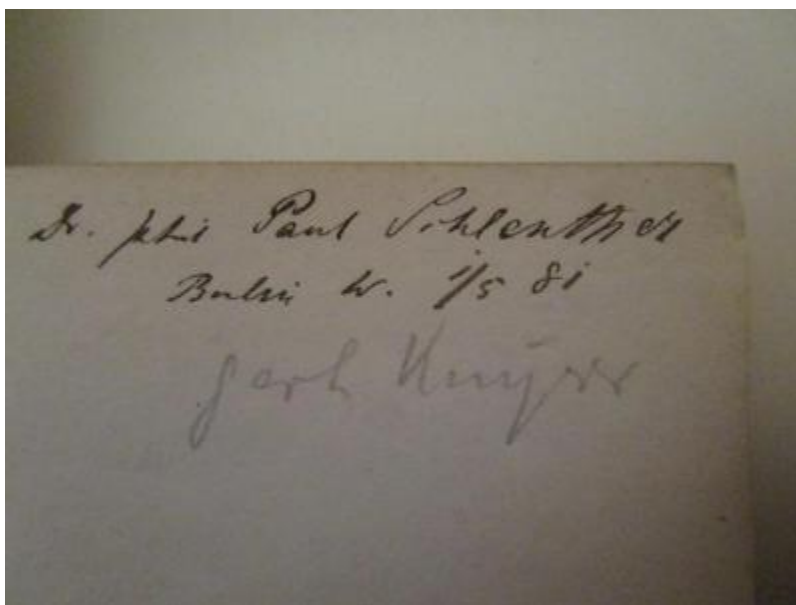


- (Schlenthher, Paul), Von Hand: Autogramm, Berufsangabe/Titel/Branche, Name, Ortsangabe; 'Dr phil Paul Schlenthher Berlin W. 1/5 81'.



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