

Doria, Joseph Herman

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CO. 361-44

Reg. 1



|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------|-------------------|-----------------|-----------------|----------------------|----------------------------|--------------|--------------|-----------------|---------|---------------------|---|------------------|------------------|--|--------------------------------------|--|---------------------|--|----------------------|--|----------------|--|-------------------------|--|--|--|--|--|------|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|
| 8740512   |                   | DORIA             |                 | JOSEPH H        |                      | AS                         |              | VGS          |                 | 361     |                     | 3   |                  | 20               |  | 44                                   |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| (7) GCT   | (8) READING       | (9) ARI           | (10) MAT        | (11) SPELL      | (12) CLER            | (13) RADIO                 | (14) MK MECH | (15) MK ELEC | (16) BIRTH DATE | (17) YR | (18) CIV. OCC. CODE |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| 42  | 40                | 41                | 41              | 45              | 39                   | 39                         | 59           | 49           | 12              | 25      | 08                  | 1-750   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| (19) LANG. FLUENCY  | (20) PHYS. QUALS. | (21) QUAL. CLASS. | (22) 1ST RECOM. | (23) 2ND RECOM. | (24) ASSIGNMENT MADE | (25) LOCATION ASSIGNED     |              |              |                 |         |                     | (26) MO.  | DATE TRANSFERRED |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| 00  | 5                 | 0                 | 02              | -               | F7/c                 | 8/20                       |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| HOME ADDRESS  |                   |                   |                 |                 |                      | CITY OR TOWN AND/OR COUNTY |              |              |                 |         |                     | STATE   |                  | RACE             |  | MAR. ST.                             |  | NO. DEP.            |  | REL. PREF.           |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| ST LOUIS  |                   |                   |                 |                 |                      | MISSOURI                   |              |              |                 |         |                     | ST LOUIS  |                  | MISSOURI         |  | WH M                                 |  | 2                   |  | LUTH                 |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| FATHER'S BIRTHPLACE   |                   |                   |                 |                 |                      | CITY                       |              |              |                 |         |                     | STATE   |                  | LANGUAGE FLUENCY |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| MEXICO  |                   |                   |                 |                 |                      | ST LOUIS MO.               |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| PREVIOUS MILITARY OR SEA DUTY                                   |                   |                   |                 |                 |                      | FROM                       |              |              |                 |         |                     | TO  |                  |                  |  |                                      |  | ARM OR SERVICE      |  |                      |  |                |  | TYPE OF DUTY            |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| MOST SIGNIFICANT EDUCATION                                      |                   |                   |                 |                 |                      | YEARS ATTENDED             |              |              |                 |         |                     | YEAR LEFT SCHOOL  |                  |                  |  |                                      |  | NON ENGLISH         |  |                      |  |                |  | ILLITERATE              |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| ELEMENTARY SCHOOL   |                   |                   |                 |                 |                      | 8                          |              |              |                 |         |                     | 27  |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| YRS. EDUC.  |                   |                   |                 |                 |                      | GRAD.                      |              |              |                 |         |                     | DEGREE OR DIPLOMA   |                  |                  |  |                                      |  | NAME OF INSTITUTION |  |                      |  |                |  | MAJOR COURSE            |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| 8   |                   |                   |                 |                 |                      | YES                        |              |              |                 |         |                     | ELEM. DIP   |                  |                  |  |                                      |  | ST LOUIS            |  |                      |  |                |  | MO                      |  |  |  |  |  | NONE |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| SPECIAL STUDIES   |                   |                   |                 |                 |                      | ALG.                       |              |              |                 |         |                     | GEOM.   |                  |                  |  |                                      |  | TRIG.               |  |                      |  |                |  | PHYS.                   |  |  |  |  |  | TYP. |  |  |  |  |  | SHORT               |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| SPECIALIZED TRAINING (VOCATIONAL, TECHNICAL, TRADE, BUSINESS)   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| MAIN OCCUPATION (DICTIONARY TITLE & CODE)                       |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | YRS. IN FIELD   |                  |                  |  | SECOND BEST OCCUPATION (DICT. TITLE) |  |                     |  |                      |  | CIV. OCC. CODE |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| SALESPERSON AUTO PARTS  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | 1-75-22   |                  |                  |  | 12                                   |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| EMPLOYER (FIRM NAME)  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | YRS. SERVICE  |                  |                  |  | WKLY. WAGE                           |  |                     |  | TRADE TEST INDICATED |  |                |  | TRADE TEST RATING       |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| WEBER IMPLEMENT AND AUTO COMPANY                                |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS OF EMPLOYER (ST., CITY, STATE)                          |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | DUTIES  |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| ST LOUIS MISSOURI   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| KIND OF BUSINESS  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | DEPARTMENT OR SHOP  |                  |                  |  |                                      |  |                     |  |                      |  |                |  | MO.                     |  |  |  |  |  |      |  |  |  |  |  | DATE LEFT           |  |  |  |  |  |  |  |  |  |  |  | YR.                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| RETAIL TRADE  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | PARTS   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | 3                       |  |  |  |  |  |      |  |  |  |  |  | -44                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| YRS. SERVICE  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | WKLY. WAGE  |                  |                  |  |                                      |  |                     |  |                      |  |                |  | TRADE TEST INDICATED    |  |  |  |  |  |      |  |  |  |  |  | TRADE TEST RATING   |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| 12  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | 34.03   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| DUTIES, SKILLS, MACHINES  |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | SOLD AUTO PARTS TO CUSTOMERS AND ISSUED AUTO PARTS TO MECHANICS. KEEP A PERPETUAL INVENTORY & TOOK YEARLY INVENTORY. STOCKED SHELVES & BINS |                  |                  |  |                                      |  |                     |  |                      |  |                |  | PHYSICAL QUALIFICATIONS |  |  |  |  |  |      |  |  |  |  |  | HT. 5-5 1/2 WT. 140 |  |  |  |  |  |  |  |  |  |  |  | VISUAL ACUITY L. 18 |  |  |  |  |  |  |  |  |  |  |  | R. 18             |  |  |  |  |  |  |  |  |  |  |  | R.H.     |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | QUAL. SQRD              |  |  |  |  |  |      |  |  |  |  |  | Nite 16/20          |  |  |  |  |  |  |  |  |  |  |  | PASS                |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | DISQ. AG. SUB. CAC      |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | SPECIAL TESTS   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | NAME FORM               |  |  |  |  |  |      |  |  |  |  |  | P.I.                |  |  |  |  |  |  |  |  |  |  |  | T.T.                |  |  |  |  |  |  |  |  |  |  |  | PHYS. FITNESS     |  |  |  |  |  |  |  |  |  |  |  | SWIMMING |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | DATE                    |  |  |  |  |  |      |  |  |  |  |  | 7                   |  |  |  |  |  |  |  |  |  |  |  | Disq.               |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  | QUAL.    |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | NAVAL STATION   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | DATE                    |  |  |  |  |  |      |  |  |  |  |  | FARRAGUT 4          |  |  |  |  |  |  |  |  |  |  |  | APR 1944            |  |  |  |  |  |  |  |  |  |  |  | RIGHT INDEX PRINT |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | INTERVIEWER   |                  |                  |  |                                      |  |                     |  |                      |  |                |  | Joseph H. Doria         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | QUAL. CLASS.  |                  |                  |  |                                      |  |                     |  |                      |  |                |  | GENERAL DETAIL          |  |  |  |  |  |      |  |  |  |  |  | 2ND RECOM.          |  |  |  |  |  |  |  |  |  |  |  | 12 BE               |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     | 1ST RECOM.  |                  |                  |  |                                      |  |                     |  |                      |  |                |  | F7/c                    |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
| ASTERISK (*) AFTER TEST NAME INDICATES OLD TYPE NAVY TEST SCORE |                   |                   |                 |                 |                      |                            |              |              |                 |         |                     |   |                  |                  |  |                                      |  |                     |  |                      |  |                |  |                         |  |  |  |  |  |      |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |



U. S. NAVY RECRUITING STATION  
St. Louis, Missouri

FOR USE OF MEN INDUCTED INTO NAVAL SERVICE

Date

3/20/44

Have you ever been arrested or in the custody of the police? \_\_\_\_\_

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

Are you now on probation? \_\_\_\_\_

Joseph Herman Boria  
First Middle Last  
(FULL NAME)

Instruction: One copy only to be prepared in applicant's own hand-  
writing. When completed forward to BuPers, securely  
fastened to Enlistment and Induction papers. Recruiting  
Station will mimeograph and maintain supply of forms.



NAVY

DO NOT DEFACE THIS STAMP

Local Board No. 11 75  
St. Louis City 191  
4060 South Grand  
St. Louis, Missouri 011

(Local Board of Origin Date Stamp with Code)

Masterplate Imprint

Armed Forces Serial No.

874-05-12

## SECTION I.—GENERAL (Local board will prepare from latest information available).

1. Name Doria Joseph Herman  
(Last—in capitals) (First) (Middle)
2. Present address 3222 Pulaski Street, St. Louis Missouri  
(Street or rural route) (Town or city) (County) (State)
3. Registrant's order No. 235 4. Social Security No. 494-07-9802
5. Marital status: Single ☐ Married ☒ Widower ☐ Divorced ☐ Separated ☐
6. Number of Group 4 children 1 7. Birthdate of registrant December 25, 1908  
(Month) (Day) (Year)
8. Birthplace of registrant St. Louis Missouri U.S.A.  
(Town or city) (State) (Country)
9. Race: White ☒ Negro ☐ Other (specify) \_\_\_\_\_
10. Citizenship: (a) United States citizen: Yes ☒ No ☐ (b) First papers: Yes ☐ No ☐ (c) If not citizen of United States, citizen or subject of (specify country) \_\_\_\_\_
11. Court record: (a) Convicted of a crime other than minor traffic violation: Yes ☐ No ☒  
(b) If "yes," specify crime, date, location of court, and sentence \_\_\_\_\_  
(c) Now on parole, conditional release, probation, or suspended sentence: Yes ☐ No ☐  
(d) If answer to (c) is "yes," has necessary release or waiver been secured: Yes ☐ No ☐
12. United States military service: (a) Previous service: None ☒ Army ☐ National Guard ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐  
(b) Date of discharge \_\_\_\_\_ (c) Type of discharge \_\_\_\_\_
13. Education: (Number of years completed) Elementary school 8 High school 0 Trade, night, or business school 0 College or university 0
14. Occupation and industry: (a) Title and duties of present job Automobile parts man  
Journeyman—Handling automobile and truck replacement parts.  
(b) Length of experience: Years 4 Months \_\_\_\_\_  
(c) Business of present employer Weber Implement and Auto Co.
15. Employment class (present job): Employee ☒ Independent worker ☐ Employer ☐ Unpaid family worker ☐  
Student ☐ Unemployed ☐
16. (a) Number of times previously sent to Induction Station 0  
(b) Date last sent \_\_\_\_\_ (c) Was this a preinduction physical examination: Yes ☐ No ☐
17. If transferred for induction, or referred for Class IV-E final-type physical examination, local board of transfer is \_\_\_\_\_, State of \_\_\_\_\_  
Local Board No. \_\_\_\_\_, County or city of \_\_\_\_\_

Do Not Use

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital status

## INSTRUCTIONS—ORIGINAL

1. To Local Boards.—The Original DSS Form 221 will be prepared and distributed as set forth in Instruction No. 1 for Form 22
2. To the Armed Forces.—The induction station will make the following disposition of this Original Copy of DSS Form 221:
- (a) For registrants inducted: (1) By the Army, this Original will be forwarded from the induction station to the reception center for extraction of data, then to the Service Command Headquarters for machine record purposes, and then to The Adjutant General's War Department, Washington, D. C. (2) By the Navy or Coast Guard, this Original will be forwarded from the induction station through the Main Recruiting Station to the Bureau of Personnel, Washington, D. C. (3) By the Marine Corps, this original will be sent from the induction station direct to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
- (b) For registrants rejected: This Original of DSS Form 221 will be marked at the top of Page 1 "Rejected by the Armed Forces" and will be sent together with the Second Copy of DSS Form 221 and Form 151 to State Director of Selective Service.
- (c) For registrants sent for preinduction physical examination: This Original of DSS Form 221 will be sent together with the Second Copy of DSS Form 221 to State Director of Selective Service.
- (d) For Class IV-E registrants sent for final-type physical examination: This Original along with First Copy and Second Copy of DSS Form 221 will be returned to the local board.

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ORIGINAL COPY

(PAGE 1)



SECTION II.—LOCAL BOARD EXAMINATION AND CLASSIFICATION.

18. MEDICAL HISTORY: (a) Has registrant had spells of unconsciousness, convulsions, fits, encephalitis, nervous trouble of any sort, tuberculosis, asthma, hay fever, diabetes, enuresis, stomach ulcer, rheumatic fever, heart trouble; been treated at hospital, asylum, or sanitarium; is or has been addicted to alcohol, narcotics, or habit-forming drugs: Yes ☐ No ☐ If yes, specify

(b) Specify other defects or diseases claimed by registrant

(c) I CERTIFY that the answers to Items 18 (a) and 18 (b) are correct.

(d) Signature of registrant

(e) Date

19. (a) Does examining physician have documentary evidence confirming statements in Item 18: Yes ☐ No ☐ (b) If not, does examining physician have any evidence which would substantiate statements in Item 18: Yes ☐ No ☐ (c) If yes, specify

(d) Serological test (syphilis): First specimen: Date Result  
Second specimen: Date Result

(e) Does above-named registrant have any defects set forth in List of Defects (Form 220). (If in doubt, answer "No" and give details): Yes ☐ No ☐ If answer is "Yes," describe the defects in the order of their significance

(f) REMARKS

(g) Signature of examining physician

(h) Place

(i) Date

20. (a) Was local board physical examination waived: Yes ☐ No ☐ (b) If yes, under what Section of Regulations

(c) This local board has classified the above-named registrant in Class

(d) Signature of member of local board

(e) Place

(f) Date

SECTION III.—MISCELLANEOUS (To be filled out at induction station for only those registrants accepted for military service).

21. (a) Organization and serial number of previous U. S. military service (if known)

(b) Reason for discharge

(c) Religious preference (voluntary for Army)

22. (a) Nearest relative (other than wife or minor child) (Name in full) Hattie Niemeyer  
(b) Relationship Mother (c) Address Route 4, Box 111, Jefferson City, Mo.  
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

(d) Person to be notified in case of emergency (Name in full) Virginia Earl Doria  
(e) Relationship Wife (f) Address 3222a Pulaski, St. Louis, Missouri  
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

23. (a) The persons eligible to be my beneficiary are:  
Virginia Earl Doria, 3222a Pulaski, St. Louis, Missouri  
(Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

Joseph Ronald Doria, 3222a Pulaski, St. Louis, Missouri  
(Full name and address of each minor child and each dependent child over 21 years of age)

(b) In the event of my leaving no widow or child, I then designate as my beneficiary to receive the six months' death gratuity the dependent relative whose name, relationship and address are shown below:  
Hattie Niemeyer (Mother), Route 4, Box 111, Jefferson City, Mo.

(c) In the event of the death or disqualification of the last-named dependent relative, I then designate as my beneficiary to receive the six months' death gratuity, the dependent relative whose name, relationship, and address are shown below:  
Adolph Niemeyer (Stepfather), Route 4, Box 111, Jefferson City, Mo.  
(If beneficiary is named in line 23b but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

24. (a) Signature of registrant Joseph Herman Doria  
(First name) (Middle name) (Last name)

(b) Witnessed at N.R.S., St. Louis, Missouri on March 20, 1944

Charles R. Scott  
(Signature of witness attesting)

Charles R. Scott  
(Name of witness typed)

Ylc USNR  
(Grade and organization)

ORIGINAL COPY

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# SECTION IV.—PHYSICAL AND MENTAL EXAMINATION.

5. (a) High school graduate: Yes ☐ No ☒ (b) English speaking: Yes ☒ No ☐  
 (c) Qualification test (Form used 1) Score 13  
 (d) Visual classification test score \_\_\_\_\_ (e) Block counting test score \_\_\_\_\_  
 (f) Concrete directions test score \_\_\_\_\_ (g) Illiterate: Yes ☐ No ☒  
 (h) Does registrant meet minimum intelligence standards: Yes ☒ No ☐  
 26. Limited classification: (a) 590: Yes ☐ No ☐ (b) Useful occupation: Yes ☐ No ☐  
 (c) Trade test: Name \_\_\_\_\_ W. S. L. \_\_\_\_\_  
 (d) R. I. test score \_\_\_\_\_  
 (e) If physically qualified for limited service, does registrant meet limited classification standards: Yes ☐ No ☐

27. Psychiatric diagnosis normal

28. Neurological diagnosis normal

29. Psychiatric or neurological symptoms none

30. Eye abnormalities none

31. Ear, nose, throat abnormalities none

32. Mouth and gum abnormalities Periodont. severe

33. TEETH: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X; teeth replaced by denture by horizontal line over X — X —; teeth replaced by fixed bridge by oval to include abutments (X).

| Right |    |    |    |    |    |    |   | EXAMINEE'S |    |    |    |    |    |    |    | Left |   |   |   |   |   |   |   |
|-------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|------|---|---|---|---|---|---|---|
| 8     | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1          | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 8    | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9          | 10 | 11 | 12 | 13 | 14 | 15 | 16 |      |   |   |   |   |   |   |   |

(b) Remarks, including other defects Class I

(c) Prosthetic dental appliances Tattoo right arm Alopecia

34. Skin Tattoo right arm Alopecia

35. Varicose veins none

36. Hernia none

37. Hemorrhoids none

38. Genito-urinary (nonvenereal) normal

39. Venereal diseases none

40. Feet normal

41. Musculoskeletal defects Mild loss extension right 5th finger ND

42. Abdominal viscera normal

43. Cardiovascular system normal

44. Lungs normal

45. Chest X-ray negative 2-18-44

46. Endocrine system normal

\* When indicated.

Do Not Use

47. Vision, without correction:

(a) Right eye 20/ 20

(b) Left eye 20/ 50

(c) Both eyes 20/ \_\_\_\_\_

48. Vision, with correction:

(a) Right eye 20/ \_\_\_\_\_

(b) Left eye 20/ \_\_\_\_\_

(c) Both eyes 20/ \_\_\_\_\_

49. Color perception\* \_\_\_\_\_

normal

50. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

51. Height 65 1/2 inches

52. Weight 140 pounds

53. Girth at nipples:

(a) Inspiration 34 inches

(b) Expiration 32 inches

54. Girth, at umbilicus 29 inches

55. Posture:

Good ☐ Fair ☒ Poor ☐

56. Frame:

Heavy ☐ Medium ☒ Light ☐

57. Color of eyes Brown

58. Color of hair Brown

59. Complexion Fair

60. Pulse, sitting 98

61. Pulse, after exercise\* \_\_\_\_\_

62. Pulse, 2 minutes after exercise\* \_\_\_\_\_

63. Blood pressure:

(a) Systolic 122

(b) Diastolic 72

64. Urinalysis:

(a) Specific gravity 1.020

(b) Albumin neg.

(c) Sugar neg.

(d) Microscopic\* \_\_\_\_\_

65. OTHER DATA:

Kahn-neg. 2-18-44



66. Other defects, diseases, and/or remarks none67. Summary of defects: (a) Principal defect Fair

(b) Other defects in order of significance

68. (a) I CERTIFY that the above-named registrant was carefully examined, physically and mentally, that the results of the examination have been carefully recorded on this form, and that, to the best of my knowledge and belief, he is—

(1) Qualified for general military service ☒(2) Qualified for limited service ☐ because of(3) Disqualified for any military service ☐ because of

(b) Signature of medical examiner

(c) Name typed or stamped

(d) Title

Lt. Comdr., MC-V(S)USNR

## SECTION V.—DISPOSITION OF REGISTRANT BY ARMED FORCES.

69. Type of examination: Regular induction ☐; preinduction ☒70. Registrant's service preference: None ☐ Army ☐ Navy ☒ Marine Corps ☐ Coast Guard ☐

71. (a) I CERTIFY that the qualifications of the above-named registrant have been considered in accordance with the most recent regulations governing the acceptance of Selective Service registrants and that he was this date:

(1) Inducted into the armed forces ☒(a) Service: Army ☐ Navy ☒ Marine Corps ☐ Coast Guard ☐(b) Was ordered to report to NRS, St. Louis, Missouri 3-20-44(c) Qualified for: General military service ☒ Limited service ☐(2) Found acceptable for limited service but not inducted ☐(3) Rejected for service in the armed forces ☐ because of: Medical ☐ Moral ☐ Alien ☐Other ☐ If other, specify

(b) Signature of Commanding Officer of the Induction Station

(c) Name typed or stamped

CHARLES K. SALTSMAN, Lt. Cdr. D-V(S)USNR(d) Place NRS, St. Louis, Missouri

(e) Date

3-20-44

## SECTION VI.—TRANSFER FROM RECEPTION CENTER.

72. Above-named man was transferred from Reception Center to:

(Place and organization, if known)

on

(Date)

## SECTION VII.—FINGERPRINTS—RIGHT HAND (for only those registrants who are inducted).

1. THUMB

2. INDEX

3. MIDDLE

4. RING

5. LITTLE

ORIGINAL COPY

(PAGE 4)

16-35260-1 U. S. GOVERNMENT PRINTING OFFICE



## BENEFICIARY SLIP

Name DORIA, Joseph Herman  
 (Name in full, surname to the left)  
 Service No. 874-05-12  
 Station Navy Recruiting Station,  
 (Name)  
St. Louis, Missouri. 20 Mar 1944  
 (Place) (Date)

Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, 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:

Virginia Earl Doria

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

3222a Pulaski, St. Louis, Mo.

(Address of wife)

Joseph Ronald Doria

8-12-41

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

(Date of birth)

(Same as above)

(Address of child)

(Full name of child)

(Date of birth)

(Address of child)

(Full name of child)

(Date of birth)

(Address of child)

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

(None)

(Relationship)

(Name in full)

(Address)

\* If the beneficiary named above is your father, mother, brother, or sister, you need not fill in these three lines. If the beneficiary is a more distant relative, such as a grandparent, state briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof.

Original—For Service Record

(over)

16-30510-1



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

(None)

(Relationship)

(Name in full)

(Address)

\* In case of relatives more distant than your parent or brother or sister state briefly wherein dependency exists, indicating amounts and regularity thereof.

I CERTIFY that I will inform my Commanding Officer immediately of any change in marital status, or conditions of dependency, or of voluntary occupancy of public quarters by my dependents.

I CERTIFY that there has been no change in condition of depend-

ency between

and

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.

*Joseph Herman Coria*  
(Name)

AS, USN--I

(Rank or rating)

U.S. Navy.  
Marine Corps.

Subscribed and sworn to before me this 20th

day of March, 1944, I having authority to administer oaths.

*HAROLD OLSEN*, Lt. (jg), USN (RET).

#### 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 Navy Personnel, one copy secured inside service record. 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.

Enlisted men, Marine Corps: In duplicate; one copy to Commandant, Marine Corps, one copy secured inside service record.

New beneficiary slips shall be executed and forwarded as above in all cases of change of status in 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.



874-05-12 NAME DORIA, Joseph Herman AS USN-I \$50.00  
(SERVICE NO.) (RATE) (PAY PER MONTH)

DATE 20 March 1944 INDUCTED INTO THE UNITED STATES NAVY.  
ACCEPTED FOR INDUCTION AT LB#11, St. Louis, Mo.  
PLACE OF INDUCTION NRS, St. Louis, Mo.  
TRANSFERRED TO FFT Recruit Training ACTIVE DUTY USN-I ☐ ENLISTED: USN-SV ☐ USNR-SV ☒  
OCCUPATION Parts Man (STATION) \*CITIZENSHIP U.S.  
PLACE OF BIRTH St. Louis, Mo. DATE OF BIRTH Dec. 25, 1908 AGE: YEARS 35 MOS. 2  
HOME ADDRESS 3222A Pulaski St. Louis (None) Missouri  
NEXT OF KIN OR LEGAL GUARDIAN Virginia Earl Doria (COUNTY) (STATE) Wife  
ADDRESS 3222A Pulaski, St. Louis, Mo. (RELATIONSHIP) MARRIED ☒ SINGLE ☐  
CREDITED TO 12th CONGRESSIONAL DISTRICT, STATE OF Missouri  
EDUCATION: GRADE SCHOOL 8 YRS; HIGH SCHOOL 0 YRS; COLLEGE 0 YRS; POST GRAD. 0 YRS.  
PREVIOUS SERVICE IF NONE, CHECK HERE ☒  
\*\*CONTINUOUS SERVICE CERTIFICATE NO. FIRST ENLISTED IN Regular Navy ☐ Naval Reserve ☐  
DATE PLACE LAST ENLISTMENT OR EXTENSION: Regular Navy ☐ Naval Reserve ☐  
DATE TERM WAS LAST DISCHARGED (DATE) FROM  
WITH DISCHARGE AS SERVICE IN REGULAR NAVY (YEARS) (MONTHS) (DAYS)  
NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)  
PHYSICAL CHARACTERISTICS  
HEIGHT 5 FEET 5 1/2 INCHES; WEIGHT 140; EYES Br. 1; SEX Male; HAIR D. Br. Bald; COMPLEXION Ruddy COLOR WH-US

MARKS ANT: Tattoo rt. arm (WOMEN); PS rt. knee; PS lt. knee. POST: VSURA

THIS IS TO CERTIFY that the above-named inductee has been examined, agreeably to the Regulations of the Navy, and 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 that he has no disease concealed or likely to be inherited.

J. F. COWAN, Lt.(jg)(MC), USN.  
(SIGNATURE OF NAVAL MEDICAL OFFICER)

OATH OF ALLEGIANCE: I, JOSEPH HERMAN DORIA

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.

Term of Service: In accordance with Selective Service Act of 1940, as amended.

Subscribed and sworn to before me this 20th day of March, A. D. 1944  
and contract perfected.

United States citizenship substantiated.

Barold Olsen, Lt(jg), USN(Ret).  
(NAME AND RANK OF RECRUITING OFFICER)

NAVY RECRUITING STATION  
Place of Induction ST. LOUIS, MO.

\*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 Naval Personnel Manual.

NAVPERS 603B (REV. 8-43)

## INDUCTION ARTICLES PART 1 FOR BuPers JACKET

NOTE: FOR USE OF NAVY INDUCTEES ONLY



(SERVICE NO.) (RATE) (PAY PER MONTH)

DATE 20 March 1944  
(DAY) (MONTH) (YEAR)

FIRST ENLISTMENT ☒ REENLISTMENT ☐ IN THE UNITED STATES NAVY  
AS REGULAR ☐ RESERVE ☒ CLASS V-6 FOR 2 YEARS; MINORITY ☐

ACCEPTED AT LB #11, St. Louis, Missouri, ENLISTED AT NRS, St. Louis, Mo.

TRANSFERRED TO ACTIVE DUTY ☒ OR INACTIVE DUTY ☐ FFT Recruit Training  
(STATION) U.S.

OCCUPATION Parts Man

PLACE OF BIRTH St. Louis, Mo. DATE OF BIRTH Dec. 25, 1908 AGE 35 YRS. 2 MOS.  
HOME ADDRESS 3222A Pulaski St. Louis (None) Missouri  
(STREET AND NUMBER) (TOWN) (COUNTY) (STATE)

NAME OF NEXT KIN OR LEGAL GUARDIAN Virginia Earl Doria  
ADDRESS 3222A Pulaski, St. Louis, Mo. (RELATIONSHIP) WIFE  
MARRIED ☒ SINGLE ☐

CREDITED TO 12th CONGRESSIONAL DISTRICT. STATE OF Missouri

EDUCATION: GRADE SCHOOL 8 YRS.: HIGH SCHOOL 0 YRS.: COLLEGE 0 YRS.: POST GRAD. 0 YRS.

PREVIOUS SERVICE IF NONE, CHECK HERE ☒

\*\*CONTINUOUS SERVICE CERTIFICATE NO. FIRST ENLISTED IN REGULAR NAVY ☐ NAVAL RESERVE ☐

DATE PLACE LAST ENLISTMENT OR EXTENSION: REGULAR NAVY ☐ NAVAL RESERVE ☐

DATE TERM WAS LAST DISCHARGED (DATE) FROM

WITH DISCHARGED AS (RATE) SERVICE IN REGULAR NAVY (YEARS) (MONTHS) (DAYS)  
NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)

PHYSICAL CHARACTERISTICS  
HEIGHT 5 FEET 5 1/2 INCHES; WEIGHT 140; EYES Brl.; SEX Male; HAIR D.Br.; BUILD Ruddy COLOR WH-US

Marks ANT: Tattoo rt. arm (WOMEN); PS rt. knee; PS lt. knee. POST: VSURA.

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.

J. F. COWAN, Lt. (jg), (MC), USN, 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 HAROLD OLSEN of the United States Navy, as follows:  
(NAME OF COMMANDING OFFICER)

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 { -2- years from March 20, 1944, during minority until 1944.

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.

JOSEPH HERMAN DORIA

Oath of Allegiance: I, 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.

Joseph Herman Doria  
(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this 20th day of March, A. D. 1944 and contract perfected.

United States citizenship substantiated.

HAROLD OLSEN Lt (jg) USN(Ret.)



874-05-12 DORIA, Joseph Herman  
(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE N.)AS USN ☐ RET ☐ USNR ☒ SV-6 USNR  
(RATING) (CLASS) (CSC NO.)

(SHIP OR STATION)

☒ First Enlisted } 3-20-44 { ☒ for 2 years  
☐ Reenlisted } (DATE) { ☐ for duration  
☐ Inducted } ☐ during minorityAccepted for enlistment or induction at #11, 4060 S. Grand  
St. Louis, Missouri (PLACE)

Reported for active duty 20 Mar 1944 (DATE) (Fill in this section with connection with of naval reservist retired enlisted only).

Place from which ordered to active duty 3222a Pulaski  
St. Louis, Missouri

Last previously enlisted on (DATE) for years,

(No previous service)  
or during minority until (DATE) and was discharged on

(DATE) with (CHARACTER OF AND REASON FOR DISCHARGE)

as Completed years service on (DATE)  
(RATING) (NUMBER)If last enlistment NOT extended, or extended only 1 year,  
net time served in enlistment and extension if any. (YEARS) (MONTHS) (If last enlistment extended 2 or more years,  
net time served in extension only. (YEARS) (MONTHS) (Time (was ☐) (was NOT ☐) lost during above enlistment or extension because of  
AOL or NPDI. (was ☐) (was NOT ☐) granted to make up time lost.

Other Service (Act 6-16-42) (YEARS) (MONTHS) (

Net Service completed on date of last discharge. (YEARS) (MONTHS) (

Naval Service to include date of last discharge. (YEARS) (MONTHS) (

Medals awarded:

Deserter or Straggler from (SHIP OR STATION)

on or about (DATE) Take up the account as of (DATE)

date following date of return to Naval Jurisdiction.

(ALL SECTIONS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED).

PART 1-FOR SERVICE RECORD



Citizenship U. S.  
Place of birth St. Louis, Missouri  
Date of birth December 25, 1908  
Home address 3222a Pulaski  
St. Louis, Missouri  
Next of kin Virginia Earl Doria  
Relationship Wife  
Address (Same as above)  
Education 12th

Reason for enlistment \_\_\_\_\_

Branch of service for which best suited \_\_\_\_\_

Do you expect to make the Navy a career? \_\_\_\_\_

Trade schools attended None

Special duties for which qualified \_\_\_\_\_

Language qualifications English only

Credited to Congressional District 12th

State of Missouri

I certify that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

  
CHARLES K. SALTSMAN, LT. Cdr. D-VLS) USNR  
(SIGNATURE AND RANK OF RECRUITING OFFICER)

NRS, St. Louis, Missouri

(STATION)



DESCRIPTIVE LIST OF DORIA, Joseph Herman

874-05-12

(Name in full, surname to the left.)

Age 35 years 2 months. Height 5 feet 5 1/2 inches.

Weight 140 pounds. Eyes Brown Hair Dark Brown Bald

Complexion Ruddy Personal characteristics, marks, etc. ANT: Tattoo rt. arm (WOMEN);

PS rt. knee; PS lt. knee. POST: VSURA.




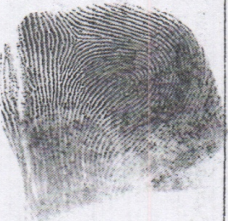






DATE AND NATURE OF ANY WAIVER

I agree to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by the Naval authorities.

Joseph Herman Doria  
Signature of recruit, in his own handwriting.

Joseph A. Barter Lt-Cdr MC-V(S) USNR  
Signature and rank of Medical Officer, etc. 16-30510-1



| RIGHT HAND   |  |  |   |  |
|--|--|--|---|--|
| 1. Thumb   | 2. Index   | 3. Middle  | 4. Ring   | 5. Little  |
|  |  |  |  |  |
| LEFT HAND  |  |  |   |  |
| 1. Thumb   | 2. Index   | 3. Middle  | 4. Ring   | 5. Little  |
|   |   |   |  |   |



# APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

AVPERS-668

SHIP OR STATION

H.R.S., St. Louis, Missouri

DATE OF APPLICATION

20 Mar 1944

DATE REPORTED FOR ACTIVE DUTY

20 March 1944

☒ BUREAU OF NAVAL PERSONNEL

☐ COMMANDANT U. S. COAST GUARD

☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)

(First)

(Middle)

SERVICE NUMBER

RATING

DORIA, Joseph Herman

874-05-12

AS V-6 USNR SV

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

| DO NOT USE THIS COL'N | PAYEE SEE NOTE (1) | NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)    | RELATIONSHIP | DATE OF BIRTH SEE NOTE (2) |     | ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3) | AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4) |
|-----------------------|--------------------|---|--------------|----------------------------|-----|--|---|
|                       |                    |   |              | MO.                        | YR. |  |   |
| 1                     |                    | Virginia Earl Doria<br>3222a Pulaski<br>St. Louis, Missouri | Wife         |                            |     |  |   |
| 2                     |                    | Joseph Ronald Doria<br>(Same as above)                      | Son          | 8                          | 41  |  |   |
| 3                     |                    |   |              |                            |     |  |   |
| 4                     |                    |   |              |                            |     |  |   |
| 5                     |                    |   |              |                            |     |  |   |
| 6                     |                    |   |              |                            |     |  |   |

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

| DEPENDENT NO. | NAME OF PAYEE | ADDRESS OF PAYEE |
|---------------|---------------|------------------|
|               |               |                  |
|               |               |                  |

PLACE OF PRESENT MARRIAGE

Jefferson City, Missouri

DATE OF MARRIAGE

7-16-38

IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.

☐ YES

☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?

IF SO, HOW WAS MARRIAGE DISSOLVED

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

☒ YES

☐ NO

☐ DEATH

☒ DIVORCE

☐ ANNULMENT

November 25, 1931

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

Alma Stoll (address unknown)

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:

I do not know the address of my divorced wife.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY

U.S.N.T.S. FARRAGUT, IDAHO

DATE

APR 26 1944

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (Pay Number) A MONTHLY FAMILY ALLOWANCE

OF \$22 (Strike Out One) \$27 EFFECTIVE APR (Month) 1944 194

V. D. DONAHUE







## 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 St. Louis,

State of Missouri.

ss

I, Joseph Herman Doria,

AS, V-6, USNR-SV

(Rank or Rating)

, U. S. Naval Reserve, being first duly sworn, 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.

Joseph Herman Doria  
Joseph Herman DORIA

Subscribed and sworn to before me this 20th

day of March, A.D., 194 4.

HAROLD OLSEN, Lt.(jg), USN(Ret).

(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-Bupers  
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. NAVAL TRAINING STATION  
FARRAGUT, IDAHO

are you now disabled on account of injury or disease? If so state details. No

ROUGH APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

TO BE PRINTED

1. NAME IN FULL: JOSEPH (FIRST) HERMAN (MIDDLE) DORIA (LAST NAME)

2. HOME ADDRESS: 3222<sup>a</sup> PULASKI (NUMBER) ST. LOUIS (CITY, TOWN, OR POST OFFICE) MISSOURI (STATE)

3. I WAS BORN AT ST. LOUIS (CITY, TOWN, OR POST OFFICE) MO. (STATE) 25 (DAY OF MONTH) DEC (MONTH) 1908 (YEAR)

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY 20 Mar 44

5. PRESENT RANK OR RATING HS-SV6

6. SERIAL NUMBER 874-05-12

7. Date of separation from last tour of active duty: NONE

8. AMOUNT OF INSURANCE DESIRED: \$ 10000 (FIGURES) TEN THOUSAND (WORDS)

9. Are you now carrying Government Life Insurance? No Amount: —

| 10. GIVE COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY<br>[NOTE.—If a married woman, her own first and middle name and husband's last name must be stated] |                                 | RELATIONSHIP<br>[Must be stated] | Amount of Insurance to be Paid to Each Beneficiary |
|--|---------------------------------|----------------------------------|--|
| PRINCIPAL  | <u>VIRGINIA EARL DORIA</u>      | <u>WIFE</u>                      | <u>10,000</u>                                      |
|  | <u>3222<sup>a</sup> PULASKI</u> |                                  |  |
|  | <u>ST. LOUIS, MISSOURI</u>      |                                  |  |
| CONTINGENT   |                                 |                                  |  |
|  |                                 |                                  |  |
|  |                                 |                                  |  |

PERMITTED CLASS OF BENEFICIARIES: HUSBAND OR WIFE, CHILD, PARENT, BROTHER, OR SISTER OF THE INSURED.

11. I hereby apply for National Service Life Insurance in the above amount:

Date: 25 MAR 44 (DAY) (MO.) (YR.) Signature: Joseph Herman Doria (SIGN FULL NAME — DO NOT PRINT)

Company: 361-44

DO NOT USE THIS SPACE

Effective Date: \_\_\_\_\_ Allotment Month: \_\_\_\_\_ Ins. Age: 35

Memorandum: \_\_\_\_\_ Premium: 760

Service Record Checked: \_\_\_\_\_

FILE IN MAN'S SERVICE RECORD



REGISTERED ON USNTS, FARRAGUT, IDAHO. FIRST PAYMENT  
**APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE**

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION  
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

|  |                |   |   |                            |   |                  |
|--|----------------|---|---|----------------------------|---|------------------|
| 1. NAME IN FULL:<br>(Please print or type)   | Joseph         | First   | Herman  | Middle                     | DORIA                                       | Last name        |
| 2. HOME ADDRESS: Number  | 3222A          | Street and final route  | St. Louis   | City, town, or post office | No.   | State            |
| 3. I WAS BORN AT   | St. Louis, Mo. | City, town, or post office  | State   | Day of month               | Month                                       | Year             |
| 4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY  | 20 March 1944  | DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY  | 5. PRESENT ORGANIZATION   | AS(V6)USNR SV              | Organization, regiment, station, ship, etc. | 6. SERIAL NUMBER |
| 7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") | none           | DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") | 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS | No                         | 10,000                                      |                  |

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$.....

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No. IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$..... POLICY No. ....  
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

| 11. COMPLETE NAME OF EACH BENEFICIARY<br>(If married woman, her own first and middle name and husband's last name must be stated) | Relationship | Amount of insurance to be paid to each beneficiary | Post-office address<br>(Number and street, city, town, or post office and State) |
|---|--------------|--|--|
| PRINCIPAL<br>Virginia Earl Doria  | Wife         | 10,000   | As above   |
| CONTINGENT  |              |  |  |

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)

Beneficiary (Full name) 25 (Address) March

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 25 day of March, 1944, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by (Check, draft, or money order) in the amount of \$..... in payment of the first premium on the insurance, or (Write above whether monthly, quarterly, semiannual, or annual)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$..... on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$..... on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

| A. BY ALLOTMENT OF PAY MONTHLY | B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION |
|--------------------------------|--|
| Monthly                        | Quarterly  |
| 7.00                           | 25   |
| \$.....                        | \$.....  |

SIGNED AT USNTS, Farragut, Idaho ON THE 25 DAY OF March 1944

WITNESSED BY: W. J. COURTLEIGH, Ch. Shps. Clk. USN (Ret.)

INFORMATION AS TO SERVICE CERTIFIED BY:

J. J. MURPHY, Lt. (jg) USNR

(Rank and organization. See reverse side, paragraph 4.)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

|                    |               |          |                 |        |          |       |
|--------------------|---------------|----------|-----------------|--------|----------|-------|
| Effective Date     | Age           | Amt., \$ | Premium: Mo. \$ | Qr. \$ | S. A. \$ | A. \$ |
| Beneficiary        |               |          |                 |        |          |       |
| Action taken       |               |          |                 |        |          |       |
| Examiner           | Reviewer      |          |                 |        |          |       |
| Certificate issued | Policy issued |          |                 |        |          |       |

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10-10-2001 BY 60322 UCBAW



874 05 12 DORIA, Joseph Herman  
(Service No.) (Name in Full, Surname to the Left)

Rate F2c USN ☐ RET. ☐ USNR ☒ SV-6  
(Class)

Date Reported Aboard: 20 August 1944

PhibTraBase, Little Creek, Va.  
(Present Ship or Station)

### CHANGE IN RATE OR RESERVE CLASS

TO: F1c SV-6  
(Rate Abbreviation) (USNR Class)

FROM: F2c SV-6  
(Rate Abbreviation) (USNR Class)

Date Change Effected: 1 October 1944

Authority and Remarks: BuPers C/L 134-44

Date Authority Received: 1 June 1944

☒ Qualified in all respects as required by current BuPers instructions.

To Fill Vacancy

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☐ For Petty Officers, Article 1275 NR read and appointment accepted.

### CHANGE IN LONGEVITY FOR PAY PURPOSES

X

(Years) (Mos.) (Days) Other Service\*

(Years) (Mos.) (Days) Naval Service

(Years) (Mos.) (Days) Net Service completed on (Date)

\*Act 6-16-42 & BuPers Statement of service filed in service record.

1536-45  
M. H. WALLACE, Lt., USN  
Personnel Officer. By direction of  
the Commanding Officer  
(Name and Signature of Commanding Officer)

PART 2—This Copy For Service Record

COPY FOR SERVICE RECORD



874 05 12 DORIA, Joseph Herman  
(Service No.) (Name in Full, Surname to the Left)  
Rate Flc USN ☐ RET. ☐ USNR ☒ SV-6  
USN (I) ☐ (Class)  
Date Reported Aboard: 21 December 1944  
USS LSM 252  
(Present Ship or Station)

### CHANGE IN RATE OR RESERVE CLASS

TO: MONM3c(T) SV-6  
(Rate Abbreviation) (USNR Class)  
FROM: Flc SV-6  
(Rate Abbreviation) (USNR Class)  
Date Change Effected: 16 October 1945  
Authority and Remarks: BuPers C/L 297-44

Date Authority Received: 29 December 1944

- ☒ Qualified in all respects as required by current BuPers instructions.  
☒ Advancement to fill Vacancy ☐ In Excess  
☐ Examination Report (Form Nav. Pers. 624) submitted (if required.)  
☒ For Petty Officers, Article 1275NR read and appointment accepted.

### CHANGE IN LONGEVITY FOR PAY PURPOSES

|                     |                    |                    |                                 |
|---------------------|--------------------|--------------------|---------------------------------|
| <u>X</u><br>(Years) | <u>X</u><br>(Mos.) | <u>X</u><br>(Days) | Other Service*                  |
| <u>X</u><br>(Years) | <u>X</u><br>(Mos.) | <u>X</u><br>(Days) | Naval Service                   |
| <u>X</u><br>(Years) | <u>X</u><br>(Mos.) | <u>X</u><br>(Days) | Net Service completed on (Date) |

\*Act 6-16-42 & BuPers Statement of service filed in service record.

C. O.  
Record 7-46

(Name and Signature) JAMES H. ARMSTRONG, Lt., USNR  
Commanding Officer  
(See art. 2025(2), N. R.)

PART 1—This Copy For Service Record



C. O. Order No. 36-45

# INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT FOR ABSENCE OR SENTENCE OF COURT, OR BOTH

874 05 12 DORIA, Joseph H.  
(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)  
 Flc USN ☐ RET ☐ USNR ☒ USN(I) ☐  
(RATING) (CLASS)  
 USS LSM 252  
(SHIP OR STATION)

ABSENCE:

WITH LEAVE ☒ WITHOUT LEAVE ☐  
 OVER LEAVE ☐ OVER LIBERTY ☐

Departure 1530 4 November 1944  
(HOUR) (DATE)

Leave or Liberty expired 1300 12 November 1944  
(HOUR) (DATE)

Returned to Naval Jurisdiction 1250 12 November 1944  
(HOUR) (DATE)

CREDIT LEAVE RATINGS ☒: Leave granted; NOT AOL or  
 AOL excused as unavoidable.

DO NOT CREDIT LEAVE RATINGS ☐: No leave granted or  
 AOL NOT excused.

DECK COURT ☐

SUMMARY COURT MARTIAL ☐  
 GENERAL COURT MARTIAL ☐

Sentence approved \_\_\_\_\_ total loss of pay  
(DATE)

\$ \_\_\_\_\_ to be checked \$ \_\_\_\_\_ for \_\_\_\_\_  
(TOTAL AMOUNT) (AMT. PER MO.) (NUMBER)  
 months. For information not affecting pay, see reverse.

*James H. Armstrong*  
 JAMES H. ARMSTRONG, Lt., USNR  
 Commanding \_\_\_\_\_  
(NAME AND SIGNATURE)

\_\_\_\_\_  
 Officer (See Art. 2025(2) N. R.)

(All sections which do not apply shall be lined out  
 before signature is affixed.)

**PART 1 - FOR SERVICE RECORD**



Name DORIA, Joseph Herman  
(Name in full, surname to the left)874-05-12 rate AS, USN-I  
(Service number) (USNR Class)Date reported aboard 20 March 1944NRS, St. Louis, Missouri.  
(Present ship or station)Induction.  
(Ship or station received from)

20 March 1944: Inducted into the U.S. Navy as an AS, USN-I, this date in accordance with Selective Training and Service Act of 1940, as amended.

20 March 1944: Voluntarily enlisted as an AS, V-6, USNR-SV, this date, to serve for a period of two years. BNP Form 603 executed. Retained on active duty and transferred to a Naval Training Station.

NAVPERS 668 (FAMILY ALLOWANCE)  
EXECUTED & COPIES FORWARDED

*Harold Olsen*  
HAROLD OLSEN, Lt.(jg), USN(Ret).  
Ass't. Officer in Charge.  
Date transferred 21 March 1944

N.T.S., Farragut, Idaho  
To *Harold Olsen*  
HAROLD OLSEN, Lt.(jg), USN(Ret).  
Signature and rank of Commanding Officer.

Date received aboard

NAVTRASTA FARRAGUT IDAHO  
(New ship or station)ST. LOUIS MO.  
(Last ship or station)

Signature and rank of commanding Officer.

ORIGINAL  
FOR SERVICE RECORD

16-30510-1



Name DORIA, Joseph Herman  
(Name in Full, Surname to the Left)

874 05 12 Rate AS V6 USNR SV  
(Service No.)

Date Reported Aboard: 23 Mar. 1944

NavTraSta., Farragut, Idaho  
(Present Ship or Station)

NRS, St. Louis, Mo.  
(Ship or Station Received From)

Application for National Service Life Insurance has been submitted by this man and was forwarded with letter of transmittal.

The substance of the contents of the Soldiers and Sailors Civil Relief Act of 1940 and Public Resolution No. 96, 76th Congress, has been explained to this man.

Qualified as marksman on indoor and outdoor range.  
Qualified swimmer.

Night lookout trainer.

Gas mask gas chamber instructions.

Recruit training completed.

15 JUN 1944

Advanced to F2c  
Auth: CruittRateFive

*J. J. Murphy*  
J. J. MURPHY, Lt. (jg) USNR

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

To \_\_\_\_\_

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

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

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

NavTraSta., Farragut, Idaho

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

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

ORIGINAL  
FOR SERVICE RECORD



Name DORIA, Joseph Herman  
(Name in Full, Surname to the Left)

874 05 12 Rate F2c V6 USNR SV  
(Service No.)

Date Reported Aboard: 23 Mar. 1944

USNTC, FARRAGUT, IDAHO  
(Present Ship or Station)

NRS, ST. LOUIS, MO.  
(Ship or Station Received From)

For Assignment by ComServ-  
LantSuborComd in accordance  
with Auth (a) BuPers Des  
041438 of August 1944

14 August 1944

Date Transferred  
To Amphibious Training Base,  
Little Creek, Virginia,

F. H. Kelley, Capt., USN.  
Signature and Rank of Commanding Officer

20 August 1944 *mm*

Date Received Aboard:  
PhibTraBase, Little Creek, Va.

NTQ, Farragut, Idaho  
(New Ship or Station)

C.F. MACKLIN, Jr., Capt., USN (MHW)  
(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL  
FOR SERVICE RECORD



AMPHIBIOUS FORCE TRAINING BASE  
LITTLE CREEK, VIRGINIA

LEAVE CERTIFICATE

Name DORIA, Joseph H. Fl/c 8740512

Division 824 Pay No. \_\_\_\_\_

The above named man has been granted 8 days leave from the AMPHIBIOUS

TRAINING BASE, Little Creek, Virginia, from 1600 4 Nov. 1944  
(Time) (Date)

to 1300 12 Nov. 1944  
(Time) (Date)

His address while on leave is:

3222 Pulaski

St. Louis, Missouri

*E. H. Cole*  
Executive Officer

Leave expires \_\_\_\_\_

Has \_\_\_\_\_ sufficient funds.

Entered in furlough book \_\_\_\_\_ Yeoman.

Bag and hammock turned in \_\_\_\_\_ Master at Arms.

Checked out at 1530 NOV 4 1944 *C. A. J. J. J.* Duty Officer.

Returned from leave on 125 NOV 12 1944 *R. M. A.* Duty Officer.

Noted in furlough book and rations checked.

*C. A. J. J. J.*  
Yeoman

(Over)



## INSTRUCTIONS

1. No man will be granted leave who cannot assure his Division Officer that he has sufficient funds to return. Round trip tickets should be purchased before leaving the vicinity of Norfolk. If you lose your ticket, or money, report to a Recruiting Office, where the Recruiting Officer will furnish you transportation for return to this station. The cost of the transportation will be checked against your account.

2. Check out with the Duty Officer, and on your return check in with the Duty Officer.

3. Inform yourself of train schedules and make allowances for delays. Missing trains is not an excuse for overleave. Trains and bus schedules are frequently unreliable.

4. Turn your bag and hammock in to the MAA before checking out.

5. If you become ill or injured and are unable to travel, notify the Commanding Officer, Amphibious Force Training Base, Little Creek, Virginia, at once and instructions will be sent you. Medical treatment by civilian activities at government expense CANNOT be authorized.

6. In an emergency, an extension of leave may be requested by telegraph or letter, but if NO reply is received you will consider your request NOT granted and must, therefore, return to the Base by the date of expiration of your ORIGINAL leave as shown on this paper. All requests for extensions of leave must be addressed to the Commanding Officer, Amphibious Force Training Base, Little Creek, Virginia.

7. I have read and understand the above instructions.

*Joseph H. Dorin*  
(Name)

*Fk*  
(Rate)

### AMPHIBIOUS FORCE TRAINING BASE LITTLE CREEK, VIRGINIA

This man was carried on my rolls for the leave period indicated herein. I hereby certify that I have not and will not credit furlough rations during any portion of the leave period indicated due to the account having been closed prior to the receipt of this voucher. Request credit be made.



Name DORIA, Joseph Herman

(Name in Full, Surname to the Left)

874 05 12

Rate

~~XXX~~ V6 SV Flc

(Service No.)

Date Reported Aboard: 20 August 1944.PhibTraBase, Little Creek, Va.

(Present Ship or Station)

NTC, Fannegut, Idaho.

(Ship or Station Received From)

Qualified, Landing Craft

Authorized to wear Amphibious insignia  
in accord. with BuPers C/L 175-44.TRANS: Nov. 20 1944 to R/S, Terminal Island  
NOB, San Pedro, Calif. CFO LSM 252  
and on board when comm.AUTH: CATL Despatch 192106 of  
April 1944.Date Transferred 20 Nov. 1944.To R/S, T.I., NOB, San Pedro, Calif. CFO LSM 252C. F. MACKLIN, JR. CAPT. USN

Signature and Rank of Commanding Officer.

Date Received Aboard: 25 NOV 44RS, TI, SAN PEDRO, CALIF.

(New Ship or Station)

PHIB TRA BASE, LITTLE CREEK, VA.

(Last Ship or Station)

R. J. CARSTARPHEN, CAPT. USN

Signature and Rank of Commanding Officer.

ORIGINAL  
FOR SERVICE RECORD



Name DORIA, Joseph Herman  
(Name in Full, Surname to the Left)  
874 05 12 Rate Flc SV V-6  
(Service No.)  
Date Reported Aboard: 25 NOV 44  
RS, TI, SAN PEDRO, CALIF.  
(Present Ship or Station)  
PHIB TRA BASE, LITTLE CREEK, VA.  
(Ship or Station Received From)

21 Dec. 1944: Trans. this date to the USS  
LSM-252 for duty.

Auth: Pre-CommDet ltr Serial 135-44 of  
18 Dec. 1944.

Date Transferred 21 Dec. 1944  
To USS LSM-252

7MH  
R. J. CARSTARPHEN, CAPT, USN  
Signature and Rank of Officer Authorized to Sign

Date Received Aboard: 21 DEC 44

USS LSM 252  
(New Ship or Station)

RS., TI., SAN PEDRO, CALIF.  
(Last Ship or Station)

James H. Armstrong  
Signature and Rank of Officer Authorized to Sign  
JAMES H. ARMSTRONG, LT., USNR.  
**ORIGINAL**  
FOR SERVICE RECORD



Name DORIA, Joseph Herman  
(Name in Full, Surname to the Left)  
 874 05 12 Flc, (LC), V-6, SV  
(Service No.) Rate  
 Date Reported Aboard: 21 December 1944  
USS LSM 252  
(Present Ship or Station)  
RS, TI, San Pedro, Calif.  
(Ship or Station Received From)

12 February 1945:

Left the continental limits of the United States this date.

23 March 1945:

In accordance with General Order No 194, you are authorized to wear the following campaign ribbons:

1. American Area
2. Asiatic-Pacific Area

*James H. Armstrong*  
 JAMES H. ARMSTRONG, Lt., USNR  
 Commanding Officer

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



Name DORIA, Joseph H.  
(Name in Full, Surname to the Left)

874 05 12 Rate Fle  
(Service No.)

Date Reported Aboard: 21 December 1944


USS LSM 252  
(Present Ship or Station)

RS, TI, San Pedro, Calif.  
(Ship or Station Received From)

5-17-45  
Crossed 180th Meridian at 12°28'N  
Latitude this date.

7-1-45  
Qualified this date for Philippine  
Liberation Ribbon.  
Auth: ALNAV 64 - 5 April 1945

7-3-45  
Crossed equator bound south at  
136°45'E Longitude.

  
JAMES H. ARMSTRONG, Lt., USNR  
Commanding Officer

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



Name DORIA, Joseph H.  
(Name in Full, Surname to the Left)  
874 05 12 Rate MM3c(T), SV-6  
(Service No.)  
Date Reported Aboard: 21 December 1944

USS LSM 252  
(Present Ship or Station)  
RS, TI, San Pedro, Calif.  
(Ship or Station Received From)

27 Aug 1945:  
Participated in initial landing  
operations, Yokosuka Ko, Japan.

10 Sept through 17 Sept. 1945:

Participated in evacuation of P.O.W.'s -  
Sendai and Kamaishi areas - Japan

27 Oct. 1945:  
In accordance with ALNAV 352-45, you  
are hereby authorized to wear the  
WORLD WAR II Victory Medal.

*James H. Armstrong*  
JAMES H. ARMSTRONG, LT., USN  
Commanding Officer

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

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET



Name DORIA, Joseph Herman  
(Name in Full, Surname to the Left)

874 05 12 Rate MM3c(T), SV-6  
(Service No.)

Date Reported Aboard: 21 December 1944

USS LSM 252

(Present Ship or Station)

RS, TI, San Pedro, Calif.

(Ship or Station Received From)

Average marks

Conduct: 4.0

Prof. Rate: 3.7

Mech. Ability: 3.6

Entitled to Honorable Discharge

31 OCT 1945

Transferred this date to nearest  
Receiving Ship or Station in continental  
U.S. FFT Personnel Separation Center  
St. Louis, Mo., for discharge for  
convenience of the government.

Auth: ALNAV 252-45

ALNAV 345-45

U.S.S. ARMSTRONG (APF) 1945  
Received on board for transportation  
Transportation completed, transferred  
H. M. Armstrong, Jr.  
H. M. Armstrong, Jr. Lt. USNR

Date Transferred 31 OCT 1945

To

James H. Armstrong, Lt. USNR  
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



[illegible]



|  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| NAME   |  |  |  |  |  |  |  |  |  | RATE ABBR.                       |  |  |  |  |  |  |  |  |  | BR. OF SER.                             |  |  |  |  |  |  |  |  |  | DATE OF ENLISTMENT               |  |  |  |  |  |  |  |  |  | PLACE OF ENLISTMENT              |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 4-05-12  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  | 03 20 44                                |  |  |  |  |  |  |  |  |  | CO 3655                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| SERVICE NUMBER   |  |  |  |  |  |  |  |  |  | NAME                             |  |  |  |  |  |  |  |  |  | RATE ABBR.                              |  |  |  |  |  |  |  |  |  | CHANGE OF STATUS                 |  |  |  |  |  |  |  |  |  | DATE OF PRESENCE                 |  |  |  |  |  |  |  |  |  | CHANGE OF STATUS                 |  |  |  |  |  |  |  |  |  | DATE OF OCCURRENCE               |  |  |  |  |  |  |  |  |  | DESCRIPTION OF CHANGE            |  |  |  |  |  |  |  |  |  | LOCATION |  |  |  |  |  |  |  |  |  |
| 11111111   |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111        |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  | 11111111111111111111111111111111 |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 22222222   |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222 |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222        |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222 |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222 |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222 |  |  |  |  |  |  |  |  |  | 22222222222222222222222222222222 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 33333333   |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333 |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333        |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333 |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333 |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333 |  |  |  |  |  |  |  |  |  | 33333333333333333333333333333333 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 44444444   |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444 |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444        |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444 |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444 |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444 |  |  |  |  |  |  |  |  |  | 44444444444444444444444444444444 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 55555555   |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555 |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555        |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555 |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555 |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555 |  |  |  |  |  |  |  |  |  | 55555555555555555555555555555555 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 66666666   |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666 |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666        |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666 |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666 |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666 |  |  |  |  |  |  |  |  |  | 66666666666666666666666666666666 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 77777777   |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777 |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777        |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777 |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777 |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777 |  |  |  |  |  |  |  |  |  | 77777777777777777777777777777777 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 88888888   |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888 |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888        |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888 |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888 |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888 |  |  |  |  |  |  |  |  |  | 88888888888888888888888888888888 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 99999999   |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999 |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999        |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999 |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999 |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999 |  |  |  |  |  |  |  |  |  | 99999999999999999999999999999999 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 |  |  |  |  |  |  |  |  |  | ENLISTED PERSONNEL - U.S. NAVY   |  |  |  |  |  |  |  |  |  | LICENSED FOR USE UNDER PATENT 1,712,492 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |



# CERTIFICATION OF DEMOBILIZATION FACTORS FORM 295-45

15 September 1945

1. DORIA, Joseph H., 874 05 12, Flc, SV-6, USNR

2. USS LSM 252

|  | A | B   | C             | D                | E |
|--|---|-----|---------------|------------------|---|
| 3. 25 December 1908                                |   | 37  | $\frac{1}{2}$ | 18 $\frac{1}{2}$ |   |
| 4. 20 March 1944                                   |   | 17  | $\frac{1}{2}$ | 8 $\frac{1}{2}$  |   |
| 5. None  |   |     |               |                  |   |
| 6. Active duty outside continental U.S.            |   | 8   | $\frac{1}{4}$ | 2                |   |
| 7. Dependency status existing as of 15 August 1945 |   | yes | 10            | 10               |   |
| 8. Total Points                                    |   |     |               | 39               |   |

10. Eligible for immediate release no  
yes or no

11. (Officers only) The total number of days leave or delay counting as leave since 1 September 1939 or date of first commission which ever is later.

                     days.

12. City and state to which entitled to transportation upon discharge or release from active duty.

St. LOUIS MO.  
city state

Certified to be correct to the best of my knowledge and in accordance with information available this date.

Joseph H. Doria  
JOSEPH H. DORIA, Flc

James H. Armstrong  
JAMES H. ARMSTRONG, Lt., USNR  
Commanding



## STATEMENT OF SERVICE

Name DORIA, Joseph Herman

E.

Service Number 874 05 12Rate MM3c(T)Date 28 Oct. 1945Total military or naval service for pay purposes  
prior to enlistment

0-0-00

Enlisted ( 2 yrs. )

3-20-44

AWOL

0-0-00

NPDI

0-0-00

SKIC

0-0-00

AOL

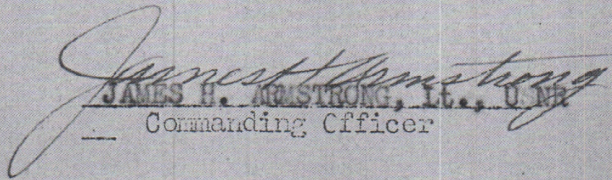
0-0-00

Completed 0 yrs. for pay purposes

0-0-00

Transferred for Discharge

11-1-45

Net service completed on date of transfer for  
discharge1 7 12  
yrs. mos. days  
JAMES H. ARMSTRONG, LT., U.S.N.  
Commanding Officer



674 05 12

DORIA, JOSEPH H.

Name

I certify that I am entitled to the following additional items of pay and allowances which are necessary to complete the settlement of my pay account:

- ☒ S&SFD - From \_\_\_\_\_ to 11/15 Arr. U.S. 645
- ☐ Increased pay for longevity ( ) \_\_\_\_\_
- ☐ Leave Rations \_\_\_\_\_ to \_\_\_\_\_
- ☐ Flight Pay \_\_\_\_\_ to \_\_\_\_\_
- ☐ Pay for \_\_\_\_\_ Medal \_\_\_\_\_ to \_\_\_\_\_
- ☐ Other credits \_\_\_\_\_

further certify that:

- ☐ I have previously served in the U.S. \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

- ☒ I (have) (have not) previously received a mustering out payment.

X Joseph H. Doria  
(Signature)

- ☐ Mileage \_\_\_\_\_ to \_\_\_\_\_

Code \_\_\_\_\_ to \_\_\_\_\_

**INCOMPLETE**



| NAME                           |         | AGE           | RATE | DIVISION       |
|--------------------------------|---------|---------------|------|----------------|
| DORIA, JOSEPH H.               |         | 35            | F2/C | E824-18        |
| RECOMMENDATION & SUMMARY CARD  |         |               |      |                |
| CLASSIFICATION CENTER          |         |               |      |                |
| A. T. B. - Little Creek, Va.   |         |               |      |                |
| 1 32 2 33                      |         | F-13          |      |                |
| Score                          | Group   |               |      |                |
| GCT                            | 42 4    | Illit.        |      |                |
| MK-M                           | 59 2    | P.I. 7        |      |                |
| MK-E                           | 48 3    | Med.          |      |                |
| Inter.                         | C 4-2   | Ht. 5'6" 4    |      |                |
| Sea                            | Combat  | Wt. 145       |      |                |
| TR'NG.                         |         | Visual L 1420 |      |                |
|                                | F.A-284 | Acuity R 1420 |      |                |
| Qual Stkr. for:                |         |               |      |                |
| Navy School Average:           |         |               |      |                |
| Stkr for:                      |         |               |      |                |
| Tele. Talker Test              |         | Night Vision  |      | Interviewed by |
| 0 Qualified                    |         | 1420 Pass     |      | Bumery         |
|                                |         | Date          |      | Appv'd.        |
|                                |         | 21 AUG 1944   |      |                |
| Previous Amphibious Experience |         |               |      |                |
| Ship: Duration:                |         |               |      |                |
| Billet:                        |         |               |      |                |
| Recommended for Tr'ng          |         |               |      |                |
| Advanced Tr'ng:                |         |               |      |                |
| Remarks: PREFERS DIESEL TRNG!  |         |               |      |                |
| MAN HAS ABILITY -              |         |               |      |                |
| VERY INTERESTED AS WELL        |         |               |      |                |
| AS WILLINGNESS -               |         |               |      |                |
| VERY INTERESTED IN SEA DUTY!   |         |               |      |                |
| Assigned to Billet of:         |         |               |      |                |



8740512

| MAN'S LAST NAME |                  | SERVICE RECORD     |       |      |                    | MAN'S SERVICE NO.        |               |             |         |                          |
|-----------------|------------------|--------------------|-------|------|--------------------|--------------------------|---------------|-------------|---------|--------------------------|
| DATE            | REASON FOR ENTRY | SHIP OR STATION    | TYPE  | RATE | DUTY AND EQUIPMENT | REMARKS/AUX. L. QUALIFS. | PROP. IN RATE | P. G. ABIL. | CONDUCT | KEG. OFF. INITIALS       |
| 3-20-44         | ENL              | ST LOUIS           | NRS   | AS   |                    |                          |               |             |         |                          |
| 3-24-44         | TRAN             | FARRAGUT           | NIS   | AS   | REC'T TR           | (8 WKS) CR FYC           |               |             |         |                          |
| 7/17/44         | TRAN             | "                  | NTC   | FYC  | DOM. TRANSPORT.    | PARTS MAN                |               |             |         | (TEMP. DUTY) (2 1/2 WKS) |
| 8/20/44         | TR               | LITTLE CREEK, ARIZ | FYC   |      | LSM TRNG -         |                          |               |             |         |                          |
| 11/25/44        | REC.             | SAN PEDRO, CAL.    | REC'D | "    | LSM 252            |                          |               |             |         | REINT. 11-27-44 OAH      |

DO NOT WRITE IN THIS SPACE

[illegible]



874 05 12 DORIA Joseph Herman  
 (SERVICE NUMBER) (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)  
 MoMM3c(T) USN ☐ USN-I ☐ USN-SV ☐ USNR ☐ USNR-SV ☒ 6  
 (RATING) (CLASS)

ACCEPTED FOR  
 1. ENLISTMENT AT

(PLACE)

(DATE)

2. INDUCTED AT St. Louis, Missouri

3/20/44

(PLACE)

(DATE)

ORDERED TO AC-  
 3. TIVE DUTY FROM

(PLACE)

(DATE)

HOME SHOWN IN  
 4. SERVICE RECORD

(CITY AND STATE)

NOTE: USN and USNR enlisted for immediate active duty—Use 1 above.

USN-I, USN-SV, USNR-SV—Use 2 and enter location of local draft board to which individual first reported for delivery to induction station.

USNR ordered from inactive duty—Use 3 and enter address to which orders to active duty were addressed.

ALL CLASSES—Use 4 in addition to others required, only when individual is entitled to transportation in kind to home of record.

5. COMPLETED \_\_\_\_\_ YEARS SERVICE FOR PAY PURPOSES ON \_\_\_\_\_

(NO.)

(DATE)

6. THE ABOVE NAMED INDIVIDUAL IS THIS DATE  
 HONORABLY DISCHARGED:

27 NOV 1945

(DATE)

FORM NAVPERS-660

SERIAL

C2010017

ISSUED

(SERIAL NO.)

7. REASON AND AUTHORITY

HONORABLE (COGD)

AUTH: Alnav 252-45

Upon being honorably discharged from the Naval Service, I acknowledge receipt of the following:

HONORABLE SERVICE LAPEL BUTTON  
 HONORABLE DISCHARGE BUTTON  
 HONORABLE DISCHARGE EMBLEMS

I have received the following instructions:

- (1) To report to my Selective Service Board within 10 days.
- (2) Concerning rights and benefits as a Veteran.
- (3) That in order to continue Government Insurance, Premiums must be paid direct to Veterans Administration.
- (4) If I desire to reenlist at some subsequent date, I should apply to the nearest Navy Recruiting Station and present my discharge certificate, and Notice of Separation (NAVPERS FORM 553.)
- (5) That I am permitted to wear my uniform only until such time as I reach my home (not to exceed 3 months enroute). I understand that the manner in which I conduct myself while wearing my uniform will reflect upon the naval service.

Certificate Satisfactory Service

Joseph Herman Doria  
 (SIGNATURE OF DISCHARGE)

R.R. SPEEGELHARTER, USNR  
 (NAME AND SIGNATURE)

By direction

OFFICER (SEE ART. 2025(2) N.R.)

USNPSC, St. Louis, Missouri

(NAME AND LOCATION OF ACTIVITY FROM WHICH SEPARATED)

PART I - FOR SERVICE RECORD

(P)

NOT ENTITLED TO T/A OR T/R  
 520019



Name DORIA, Joseph Herman  
(Name in full, surname to the left.)

No. 874-05-12

Pay per month, \$ \_\_\_\_\_ after \_\_\_\_\_ years'

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

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

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

Furnished:  
Travel allowance: Total cost \_\_\_\_\_ \$ \_\_\_\_\_

Transportation with subsistence: Total cost \_\_\_\_\_ \$ \_\_\_\_\_

From \_\_\_\_\_  
(Place where travel began.)

To \_\_\_\_\_  
(Place of acceptance.)

**Signature and rank of Disbursing Officer**

|   |   |          |          |
|---|---|----------|----------|
| Discharged,<br>Deserted,<br>Died,<br>Trans. F. R.,<br>Retired,<br>On account of | } | At _____ | Station. |
|---|---|----------|----------|

With \_\_\_\_\_

Discharged this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Completed \_\_\_\_\_ 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.

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

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

U. S. \_\_\_\_\_

**Signature and rank of Commanding Officer.**

Permanent address after discharge.

16-30510-1

(Rev. Sept. 1939)







LSM252/P16-4/P19-1/MM  
Serial No. 109-45

U. S. S. LSM-252  
C/O FLEET, POST OFFICE  
SAN FRANCISCO, CALIFORNIA

31 OCT 1945

From: Commanding Officer  
To: DORIA, Joseph H., MCMB3c(T), 874 05 12, SV-6, USNR  
Subject: Orders - Transfer for Discharge  
Reference: (a) AINAV 252-45  
(b) AINAV 345-45

1. As of this date, you will consider yourself detached from this command and will proceed, as transportation directs, to the nearest Receiving Station within the continental limits of the United States, for further transfer to the Personnel Separation Center St. Louis, Mo., for separation from the Naval Service.

2. Records and accounts are handed you herewith, for delivery to Ultimate Destination, in accordance with Art. D-7008, BuPers Manual.

3. Personnel under orders are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with the nearest known Naval Activity for instructions, if unable to contact above commands.

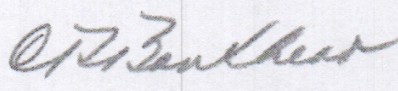
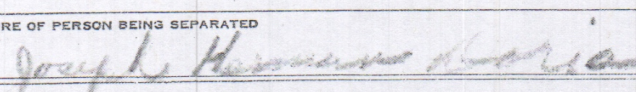
JAMES H. ARMSTRONG, Lt., USNR

Copies to:  
BuPers  
AdComPubsPac

Forwarded-Pers-Pers 944



NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE  
NAVPERS-553 (REV. 8-45)

|   |             |   |                                     |  |  |   |  |
|---|-------------|---|-------------------------------------|--|--|---|--|
| 1. SERIAL OR FILE NO.   |             | 2. NAME (LAST) (FIRST) (MIDDLE)   |                                     | 3. RATE AND CLASS/OR   |  | 5. PLACE OF SEPARATION                                    |  |
| RANK AND CLASSIFICATION   |             | 4. PERMANENT ADDRESS FOR MAILING PURPOSES   |                                     |  |  | USNPSC St. Louis, Mo.                                     |  |
|   |             | 874-05-12 DORIA, Joseph Herman,<br>Motor Machinist Mate 3c(T), SV-6,<br>3222A Pulaski,<br>St. Louis, Mo.  |                                     |  |  | 6. CHARACTER OF SEPARATION<br>Honorable                   |  |
|   |             |   |                                     |  |  | 7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT<br>Item 4 |  |
| 8. RACE<br>W  | 9. SEX<br>M | 10. MARITAL STATUS<br>Married   | 11. U.S. CITIZEN (YES OR NO)<br>Yes | 12. DATE AND PLACE OF BIRTH<br>12/25/08 St. Louis, Mo. St. Louis, County   |  |   |  |
| 13. REGISTERED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |             | 14. SELECTIVE SERVICE BOARD OF REGISTRATION<br>#11, St. Louis, Mo.  |                                     | 15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE<br>Item 4   |  |   |  |
| 16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)<br><input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> INDUCTED <input type="checkbox"/> COMMISSIONED<br>DATE DATE 3/20/44 DATE |             | 17. DATE OF ENTRY INTO ACTIVE SERVICE<br>3/20/44  |                                     | 18. NET SERVICE (FOR PAY PURPOSES)<br>(YRS., MOS, DAYS) 1 8 8  |  |   |  |
| 20. QUALIFICATIONS, CERTIFICATES HELD, ETC.<br>Those of rate  |             | 21. RATINGS HELD<br>F2c; F1c; MoMM3c;   |                                     | 22. FOREIGN AND/OR SEA SERVICE WORLD WAR II<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |   |  |
| 23. SERVICE SCHOOLS COMPLETED<br>ATB Little Creek, Va.;   |             | 24. SERVICE (VESSELS AND STATIONS SERVED ON)<br>NTS, Farragut, Idaho;<br>ATB Littell Creek, Va.;  |                                     | 25. INTENTION OF VETERAN TO CONTINUE INS.<br>Yes   |  |   |  |
|   |             | 26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE<br>11/45  |                                     | 27. MO. NEXT PREMIUM DUE<br>12/45  |  | 28. AMOUNT OF PREMIUM DUE EACH MONTH<br>\$7.60            |  |
| 29. TOTAL PAYMENT UPON DISCHARGE<br>\$ 154.77   |             | 30. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT<br>\$ NONE  |                                     | 31. INITIAL MUSTERING OUT PAY<br>YES   |  | 32. NAME OF DISBURSING OFFICER<br>A.B. COUVILLION         |  |
| 33. REMARKS<br>Asiatic Pacific;<br>Victory Medal;<br>American Area;<br>Philippine Liberation;<br>Social Security No. 494-07-9802;<br>Point System Discharge;  |             | 34. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)<br><br>Lieutenant, USNR. |                                     |  |  |   |  |
| 35. NAME AND ADDRESS OF LAST EMPLOYER<br>Weber Implement and Auto Co.<br>4025 Lindell Blvd.,<br>St. Louis, Mo.  |             | 36. DATES OF LAST EMPL'MT.<br>FROM 1932<br>TO 3/20/44   |                                     | 37. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.<br>Sales Person, Auto Parts<br>1-75.22                               |  |   |  |
| 38. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)<br>Old job   |             | 39. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)<br>None   |                                     | 40. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE)<br>None  |  |   |  |
| 41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED)<br>GRAM.: 8 H. S.: 0 COLL.: 0  |             | 42. DEGREES   |                                     | 43. MAJOR COURSE OR FIELD  |  |   |  |
| 44. RIGHT INDEX FINGERPRINT<br>None   |             | 45. OFF DUTY EDUCATIONAL COURSES COMPLETED<br>11/27/45  |                                     |  |  |   |  |
| 46. DATE OF SEPARATION<br>11/27/45  |             | 47. SIGNATURE OF PERSON BEING SEPARATED<br>                                 |                                     |  |  |   |  |

TO: BUREAU OF NAVAL PERSONNEL