

ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL RUCHESTEIN JACK		3. ARMY SERIAL NO. 36 666 107	4. GRADE PFC	5. ASN OR SERVICE AUS	6. COMPONENT
8. ORGANIZATION 300TH AMF BU		7. DATE OF SEPARATION 21 FEB 46	9. PLACE OF SEPARATION/SEPARATION CENTER FORT SHERIDAN ILL		
10. PERMANENT ADDRESS FOR MAILING PURPOSES 3650 LEXINGTON ST CHICAGO ILL		11. DATE OF BIRTH 25 MAR 11	12. PLACE OF BIRTH CHICAGO ILL		
13. ADDRESS FROM WHICH DEPARTMENT WILL BE MAILED SEE 9		14. COLOR RATE EXCELLEN	15. COLOR MARK 5-8	16. WEIGHT 177	17. NO DEFENSE
18. RACE A	19. MARITAL STATUS A	20. U.S. CITIZEN NO	21. CONTAINING OCCUPATIONAL AND NO. PRODUCTS CO 1-83010 MANAGER CENTER & SALESMAN OF EARL		
MILITARY HISTORY					
22. DATE OF INDUCTION 21 MAY 43	23. DATE OF ENLISTMENT 28 MAY 43	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE CP GRANT ILL		
26. SELECTIVE SERVICE DATA 1-A	27. LOCAL P. BOARD NO. 124	28. COUNTY AND STATE CHICAGO ILL	29. HONOR ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9		
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. AIRPLNE & ENGINE MECH 747		31. MILITARY TRAINING AND RATE (G.I., Infantry, Aviation and nonmembership badge, etc.) SS W/CARBINE			
32. BATTLES AND CAMPAIGNS NONE					
33. DECORATIONS AND CITATIONS VICTORY MEDAL AMERICAN THEATER RIBBON GOOD CONDUCT MEDAL					
34. WOUNDS RECEIVED IN ACTION NONE					
35. CHALLENGE		36. LATEST INVESTIGATION DATE	37. SERVICE OUTSIDE CONTINENTAL U.S. AND ABROAD		38. DATE OF ARRIVAL
UL 43	TIPOHM	NOV 45	TETANUS	OTHER (specify)	NONE
39. TOTAL LENGTH OF SERVICE 2 8 24		40. HIGHEST GRADE HELD PFC		41. PRIOR SERVICE NONE	
42. REASON AND AUTHORITY FOR SEPARATION CONVN OF GOVT RR 1-1 DEMOBILIZATION AR L'S 305					
43. MILITARY RECORD ADDRESS 15 ... AND AFPM 1891 DID 18 ... 46 SERVICE					
44. MILITARY RECORD ADDRESS		45. EDUCATION (Years)		46. OTHER (High School) College	
747 1044 AP & ENG MECH R-47 1044		VO 20770		0 2 0	
47. GRADE AT TIME OF SEPARATION 2		48. REISSUING PAY PAY 1 200 4 100	49. TRAVEL PAY 4 30	50. TOTAL PAYMENT, NAME OF INSURANCE OFFICE 1111 CO ILELAND F RICE CAPT FD	
INSURANCE NOTICE					
IMPORTANT: IF AN INSURANCE IS NOT PAID WHEN DUE OR WITHIN THIRTY-DAY DATE THEREAFTER, INSURANCE WILL Lapse. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS, SUBSIDIARY, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.					
51. TYPE OF INSURANCE W	52. WHEN PAID X	53. EXPIRES DATE FEB 46	54. PREMIUM RATE MAR 46	55. PREMIUM PER 47 30	56. INTEREST OF VET/CO X

47. SIGNATURE OF PERSON BEING SEPARATED <i>John R. Glover</i>		51. PERSONNEL OFFICER (Type, Grade, Organization, Signature) W S RISEBORGH 1ST LT MAC	
48. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directorate) LAPEL BUTTON ISSUED ASR SCORE (2 SEP 45) 27 INACTIVE STATUS ERC FROM 21 MAY 43 TO 27 MAY 43			

1. This form supersedes all previous editions of W. D. Form 10, 11 and 12, and all related portions which have been revised or replaced. 2. FINAL DISCHARGE COPY (Attached to final advancement page of Service Record)

CONSULTATION REQUEST AND REPORT

Name *John R. Glover* Grade *3rd* Ward *10th*
Augustus Julius Jack, Pfc., 36656107, Co. H, 428th Field, Co.
 To: *John R. Glover* Date *21 Feb 1946*
 For consultation because of *old injury of left thumb*
 Provisional diagnosis *Remnants of joint swelling*
evaluation *2) mod cost*
 Routine
 Emergency
 Date *24 January* 1946

Opinion of consultant:
 This patient gives a history of an old injury of the left thumb which continues to pain. The thumb was X-rayed January 15, 1945, at which time there was observed a small rounded bone fragment along the superior dorsal border of the first metacarpophalangeal joint, and most likely representing the end result of a small chip fracture at that level. There is no evidence of any posttraumatic arthritic change at the joint level. The remaining bones of the thumb are negative. This patient would be benefited by physiotherapy but no further treatment is indicated other than this.

John R. Glover
JOHN R. GLOVER - Captain
 JCP/M-7-W. D., A. G. O. Form No. 9-49
 (This form supersedes W. D., M. D. Form No. 44 E-1, 31 May 1945, which may be used until existing stocks are exhausted.)

ABBREVIATED CLINICAL RECORD

Name Rubinowitz, Jacob Grade Pfc Ward 122

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

For a number of years patient has had plantar warts which he states he had learned to get in civilian life. During they have become sensitive and in addition he has developed shoe sores.

Complete physical examination is negative except for the following:

Plantar wart on sole of left foot beneath 4th metatarsal phalangeal joint and another below on 2d toe of left foot beneath great toe. Several small discrete warts (mollusca) on sole of foot, worse on left.
 1 sup. plantar wart
 12 Trichophyton alb. moderate

Progress:

25 Feb 45 Under local treatment patient's plantar warts infections seem to have disappeared. 2 1/2"
 26 Feb 45 Having sensitive plantar warts 2 1/2"
 27 Feb 45 Patient's trichophytosis has improved. He was seen by H. Neer who advocated nitrate foot pads, bare of feet and recommended diet 2 1/2"

(Use both sides of this sheet)

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A. M.			P. M.			Hr	Wt	MEDICATION AND NURSE'S NOTES
	T	P	R	T	P	R			
20 Feb 45	98°	90	20	98°	90	20			Washed warts on 5th toe. Rubbed with Castellani's and treated.
21 Feb 45	98°	90	20						Foot washed & treated with Castellani's.
22 Feb 45	98°	90	20	98°	90	18			Foot washed & treated with Castellani's. No warts between toes. Rubbed with Castellani's.
23 Feb 45	98°	90	20	98°	90	20			Foot first washed & treated with Castellani's.
24 Feb 45	98°	90	18	98°	90	16			Castellani's not applied between toes. Followed by carbon foot powder. Warts very small. Rubbed with Castellani's between toes. Footing cream. Foot washed & treated with Castellani's.
25 Feb 45	98°	90	18						Castellani's not applied between toes. Followed by carbon foot powder. Warts very small. Rubbed with Castellani's between toes. Footing cream. Foot washed & treated with Castellani's. Followed by carbon.

LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines)

(Paste second report with top at this line)

(Paste first report with top at this line)

16-52720-1 U. S. GOVERNMENT PRINTING OFFICE: 1942

bring felt pads for the transverse
arches.

Alie
125.11

Rehinstein, Jakob 4

submit to 107

(1) Epidemiohyosis, infected

(2) Callousities

T. H. Kelly

Armed Forces' Original
D. S. Form 48
REVISED 10-1-43

6-7-43 NOT YET ASSIGNED
RRC CAMP GRANT, ILL.

Local Board No. 124	01
Chicago, Ill.	701
124	
124	

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination Second examination Third examination Fourth examination
 (To be filled in by local board clerk. Cues number of examination made by local board)

SECTION I—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 48. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

Do Not Enter Anything in This Column

1. Name (page 1) JACK (First) (Last) (Middle)	2. Address (page 1) 3650 Lexington (Street or rural route) Chicago (Town or city) Cook (County) Ill (State)	3. Social Security No. (Series I, line 5) 08-12345	4. Registrant's order number (page 1) 1912	
5. Physical or mental defects or diseases (Series II, line 1)	6. Treatment at an institution, sanitarium, or asylum (Series II, line 2)	7. Education (Number years completed) (Series III): school (Elementary school) (High school) (College, or university) Vocational school, college, or university	8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) (b) Duties (Series IV, line 2 (b)) (c) Title of last job, if unemployed (Series IV, line 3)	
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2)	10. Income (Series IV, line 2 (d)): Average (Weekly, monthly, annual) earnings \$100.00	11. Employment class (Series IV, line 2 (e)): Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Apprentice <input type="checkbox"/> Worker <input type="checkbox"/> Independent <input type="checkbox"/> Upward family worker <input type="checkbox"/> Student (Series IV, line 4 (a))	12. Business of present employer (Series IV, line 2 (g))	
13. Marital status (Series VII, line 1): Single <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Married, not separated <input type="checkbox"/> Married, separated <input type="checkbox"/>	14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column)	15. Birthplace (Series IX, line 1) (Town or city) (State) (Country)	16. Birth date (Series IX, line 2) (Month) (Day) (Year)	
17. Race (Series IX, line 3): White <input type="checkbox"/> Negro <input type="checkbox"/> Other (specify)	18. Citizenship: United States citizen (Series IX, line 4) (Yes or no) Declarant alien (Series IX, line 7) (Yes or no)	19. Previous U. S. military service (Series XII): None <input type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/>	20. Type of discharge (Series XII): Specify	21. Date of registrant's affidavit (top of page 8) (Day) (Month) (Year)

Residence	State	County
Place Inducted	Date Inducted	Day
Month	Year	Source
Year of birth	Marital status	Education
Occupation	Marital	

INSTRUCTIONS

- An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is deposited at the Armed Forces' Original, the first carbon copy, the National Headquarters' Copy, the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant, Marine Corps (M. C.) Copy, and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
- Fruits of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, the original will be filed along with "Local Board's Copy" (3d copy) in the registrant's Cover Sheet (Form 53).
- If registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Army of Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
- Fingerprints are required only on this original and only for registrants who are inducted. If inducted by Army, Marine Corps, or Navy, fingerprints are required only on this original and only for registrants who are inducted. If inducted by U. S. Marine Corps, Washington, D. C.

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

- If registrant's answer to Item 8 above is "yes," when and for what ailment(s) _____
- Is registrant now or previously an enrollee in the Civilian Conservation Corps? No Yes
- Serological test (syphilis): Date 1-22-43 Result _____
Second serological test (syphilis): Date _____ Result _____
- Examining physician's remarks _____
- (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance _____
- (b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220) (If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance _____
- I have examined the above-named registrant in accordance with Selective Service Regulations.
- Signature of examining physician _____ Date _____
- Place (Town or city) (State) (County)
- This Local Board has classified the above-named registrant in Class 1-A
- Signature of Member of Local Board _____ Date _____
- Place (Town or city) (State) (County)

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

- Nearest relative _____
- Relationship _____ 30. Address _____ (Other than wife or minor child. Name in full)
- Person to be notified in case of emergency _____ (Name in full)
- Relationship _____ 33. Address _____ (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)
- Designation of beneficiary _____
- The persons eligible to be my beneficiary are designated below:
(1) _____ (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)
(2) _____ (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife, so state. Do not repeat address.)
- In the event of my leaving no widow or child, or their death before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:
(1) _____ (If designation of beneficiary is declined, man must state in own handwriting "I decline to designate any person as my beneficiary.")
(2) _____ (If designation of beneficiary is declined, man must state in own handwriting "I decline to designate any person as my beneficiary.")
- In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:
(1) _____ (If beneficiary is named in line 33 but naming of alternate is declined, man must state in own handwriting "I decline to designate an alternate beneficiary.")
(2) _____
- Signature of registrant Jack (Print name) (Middle name) (Last name)
- Witnessed at Chicago, Ill. on May 21, 1943
W. Skrutnik (Signature of witness) N. Skrutnik, 2nd (Print name) (Middle name) (Last name)

ORIGINAL COPY (Page 2) 70 (Grade and extension)

**REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL
PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT**

1. Last name—last name—middle initial SMITH JOHN JACK	2. Army Serial Number 5-29 300	3. Grade 1st LT	4. Regiment, unit or service
5. Permanent mailing address 3650 LEXINGTON ST CHICAGO ILL.	6. Color W	7. Age in years 30	8. Sex M
9. Symbolic Region 100		10. Symbolic Station 100	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

11. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under item 12.

13. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no to Columns 1 to 4. (Continue on back if necessary)

EPTS	AMS	AMS	PS

No history of Malaria or Syphilis.

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable carious teeth by Z, missing natural teeth by X, teeth replaced by denture, horizontal line over X, as XXX and teeth replaced by fixed bridge, oval to include abutments, as (LTD)

RIGHT										LEFT										CL	IV
0	7	6	5	4	3	2	1			1	2	3	4	5	6	7	8				
16	15	14	13	12	11	10	9			9	10	11	12	13	14	15	16				X

15. Skin
Normal

16. Genito-Urinary (And pelvic for women)
Varicocele, left non-compensated

17. Venereal diseases
None

18. Varicose veins
None

19. Hernia
None

20. Anus and Rectum
Normal

21. Musculoskeletal defects
None

22. Feet
Normal

23. Abdominal Wall and Viscera
Normal

24. Cardiovascular system
Normal

25. Speech
Normal

26. Blood pressure
110 / 80

27. Lungs
Normal

28. Chest X-ray
Negative

29. Height (standing)
68 in.

30. Weight (striped)
170 lbs.

31. Neurological diagnosis
Normal

32. Psychiatric diagnosis
Normal

33. Endocrine system
Normal

34. Eye abnormalities
None

35. Unconstricted Pupil Contracted Pupil
Right eye Left eye Right eye Left eye
20/30 20/30 20/20 20/20

36. Urinalysis
Sp. Gr. Albumin Sugar Micro. B.
New. Neg. None

37. Ear, nose, throat, abnormalities
None

38. Hearing (Whispered voice)
Right ear Left ear
15 /15 15 /15

39. Blood serology result
Kahn test—negative.

40. In your opinion will wound, injury or disease result in:
Disability? Yes or No
Ultimately death? Yes or No
Condition: Yes or No

41. In your opinion does individual meet physical and mental standards for discharge?
Yes.
If not, state why

42. In your opinion does individual meet physical and mental standards for discharge?
Yes.
If not, state why

43. Remarks, special tests, or other defects (Continue on back)
None

44. Date of examination
20 February 1946

45. Location
612 SCU

46. Typed name and grade
R. D. DWYER, 1st LT, M.C.

47. Signature
R.D. Dwyer

1. Prior to arrival at separation center
2. Informed of and prior to entrance
3. In military service
4. Aggravated by military service

5. Injured while in military service
6. Present physical defects
7. When indicated

8. Send to The Adjutant General included with S/R
9. Work sheet
10. Laboratory Reports form (WD AGO)

REPORT OF BOARD OF REVIEW
(See Instruction 2)

From a careful consideration of the case and a critical examination of the enlisted person, we find that:

Yes or No

- He meets physical and mental standards for discharge except as follows:
- He meets physical and mental standards for discharge except as follows:

3. The defect, wound, injury, or disease is likely to result in ultimate death.

4. The defect, wound, injury, or disease is likely to result in permanent disability.

5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

Location	Typed name	Grade	Signature
		M.C.	
Date	Typed name	Grade	Signature
		M.C.	

INSTRUCTIONS:

- This report will be made out for all enlisted personnel immediately preceding separation by discharge and release from active duty, unless discharged on a certificate of disability, or retirement for service.
- If the declaration of the enlisted man under item 10) when yes only, and the certificate of the examining surgeon do not agree, the case will be referred to a board of review to consist of not less than two medical officers, convened in accordance with applicable Army Regulations.
- Report will be prepared in duplicate. Each item provided for will be completed with an appropriate notation. The original will be signed.

CONSULTATION REQUEST AND REPORT

Name John R. Glover, M.D. Grade Col. Ward 10

Co. H, 12th Inf., 2888107 Date 10 February 1945

For consultation because of _____

Provisional diagnosis _____

Routine _____ M.C.
Emergency

Date 10 February 1945

Opinion of consultant:

Patient was seen in this clinic on the 10th of January at which time X-ray revealed a small chip fracture of the left thumb at the distal carpometacarpal joint with non-union. Physiotherapy was ordered and has been administered daily since that time with considerable improvement although the patient states that he still experiences pain in the wrist. Patient is advised to continue his duty for a month's period and if there is still pain, he can return for further physiotherapy.

CI-7-d W.D., A. G. O. Form No. 8-49
11 June 1944
(This form supersedes W. D., M. D. Form No. 43 E-1, 11 May 1944, which may be used until existing stocks are exhausted.)

JOHN R. GLOVER, Captain M.C.

CONSULTATION REQUEST AND REPORT

Name _____ Grade _____ Ward _____

To: _____ Date _____ 1945

For consultation because of _____

Provisional diagnosis _____

Routine _____ M.C.
Emergency

Date _____ 1945

Opinion of consultant:

This patient gives a history of an old injury of the left thumb which continues to pain. The thumb was X-rayed January 15, 1945, at which time there was observed a small rounded bone fragment along the proximal border of the first metacarpal-metacarpal joint, and most likely the end result of a small chip fracture at this level. There is no evidence of any pronounced arthritic change at the joint level. The X-raying bones of the thumb are negative. This patient would be benefited by physiotherapy but no further treatment is indicated other than this.

JCP-7 W.D., A. G. O. Form No. 8-49
11 June 1944
(This form supersedes W. D., M. D. Form No. 43 E-1, 11 May 1944, which may be used until existing stocks are exhausted.)

JOHN R. GLOVER, Captain M.C.