 rector of the New Art Circle. He  
 is particularly known for his work  
 in the arrangement and selection  
 of illustrations for three popular  
 art books: "Lust for Life," the life  
 of Van Gogh; Van Loon's "Life of  
 Rembrandt," and Merejcovski's  
 "The Romance of Leonardo de  
 Vinci." He has lectured through-  
 out the United States and is a  
 member of the faculty of the Sum-  
 mer Art Institute at Black Moun-  
 tain College in Virginia.

Mr. Neuman will also give a lec-  
 ture at 8 o'clock Monday evening  
 in the Alms Auditorium. Both lec-  
 tures are open to the public.

NEWS SET FOR TODAY