## REFERENCE SERVICE SLIP Date: 11/8/16 Archival Research Room Record Request National Archives at St. Louis REQUESTER INFORMATION Name (Please Print - Last, First, Middle) Researcher ID Card Number E-Mail Address: Phone Number INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible) Name used in Service (Please Print - Last, First, Middle) Service Number/SSN Date & Place of Birth Sept 1895 Vonel, Illinois MILITARY SERVICE CIVILIAN SERVICE Branch of Service: (Agency & Location) Air Force Army Air Corps Army Air Force Y Army Marine Corps From: To: Coast Guard Unknown Type of Rank: Service Period (Agency & Location) (Check all that apply): Enlisted X1939 & Prior Officer From: To: 940 - 1950 Unknown 950 & After (Agency & Location) 1914-1916 Date & Place of Death: State of Residence From: To: (upon entry into service): /\_ Other Identifying Information Other Identifying Information (Parent's Names, CSC Number, etc.) (Maiden Name, Job Title, etc.) Researcher Signature: This Space Intentionally Left Blank STAFF USE ONLY Appointment Time and Date: Additional Researchers: CMRS Service Request Number: Attendant Signature: CMRS Search Request Number(s): Remarks: SCREENING NOTES Reviewed and Items Removed and Nothing Removed User Informed Hold Requested: Total Requests: Screened Yes No Items: Additional charge outs and signatures on reverse side Final Return: Time Out: NATIONAL ARCHIVES AND RECORDS ADMINISTRATION NA FORM 13173 - NPRC (06-13)

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