



HARTLIEB, Louis Pape 614 35 12

This letter and citation have  
been returned unclaimed and is  
on file in the Enlisted Discipline  
Section.

H.C. Nugent,  
Enlisted Discipline Sec

When correspondence is received  
showing a change of address,  
please charge to GRUZEWSKI

*Honorable Discharge  
(Medical Survey)*

Pers-650-ReB  
MM/614-35-12

RECEIVED THE PERS 630-11

SEP 4 1946

RRP  
mt  
B  
11

Mr. Louis Pape Hartlieb  
222 N. 6th Street  
Steubenville, Ohio

From: Chief of Naval Personnel.  
To: HARTLIEB, Louis Pape, Ex-S2c, USNR.  
Subj: Presidential Unit Citation awarded the USS SAN  
FRANCISCO - transmittal of.

1. The Chief of Naval Personnel takes pleasure in forwarding with his congratulations a facsimile of the Presidential Unit Citation awarded the USS SAN FRANCISCO, in accordance with General Order 187 as amended by Alnav 137, for outstanding service on October 11-12, 1942 and November 13, 1942. The records show you were a member of the crew of that vessel on occasion referred to.
2. A copy of the attached citation has been made a part of your official record in the Bureau.

Randall Jacobs

Encl.  
(A) Facsimile of Presidential Unit Citation.

THE SECRETARY OF THE NAVY  
WASHINGTON

The President of the United States takes pleasure in presenting the PRESIDENTIAL UNIT CITATION to the

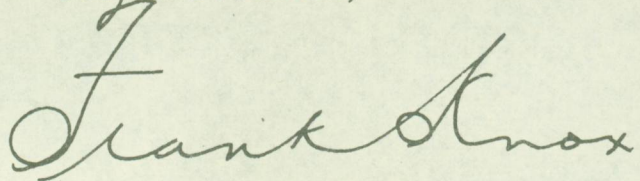
UNITED STATES SHIP SAN FRANCISCO

for service as set forth in the following

CITATION:

“For outstanding performance in action against enemy Japanese forces off Savo Island in the Solomon Islands on the night of October 11-12 and again in the early morning of November 13, 1942. In the latter engagement, the SAN FRANCISCO silenced and disabled an enemy battleship at a range of 3,000 yards, sank one enemy destroyer and damaged two other enemy vessels. Although heavily damaged by fifteen major caliber hits, she lived to fight again, her survival a distinctive tribute to the valorous spirit of her officers and men.”

For the President,

A handwritten signature in cursive script that reads "Frank Knox". The signature is written in dark ink and is positioned below the typed name.

Secretary of the Navy.

This application blank will be forwarded for file with papers in the Bureau in cases of men accepted for enlistment.

851

3/24

614-35-12

AS  
V6

# APPLICATION FOR ENLISTMENT

Congressional District, County of \_\_\_\_\_ State of \_\_\_\_\_  
(This information to be supplied by Recruiter)

Last school grade completed: H.S.G. \_\_\_\_\_  
Reason for enlistment: Patrolman \_\_\_\_\_  
Language qualifications: English \_\_\_\_\_  
What is your trade? TRUCK DRIVER - FARMER \_\_\_\_\_

STEUBENVILLE, OHIO.

MAR 12 1942, 19  
(Date)

I desire to submit my application for an enlistment of 4 years in the United States Navy, and declare that I am of good habits and character in all respects; that I have never deserted from the U. S. Navy, Marine Corps, Army, Coast Guard or Civilian Conservation Corps. Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Name in full: Louis PAPE HARTLIEB  
(First) (Middle) (Last)

Date of birth: September 16 1917 Place of birth: Seegsville, W. Va.  
(Month) (Day) (Year) (City and State)

What is your race? White If you were born in foreign territory, how did you acquire citizenship?  
Are you now a U. S. citizen? Yes

Have you anyone solely or partially dependent upon you for support? no

Are you married? no Have you ever been married? no  
(Yes or no) (Yes or no)

Home Address: 222 No 6th Street Steubenville Ohio  
(Street No.) (Name of Street) (City or Town) (State)

Former address: \_\_\_\_\_ Length of time lived at residence \_\_\_\_\_

Former address: \_\_\_\_\_ Length of time lived at residence \_\_\_\_\_

Where was your father born? W. Va Where was your mother born? W. Va

Is your father living? yes Is your mother living? no  
(Yes or no) (Yes or no)

Are your parents divorced? no Separated? no Have you a stepfather? no stepmother? yes  
(Yes or no) (Yes or No) (Yes or no) (Yes or no)

Name and relationship of next of kin or legal guardian: Louis H. Hartlieb  
(Full name)

Father Home address of next of kin or legal guardian: \_\_\_\_\_  
(Relationship)

RD #2 W. H. Alexander, Ohio (ty) Penn  
(Street No.) (Name of Street) (City or Town) (County) (State)

Do you drink intoxicating liquors? yes If so, to what extent? Moderately  
(Yes or No)

Have you ever been arrested or in the custody of police? yes If so, for what? for parking in intersection - 1939

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime?  
no -

Have you ever served in the U. S. Navy, Marine Corps, Army or Coast Guard? no  
If so, how long? \_\_\_\_\_ What is the date of your last discharge? \_\_\_\_\_

Character of discharge \_\_\_\_\_ Are you now or have you been a member of the National Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps? no  
If so, what company or unit: \_\_\_\_\_ Produce discharge \_\_\_\_\_

This application blank will be forwarded for file with papers in the Bureau in cases of men accepted for enlistment.

851

APPLICATION FOR ENLISTMENT

614-35-12

AS V6

Congressional District, County of \_\_\_\_\_ State of \_\_\_\_\_ (This information to be supplied by Recruiter)

Last school grade completed: H.S.G. STEUBENVILLE, OHIO. (Place)

Reason for enlistment: Patriotism (Date) MAR 12 1942, 19

Language qualifications: English (Date)

What is your trade? TRUCK DRIVER - FARMER. I desire to submit my application for an enlistment of 4 years in the United States Navy, and declare that I am of good habits and character in all respects; that I have never deserted from the U. S. Navy, Marine Corps, Army, Coast Guard or Civilian Conservation Corps. Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Name in full: Louis PAPE HARTLIEB (First) (Middle) (Last)

Date of birth: September 16 1917 Place of birth: Groggsville, W. Va. (Month) (Day) (Year) (City and State)

What is your race? White If you were born in foreign territory, how did you acquire citizenship?

Are you now a U. S. citizen? Yes

Have you anyone solely or partially dependent upon you for support? no

Are you married? no Have you ever been married? no (Yes or No) (Yes or no)

Home Address: 222 No 6th Street Steubenville Ohio (Street No.) (Name of Street) (City or Town) (State)

Former address: \_\_\_\_\_ Length of time lived at residence \_\_\_\_\_

Former address: \_\_\_\_\_ Length of time lived at residence \_\_\_\_\_

Where was your father born? W. Va Where was your mother born? W. Va

Is your father living? yes Is your mother living? no (Yes or no) (Yes or no)

Are your parents divorced? no Separated? no Have you a stepfather? no stepmother? yes (Yes or No) (Yes or No) (Yes or no) (Yes or no)

Name and relationship of next of kin or legal guardian: Louis H. Hartlieb (Full name)

Relationship: Father Home address of next of kin or legal guardian: \_\_\_\_\_

RD #2 W. Va. Alexander, Ohio (City or Town) (County) (State)

Do you drink intoxicating liquors? yes If so, to what extent? moderately (Yes or No)

Have you ever been arrested or in the custody of police? yes If so, for what? for parking in intersection - 1939

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? no -

Have you ever served in the U. S. Navy, Marine Corps, Army or Coast Guard? no

If so, how long? \_\_\_\_\_ What is the date of your last discharge? \_\_\_\_\_

Character of discharge: \_\_\_\_\_ Are you now or have you been a member of the National Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps? no

If so, what company or unit: \_\_\_\_\_ Produce discharge \_\_\_\_\_

(Applicant sign full name here) Louis Pape Hartlieb

Accepted: \_\_\_\_\_ Cause of rejection: \_\_\_\_\_

Date: MAR 24 1942 JAMES H. DEMPSEY, Jr.,

Ensign, U.S. Naval Reserve Ass't Officer-in-Charge.

U. S. NAVY RECRUITING STATION  
STEUBENVILLE, OHIO

In spaces below, please write names and addresses of references together with the length of time they have employed or known you. The names of the following persons are desired:

- (a) Principal of the last school attended.
- (b) Last teacher in school.
- (c) Chief of Police, if he knows you.
- (d) Parish Priest, Minister, or Bishop.
- (e) Scout Master (if you are or have been a scout).
- (f) Last employer.
- (g) Other employers.
- (h) Family Doctor.
- (i) Postmaster (if he knows you).
- (j) Public Officials or Business men who know you.

(The names of relatives cannot be accepted as references).

EMPLOYERS REFERENCE (Leave blank if you have never been employed)

Name Ralph Lantz  
Address 1228 N. Court St. STEUBENVILLE OHIO  
Occupation Manager Length of time known 6th Month  
You were employed as Truck Driver Salesman

SCHOOL REFERENCE

Name of last school attended West Liberty High School  
Address West Liberty, West Virginia  
Length of time attended 9 year From 1927 To 1936

CHARACTER REFERENCES

Name Harley Friend  
Address Clinton West Virginia, Va.  
Occupation Farmer Length of time known 12 year

Name William D. Ward  
Address West Liberty, West Virginia  
Occupation Principal of School Length of time known 1927-1936

Name Joe Pauchmeyer  
Address Frank Steubenville Hotel  
Occupation Chief Length of time known 3 mo.

Name Lloyd Homes  
Address Peter Run R D 2 # West Virginia  
Occupation Farmer Length of time known 10 years

Louis P. Hawthick  
(Name of Applicant)  
Louis P. Hawthick

(BE SURE THAT YOU HAVE FILLED IN ALL THE ABOVE SPACES)

Physical examination has been conducted in accordance with NRB Form 10.

General classification test: \_\_\_\_\_  
(score)

Recruiter sign HB Richards

Louis Pope Harlieb  
(Name of applicant)

MAR 12 1942

(Service No.)

(Date)

PHYSICAL EXAMINATION

Born: Place Greenville W. Va. Date 9-16-17

Nationality U.S. Religion Lutherian  
(Denomination)

Next of kin or friend \_\_\_\_\_

Address \_\_\_\_\_

Complexion Ruddy Hair Black

Eyes Blue  
(Color, condition of lids, anatomical or other defect)

Vision: Right 18/20. Left 18/20.

Color perception Normal

Ears: Right N Left N  
(Condition of drum, discharge, etc.)

Hearing: Right 15/15. Left 15/15.

Mouth, nose, throat \_\_\_\_\_  
(Condition of septum, tonsils, etc.)

Height 69 1/2 Weight 165

Chest at expiration 35, at inspiration 38

Spine and extremities \_\_\_\_\_  
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Respiratory system N

Heart and blood vessels N

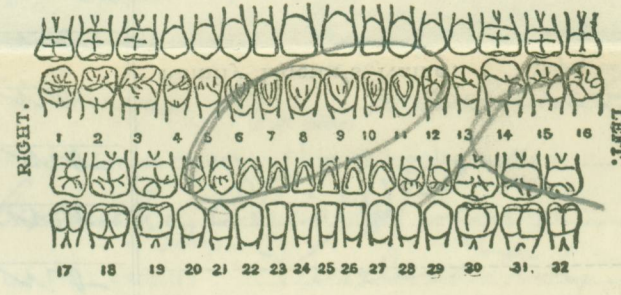
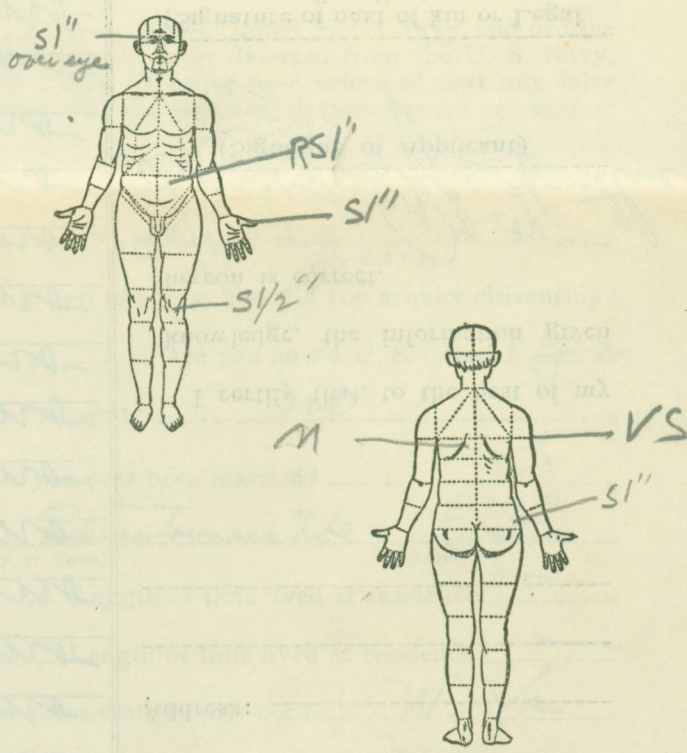
Pulse before exercise 80, after exercise 110, after rest 84

Blood pressure: Systolic 116 Diastolic 74

Genito-urinary system N

Urinalysis: Albumen Neg Sugar Neg

Spec. Gravity 1.018



Personal peculiarities, former illness, etc., or cause of rejection. (All persons whose disabilities have been waived by the Department shall appear as rejections, the waiver to be indicated in red ink.) \_\_\_\_\_

ok

Age: Years 24 Months \_\_\_\_\_

Accepted (yes or no) Yes

Signature of Medical Examiner [Signature]

# APPLICANT'S PHYSICAL QUESTIONNAIRE

LOUIS PAPE HARTKIEB

(Name of applicant)

222 N. 6th St., Steubenville, Ohio

(Address)

(City)

(State)

MAR 12 1942

(Date)

THESE QUESTIONS MUST BE ANSWERED HONESTLY BY THE APPLICANT, AND SIGNED BY HIM AND HIS NEXT OF KIN OR THE APPLICANT'S LEGAL GUARDIAN

## HAVE YOU EVER HAD THE FOLLOWING:

Asthma	<u>no</u>
Heart trouble	<u>no</u>
Head injuries	<u>no</u>
Ear trouble	<u>no</u>
Trouble breathing	<u>no</u>
Hay fever	<u>no</u>
Fits	<u>no</u>
Dizzy or Fainting spells or walking in sleep	<u>no</u>
Lung trouble (any form)	<u>no</u>
Chronic tonsillitis (sore throat)	<u>no</u>
Are tonsils out	<u>no</u>
Rheumatism	<u>no</u>
Venereal diseases	<u>no</u>
Rupture or hernia — Did you ever wear a truss	<u>no</u>
Piles	<u>no</u>
Spitting of blood	<u>no</u>
Urinated in bed in last five years	<u>no</u>
Broken bones	<u>no</u>
Stutter	<u>no</u>
Chronic rash or pimples	<u>no</u>
Do your legs or feet tire easily	<u>no</u>
Operations (kind)	<u>no</u>
Depressed arches or any indication of same or previous foot injuries	<u>no</u>
Have you ever worn arch supporters	<u>no</u>
Any insanity in family	<u>no</u>
Do you wear or have you ever worn glasses	<u>yes</u>
Have you ever had a serious illness or been in a hospital? If so, give particulars.	<u>no</u>
Are you well	<u>yes</u>

## OTHER INFORMATION:

Have you lost or gained weight during the past 6 months? gain  
If so, how much? 15 lb

Family Doctor's Name:

Address:

I certify that, to the best of my knowledge, the information given hereon is correct.

Louis Pape Hartlieb  
(Signature of Applicant)

(Signature of next of kin or Legal Guardian)

U. S. NAVY RECRUITING SUB-STATION  
Room #219 Post Office Bldg.  
Steubenville, Ohio

March 17, 1942  
(Date)

VERIFICATION OF DATE AND PLACE OF BIRTH

NAME IN FULL Louis Pape Hartlieb

DATE OF BIRTH September 16, 1917

PLACE OF BIRTH Greggsville, Ohio County, West Virginia

HOW VERIFIED Sighted letter from Rev. Frederick G. Alpers,

pastor of St. Mark's Lutheran Church, of Wheeling, West Virginia.

Church records show that Louis Pape Hartlieb was born September 16,

1917, at Greggsville, Ohio County, West Virginia. Baptized April

28, 1918.

*R. D. Lambert*

R.D. Lambert, Y2c, USNR.  
Recruiter

614 35 12

**AFFIDAVIT**

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expense. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

\_\_\_\_\_  
 City of Cleveland  
 State of Ohio } ss

I, Louis Pope Hartlieb,  
Apprentice Seaman, U. S. Naval Reserve, being first duly sworn,  
 (Rank or Rating)  
 upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension, disability allowance, disability compensation, or retired pay (\*) from the Government of the United States.

*Louis Pope Hartlieb*

Subscribed and sworn to before me this 24th  
 day of March, A.D., 1942.

*James H. Dempsey, Jr.*  
James H. Dempsey, Jr., Ensign, D-V (G) U.S.N.R.  
 (Signature and Official Title)

To be executed in triplicate.  
 Disposition: 1-BuNAV  
 1-To Comdt.  
 1-To service record.

(\*) 'Retired Pay' does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

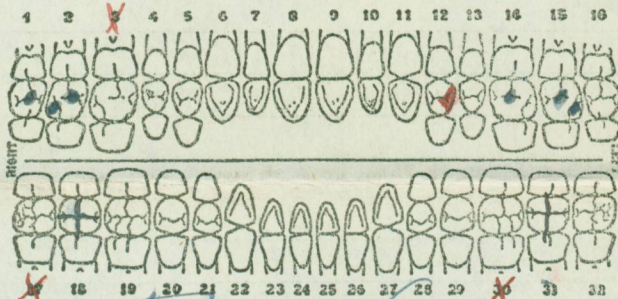
## REPORT OF PHYSICAL EXAMINATION

Purpose of this examination Fitness for active duty Date of examination 4-15-42  
 Place of duty \_\_\_\_\_ Place of examination USNTS GREAT LAKES ILL  
 Name HARTLIEB, Louis Pape Rank A.S. V6 Corps USNR  
(Surname first, Christian names in full)  
 Place of birth West Virginia Date of birth 9-16-17  
 Family history Mother deceased, cause unknown. Father, two sisters, one brother,  
living and well. No record of any familial disease.  
 History of illness or injury Mumps, Chickán Pox, Pneumonia. No record of injuries or  
operations.

Head and face \_\_\_\_\_ normal  
 Eyes: Pupils (size, shape, reaction to light and distance, etc.) \_\_\_\_\_ normal  
 Distant vision Rt. 20 /20, corrected to \_\_\_\_\_ /20 by \_\_\_\_\_  
 Lt. 20 /20, corrected to \_\_\_\_\_ /20 by \_\_\_\_\_  
 Binocular vision \_\_\_\_\_ Color perception Normal Am. 1940 edition.  
(Without lenses—Recorded only when visual defects exist) (State edition of Stilling's plates used)  
 Disease or anatomical defects \_\_\_\_\_ none  
 Ears: Hearing Rt. Watch \_\_\_\_\_ /40" Coin click \_\_\_\_\_ /20' Whispered voice 15 /15' Spoken voice \_\_\_\_\_ /15'  
 Lt. Watch \_\_\_\_\_ /40" Coin click \_\_\_\_\_ /20' Whispered voice 15 /15' Spoken voice \_\_\_\_\_ /15'  
 Binaural \_\_\_\_\_ /15'. Disease or defects \_\_\_\_\_ none  
(Spoken voice)  
 Nose \_\_\_\_\_ normal  
(Disease or anatomical defect, obstruction, etc. State degree)  
 Sinuses \_\_\_\_\_ normal  
 Tongue, palate, pharynx, larynx, tonsils \_\_\_\_\_ normal  
 Teeth and gums (disease or anatomical defect): \_\_\_\_\_ As noted:

Missing teeth # 3-17-30  
(List numbers)  
 Nonvital teeth none  
(List numbers)  
 Periapical disease not evident  
(Degree)  
 Marked malocclusion \_\_\_\_\_ no  
(Yes or no)  
 Lack of serviceable occlusion \_\_\_\_\_ no  
(Yes or no)  
 Pyorrhea alveolaris \_\_\_\_\_ none  
(Degree)  
 Teeth replaced by bridges \_\_\_\_\_ none  
(List numbers)  
 Meets dental requirements \_\_\_\_\_ yes  
(Yes or no)  
 Dentures \_\_\_\_\_ none  
(Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



*R. B. Scherer*  
(Signature of dental examiner)  
medium  
(State whether slender, medium, or heavy, and postural abnormalities)

General build and appearance \_\_\_\_\_ medium  
(State whether slender, medium, or heavy, and postural abnormalities)  
 Temperature 98.6 Chest at expiration 35  
 Height 69½ Chest at inspiration 38  
 Weight 168 Circumference of abdomen at umbilicus 34  
 Recent gain or loss, amount and cause \_\_\_\_\_ none  
 Skin, hair, and glands \_\_\_\_\_ normal  
 Neck (abnormalities, thyroid gland, trachea, larynx) \_\_\_\_\_ normal  
 Spine and extremities (bones, joints, muscles, feet) \_\_\_\_\_ normal

HANDED TO ASHLEY RD

Thorax (size, shape, movement, rib cage, mediastinum) ..... normal  
 Respiratory system, bronchi, lungs, pleura, etc. .... normal  
 Cardio-vascular system ..... normal  
 Heart (note all signs of cardiac involvement) ..... normal  
 Pulse: Before exercise ..... 78 ..... Blood pressure: Before, S ..... 126 ..... , D ..... 76  
 After exercise ..... 86 ..... Three minutes after, S ..... 130, D ..... 80  
 Three minutes after ..... 79 ..... (Manual of the Medical Department par. 1520(6))  
 Condition of arteries ..... normal ..... Character of pulse ..... full and regular  
 Condition of veins ..... normal ..... Hemorrhoids ..... none  
 Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) ..... normal

Genito-urinary system ..... normal  
 Urinalysis: Sp. gr. ..... 1.020 ..... , alb. ..... negative ..... , sugar ..... negative ..... , microscopical .....  
 Venereal disease ..... none  
 Nervous system ..... normal  
 (Organic or functional disorders)

Romberg ..... negative ..... Incoordination (gait, speech) ..... none  
 Reflexes, superficial ..... normal ..... , deep (knee, ankle, elbow) ..... normal ..... Tremors ..... none  
 Serological tests (when required) ..... not required  
 Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) ..... none

Smallpox vaccination { Date last vaccination ..... 1928 ..... Typhoid prophylaxis { Number of courses .....  
 Reaction ..... positive ..... Date of last course ..... none  
 Remarks on abnormalities not otherwise noted or sufficiently described above ..... none

Summary of defects ..... none

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) ..... yes

Findings and recommendations (as per Courts and Boards, when necessary) ..... Is physically qualified for  
 active duty in the USNR

Indorsement. J.R. BROWN LT. MC V(S) USNR  
 Date ..... MAY ..... 9. 1942 .....  
 From: Bureau of Medicine and Surgery.  
 To: Bureau of Navigation.  
 Forwarded, recommending  
 approval.

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded to the commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1423, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

1969077

REPORT OF MEDICAL SURVEY

Place U.S. NAVAL HOSPITAL, MARE ISLAND, CALIFORNIA. Date JAN 23 1943

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name HARTLIEB, LOUIS PAPE Rank or rate Sea 2/c, USNR.

Born: Place West Virginia Date September 16, 1917

Enlisted or appointed: Date March 24, 1942 Place Cleveland, Ohio

Total service: Navy 10mos. 25days Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from USS MT. VERNON Date December 27, 1942

Diagnosis DEMENTIA PRAECOX #1509 Key letter Specialty letter

Disability is not the result of his own misconduct and was not incurred in line of duty

Existed prior to enlistment No If "Yes," was condition aggravated by service? No

Present condition Unfit for service Probable future duration Permanent

Recommendation That he be transferred to the U. S. Public Health Service Hospital, Fort Worth, Texas.

FACTS ARE AS FOLLOWS:

Admitted to sick list on board USS SAN FRANCISCO November 8, 1942 with D.U. (Dementia Praecox) because of moody spells and peculiar conversations. Refusing to obey orders, he gave no explanation for his actions and at times refused to talk. On the same date he was transferred to Cub One, Button Hospital unit and on November 15, 1942 to USS SOLACE. There he became more shut-in, evasive with silly and meaningless mannerisms. It was felt that there was much schizoid coloring in the picture. Via 142nd. Gen. Hospital Fan Tan One and USS MT. VERNON he was transferred to this hospital for treatment on December 27, 1942. Here he has been suspicious, evasive associates little can be learned by questioning Physical, neurological and laboratory examinations are reported negative. The clinical picture present is typical of the above diagnosis and it is the opinion of the Board that the above diagnosis be established and that he is in need of institutional care. It is felt that he is a menace to himself and others and will remain a public charge. No history of previous psychotic episodes obtainable.

Next of kin: (Father) Louis Hartlieb, RFD #2, W. Alexander, Pennsylvania.

E. L. MARKTHALER Comdr. (MC), USNR. U. S. Navy. Senior Member of Board.

O. B. JENSEN Comdr. (MC), USNR. U. S. Navy. Member.

E. R. SMITH Lt. Cdr. (MC), USNR. U. S. Navy. Member.

Handwritten mark resembling the number 71.

1st Indorsement

Date JAN 26 1943

From: *Commanding Officer.*

To: The Chief of the Bureau of Medicine and Surgery.  
(Officer convening board)

J. P. OWEN

(Signature)

2d Indorsement

Date

From: \_\_\_\_\_  
(Officer convening board)

(Signature)

Indorsement

(For use only by Commander-in-Chief, Asiatic Fleet)

From: *Commander-in-Chief, Asiatic Fleet.*

Date

To: *Bureau of Medicine and Surgery.*

(Signature)

2nd Indorsement

Date FEB 3 1943

From: *Bureau of Medicine and Surgery.*

To: *Bureau of Naval Personnel.*

1. Forwarded: *Recommendation of Board Approved.*

ROSS T. McINTIRE  
Chief of Bureau

*W. H. SCOINS*

W. H. SCOINS

By direction

(Signature)

3rd Indorsement

Date February 10, 1943.

Pers-663EG

MM 614-35-12

From: The Chief of Naval Personnel

To: The Medical Officer in Command, Naval Hospital, Mare Island, California.

1. Returned. Approved.

(Signature)

United States <sup>NAVY</sup> <sub>NAVY</sub> Naval Reserve, Class V-6

Fold with this face out

4 YR ENLISTMENT

ENLISTMENT of HARTLIEB, Louis Pape; 614 35 12; \$21.00  
Accepted for enlistment at Steubenville, Ohio; Apprentice Seaman  
Enlisted at U.S.N.R.S., Cleveland, Ohio Date March 24, 1942  
Transferred to Inactive Duty  
Occupation Truck Driver \*Citizenship U.S.  
Date of birth September 16, 1917 Place of birth Greggsville, W. Va.  
Home address 222 No. 6th St., Steubenville Jefferson Ohio  
Credited to 18th Congressional District, State of Ohio Married or Single Single  
Name and address of next of kin or legal guardian Louis H. Hartlieb  
Father R. F. D. #2, W. Alexander, Pa.  
(Relationship) (Address)

\*\*Continuous Service Certificate Previous service { Navy } (None). First enlisted  
(Number) (Years) (Months) (Days)  
at and was last discharged  
(Date) (Place) (Date)  
from the U. S. S. with discharge as  
(Character) (Rate)

Previous Coast Guard Service (None). Previous Marine Corps Service (None). Previous  
(Years) (Months) (Days) (Years) (Months) (Days)  
Army Service (None). Age 24 years 6 months. Height 5 feet 9 1/2 inches. Weight 165  
(Years) (Months) (Days) pounds. Eyes Blue Sex Male Hair Black Complexion Ruddy Color White

Personal characteristics, marks, etc. ANT: S1 over eye; S 1 abd; S 1 lt thumb; POS: VSKA: M mid back  
S 1 rt buttock

I CERTIFY that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated to me that he has no disease concealed or likely to be inherited.  
O. J. FRONEK, LT., (MC), USNR, Examining Surgeon.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with EARL V. SHERMAN of the United States Navy, as follows:

First: To enter the service of the Navy of the United States and to report to such station or vessel of the Navy as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve Four years from March 24, 1942 during minority until 1 unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows:

SEC. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States as their enlistment may have occurred on either the Atlantic or Pacific Coast of the United States, in some public or other vessel, all petty officers and persons of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or in a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer, according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or who shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: Provided, That the shipping articles shall hereafter contain the substance of this section.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained the addition of one-quarter pay as specified in Section 1422, Revised Statutes, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and articles for the government of the Navy as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

Fifth: I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Louis Pape Hartlieb do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.  
And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

In the event of war or national emergency during my term of service, I further obligate myself to serve throughout the war or national emergency, if so required.  
Subscribed and sworn to before me this 24th day of March, A. D. 1942 and contract perfected.

United States citizenship substantiated.  
Earl V. Sherman, Lt-Cdr., U.S. Navy.  
Officer-in-Charge,  
Commanding, U. S. N. R. S., Cleveland, Ohio.

\*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.  
\*\*For reenlistments with continuous service note Art. D-1002, Bureau of Navigation Manual.

0249  
BENEFICIARY SLIP

Name B. Louis Pape  
(Name in full, surname to the left.)

Service number 35 12

Station SAN FRANCISCO  
(Name.)

Date 10/18/42  
(Date.)

Under the provisions of the act approved 4 June, 1920, direct-  
ing the payment of six months' pay to the widow, children, or  
dependent relative of any officer, enlisted man, or nurse, on the  
active list of the regular Navy or regular Marine Corps, or on the  
retired list when on active duty, who dies of wounds or disease  
not the result of his or her own misconduct, I give below the  
name and address of my wife and that of each of my children:

**Married**  
(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.) (Date of birth.)

(Address of child.)

(Full name of child; if none, so state.) (Date of birth.)

(Address of child.)

(Full name of child; if none, so state.) (Date of birth.)

If I cannot be made to the above-  
designated relative, my

BENEFICIARY SLIP

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)

Service number 614 35 12

Station U.S. Public Service Hospital  
Fort Worth, Texas.  
(Name.) (Place.)

4-1-43  
(Date)

Under the provisions of the act approved 4 June, 1920,  
directing the payment of six months' pay to the widow, child,  
dependent relative of any officer, enlisted man, or nurse  
on the active list of the regular Navy or regular Marine Corps, or  
on the retired list when on active duty, who dies of wounds or  
disease not the result of his or her own misconduct, I give below  
the name and address of my wife and that of each of my children:

**NOT MARRIED**  
(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.) (Date of birth.)

(Address of child.)

(Full name of child; if none, so state.) (Date of birth.)

(Address of child.)

(Full name of child; if none, so state.) (Date of birth.)

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)  
Service number 614 35 12  
Station U.S.S. SAN FRANCISCO  
(Name.)  
Hawaiian Area 10/18/42  
(Place.) (Date.)

Under the provisions of the act approved 4 June, 1920, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy or regular Marine Corps, or on the retired list when on active duty, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

**Not Married**

(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following *dependent relative*, my

**Father**

(Relationship.)

RD 2, West Alexander, Pa.

(Name in full.)

Louis H. Hartlieb

(Address.)

\* {  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc.

(OVER.)

16-22321

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)  
Service number 614 35 12  
Station U.S. Public Service Hospital,  
(Name.)  
Fort Worth, Texas. 4-1-43  
(Place.) (Date.)

Under the provisions of the act approved 4 June, 1920, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy or regular Marine Corps, or on the retired list when on active duty, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

**NOT MARRIED**

(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

(Full name of child; if none, so state.)

(Address of child.)

(Date of birth.)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following *dependent relative*, my

**FATHER**

(Relationship.)

Louis HARTLIEB,

(Name in full.)

RFD #2, W. Alexander, Pennsylvania.

(Address.)

\* {  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc.

(OVER.)

16-22321

34970250

In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

(Relationship.)

(Name in full.)

(Address.)

\*State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

*Louis Pape Hartlieb*  
Louis Pape Hartlieb

Sea2c, V-6, USNR, U.S. Navy,  
(Rank or rating.) Marine Corps

Subscribed and sworn to before me this 18th

day of October, 19 42 I having authority to

administer oaths.

*M. H. CROUTER*  
M. H. CROUTER,

Commander, U.S. Navy,  
Executive Officer.

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully.

If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip should be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Navigation, one copy secured inside service record, and in cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

(Relationship.)

(Name in full.)

(Address.)

I certify that there has been no change in condition of dependency between October 1, 1942 and April 1, 1943.

\*State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

*Louis Pape Hartlieb*  
Louis Pape HARTLIEB,

(Name.)

Sea2c. V6  
(Rank or rating.)

U. S. Navy, R.  
Marine Corps

Subscribed and sworn to before me this 1st

day of April, 1943, I having authority to

administer oaths.

*T. W. McDaniel, Jr.*

T. W. McDANIEL, Jr.

Lt. Comdr. (MC) USN.

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully.

If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip should be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Navigation, one copy secured inside service record, and in cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

BENEFICIARY SLIP

Name HARTLEB, Louis Papa  
(Name in full, surname to the left.)

Service number 614 35 12

Station U.S.N.R.S., Cleveland, Ohio  
(Name.)

MAR 24 1942

(Place.) (Date.)

Under the provisions of the act approved 4 June, 1920, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy, or regular Marine Corps, or on the retired list when on active duty, who dies of wounds or disease not the result of his or her misconduct, I give below the name and address of my wife and that of each of my children:

Not Married  
(Full name of wife; if not married, so state.)

(Address of wife.)

None  
(Full name of child; if none, so state.)

Finished HOUARIANE PH  
(Address of child.)

(Full name of child; if none, so state.)

(Address of child.)

(Full name of child; if none, so state.)

(Address of child.)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following *dependent relative*, my

None  
(Relationship.)

(Name in full.)

(Address.)

{  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc. 16-26357-1 (OVER.)

In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following *dependent relative*, my

(Relationship.)

None

(Name in full.)

(Address.)

\* {  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Louis Pope Hartlieb  
(Name.)

Apprentice Seaman  
(Rank or rating.)

USNR.  
U.S. Navy  
March 1942

Subscribed and sworn to before me this 24th

day of March, 19 42 I having authority to

administer oaths.

James H. Dempsey, Jr.

James H. Dempsey, Jr., Ensign, D-V (G) U.S.N.R.

U.S.N.R.S., Cleveland, Ohio

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip should be made out and handled as follows:

Enlisted men, Navy: In duplicate: one copy to Bureau of Navigation, one copy secured inside service record.

New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

DIVISION *Adjudication* SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ UNIT \_\_\_\_\_

*June 10, 1943*, 19\_\_\_\_

It is requested that information be given on the subject checked and this sheet returned to VETERANS ADMINISTRATION.

Name *HARLIEB, Louis Page*  
 (Last) (First) (Middle)  
 Rank or rating *Seaman 2c USNR*  
 U. S. N. or U. S. N. R. F. \_\_\_\_\_  
 Ship or station \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_  
 Date of enlistment *2-22-42, Cleveland, Ohio* Date of discharge or death *5-22-43, USPHS, Houston, Texas*  
 Home address at time of registration for draft \_\_\_\_\_ Form 688 attached \_\_\_\_\_  
 Name and address of local Draft Board \_\_\_\_\_  
 Date and place of birth *9-16-17, W. Va.*  
 Alleged disability \_\_\_\_\_ Incurred at \_\_\_\_\_  
 Treated at *USPHS, Houston, Texas* Hospital No. \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 Hospital No. \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 Hospital No. \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By *A. E. Pancake, Adjudication Officer*

FROM: BUREAU OF NAVAL PERSONNEL, NAVY DEPARTMENT, WASHINGTON, D. C. *6 July*, 19 *43*  
TO: VETERANS ADMINISTRATION.

- Name in full, with last rank or rating held  
*HARLIEB, Louis Page, Ex-US, 614 35 12, V-6, USNR.*
- Date and place of birth *16 Sept. 1917 Croggsville, W. Va.*
- Date and place of enlistment or appointment  
*24 Mar. 1942 NRS Cleveland, Ohio*
- Dates of entrance into active service  
*14 Apr. 1942*  
If reservist, give the periods of active duty and authority therefor  
*No other naval service.*  
*All service performed was honorable.*
- Age at enlistment or appointment \_\_\_\_\_
- Dates of reenlistments \_\_\_\_\_
- Date of desertion \_\_\_\_\_
- Date of apprehension \_\_\_\_\_
- Period and dates of absence from pay status \_\_\_\_\_
- Present location and rank \_\_\_\_\_
- Changes in rating prior to July 1, 1918 \_\_\_\_\_
- Dates and periods of indefinite furlough \_\_\_\_\_
- Date of retirement and retirement pay \_\_\_\_\_
- Rank or rating and location \_\_\_\_\_, 19\_\_\_\_
- Names of wars, occupations, or expeditions, and dates of service therein \_\_\_\_\_
- Ships on which veteran served in war, occupation or expedition \_\_\_\_\_
- In active service November 1, 1917 \_\_\_\_\_
- Dates, cause, nature, and place of discharges *22 May 1943 Honorable Discharge, physical disability, from US Public Health Service Hospital, Ft. Worth, Tex.*
- Date of death, cause, and line of duty status *Ft. Worth, Tex.*
- Disability in line of duty \_\_\_\_\_
- Disability result of willful misconduct \_\_\_\_\_
- Disability or death incurred during absence with or without leave \_\_\_\_\_
- Period of authorized absence during which disability or death occurred \_\_\_\_\_
- Occupation at enlistment \_\_\_\_\_
- Emergency address \_\_\_\_\_
- Future address \_\_\_\_\_
- Marital status, name, and address of next of kin given at each enlistment \_\_\_\_\_
- Disabilities noted at enlistment \_\_\_\_\_
- Medical record on active duty, to include all admissions, duty, not duty, misconduct, etc. \_\_\_\_\_
- Physical examination prior to discharge or inactive duty  
*Randall Jacobs  
The Chief of Naval Personnel*
- Medical record inactive duty  
*A. E. Pancake  
By direction  
BUREAU OF NAVIGATION,*

*Via Bureau of Medicine & Surgery*

[SEE REVERSE]

NAME \_\_\_\_\_

C NO. \_\_\_\_\_

Please furnish the information thus (X) indicated below:

- (X) Copy of record of examination at time of entrance into service.
- ( ) Photostatic copies of all draft records, including questionnaire required by the Selective Service Act and the examination by the Draft Board, where indicated. (World War 1917-1921)
- (X) Copy of all available records covering all periods of medical treatment, observation, including hospitalization.
- (X) All original clinical records.
- (X) Copy of examination at time of discharge.
- ( ) Copy of Questionnaire, Form 40, and Report of Physical Examination, Form 200, where indicated. (Selective Service Act 1940)
- ( )

V. A. Adjud. Form 644

VETERANS ADMINISTRATION  
Record Verification Subdi  
JUL 13 1943

**REPORT OF MEDICAL SURVEY**

c. 7-57-43

1969077

Place U.S. Navy Unit, U.S.P.H.S. Hospital, Fort Worth, Texas Date April 19, 1943  
(Name of hospital, ship, or station where survey is held)

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name HARTLIEB, Louis Pape Rank or rate Sea2c, V-6, USNR  
(In full, surname first)

Born: Place Greggsville, West Virginia Date September 16, 1917  
(Name of place and State or county)

Reported Active Duty March 24, 1942 Place NRS, Cleveland, Ohio  
Enlisted or appointed: Date

Active Duty 1 yr. 25 da. Marine Corps \_\_\_\_\_ Army \_\_\_\_\_  
Total service: Navy

PRESENT HISTORY OF CASE

Admitted from U.S. Naval Hospital, Mare Island, California Date February 8, 1943

Diagnosis DEMENTIA PRAECOX, #1509 Key letter \_\_\_\_\_ Specialty letter \_\_\_\_\_  
(From navy nomenclature, under which carried on sick list)

Disability is not the result of his own misconduct and was incurred in line of duty  
(Is or is not) (Was or was not)

Existed prior to enlistment No If "Yes," was condition aggravated by service? \_\_\_\_\_  
(Yes or No) (Yes or No)

Present condition UNFIT FOR SERVICE Probable future duration PERMANENT

Recommendation THAT HE BE DISCHARGED FROM THE U.S. NAVAL RESERVE AND RETAINED AT THIS HOSPITAL FOR FURTHER TREATMENT

FACTS ARE AS FOLLOWS: This man was admitted to the sick list aboard the USS SAN FRANCISCO, November 8, 1942, with a diagnosis of DU (Dementia Praecox), because of refusing to obey orders, seclusiveness, staring into space and bellowing out, "The valiant die but once". Examination by the Medical Officer revealed him to be partially negativistic, withdrawn, disinterested in his surroundings, preoccupied, and expressing statements to the effect that every one was against him. Subsequently he was transferred to the U.S. Naval Hospital, Mare Island, California where essentially the same findings were made out and in addition he was observed to frequently smile in a silly like manner, with attitudinizing like states and abnormal mannerisms. He was practically inaccessible so far as interrogation was concerned because of his inattentiveness and negativism. Although no clear cut paranoid ideas were made out his whole attitude was covered with suspicion. It was the opinion that he was hallucinated and had many ideas of reference but had learned to live with his delusional system. A diagnosis of Dementia Praecox was established January 4, 1943.

On admission to this hospital this patient was negativistic, silly and evasive. He readily entered into conversation with attitudinistic like postures and many mannerisms. He conversed irrelevantly and in a silly like manner. Emotionally he appeared to be self-satisfied, however, under a great deal of emotional tension and attempted to portray an indifference as to his hospitalization. The psychiatric findings were those of schizophrenia. Locked ward care was necessary.

Since admission there has been no essential change in his mental status as he continues to be a difficult patient to handle, refuses to enter into any type of work assignment and made one attempt to elope. He is in need of continued institutional care.

The general physical, neurological, and indicated laboratory examinations have been

1096-9077

REPORT OF MEDICAL SURVEY

Place U.S. Navy Unit, U.S.P.H.S. Hospital, Fort Worth, Texas Date April 19, 1943

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name HARTLIFF, Louis Pape Rank or rate Sea2c, V-6, USNR
Born: Place Greggsville, West Virginia Date September 16, 1917
Reported Active Duty (Name of place and State or county)
Enlisted or appointed: Date March 24, 1942 Place NRS, Cleveland, Ohio
Active Duty
Total service: Navy 1 yr. 25 da. Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Date
Diagnosis Key letter Specialty letter
Disability the result of his own misconduct and incurred in line of duty
Existed prior to enlistment If "Yes," was condition aggravated by service?
Present condition Probable future duration
Recommendation

FACTS ARE AS FOLLOWS:

essentially negative for any abnormal findings.
In accordance with the Social Service report at hand, this patient did not indicate any pre-psychotic behavior before he enlisted, therefore, in view of his active duty status in a combat zone, it is the opinion that his present disability was incurred in the line of duty, incident to service conditions.

T.W. McDANIEL, Jr.
Lt. Comdr. (MC), U. S. Navy.
Senior Member of Board.

U. S. Navy Member. U. S. Navy Member.

UNSHED FILE PEN

Carded

no jacket

1st Indorsement

From: *Commanding Officer.*

Date \_\_\_\_\_

To: \_\_\_\_\_  
(Officer convening board)

(Signature)

1st Indorsement

Date April 24, 1943.

From: The Commandant, EIGHTH Naval District.  
(Officer convening board)

To: The Chief of the Bureau of Medicine and Surgery.  
(To Bureau of Medicine and Surgery or to Commander-in-Chief, Asiatic Fleet)

1. Forwarded.

E. T. OATES,  
Acting.

(Signature)

J. E. GILL,  
By direction.

Indorsement

(For use only by Commander-in-Chief, Asiatic Fleet)

Date \_\_\_\_\_

From: *Commander-in-Chief, Asiatic Fleet.*

To: *Bureau of Medicine and Surgery.*

(Signature)

Indorsement

Date \_\_\_\_\_

**APR 29 1943**

From: *Bureau of Medicine and Surgery.*

To: Bureau of Naval Personnel.

1. Forwarded: *Recommendation of Board Approved.*

**ROSS T. McINTIRE**  
Chief of Bureau

*A. C. Wilson*  
**A. C. Wilson**

By direction  
(Signature)

3rd Indorsement

Date May 10, 1943.

From: The Chief of Naval Personnel

To: The Medical Officer in Charge, Navy Unit,  
U. S. Public Health Service Hospital,  
Fort Worth, Texas.

1. Returned. *Approved.*

Randall Jacobs

The Chief of Naval Personnel

(Signature)

R. C. Nelson  
By direction.

NAVAL MESSAGE

NAVY DEPARTMENT

Telephone Ext. No. <u>7195</u>	ADDRESSEES	MESSAGE PRECEDENCE
From <u>BUREAU OF NAVAL PERSONNEL</u>		PRIORITY <input type="checkbox"/>
Released by <u>E. A. SOLOMONS</u>	TO:  USS SAN FRANCISCO	ROUTINE <input type="checkbox"/>
Date <u>NOVEMBER 23 1942</u>		DEFERRED <input checked="" type="checkbox"/>
Unless classified RESTRICTED this dispatch will be classified <i>PLAIN</i> .  If CONFIDENTIAL or SECRET use special blank.	ACTION	PRIORITY <input type="checkbox"/>
		ROUTINE <input type="checkbox"/>
		DEFERRED <input type="checkbox"/>
	INFORMATION	PRIORITY <input type="checkbox"/>
		ROUTINE <input type="checkbox"/>
		DEFERRED <input type="checkbox"/>

Indicate by asterisk addressees for which mail delivery is satisfactory.

Unless otherwise designated this dispatch will be transmitted with DEFERRED precedence. Originator fill in date and time for DEFERRED and MAIL delivery. Date \_\_\_\_\_ Time 231823 G. C. T.

TEXT:

MSG FOR LOUIS PAPE HARTLIEB S2C USNR QUOTE MOTHER DIED NOVEMBER  
EIGHTEENTH UNQUOTE SIGNED WHEELING WEST VIRGINIA CHAPTER AMERICAN RED CROSS X

FINISHED FILE FAGAN

THIS SPACE IS FOR ABSTRACT OF PREVIOUS REFERENCES. IF THIS IS A REPLY, REFERENCE NUMBERS OF INCOMING DISPATCH MUST BE SHOWN HERE.

Deliver to Communication Office. Will be returned to File Room after being receipt stamped in Navcom.

NAVAL MESSAGE

NAVY DEPARTMENT

Telephone Ext. No. <u>7195</u>	ADDRESSEES	MESSAGE PRECEDENCE
From <u>BUREAU OF NAVAL PERSONNEL</u>		
Released by <u>C.A. SOLIGNON</u>	ACTION	ROUTINE <input type="checkbox"/> DEFERRED <input checked="" type="checkbox"/>
Date <u>NOVEMBER 23 1942</u>		
Unless classified RESTRICTED this dispatch will be classified <i>PLAIN</i> .  If CONFIDENTIAL or SECRET use special blank.		

Indicate by asterisk addressees for which mail delivery is satisfactory.

Unless otherwise designated this dispatch will be transmitted with DEFERRED precedence. Originator fill in date and time for DEFERRED and MAIL delivery. Date \_\_\_\_\_ Time 231823 G. C. T.

TEXT:

MSG FOR LOUIS PAPE HARTLIEB S2C USNR QUOTE MOTHER DIED NOVEMBER  
 EIGHTEENTH UNQUOTE SIGNED WHEELING WEST VIRGINIA CHAPTER AMERICAN RED CROSS X

FINISHED FILE PAGE 1

THIS SPACE IS FOR ABSTRACT OF PREVIOUS REFERENCES. IF THIS IS A REPLY, REFERENCE NUMBERS OF INCOMING DISPATCH MUST BE SHOWN HERE.

ORIGINATOR'S COPY. Retain for desk file. For Priority and Routine dispatches, this copy may be sent to Communication Office with other copies where it will be time stamped, DATE/TIME group entered and returned to desk of preparation by same messenger.

AMERICAN RED CROSS  
NATIONAL HEADQUARTERS

FORM 336

To: Mr. C.M. Fagan  
Bureau of Naval Personnel.

Date: November, 21, 1942.

From: Bureau of Naval Affairs, ARC.

Subject: Relay of welfare message, request  
for.

It will be appreciated if the substance of the following message be relayed to the designated individual and a copy of the forwarding message be returned to this office.

MSG FOR LOUIS POPE HARTLIEB USN QUOTE MOTHER DIED NOVEMBER 18 UNQUOTE  
SIGNED WHEELING WEST VIRGINIA CHAPTER AMERICAN RED CROSS.

*J. C. Fagan*  
J.C. FAGAN.

Garden City

Form IR-18 Information re living NAVY ENLISTED veteran's service record.  
(Rev. 8-14-48)

THE COMMISSIONERS OF THE SINKING FUND OF THE STATE OF OHIO  
Division of World War II Compensation Fund

Date March 20, 1950

NAME: HARTLIEB, Louis Pape (S 2/c)

SERIAL NUMBER: 614 35 12

BIRTH DATE: September 16, 1917

ACTIVE DUTY DATE: March 24, 1942

SERVICE DATE: May 22, 1943

NAVAL SERVICE CERTIFICATE

1. On what date did said veteran commence active duty? 14 Apr 42

2. On what date was said veteran separated from active duty? 22 May 43

3. Character of separation? Hon

4. Dates of penal confinement. None

5.

VETERANS DUTY STATIONS	FROM	TO
NRS, Cleveland, Ohio	24 Mar 42	14 Apr 42
NTS, Great Lakes, Ill	14 Apr 42	20 Jun 42
NT, LaSalle, Chicago, Ill	20 Jun 42	23 Jun 42
NTS, Great Lakes, Ill	23 Jun 42	2 Jul 42
U.S.S. San Francisco	17 Jul 42	8 Nov 42
Pub One, Button, Hospital Unit	8 Nov 42	15 Nov 42
U.S.S. Salace	15 Nov 42	3 Feb 43
USNH, Fort Worth, Texas	8 Feb 43	22 May 43

I hereby certify that the above information is true according to the official records of the United States Navy at Discharge Records Branch, Bureau of Naval Personnel, Garden City, Long Island, New York.

Signed \_\_\_\_\_

Garden City

Form IR-18a Residence information from living NAVY ENLISTED veteran's service record.

THE COMMISSIONERS OF THE SINKING FUND OF THE STATE OF OHIO  
Division of World War II Compensation Fund

Date March 20, 1960

NAME: HARTLIEB, Louis Pape (S 2/c)

SERIAL NUMBER: 614 35 12

BIRTH DATE: September 16, 1917

ACTIVE DUTY DATE: March 24, 1942

SERVICE DATE: May 22, 1943

NAVAL SERVICE CERTIFICATE

1. Date of veteran's birth? 16 Sep 17 Place of Birth? Breaggsville, W Va
2. Veteran registered under Selective Service Act? Yes.  No.  What was number and location of registration board? \_\_\_\_\_
3. Place of veteran's entry into service? Great Lakes, Ill
4. Veteran's home address at time of entry into service? \_\_\_\_\_  
222 No 6 St, Steubenville, Ohio
5. Veteran's permanent address for mailing purposes? \_\_\_\_\_  
222 No 6 St, Steubenville, Ohio
6. Relationship and address of veteran's next of kin? Father  
Louis Hartlieb - RD #2, West Alexander, Pa.
7. \_\_\_\_\_

I hereby certify that the above information is true according to the official records of the United States Navy at Discharge Records Branch, Bureau of Naval Personnel, Garden City, Long Island, New York.

Signed WG \_\_\_\_\_

### EXPIRATION OF ENLISTMENT CARD

23 March 1946  
 (Day) (Month) (Year)

HARTLIEB Louis Pape  
 (Surname) (Christian) (Middle)

xxx V-6 Steubenville, O.  
 (Rate)

### ANNUAL CENSUS CARD

614 35 12 HARTLIEB, Louis Pape Sea2c  
 (Ser. No.) (Name) (Rate)

Number of complete years of service for pay purposes

First increase 23 March 1945  
 (Day) (Month) (Year)

Completed ( ) on

Next Increase (Day) (Month) (Year)

Enlisted 24 Mar 1942

HARTLIEB, Louis Pape 614 35 12 Sea2c xxxV-6 USNR

# RESERVE CLASS

# HOSPITAL TICKET

Date November 8, 1942.

From: U. S. S. SAN FRANCISCO

To: U. S. ~~Naval Hospital~~ Mobile Hospital Base Button

The following-named patient with his Health Record, necessary transfer papers (Bu. Nav. Manual), and effects, inventoried under my supervision and certified to be correctly listed below, is hereby transferred to your charge.

Name HARTLIEB, Louis Pape Grade or rate Sea.2c. V-6 USNR.

Diagnosis D.U. (Dementia Praecox) #2122

(From nomenclature)

### EFFECTS OF PATIENT TRANSFERRED

Aiguilletes.....		Jackets, white.....	
Bags.....		Jackknives.....	
Bathing trunks.....		Jersey (sweaters).....	1
Blacking.....		Jumpers, dungaree.....	1
Blankets.....	1	Jumpers, dress blue.....	1
Boots, rubber..... pair		Jumpers, undress blue.....	1
Brooms, wisp.....		Jumpers, dress white.....	2
Brushes, hair.....		Jumpers, undress white.....	2
Brushes, tooth.....		Knife lanyards.....	
Brushes, scrub.....		Leggings.....	1
Brushes, shoe.....		Mattresses.....	1
Caps, cloth (flat caps).....		Mattress covers.....	1
Caps, blue.....	1	Neckerchiefs.....	1
Caps, white.....		Overcoats.....	
Caps, white covers for.....		Pillows and pillow covers.....	1
Caps, watch.....	1	Poncho, rubber.....	
Coats, blue.....		Sewing kit.....	
Coats, khaki.....		Shirts, flannel.....	
Coats, rubber (raincoat).....		Shirts, white.....	
Coats, white.....		Shoes..... pair	1
Collars.....		Shoes, gymnasium..... pair	1
Combs.....		Shoulder knots..... pair	
Cravats.....		Socks..... pair	3
Cuffs..... pair		Suspenders.....	
Drawers, light.....	2	Towels.....	1
Drawers, heavy.....		Trousers, blue.....	2
Gloves..... pair	1	Trousers, dungaree.....	1
Hammocks.....	1	Trousers, khaki.....	
Handkerchiefs.....		Trousers, white.....	2
Hats, field (Marine).....		Undershirts, heavy.....	
Hats, rubber.....		Undershirts, light and medium.....	2
Hats, white.....		Vests.....	

### ADDITIONAL ARTICLES

Money Belt	1	
Toilet Articles	1 set	
Stationery	1 set	

Inventoried by \_\_\_\_\_

(Name and rate)

*C. M. ...* Lieut. (MC) U. S. N.  
*M. H. Crouter*  
 Approved M. H. CROUTER, Commander,  
 U. S. N., Commanding.

Sick persons may be sent to a hospital at any time upon the recommendation of the medical officer of the ship or of a board of medical survey, approved by the commanding officer. (Art. 1141, 1142, Navy Regulations, 1920.)

(OVER)

## MARKS REQUIRED

**Honorable Discharge.**—Average of marks not less than 3.00 in proficiency in rating and 3.25 in conduct. BuNav Manual D-9101.

**Good Conduct Medal.**—Average of 3.5 in proficiency in rating for enlistment and no offense or qualifying remarks entered in service record. BuNav Manual A-1035.

**Advancement in Rating** (BuNav Manual D-5107)—

To—	Proficiency in rating	Conduct
Seaman, second-class	No requirements as to marks.	No requirements as to marks.
Fireman, third-class	Do	Do.
Other nonrated grades except officers' stewards and cooks.	No mark less than 2.5 for preceding 6 months and not less than 3.5 for quarter preceding advancement.	No mark less than 2.5 and an average of not less than 3.5 for 6 months.
Officers' stewards; officers' cooks	No mark less than 2.5 for preceding 12 months and not less than 3.5 for quarter preceding advancement.	No mark less than 3 and an average of not less than 3.5 for 1 year.
Lowest petty officer rating from nonrated grades.	Do	Do.
Petty officer, second-class, from third-class	No mark less than 3 and an average of not less than 3.5 for 1 year.	Do.
Petty officer, first-class	Do	Do.
Chief petty officer	No mark less than 3 and an average of not less than 3.5 for 2 years.	No mark less than 3 and an average of not less than 3.5 for 2 years.

**Permanent Appointment as C. P. O.:** No mark less than 3.5 (in any subject except marksmanship) for 1 year. BuNav Manual D-5111.

QUARTERLY MARKS CARD 614 35 12

Div. 4 Name HARTLIEB, Louis Pape Service No. \_\_\_\_\_

Date	Rate	Proficiency in rating	Seaman-ship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Con-duct	Initials of Div. Off.
8/14/42	AS V-6					LESS THAN A MONTH CR to Sea2c 40		MHC
SEP 30 1942	Sea2c	3.0	3.0					<i>wlu</i>

RESERVE CLASS

Executive officer assigns marks in conduct.  
Entries to be made in ink.

8/14/42  
HARTLIEB

Surname

Louis

Christian

Pape

Middle

Sea2c

( ) ~~XXX~~V-6  
Division Rate

23

day of

March

19 46

614 35 12

4-5620

(Enlistment expires)

(Service number)

(Stamp letters C. S. C. when Continuous Service Certificate is received)

8/14/42: C.R. to Sea2c.

RESERVE  
CLASS UTG

614 35 12

### AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expense. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

\_\_\_\_\_  
City of Cleveland  
State of Ohio } ss

I, Louis Pape Hartlieb,  
Apprentice Seaman, U. S. Naval Reserve, being first duly sworn,  
(Rank or Rating)  
upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension, disability allowance, disability compensation, or retired pay (\*) from the Government of the United States.

Louis Pape Hartlieb

Subscribed and sworn to before me this 24th  
day of March, A.D., 1942.

James H. Dempsey, Jr.  
James H. Dempsey, Jr., Ensign, D.V.(G) U.S.N.R.  
(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-BuNAV  
1-To Comdt.  
1-To service record.

(\*) 'Retired Pay' does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

U.S.S. SAN FRANCISCO

REPORT SLIP

10/8 194 2  
HARTLIEB, L.P. 4212  
Name Rate Billet No

OFFENSE: SLOW IN OBEYING  
ORDERS OF OFFICER  
AND DIVISION PETTY  
OFFICER

REPORTED BY: R. W. Tucker Lt(jg)

WITNESSES: Perry, R. J. BM/c

Note: If AOL use following form, for example:

AOL from \_\_\_\_\_ until \_\_\_\_\_ a period  
of \_\_\_\_\_ days \_\_\_\_\_ hours and \_\_\_\_\_ minutes

ACTION TAKEN \_\_\_\_\_

194

Commander, US Navy,  
Executive Officer.

U. S. NAVY RECRUITING SUB-STATION  
Room #219 Post Office Bldg.  
Steubenville, Ohio

March 17, 1942

(Date)

VERIFICATION OF DATE AND PLACE OF BIRTH

NAME IN FULL Louis Pape Hartlieb

DATE OF BIRTH September 16, 1917

PLACE OF BIRTH Greggsville, Ohio County, West Virginia

HOW VERIFIED Sighted letter from Rev. Frederick G. Alpers,

pastor of St. Mark's Lutheran Church, of Wheeling, West Virginia.

Church records show that Louis Pape Hartlieb was born September 16,

1917, at Greggsville, Ohio County, West Virginia. Baptized April

28, 1918.

*R. D. Lambert*

R. D. Lambert, Y2c, USNR.

Recruiter

This application blank will be forwarded for file with papers in the Bureau in cases of men accepted for enlistment.

AS  
V6

851

# APPLICATION FOR ENLISTMENT

----- Congressional District, County of ----- State of -----  
(This information to be supplied by Recruiter)

Last school grade completed: H.S.G. STEUBENVILLE, OHIO.  
Reason for enlistment: Patriotism (Place)  
Language qualifications: English  
What is your trade? Truck Driver- Farmer MAR 12 1942, 19  
(Date)

I desire to submit my application for an enlistment of 4 years in the United States Navy, and declare that I am of good habits and character in all respects; that I have never deserted from the U. S. Navy, Marine Corps, Army, Coast Guard or Civilian Conservation Corps. Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Name in full: LOUIS PAPE HARTLIEB  
(First) (Middle) (Last)  
Date of birth: September 16 1917 Place of birth: Greggsville, West Virginia  
(Month) (Day) (Year) (City and State)  
What is your race? White If you were born in foreign territory, how did you acquire citizenship?  
----- Are you now a U. S. citizen? Yes

Have you anyone solely or partially dependent upon you for support? No

Are you married? No Have you ever been married? No  
(Yes or No) (Yes or no)

Home Address: 222 North Sixth Street Steubenville Ohio  
(Street No.) (Name of Street) (City or Town) (State)

Former address: ----- Length of time lived at residence -----

Former address: ----- Length of time lived at residence -----

Where was your father born? West Virginia Where was your mother born? West Virginia

Is your father living? Yes Is your mother living? No  
(Yes or no) (Yes or no)

Are your parents divorced? No Separated? No Have you a stepfather? No stepmother? Yes  
(Yes or No) (Yes or No) (Yes or no) (Yes or no)

Name and relationship of next of kin or legal guardian: Louis H. Hartlieb  
(Full name)  
Father Home address of next of kin or legal guardian: -----  
(Relationship)

R.F.D.# 2 W. Alexander Ohio Pennsylvania  
(Street No.) (Name of Street) (City or Town) (County) (State)

Do you drink intoxicating liquors? Yes If so, to what extent? Moderately  
(Yes or No)

Have you ever been arrested or in the custody of police? Yes If so, for what? For parking in intersection - 1939.

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime?  
----- No -----

Have you ever served in the U. S. Navy, Marine Corps, Army or Coast Guard? No  
If so, how long? ----- What is the date of your last discharge? -----

Character of discharge ----- Are you now or have you been a member of the National Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps? No  
----- If so, what company or unit: ----- Produce discharge -----

(Applicant sign full name here) Louis Pape Hartlieb

Accepted: ----- Cause of rejection: -----

Date: MAR 24 1942 -----  
----- Officer-in-Charge -----

(Over)

Physical examination has been conducted in accordance with NRB Form 10.

General classification test: \_\_\_\_\_  
(score)

Recruiter sign YB Richards

LOUIS PAPE HARTLIEB

(Name of applicant)

MAR 12 1942

(Date)

(Service No.)

**PHYSICAL EXAMINATION**

Born: Place Greenville, W. Va. Date 9-16-17

Nationality W. U.S. Religion Lutheran  
(Denomination)

Next of kin or friend \_\_\_\_\_

Address \_\_\_\_\_

Complexion Ruddy Hair Black

Eyes Blue  
(Color, condition of lids, anatomical or other defect)

Vision: Right 18/20. Left 18/20.

Color perception normal

Ears: Right \_\_\_\_\_ Left \_\_\_\_\_  
(Condition of drum, discharge, etc.)

Hearing: Right 15/15. Left 15/15.

Mouth, nose, throat \_\_\_\_\_  
(Condition of septum, tonsils, etc.)

Height 69 1/2" Weight 165 lbs.

Chest at expiration 35", at inspiration 38"

Spine and extremities X  
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Respiratory system \_\_\_\_\_

Heart and blood vessels \_\_\_\_\_

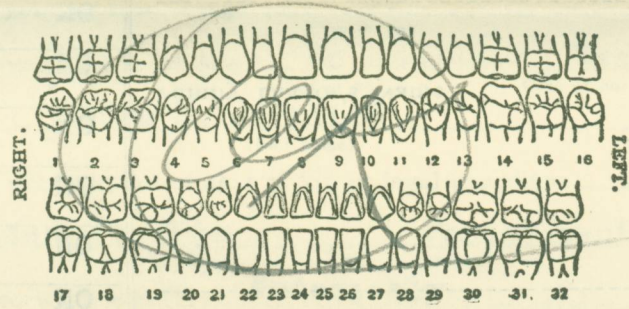
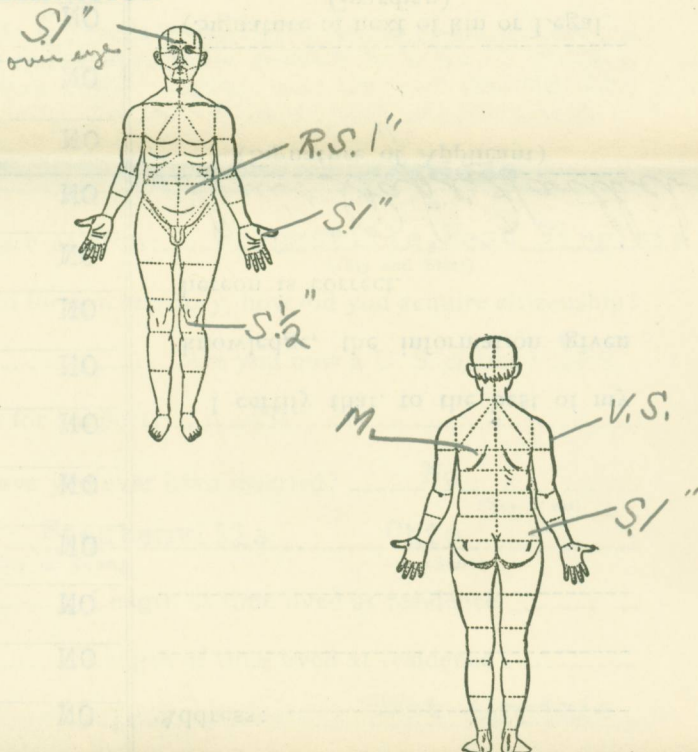
Pulse before exercise 80, after exercise 110, after rest 84

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Genito-urinary system N.

Urinalysis: Albumen neg Sugar neg

Spec. Gravity 1.018



Personal peculiarities, former illness, etc., or cause of rejection. (All persons whose disabilities have been waived by the Department shall appear as rejections, the waiver to be indicated in red ink.) \_\_\_\_\_

Age: Years 24 Months \_\_\_\_\_

Accepted (yes or no) \_\_\_\_\_

Signature of Medical Examiner \_\_\_\_\_

# APPLICANT'S PHYSICAL QUESTIONNAIRE

LOUIS PAPE HARTLIEB

(Name of applicant)

222 North Sixth Street Steubenville Ohio  
 (Address) (City) (State)

MAR 12 1942

(Date)

THESE QUESTIONS MUST BE ANSWERED HONESTLY BY THE APPLICANT, AND SIGNED BY HIM AND HIS NEXT OF KIN OR THE APPLICANT'S LEGAL GUARDIAN

HAVE YOU EVER HAD THE FOLLOWING:

Asthma	NO
Heart trouble	NO
Head injuries	NO
Ear trouble	NO
Trouble breathing	NO
Hay fever	NO
Fits	NO
Dizzy or Fainting spells or walking in sleep	NO
Lung trouble (any form)	NO
Chronic tonsillitis (sore throat)	NO
Are tonsils out	NO
Rheumatism	NO
Venereal diseases	NO
Rupture or hernia — Did you ever wear a truss	NO
Piles	NO
Spitting of blood	NO
Urinated in bed in last five years	NO
Broken bones	NO
Stutter	NO
Chronic rash or pimples	NO
Do your legs or feet tire easily	NO
Operations (kind)	NO
Depressed arches or any indication of same or previous foot injuries	NO
Have you ever worn arch supporters	NO
Any insanity in family	NO
Do you wear or have you ever worn glasses	YES
Have you ever had a serious illness or been in a hospital? If so, give particulars.	NO
Are you well	YES

OTHER INFORMATION:

Have you lost or gained weight during the past 6 months? GAINED  
 If so, how much? 15 lbs.

Family Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that, to the best of my knowledge, the information given hereon is correct.

*Louis Pape Hartlieb*  
 (Signature of Applicant)

\_\_\_\_\_  
 (Signature of next of kin or Legal Guardian)

**ENLISTED LEAVE WORK SHEET**

NAVPERS 2433 (REV. 10-46)

NAME (Last) <b>HARTLIEB</b>		(First) <b>Louis</b>		(Middle) <b>Pape</b>		RATE AND CLASS <b>S 7c(V-6)</b>	USN	USNR	SERVICE NO. <b>614-35-12</b>
MEANS OF ENTRY <input checked="" type="checkbox"/> ENLISTED <input type="checkbox"/> INDUCTED <input type="checkbox"/> COMMISSIONED				RACE <b>WM</b>	SEX <b>M</b>	MARITAL STATUS <b>S</b>	DATE AND PLACE OF BIRTH <b>9-16-17, Duggville, Ga. Va.</b>		
DATE <b>3-4-42</b>		DATE		DATE <b>11-14-42</b>		NET SERVICE (FOR PAY PURPOSES) (Yrs., mos., days)			
PLACE OF SEPARATION FROM ACTIVE SERVICE <b>USPHSN, Fort Worth, TX</b>				DATE OF SEPARATION FROM ACTIVE SERVICE <b>5-22-43</b>		CHARACTER OF DISCHARGE <b>Hon (MS)</b>			

1. OUR RECORDS SHOW YOU HAVE TAKEN LEAVE AS FOLLOWS (Except, sick, convalescent, and rehabilitation leave authorized by a medical officer and leave granted repatriated prisoners of war)

DATE LEAVE STARTED	DATE LEAVE ENDED	No.	DATE LEAVE STARTED	DATE LEAVE ENDED	No.
<i>No. day leave granted</i>		<i>0</i>			

2. OUR RECORDS SHOW THAT YOU WERE

ABSENT WITHOUT LEAVE \_\_\_\_\_ (Days)     
  ABSENT OVER LEAVE \_\_\_\_\_ (Days)     
  CONFINED AS RESULT OF COURT MARTIAL \_\_\_\_\_ (Days)

REMARKS  
*Enclosures (1) (Mental) claim for leave  
 No Record of previous Service*

DATE **12/30/46** INITIALS **JH [Signature]**

N. Nav. 352  
(Rev. Mar. 1920)

324  
280

HARTLIEB

(Surname)

Louis

Pape

(Christian name)

614 35 12

U.S.

(Service number)

(Citizenship)

AS

MAR 24 1942

V-6

(Rate)

(Date)

(Class)

U.S. N.R.S. Cleveland, Ohio  
(Place of enlistment, assignment, or transfer)

# NAVAL RESERVE

## SERVICE RECORD

C. S. C. No. \_\_\_\_\_

(Discharged as) \_\_\_\_\_

(Date discharged) \_\_\_\_\_

(Character of discharge) \_\_\_\_\_

(Place of discharge) \_\_\_\_\_

(Permanent address after discharge) \_\_\_\_\_

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left)

No. 614 35 12 C. S. C.

Accepted for enlistment Steubenville, Ohio

Enlisted } MAR 24 1942  
Assigned }  
Transferred }

Rate AS A. A. Class V-6  
P. A.

At U.S.N.R.S., Cleveland, Ohio.

For Four years from date.

Credited to Congressional District 18th

State of Ohio

PRIOR SERVICE: (Navy, Naval Reserve Force, Naval Reserve, Marine Corps, Army, Coast Guard, Naval Militia or N. N. V.)

Branch service	Years	Months	Days
<u>None</u>			

Completed \_\_\_\_\_ years' net service for pay purposes on \_\_\_\_\_  
(Date) Total time lost and deducted for pay purposes thereafter to date of discharge as follows:

Years	Months	Days

Last enlisted \_\_\_\_\_ (Date)

at \_\_\_\_\_ (Place)

as \_\_\_\_\_ (Rate) for \_\_\_\_\_ (Term) years.

Extended enlistment for aggregate of \_\_\_\_\_ years,

effective from \_\_\_\_\_ (Date)

Last discharged \_\_\_\_\_ (Date) from \_\_\_\_\_

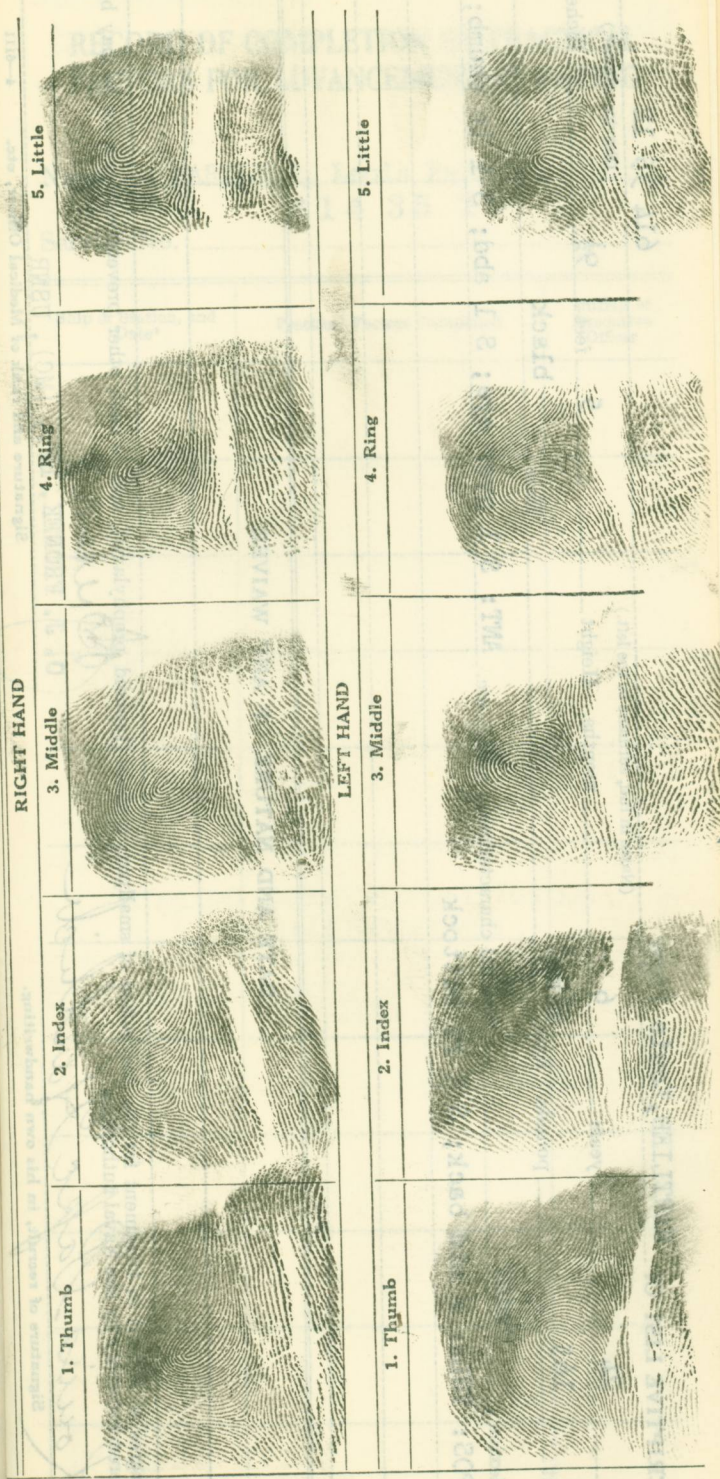
(Ship or station)

as \_\_\_\_\_ with \_\_\_\_\_ (Character of discharge)

(Reason for discharge)

2  
 Citizenship U.S.  
 Place of birth Greggsville, W. Va.  
 Date of birth September 16, 1917  
 Home address 222 No. 6th St.,  
Steubenville, Ohio  
 Next of kin Louis H. Hartlieb  
 Relationship Father  
 Address RFD #2., Alexander, Pa.  
 Education 12th  
 Branch of service for which best suited V-6  
 Trade schools attended None  
 Special duties for which qualified Truck Driver  
 Language qualifications None

I CERTIFY that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.  
James H. Dempsey, Jr., Ensign, D-V (G) U.S.N.J.  
 (Signature and rank of recruiting officer)  
U.S.N.R.S., Cleveland, Ohio.  
 (Station)  
 Credited upon enlistment with pay at \$ 21.00 per month (after        years) service and because of award of *[Signature]*  
 (Number and designation of D. S. M., M. H., or N. O.)  
 (Signature and rank of disbursing officer)  
 (Station)  
 Credited with \$ 118.96 uniform gratuity upon first reporting for active duty in time of war.  
 (Signature and rank of disbursing officer)  
 (Station) R. R. DEAL COMDR., (SC) US 16-26357-1









In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative, my

(Relationship.) None  
(Name in full.)  
(Address.)

\*  
\*State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Louis Pape Hartlieb (Name.)  
Apprentice Seaman (Rank or rating.)  
USNR. U.S. Navy Marine Corps.

Subscribed and sworn to before me this 24th day of March, 19 42, I having authority to administer oaths.

James H. Dempsey, Jr., Ensign, D-V (G) U.S.N.R.  
U.S.N.R.S., Cleveland, Ohio

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public. The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith." This slip should be made out and handled as follows: Enlisted men, Navy: In duplicate: one copy to Bureau of Navigation, one copy secured inside service record. New beneficiary slips on N. Nav. 521 shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries. In any event, payment will be made to the widow or children, if any, whether designated or not.

BENEFICIARY SLIP

Name HARTLIEB, Louis Pape (Name in full, surname to the left.)  
Service number 614 35 12  
Station U.S.S. SAN FRANCISCO (Name.)  
Hawaiian Area (Place.) 10/18/42 (Date.)

Under the provisions of the act approved 4 June, 1920, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy or regular Marine Corps, or on the retired list when on active duty, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

Not Married (Full name of wife; if not married, so state.)  
(Address of wife.)  
(Full name of child; if none, so state.)  
(Address of child.) (Date of birth.)  
(Full name of child; if none, so state.)  
(Address of child.) (Date of birth.)  
(Full name of child; if none, so state.)  
(Address of child.) (Date of birth.)

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following dependent relative, my

Father (Relationship.)  
RD 2, West Alexander, Pa. (Name in full.)  
Louis H. Hartlieb (Address.)

\*  
\*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc.



RECORD OF WEEK-END CRUISES

Initials of C. O.	Conduct	Special Qualification	Ability as leader of men	Mechanical ability	Seamanship	Proficiency in rating	Date Completed	Date Commenced	Vessel

16-26357-1

Name HARTLIEB, Louis Pape  
 (Name in full, surname to the left.)  
 No. 14 35 12 Rate AS (A.A. P.A.)  
 Date reported MAR 24 1942  
 Ship or Station U.S.N.R.S., Cleveland, Ohio  
 From First Enlistment

Enlisted this date at this Station as Apprentice Seaman, in Class V-6, U. S. Naval Reserve, to serve for four (4) years.

MAR 24 1942 Released from active duty this date and sent home under orders.

Selective Training and Service Card (D.S.S. 166) mailed to BuNav in accordance with SECNAV despatch 121623 of 12 October 1940.

*R. L. Cullen*  
 R. L. CULLEN, ENS., USNR

PR 1 4 1942 Recalled to active duty this date.

Date transferred APR 1 4 1942  
 To U.S.N.T.S., Great Lakes, Ill.  
*R. L. Cullen*  
 R. L. CULLEN, ENS., USNR  
 Signature and rank of Commanding Officer.

Date received 14 APR 1942  
 Ship or Station USNTS GREAT LAKES ILLINOIS  
USNRS CLEVELAND OHIO  
 From JOHN DOWNES, REAR ADMIRAL, USN  
*John Downes*  
 Signature and rank of Commanding Officer. 16-26357-1











PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Promiciency In rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualifications or Special Detail	Conduct	Initials of Executive Officer
7-2-42	A.S.					TRANSFERRED. RECRUIT	4.0	JDH <i>JDH</i>

Final average on Disch.,  
Death, Desertion, Ret.,  
Trans. F. R. ....  
(Rev. Sept. 1939)

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)  
 No. 614 35 12 Rate AS V-6 {A.A.  
P.A.  
 Date reported 17 July 1942  
 Ship or Station U.S.S. SAN FRANCISCO  
 From USNTS, Great Lakes, Ill.

14 August 1942: Advanced to Seaman,  
 second class. AUTH: Article D-5108,  
 BuNav Manual.  
*M. H. Crouter*  
 M. H. CROUTER, Commander, U.S.Navy.

Date transferred \_\_\_\_\_  
 To \_\_\_\_\_  
 \_\_\_\_\_  
 Signature and rank of Commanding Officer.  
 Date received \_\_\_\_\_  
 Ship \_\_\_\_\_  
 or \_\_\_\_\_  
 Station \_\_\_\_\_  
 From \_\_\_\_\_  
 \_\_\_\_\_  
 Signature and rank of Commanding Officer. 4-6111

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
8/14/42	A.S.	LESS THAN A MONTH	LESS THAN A MONTH	LESS THAN A MONTH	LESS THAN A MONTH	Adv. to Sea2c	40	MHC

Final average on Disch. Death, Description, Ret., Trans. F. R. (Rev. Sept. 1939)

Name HARTLIEB, Louis Pape  
 (Name in full, surname to the left.)  
 No. 614 35 12 Rate Sea2c V-6 (A.A. / P.A.)  
 Date reported 17 July 1942.  
 Ship U.S.S. SAN FRANCISCO  
 or Station USNTS, Great Lakes, Ill.  
 From

7 August to 8 November 1942:  
 Participated in the capture and defense of Guadalcanal Island (Solomon Islands) including night surface action against superior enemy forces. CONDUCT EXCELLENT.  
*M. H. Crouter*  
 M. H. CROUTER, Commander, U.S. Navy.

Transferred for treatment.  
 AUTH: BuM&S Form G. (Hospital Ticket)

Date transferred 8 November 1942  
 To Cub One, Button, Hospital Unit.  
*M. H. Crouter*  
 M. H. CROUTER, Commander, U.S. N.  
 Signature and rank of Commanding Officer.

Date received 8 November 1942  
 Ship USNAB BUTTON  
 or Station USS SAN FRANCISCO  
 From *M. M. Nelson*  
 M. M. NELSON, Lt. Comdr. USN  
 Signature and rank of Commanding Officer. 4-611

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
9/30/42	Sea2c	30	30				40	MHC
11/8/42	Sea2c	30	30			Tran.	40	MHC
							8	

Final average on Disch. Death, Desertion, Red. In. F. R. (Rev. Sept. 1939)

Name HARTLIEB, Louis Pope  
(Name in full, surname to the left)  
 No. 614 35 12 Rate Sea2c V-6 { A.A.  
 } P.A.  
 Date reported 8 November 1942  
 Ship or Station USNAB Button  
 From USS SAN FRANCISCO

15 November 1942  
 Transferred this date for treatment on board the USS SOLACE, and for further transfer.  
*M. M. Nelson*  
 M. M. NELSON

Date transferred .....  
 To .....  
 Signature and rank of the Commanding Officer.  
 Date received 15 November, 1942  
 Ship or Station USS SOLACE  
 From USNAB BUTTON  
*C. E. Myers*  
 C. E. MYERS, Lt. Comdr., USN  
 Signature and rank of the Commanding Officer.

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in	Seamanship	Mechanical ability	Ability as leader of men	Special Qualifications or Special Detail	Conduct	Initials of Executive Officer

Final Aver. on Disch., Death, Desert., Ret., Trans. F.N.R.

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)  
 No. 614 35 12 Rate Sea2c, V-6 {A. A.  
 {P. A.  
 Date reported 15 November, 1942  
 Ship or Station USS SOLAGE  
 From USS SAN FRANCISCO VIA BUTTON-Cub1

November 18, 1942 - Transferred to 142nd General Hospital, U.S. Army Fan Tan One for further treatment and disposition.

At 142nd General Hospital, U.S. Army Fantan One from November 18, 1942 to December 7, 1942; treatment completed, not misconduct.

Date transferred November 18, 1942  
 To US Army 142nd General Hospital  
Fan Tan One  
C. L. WATERS, Lieut. Comdr., USN.  
Signature and rank of Commanding Officer.  
 Date received December 7, 1942  
 Ship or Station 142nd General Hospital, U.S. Army  
 From FANTAN ONE  
A. L. MARE, COMDR, USN (JRL)  
Signature and rank of Commanding Officer. 4-6111

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Initials of Executive Officer	
Conduct	40
Special Qualification or Special Detail	Transferred
Ability as leader	
Mechanical ability	Patient
Seamanship	
Proficiency in rating	
Rate	
Date	11/18/42

Final average on Discharge, Death, Description, Ret., Trans., F. R. (Rev. Sept. 1930)

Name HARTLIEB, Louis Pape  
 (Name in full, surname to the left.)  
 No. 614 35 18 Rate Sea2c, V-6 (A.A. / P.A.)  
 Date reported 15 November, 1942  
 Ship or Station USS SOLACE  
 From USS SAN FRANCISCO VIA BUTTON-Cub1

November 18, 1942 - Transferred to 142nd General Hospital, U.S. Army Fan Tan One for further treatment and disposition.

At 142nd General Hospital, U.S. Army Fantan One from November 18, 1942 to December 7, 1942; treatment completed, not misconduct.

Date transferred November 18, 1942  
 To US Army 142nd General Hospital Fan Tan One  
O.L. WATERS, Lieut. Comdr., USN.  
 Signature and rank of Commanding Officer.  
 Date received December 7, 1942  
 Ship or Station 142nd General Hospital, U.S. Army FANTAN ONE  
 From FANTAN ONE  
A. L. MARE, COMDR, USN (JRL)  
 Signature and rank of Commanding Officer. 4-6111

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Initials of Executive Officer	Conduct	Special Qualification or Special Detail	Ability as leader of men	Mechanical ability	Seamanship	Proficiency in rating	Rate	Date
	CLW	Transferred 40				Patient		11/18/42

Final average on Disch., Death, Description, Ret., Trans., F. R. (Rev. Sept. 1942)

Name HARTLIEB, Louis Pape  
 (Name in full, surname to the left.)  
 No. UNKNOWN Rate S 2c, USNR (A.A. / P.A.)  
 Date reported 27 December 1942  
 Ship or Station NAVAL HOSPITAL MARY ISLAND, CALIFORNIA  
 From USS MT. VERNON

5 FEB 1943

Transferred this date to U.S.P.H. S. Hospital, Fort Worth, Texas in accordance with an approved recommendation of a Board of Medical Survey.

5 FEB 1943

Datransferred \_\_\_\_\_  
 To COMMANDANT 8th. NAVAL DISTRICT  
J. P. OWEN, CAPTAIN (MC) U.S.N.  
 Signature and rank of Commanding Officer.  
 Date received Feb. 8, 1943  
 Sh of (Hdqtrs, 8th N.D.)  
 Stat Naval Unit, USPHS, Fort Worth, Tex.  
 From NAVAL HOSPITAL MARY ISLAND, CALIFORNIA  
Neville Levy  
NEVILLE LEVY, Lt. Cdr., USNR (ret.)  
 By direction of Commanding Officer. 4-6111

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
31 DEC 1942	S 2c					PATIENT IN HOSPITAL	4.0	WAF
15 FEB 1943	S 2c					PATIENT IN HOSPITAL	4.0	WAF

Resertion, Ret., Trans., F. R.  
(Rev. Sept. 1939)

4-0111

Name HARTLIEB, Louis Pape  
(Name in Full, Surname to the Left)  
614 35 12 Rate S2c, V-6, U  
(Service No.)  
Date Reported Aboard: February 8, 1943  
USPHSH, Ft. Worth, Texas (Comdt.,  
(Present Ship or Station)  
USNH, Mare Island, California.  
(Ship or Station Received From)

5/22/43: Honorably discharged this of the U.S. Navy Unit, U.S. Public Health Service Hospital, Fort Worth, Texas, accordance with BuPers. approved medical survey, Pers-663-MF, dated May 10, 1943

*M. P. Refo, Jr.*  
M. P. REFO, JR.,  
Captain, U.S. Navy (Retired)

Date Transferred \_\_\_\_\_

To: \_\_\_\_\_

Signature and Rank of Commanding Officer.

Date Received Aboard: \_\_\_\_\_

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL  
SERVICE RECORD

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
31 DEC 1942	S 2c					PATIENT IN HOSPITAL	4.0	WAF
15 FEB 1943	S 2c					PATIENT IN HOSPITAL	4.0	WAF

Deserion, Ket, Trans, F. R.  
(Rev. Sept. 1939)

Name HARTLIEB, Louis Pape  
(Name in Full, Surname to the Left)

614 35 12 Rate S2c, V-6, USNR  
(Service No.)

Date Reported Aboard: February 8, 1943

USPHSH, Ft. Worth, Texas (Comdt., 8th N.D.)  
(Present Ship or Station)

USNH, Mare Island, California.  
(Ship or Station Received From)

5/22/43: Honorably discharged this date at the U.S. Navy Unit, U.S. Public Health Service Hospital, Fort Worth, Texas, in accordance with BuPers. approved medical survey, Pers-663-MF, dated May 10, 1943.

*M. P. Refo, Jr.*  
M. P. REFO, JR.  
Captain, U.S. Navy (Retired)

Date Transferred \_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_  
Signature and Rank of Commanding Officer.

Date Received Aboard: \_\_\_\_\_

\_\_\_\_\_  
(New Ship or Station)

\_\_\_\_\_  
(Last Ship or Station)

\_\_\_\_\_  
Signature and Rank of Commanding Officer.

ORIGINAL  
SERVICE RECORD

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Initials of Executive Officer	MPR, jr
Conduct	4.0
Special Qualification or Special Detail	Patient in hospital
Ability as leader of men	
Mechanical ability	
Seamanship	
Proficiency in rating	
Rate	S2c
Date	5/22/43
Final average on Disch., Death, Desertion, Ret., Trans. F. R.	4.0
	MPR, jr
	4.0

BNP 952 (Reserve)  
(Revised August 1942)

Name HARTLIEB, Louis Pape  
(Name in full, surname to the left.)

No. 614 35 12

Pay per month, \$ 54.00 after BP years'

service and because of award of \_\_\_\_\_

(No. and designation of D. S. M., M. H., N. C.)

State of account, \$464.48 Paid in full  
(Due and unpaid.) (Paid in full.)

Furnished:  
Travel allowance: Total cost \$ 62.30

Transportation with subsistence: Total cost \$

From Fort Worth, Texas  
(Place where travel began.)

To Steubenville, Ohio  
(Place of acceptance)

S. C. Anthony BUTHERY, A. P. C. USN  
for and in the authorized absence of  
S. JORDAN, LT. SC USN, (RPL)  
Signature and Rank of Disbursing Officer.

8th. Naval District, N.O.La.

Station.

Discharged, ~~Deserted,~~ ~~Died,~~ ~~Transferred,~~ ~~Retired,~~  
At USPHSH, Fort Worth, Texas.  
On account of approved medical survey

With Honorable Discharge

Discharged this 22nd day of May, 19 43

Completed 0 years' net services for pay purposes

on - Total time lost and deducted for

pay purposes thereafter to date of discharge as follows:

Years.	Months.	Days.
<u>0</u>	<u>0</u>	<u>0</u>

Recommended for reenlistment, Yes No.  
(Erase one.)

Recommended for Good Conduct Medal, Yes No.  
(Erase one.)

U. S. Headquarters, 8th Naval District.

M. P. REFO, JR., Captain, USN (Retired).

Signature and rank of Commanding Officer.

222 No. 6th St., Steubenville, Ohio

Permanent address after discharge. 16-30510-1

SUMMARY OF SERVICE

Vessel or Station	From--	To--	Rate
USNRS, Cleveland, Ohio	March 24, 1942	April 14, 1942	AS
USNTS, Great Lakes, Ill.	April 14, 1942	June 20, 1942	AS
USNavTraSch., Chicago, Ill.	June 20, 1942	June 23, 1942	AS
USNTS, Great Lakes, Ill.	June 23, 1942	July 2, 1942	AS
U.S.S. SAN FRANCISCO	July 17, 1942	November 8, 1942	AS, S2c
USNAB Button	November 8, 1942	November 15, 1942	S2c
U.S.S. SOLACE	November 15, 1942	November 18, 1942	S2c
USNH, Mare Island, California	December 27, 1942	February 5, 1943	S2c
USPHSH, Fort Worth, Texas	February 8, 1943	May 22, 1943	S2c

Final average in all marks upon discharge 3.33

*M. P. REFO, JR., Captain, USN (Retired).*  
 Signature and rank of Commanding Officer. 16-00510-1

Name HARTLIEB, Louis Pape  
(Name in Full, Surname to the Left)  
 Service No. 614 35 12 Rate S2c, V-6, USNR  
 Date Reported Aboard: 8 February 1943  
 Navy Unit, USPHSH, Fort Worth, Texas  
(Present Ship or Station)  
 USNH, Mare Island, California  
(Ship or Station Received From)

This man was discharged with HONORABLE Discharge C343726, on 22 May 1943.

12/9/44: Honorable service lapel button and Honorable Discharge Button received by me this date.

*Louis P. Hartlieb*  
 Louis Pape HARTLIEB

Date Transferred \_\_\_\_\_  
 To \_\_\_\_\_  
 Signature and Rank of Commanding Officer. \_\_\_\_\_  
 Date Received Aboard: \_\_\_\_\_  
(New Ship or Station)  
(Last Ship or Station)  
 Signature and Rank of Officer Authorized to Sign \_\_\_\_\_

ORIGINAL FOR SERVICE RECORD

**HONORABLE DISCHARGE,  
UNITED STATES NAVY.**

SERIES C

C343726

U.S. Headquarters, 8th. N. H.  
(Name of vessel or station.)

Hartlieb, Louis Pape  
(Name of enlisted man.)

3/24/42  
(Date of enlistment.)

S7c, V-6, U.S.N.R. 614-35-12  
(Rating at date of discharge.) (Service number.)

May 22, 1943  
(Date of discharge.)

Fort Worth, Texas  
(Place of discharge.)

S7c  
(Rating best qualified to fill.)

G.S.C. No. \_\_\_\_\_ } H.D. Button } Yes  
delivered. } (Yes or no.)

222 N. 6th St., Steubenville, Ohio  
(Home address.)

Pay per month at discharge, -- \$ 54.00

Paid in full at discharge, -- \$ 464.48

Lee P. Lyon CAPT. USN (ret.)  
Commanding Officer.

Note.— Stubs to be forwarded, as bound, to the Bureau of Naval Personnel when the discharges in the book have been issued.