

NATIONAL PERSONNEL RECORDS CENTER

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December 12, 2012

RICHARD BURSCH
13525 SE GLENWOOD ST
PORTLAND, OR 97236-4983

RE: Veteran's Name: BURSCH, Charles Frederick
SSN/SN:
Request Number: 2-11209580122

Dear Sir or Madam:

Thank you for contacting the National Personnel Records Center. We have received your payment for copy material for the veteran named above. Your photocopy(ies) is/are enclosed.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

LILLIAN J. MCKINNEY
Expert Archives Technician (1C)



**We Value Our
Veterans' Privacy**

*Let us know if we have
failed to protect it.*

Enclosure(s)



1-MRE456

NV01779008

BURSCH CHARLES F

001143373

RG 024

N. Nav. 153.

BONUS

114 33 73

BURSCH

CHARLES F

C. S. Certificate No.

USE LETTERS.	DATE.	RATE.	VESSEL
G	10-8-17	asea	Reddy Sta
T	10-13-17	asea	Seattle
T	11-15-17	asea	San Francisco
T	12-3-17	asea	Rd Norfolk
CR	1-1-18	F3	NIS Norfolk
T	1-25-18	F3	USS Illinois
T	3-6-18	F3	Rd Phila
T	3-13-18	F3	USS Henderson
CR	4-1-18	F2	USS Henderson
CR	10-1-18	F1	USS Henderson
T	7-16-19	F1	Rd Puget Sound

Special Order

Disc 7-23-19 F1 Rd Puget Sound

Navy Department

Bureau of Navigation

Washington, D. C.

APR 7 1921

Re-issued

as an

HONORABLE DISCHARGE in accordance

with the Act of Congress, approved

July 11, 1919

By Direction

Bursch (Last name) Charles (Christian name) Fredrick (Middle name) 149311 (Application number)
T 10 (Rank or rate) USM (Branch of service) 114-33-73 (Service number)

The service or other official records of the above-named veteran that are now on file in this Department show the following facts of active service after April 5, 1917, and before July 1, 1919:

HOME SERVICE		OVERSEAS SERVICE		EXCEPTIONS	
FROM	TO	FROM	TO	FROM	TO
10-8-17	1-24-18	1-25-18	3-6-18		
3-7-18	3-12-18	3-13-18	6-30-19	DEC 1	3 1924

DATE OF APPLICATION 16 July, 19 24
There are no exceptions under World War Adjusted Compensation Act, in the case of this veteran, other than those set forth in this certificate.

BENEFICIARY Bursch Mrs Viola (Last name) (Christian name) (Middle name) wife (Relationship)
1418 1/2 (House number) 10th Ave (Street) Seattle (City) Wash. (State)

I certify that the person first named above is the applicant and is a veteran; that he was discharged under honorable conditions; that he was born Aug 29 1897 at Montreal Canada; that his address is 1418 1/2 10th Ave Seattle Wash.; and that the facts hereinbefore stated are the facts of record upon which Service Credit due veteran is \$ 625.00; and that the facts hereinbefore reached are based.

GOVERNMENT PRINTING OFFICE 2-13139

642RE

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C
C

30.3	.30
8	.25
8.9	.89
7	.13
6.0	
3.0	.89
2.5	.7
8.9	1.81
1.3	.31
36.5	3.65
5.5	5.16

⊕
T

OK



Yag...

149311/16-July 1924
(Application number)

Bursch,

Charles

Fredrick

(Surname)

(Christian name)

(Middle name)

(Rate)

114-33-73

Aug. 29, 1897

U.S.N. Montreal Canada

(Service number)

(Date of birth)

(Place of birth)

HOME SERVICE

FROM—

TO—

NO. DAYS

10-8-17 1-24-18

3-7-18 3-12-18

Total

OVERSEAS SERVICE

FROM—

TO—

NO. DAYS

1-23-18 3-6-18

3-13-18 6-30-18

Total

EXCEPTIONS

FROM—

TO—

NO. DAYS

FROM—

TO—

NO. DAYS

Total exceptions

Total exceptions

SERVICE { Home _____ days } 60 { at \$1.00 = \$ _____
Overseas _____ days } at \$1.25 = \$ _____

TOTAL ADJUSTED SERVICE CREDIT \$ *625.-*

Computed by *14*

Verified by *18*

Date *10-15-24*

Finished 1.

NOV 5 1924

APPLICATION FOR ADJUSTED COMPENSATION FOR SERVICE IN

(Army, Navy, Coast Guard, or Marine Corps)

Applicant
will make no
entries in
this column

This application must be sent to the War Department, Navy Department, or Marine Corps, as indicated in instructions, depending on whether your last service was in the Army, Navy, Coast Guard, or Marine Corps. Use the envelope provided for this purpose, with the proper address printed on it.

READ INSTRUCTIONS OVER CAREFULLY

Application
number

To the Secretary of War or Secretary of the Navy.

The following statements are made by me in support of my claim for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act:

Item
No.

1. Name of veteran:

Bursch Charles Friedrich
(Last) (First) (Middle)

Service or
Serial No. 56576

114-33-73

2. Present address of veteran or dependent.

1418 1/2 10th Ave
Seattle King Washington
(City) (County) (State)

3. Date of birth of veteran

August 29 1897 at Montreal Canada
(Month) (Day) (Year) (City) (State)

4. Original entry into World War service in the Army, Navy, Coast Guard, or Marine Corps

was as a Apprentice Seaman on Oct 8 1917
(Rank or grade) (Month) (Day) (Year)
at Gate Island San Francisco Cal

5. Date of separation

July 23 1919 at Bunker Wash.
(Month) (Day) (Year)

6. I did (did not) have oversea service.

7. Service in organizations, at stations or on vessels in the order named as follows:

U.S.S. San Francisco Cal	from Oct 17-1917	to Nov 15-1917
U.S.S. Norfolk Va	from Nov 21-1917	to Dec 1-1917
U.S.S. Johnston Va	from Dec 1-1917	to Jan 2-1918
U.S.S. Illinois	from Jan 2-1918	to Feb 1918
Receiving Ship Phila. Pa	from Feb 1918	to March 13-1918
U.S.S. Henderson	from March 13-1918	to July 13-1919
	from	to
	from	to
	from	to
	from	to
	from	to

8. Character given on discharge certificate

Honorable Discharge

Item 9 will be filled in only by men whose service or part of whose service was in the Marine Corps.

9. Embarked for oversea service on

(Name of vessel)

(Date)

at

(Name of port)

DOES NOT APPLY

(Name of vessel)

at, on return to United States from oversea service.

NO 149317 JUL 29 24

None

14. I was commissioned or warrant officer performing home service not with troops and receiving commutation of quarters or of subsistence from None to _____ and during this period I was on duty at the following stations: STATION FROM— TO—

None

15. I was granted a farm or industrial furlough from None to _____

16. I ~~was~~ (was not) a conscientious objector who performed no military or naval duties whatever, and ~~did~~ (did not) refuse to wear the prescribed uniform of the branch of service in which I was serving.

17. I ~~was~~ (was not) discharged for alienage.

18. Remarks:

19. I certify that I am the Person named in this application; (See instructions for this item) that the statements made herein are made by me of my own free act and deed for the purpose of applying for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act; and that the same are true and correct to the best of my knowledge and belief.

Date July 16-1924 Signature of applicant Charles Frederick Bursch
(First) (Middle) (Last)

Item 20 will not be filled in when dependent makes application.

20. We, the undersigned, certify that we know the person signing the application to be identical with the veteran whose service is set forth in the above application; that we have known him (~~her~~) for 15 years and 6 years, respectively;
(To be filled in by first witness) (To be filled in by second witness)

and that he (~~she~~) understands the statements made by him (~~her~~) and the penalty provided by law for making false statements.

Signature of witnesses: (1)

John Thomas Whittig
(First name) (Middle name) (Last name)

612-7th Ave Seattle Wn
(Address)

(2)

Ralph Jay
(First name) (Middle name) (Last name)

2029 Charles St, Seattle Wn.
(Address)

Nav. Slip No. 2.
(August, 1917.)

CHANGE OF RATING

All enlisted men other than to rating of
Chief Petty Officer.

U. S. S. *U. S. Naval Training Station*
Naval Operating Base, Norfolk, Va.

.....
Jan. 1, 1918.

Name.. **Bursch, Chas. F.**

Rate.. **A. S.** { U. S. Navy.
 ~~Naval Reserve Force, Class~~

C. S. C. No.

When { Enlisted **Oct. 8, 1917.**
 ~~Enrolled~~

Where { Enlisted **Seattle, Wash.**
 ~~Enrolled~~

Rating changed to **F3c.**

Authority **B70.**

Remarks

J. H. DAYTON

Captain, U. S. Navy,
Commanding Officer.

Reports to be typewritten.
See Instructions on back.

Nav. Slip No. 1.
(August, 1917.)

TRANSFER OF

All non-rated men and all petty officers on
board less than 3 months. Petty officers on
board 3 months and longer forward Nav.
form 1-B.

U. S. S.

U. S. NAVAL TRAINING STATION
SAN FRANCISCO, CALIF.
NOV 15 1917

Name. **Bursch, Chas. F.**

Rate.. **A. S.** { U. S. Navy.
 ~~Naval Reserve Force, Class~~

C. S. C. No.

When { Enlisted **Oct. 8, 1917**
 ~~Enrolled~~

Where { Enlisted
 ~~Enrolled~~ **Seattle**

Transferred to *U. S. NAVAL TRAINING STATION*
NORFOLK, VA.

Authority **BuNav Tel 15101 Nov**

Remarks

Gardner
.....
LIEUTENANT COMMANDER U. S. Navy,
CAPTAIN OF THE YARD Commanding Officer.

Reports to be typewritten.
See Instructions on back.

Instructions

This form shall be forwarded to Bureau of Navigation immediately when any change of rating is made other than to the rating of Chief Petty Officer (in which case a full transcript of current record should be forwarded on Form 1-B).

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class....., or National Naval Volunteers.

Special recommendations for changes in rating should be accompanied by complete transcript of current record on Navigation Form 1-B.

Reports to be typewritten.

Instructions

This form shall be forwarded to Bureau of Navigation immediately upon the transfer of any non-rated man and upon transfer of any petty officer who has been attached to a vessel or station less than three months.

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class....., or National Naval Volunteers.

When this form is forwarded in accordance with instructions hereon Navigation Form 1-B need not be forwarded and may either be retained on board or destroyed.

Reports should be typewritten.

Nav. Slip No. 2.
(August, 1917.)

CHANGE OF RATING

All enlisted men other than to rating of
Chief Petty Officer.

U. S. S. HENDERSON.....

.....OCT......1.....1918.....

Name. Bursch, Charles Frederick

Rate. F2c { U. S. Navy.
Naval Reserve Force Class
National Naval Volunteers.

C. S. C. No.

When { Enlisted October 8, 1917
Enrolled

Where { Enlisted Seattle, Wash.
Enrolled

Rating changed to F. 1c

Authority Qual. by Exam. G. O. #63

Remarks

W. R. Bayler
.....
Commander, U. S. Navy,
Commanding Officer.

Reports to be typewritten.
See Instructions on back.

Nav. Slip No. 1
(August, 1917)

TRANSFER OF

All non-rated men and all Petty
officers on board less than 3 mths
Petty officers on board 3 mths and
longer forward Nav. form 1-B.

U. S. S. Illinois

Base Two

6 March 1918

Name Bursch, Charles F.

Rate. F3c { U. S. Navy.
Naval Reserve Force Class
National Naval Volunteers.

C. S. C. No.

When { Enlisted Oct. 8, 1917.
Enrolled

Where { Enlisted Seattle, Wash.
Enrolled

Transferred to: R.S. at Phila. (Gen. Det.)

Authority: CBF-1 let. 2771-760 of 12-7-17

Remarks: Engineering training.

W. R. Bayler
.....
Captain, U. S. Navy,
Commanding Officer.

Bursch, Charles Fredrick

Enlisted Oct 8, 1917

At Seattle, Wash

Classification No. 28 MO M
32 MI I

N. Nav. Sp.

4-1334

Nav. Slip No. 2.

Instructions

This form shall be forwarded to Bureau of Navigation immediately when any change of rating is made other than to the rating of Chief Petty Officer (in which case a full transcript of current record should be forwarded on Form 1-B).

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class....., or National Naval Volunteers.

Special recommendations for changes in rating should be accompanied by complete transcript of current record on Navigation Form 1-B.

Reports to be typewritten.

Nav. Slip No. 1.
August, 1917.

TRANSFER OF

All nonrated men and all petty officers on board less than 3 months. Petty officers on board 3 months and longer forward Nav. Form 1-B.

U. S. S. ~~THE RECEIVING SHIP AT PHILADELPHIA~~

MAR 13 1918

Name Bursch, Charles F.

Rate F3c { U. S. Navy.
~~Naval Reserve Force, Class~~
~~National Naval Volunteers.~~

C. S. C. No.

When --- { Enlisted Oct. 6, 1917.
~~Enrolled~~

Where --- { Enlisted Seattle, Wash.
~~Enrolled~~

Transferred to U. S. S. HENDERSON.

Authority Bunav.

Remarks

A. F. LEIPER

COMMANDER, U. S. N. RETIRED

U. S. Navy,
Commanding Officer.

Reports to be typewritten.
See instructions on back.

INSTRUCTIONS

This form shall be forwarded to Bureau of Navigation immediately upon the transfer of any nonrated man and upon transfer of any petty officer who has been attached to a vessel or station less than three months.

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class _____, or National Naval Volunteers.

When this form is forwarded in accordance with instructions hereon Navigation Form 1-B need not be forwarded and may either be retained on board or destroyed.

Reports should be typewritten.

4-3777

Name _____

Rate _____
 U. S. Navy
 Naval Reserve Force
 National Naval Volunteers

C. S. C. No. _____

When _____
 Enlisted _____
 Enlisted _____

Where _____
 Enlisted _____
 Enlisted _____

Transferred to _____
 U. S. S. _____

Authority _____

Remarks _____

U. S. Navy
 Commanding Officer _____

Reports to be typewritten.
 See instructions on back.

File with Jacket

N-640-RPS-BS-25

February 8, 1919

From: Bureau of Navigation
To: Commanding Officer, U.S.S. Henderson.

Subject: Address of dependents of BURSCH, Charles Frederick
F. 1c, USN

Allotment Number 470796

1. Checks addressed to the Mother of above man
(relation) BURSCH, Jennie

(name) 809 Marion Street, Seattle, Washn.
(address) city state

have been returned to Bureau of War Risk Insurance on account of incorrect address.

2. If any other address can be furnished by the man, please communicate same to War Risk Insurance Bureau at once, sending copy of your letter to this Bureau. Refer to allotment number in reply. If above man has been transferred, forward this letter to his new ship or station.

3. If no other address can be furnished by the man, advise this Bureau to that effect.

By direction.

USN
EUBSCH, Charles F.
U.S.S. HENDERSON

FILE 1917 10 8 REC 2/13/18

Rec. Ship at Phila.

(A-7)

BURSCH, Charles Frederick
Name in full—Surname to left

F.2c
Rate

October 8, 1917
Date of enlistment

410.

COMPULSORY ALLOTMENT Pay per month **\$41.00**

Relation-ship	NAME	POST OFFICE ADDRESS			DATE OF BIRTH			MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
		No. and Street or Rural Route	City, Town or Post Office	State	Month	Day	Year		
Wife	NONE								
Child	NONE								
Child									
Child									
Child									
Divorced Wife	NONE							Remarried? "Yes" or "No"	
								Amount payable monthly by order of court	

VOLUNTARY ALLOTMENT

Relation-ship	NAME	POST OFFICE ADDRESS			Amount of my average monthly habitual contribution because of dependency	AMOUNT OF ALLOTMENT
		No. and Street or Rural Route	City, Town or Post Office	State		
Mother	Jennie Bursch,	809 Marion St.,	Seattle, Wash.		\$35.00	\$15.00

RECORD OF FAMILY ALLOWANCES

Relation-ship	NAME	POST OFFICE ADDRESS			AMOUNT
		No. and Street or Rural Route	City, Town or Post Office	State	
Mother	Jennie Bursch,	809 Marion St.,	Seattle, Wash.		

RECORD OF INSURANCE

Relation-ship	NAME	POST OFFICE ADDRESS			AMOUNT
		No. and Street or Rural Route	City, Town or Post Office	State	
	NONE				

In case of emergency notify Mrs. Jennie Bursch, Mother, 809 Marion St.,
Name Relationship Address Seattle, Wash.

If no insurance, state whether eligible for insurance or not { Yes
No

Is mother living? { Yes No If living, is she a widow? { Yes No

Is wife's mother living? { Yes No If living, is she a widow? { Yes No

(See Instructions on Back.)

INSTRUCTIONS

This form will be made out in duplicate. The original will be retained in the service record and the copy forwarded to the Bureau of Navigation. When any changes occur which affect the information called for on this form, new forms will be made out for the service record and for the Bureau.

Record of Allotments, Family Allowances and Insurance of Enlisted Men

BURSCH, Charles Frederick

Full name—(Surname to left.)

Rate. F.2c ☒ U. S. Navy ☒ Naval Reserve Force Class ☒ National Naval Volunteers

October 8, 1917

Date of Enlistment.

U. S. S. HENDERSON

June 20, 1918.

Date

To: Bureau of Navigation.

I. This information is correct as shown by the records of Charles F. Bursch.

G. W. STEELE **Commander,**
U. S. NAVY.

Commanding.

COMPULSORY ALLOTMENT

Relation-ship	NAME	POST OFFICE ADDRESS			DATE OF BIRTH			MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
		No. and Street or Rural Route	City, Town or Post Office	State	Month	Day	Year		
Wife	None								
Child	None								
Child									
Child									
Child									
Divorced Wife	None							Remarried? "Yes" or "No"	Amount payable monthly by order of

VOLUNTARY ALLOTMENT

Relation-ship	NAME	POST OFFICE ADDRESS			Amount of my average monthly habitual contribution because of dependency	AMOUNT OF ALLOTMENT
		No. and Street or Rural Route	City, Town or Post Office	State		
Mother	None					\$

RECORD OF FAMILY ALLOWANCES

Relation-ship	NAME	POST OFFICE ADDRESS			AMOUNT
		No. and Street or Rural Route	City, Town or Post Office	State	

RECORD OF INSURANCE

Relation-ship	NAME	POST OFFICE ADDRESS			AMOUNT
		No. and Street or Rural Route	City, Town or Post Office	State	
Mother	Jennie Bursch,	808 Marion St.	Seattle,	Wash.	\$5,000

In case of emergency notify Jennie Bursch, Mother, 809 Marion St.,
 Name Relationship Address
Seattle, Wash.

If no insurance, state whether eligible for insurance or not { Yes / No

Is mother living? { Yes / No If living, is she a widow? { Yes / No

Is wife's mother living? { Yes / No If living, is she a widow? { Yes / No

(See Instructions on Back.)

INSTRUCTIONS

This form will be made out in duplicate. The original will be retained in the service record and the copy forwarded to the Bureau of Navigation. When any changes occur which affect the information called for on this form, new forms will be made out for the service record and for the Bureau.

Record of Allotments, Family Allowances and Insurance of Enlisted Men

Bürsch, Chas. F.

Full name—(Surname to left.)

Rate F.2c

U. S. Navy

~~Navy Reserve Force~~
~~National Naval Volunteers~~

October 8, 1917.

Date of Enlistment.

U. S. S. Henderson,

April 10, 1918.

Date

To: Bureau of Navigation.

I. This information is correct as shown by the records of Chas. F. Bürsch,

G. W. STEELE

Comdr. Navy

U. S. Commanding.

March 31, 1919

To: Bureau of War Risk Insurance, Change of
Address Section, Old Emergency Hospital,
Washington, D.C.

Subject: BURSCH, Charles Frederick (1143373) F. 1 c, USN.
Regarding address of dependents.

Enclosure: (a) Bureau's letter of February 8, 1919.
Forwarded, inviting attention to the above
enclosure.

By direction.

-----n-----

Correct address: Jennie Bursch,
809 Marion St.,
Seattle, Washn.

USN
BURSON, Charles F.
USN HENDERSON

114-33-73 F10 1917 10 8 TRAN 7/16/19

JUL 22 1919

2-17

Rec. Ship at
Pugetsound, Wash
for 3000. Ord.
Disc. Accord-
ance AINAV
178.

BUREAU OF NAVIGATION.

NAVY DEPARTMENT.

191

U. S. S. *Albatross*
Service No. 114-33-73

Name *BURSCH Charles F.*

Enlisted *8 Oct. 1917.*

C. S. C. No. *1*

Rating *First Lieutenant*

Transferred to *Regt. Ship at*

Date *Jul 16 1919*

Authority *Regt. Board Wash. D. C. 35-19, of 7 Apr. 1919.*

Recommended for *1* appointment as *1*

Certified to be a true copy. *1*

Forwarded approved: *1*

(Executive Officer.) *U. S. Navy.*

From: BUREAU OF NAVIGATION.

To: *1*

Approved: *1*

By direction. *1*

U. S. S. *1*

Given an *1* appointment

From *1*

Authority *1*

(Executive Officer.) *U. S. Navy.*

(Commanding Officer.) *U. S. Navy.*

Pay per month (pay table)	\$
Additional for continuous service	\$
Additional for G. C. Medals	\$
Additional for Cert's of Grad'n	\$
Additional for detail as *	\$
Bonus for citizenship	\$
Total pay per month	\$
State of account at date of †	\$

* Gun pointer, gun captain, coxswain commander in chief, coxswain steam launch, signman (first, second, or third class), tailor, tailor's helper, captain of hold, jack of the dust, lamp lighter, messman, submarine boat duty, mail clerk, assistant mail clerk.

† Discharge, desertion, or death.

THE FOLLOWING TO BE COMPLETED ONLY IN CASE OF DISCHARGE, DESERTION, OR DEATH.

Discharged	at	on account
Deserted	at	on account
Died	at	on account
of	with	day of
this	(Exp. of ent., disability, etc.)	(Char. of dis.)
Furnished	Travel allowance	to
Total cost, \$	Gunnery record, Yes or No	(Name of place)
Gun captain	(Erase one.)	
Gun pointer	Class	(Caliber of gun.)
Is	physically qualified for reenlistment.	
Is	recommended for reenlistment.	
P. O. address after discharge		

1. The data required on this form should be neatly and accurately copied from the "Service Record" of each enlisted man on board of a vessel or attached to a station and filed alphabetically in the loose-leaf binder; subsequent entries in the service record should be noted on the corresponding leaf in the binder.
2. When an enlisted man is to be transferred, his service record and his leaf in the binder should be completed to the date of such transfer, the service record forwarded to the vessel or station to which he is transferred, and his leaf in the binder detached at the perforations and immediately forwarded to the Bureau. The commanding officer receiving the man will at once have a leaf inserted in the binder of that vessel or station, noting thereon all the information regarding enlistment, for purposes of identification, but the entries for professional qualifications, conduct, offenses, and punishments will include only the period of service on board of the particular vessel or at the station.
3. When a man is recommended for first advancement to the rating of petty officer, a copy of Form 1-B, on file in the "binder," completed to the date of such recommendation, should be forwarded to the Bureau, but subsequent recommendations for advancement, except to the rating of chief petty officer, need only report the record of the man from one advancement to another. When the recommendation is for permanent appointment as chief petty officer, a complete record of current enlistment, to date of recommendation, showing names of vessels on which service has been performed, and all other information required by Form 1-B, together with the report of the Board, signed by all the members, should be forwarded to the Bureau.
4. Upon the expiration of the original four years of a man who extends his enlistment, his entire service of four years shall be transcribed on a Form 1-B, which should be forwarded to the Bureau with red ink notation on the indorsement fold "Enlistment extended, transcript of original four-year enlistment." The original Form 1-B or ledger leaf will be retained in the ledger.
5. Under "Authority" on the indorsement fold the reason for the advancement or reduction of the man should be given in full, making reference to correspondence, Navy Regulations, or the Bureau's circular, as the case may be. If appointment is issued to fill a vacancy, this should also be shown.
6. This form is to be filled out on the typewriter whenever practicable. If written by hand, care should be used in writing names and dates correctly and making every letter and figure legible.
7. This form must, in every case when sent to the Bureau of Navigation, be folded twice, with the indorsement fold outside.

L. C. PALMER,
Chief of Bureau.

NAVY DEPARTMENT
BUREAU OF NAVIGATION
WASHINGTON, D. C.

26 March, 1921
To: Charles F. Bursch
537 First Ave. S.
Seattle, Wash.
For:

The Bureau forwards attached honorable
discharge button.
Please acknowledge receipt below and return
to this Bureau.

THOMAS WASHINGTON
Chief of Bureau.

Seattle, Wash.
March 31, 1921
TO THE BUREAU OF NAVIGATION,
Navy Department,
Washington, D. C.

I have this day received honorable discharge
button above mentioned.

Charles F. Bursch

100-81-114

BURSCH, Charles Frederick 1143373. Flc 1917 Oct. 8 Spec. 7-23-19 809 Marian St.
R.S. AT N.Y.P.S. WASH. Ord. Disc. Seattle, Wn.
AUG 15 1919
(2-11)

BURSCH, Charles Frederick 1143373 Flc 1917 Oct. 8 Rec. 7-21-19 USS Henders
R.S. AT N.Y.P.S. WASH. USN
AUG 15 1919

April 3, 1919

To: Bureau of War Risk Insurance, Change of
Address Section, Old Emergency Hospital,
Washington, D.C.

Subject: BURSCH, Charles Frederick (1143373) F.1c, USN.
~~regarding address of dependents.~~

Enclosure: (a) Bureau's letter of February 8, 1919.
Forwarded, inviting attention to the above
enclosure.

By direction,

Nav. Slip No. 2.
(August, 1917.)

CHANGE OF RATING

All enlisted men other than to rating of
Chief Petty Officer.

U. S. S. HENDERSON

U. S. S.

.... APR. 1 - 1918

Name. BURSCHE, Charles F.

Rate. F. 3c { U. S. Navy.
~~Naval Reserve Force, Class~~
~~National Naval Volunteers.~~

C. S. C. No.

When { Enlisted October 8, 1917
~~Enrolled~~

Where { Enlisted Seattle, Wash.
~~Enrolled~~

Rating changed to Fireman 2c

Authority Qual. by Exam. G.O. #63

Remarks

MB

G. W. Stearns

Commander,, U. S. Navy,
Commanding Officer.

Reports to be typewritten.
See Instructions on back.

Nav. Slip No. 1.
(August, 1917.)

TRANSFER OF

All non-rated men and all petty officers on
board less than 3 months. Petty officers on
board 3 months and longer forward Nav.
form 1-B.

U. S. S.

DEC 1917

Name. Bursch, Charles F.

Rate. AS { U. S. Navy.
~~Naval Reserve Force, Class~~
~~National Naval Volunteers.~~

C. S. C. No.

When { Enlisted 10-8-17.
~~Enrolled~~

Where { Enlisted Seattle, Wash.
~~Enrolled~~

Transferred to Naval Operating Base
Hampton Roads, Va.

Authority BO.

Remarks

J. H. DAYTON.

CAPTAIN

....., U. S. Navy,
Commanding Officer.

Reports to be typewritten.
See Instructions on back.

Instructions

This form shall be forwarded to Bureau of Navigation immediately when any change of rating is made other than to the rating of Chief Petty Officer (in which case a full transcript of current record should be forwarded on Form I-B).

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class....., or National Naval Volunteers.

Special recommendations for changes in rating should be accompanied by complete transcript of current record on Navigation Form I-B.

Reports to be typewritten.

Instructions

This form shall be forwarded to Bureau of Navigation immediately upon the transfer of any non-rated man and upon transfer of any petty officer who has been attached to a vessel or station less than three months.

Special care should be taken to indicate that particular branch of the service to which the man belongs, i. e., U. S. Navy, Naval Reserve Force, Class....., or National Naval Volunteers.

When this form is forwarded in accordance with instructions hereon Navigation Form I-B need not be forwarded and may either be retained on board or destroyed.

Reports should be typewritten.



BUREAU OF NAVIGATION,

NAVY DEPARTMENT,

Washington, 26 March 1921.

The Chief of Bureau directs me to state the Records of this Bureau show that Charles F. Bursch, 1143373 enlisted October 8, 1917 and was discharged from the U. S. Naval Service July 25, 1919, from Receiving Ship at Puget Sound, as fireman, first class, with honorable discharge, termination of hostilities.

DESCRIPTIVE LIST.

PLACE OF BIRTH.	DATE OF BIRTH.	TRADE.	EYES.	HAIR.	COMPLEXION.	HEIGHT.		WEIGHT.
						Feet.	Inches.	
Montreal, Cana.	Aug. 29, 1897	Auto driver	Blue	Brown	Ruddy	5	9	143

Personal characteristics, marks, etc., M. 1 neck; s 1" front r mid finger; p inner r patella; s base. 1 thumb; m upper dorsal spine; m r scapula.

This information is given upon the statement that the original discharge has been lost or destroyed, and upon the condition that it shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowance.

Rating best qualified to fill:

F. 1c

O. B. HATCH, JR.,
Lt. Commander, USNRF.

VETERANS' WELFARE COMMISSION
OF THE
STATE OF WASHINGTON

JOHN H. POWELL, CHAIRMAN
MILLER FREEMAN, SECRETARY
FREDERIC W. KEATOR
GEORGE E. TUTTLE
W. L. LEMON
BERNARD R. HODGE, DIRECTOR
DAVID F. TILLEY, ASSOCIATE DIRECTOR



February
First
1921

STATE HEADQUARTERS
5110 THE ARCADE BUILDING
MAIN 2286
SEATTLE, WASHINGTON

Bureau of Navigation,
Navy Department,
Washington, D. C.,

Re:- Charles Frederick Bursch,
Fireman 1st class, USN
c/o Albee Transfer Co.,
537 First Avenue South,
Seattle, Washington,

Gentlemen:-

We are enclosing herewith for the above
named man, his application for a certificate in lieu
of discharge, and we would ask that you kindly issue
this certificate, and forward to the man in question
at the above address.

Yours very truly,

VETERANS' WELFARE COMMISSION,

By *Frederick Taft*
Legal Department

FT:RB