

| CHARACTER OF SEPARATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES                                                           |  | DEPARTMENT                                                                                                                                                         |  |
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| HONORABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                           |  | ARMY                                                                                                                                                               |  |
| 1. LAST NAME—FIRST NAME—MIDDLE NAME<br>MANDEL HERBERT MAURICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. SERVICE NUMBER<br>0955693                                                                                              |  | 3. GRADE—RATE—RANK AND DATE OF APPOINTMENT<br>1ST LT 17 JUL 50                                                                                                     |  |
| 4. QUALIFICATIONS<br>0-16-010<br>1328 STRUCTURAL DESIGNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 6. EFFECTIVE DATE OF SEPARATION<br>13 AUG 52                                                                              |  | 7. TYPE OF SEPARATION<br>REL FR AD                                                                                                                                 |  |
| 8. REASON AND AUTHORITY FOR SEPARATION<br>SEC 515 D OPA 47<br>BUL 18 WD/47 DA & MSG 316361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9. PLACE OF SEPARATION<br>CP KILMER NEW JERSEY ASU 1277TH                                                                 |  |                                                                                                                                                                    |  |
| 10. DATE OF BIRTH<br>11 MAY 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 11. PLACE OF BIRTH (City and State)<br>PORT CHESTER N Y                                                                   |  | 12. DESCRIPTION<br>SEX M RACE CAU COLOR HAIR BRN COLOR EYES GRN HEIGHT 69 WEIGHT 150                                                                               |  |
| 13. REGISTERED<br>YES NO SELECTIVE SERVICE NUMBER NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)<br>NA                                                      |  | 15. INDUCED<br>DAY MONTH NA YEAR                                                                                                                                   |  |
| 16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT<br>YES NO COMPONENT AND BRANCH OR CLASS NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | COGNIZANT DISTRICT OR AREA COMMAND NA                                                                                     |  |                                                                                                                                                                    |  |
| 17. MEANS OF ENTRY OTHER THAN BY INDUCTION<br><input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input checked="" type="checkbox"/> CALLED FROM INACTIVE DUTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE<br>1ST LIEUTENANT                                             |  |                                                                                                                                                                    |  |
| 19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE<br>DAY 11 MONTH SEP YEAR 50 PLACE (City and State) FT TOTTEN N Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)<br>24 REX RD PORT CHESTER N Y |  |                                                                                                                                                                    |  |
| STATEMENT OF SERVICE FOR PAY PURPOSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | A. YEARS                                                                                                                  |  | B. MONTHS                                                                                                                                                          |  |
| 21. NET (NA) ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                           |  |                                                                                                                                                                    |  |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1                                                                                                                         |  | 11                                                                                                                                                                 |  |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5                                                                                                                         |  | 3                                                                                                                                                                  |  |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 7                                                                                                                         |  | 13                                                                                                                                                                 |  |
| 25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | DAY                                                                                                                       |  | MONTH                                                                                                                                                              |  |
| 26. FOREIGN AND/OR SEA SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | YEARS 0                                                                                                                   |  | MONTHS 9                                                                                                                                                           |  |
| 27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                           |  | DAYS 0                                                                                                                                                             |  |
| 28. MOST SIGNIFICANT DUTY ASSIGNMENT<br>ENGR UNIT CMDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)<br>NONE                            |  |                                                                                                                                                                    |  |
| 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATES (From-To)                                                                                                           |  | MAJOR COURSE                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                           |  | 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED<br>AIR TRANSPORTABILITY                                                                                        |  |
| GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known. |  |                                                                                                                           |  |                                                                                                                                                                    |  |
| 32. KIND OF INSURANCE (amount and premium due each month)<br>U. S. L. I. 10,000 6.90 U. S. G. L. I. NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 33. MONTH ALLOTMENT DISCONTINUED<br>PREM WAIVED                                                                           |  | 34. MONTH NEXT PREMIUM DUE                                                                                                                                         |  |
| 35. TOTAL PAYMENT UPON SEPARATION<br>493.31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT<br>372                                                          |  | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER<br>F J DECKER FC 215-273 700928                                                                                    |  |
| 38. REMARKS (Continue on reverse)<br>ITEM 4 TEMP 1ST LT AUS. PER GR 1ST LT CE RES. APTD 17 JUL 50. BL GR O. WW 2 VET. ORC. DESIRE REL FR AD. MOP \$300.00. CERTIFICATE OF SERVICE DD FORM 217A ISSUED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br>J E BALLAS<br>WOJG USA                                                     |  |                                                                                                                                                                    |  |
| 40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)<br>COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.<br>EDUCATIONAL EMPLOYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | CLAIM NUMBER                                                                                                              |  | UNKN                                                                                                                                                               |  |
| 41. DATES OF LAST CIVILIAN EMPLOYMENT:<br>FROM JUL 49 TO AUG 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 42. MAIN CIVILIAN OCCUPATION<br>CIVIL ENGR                                                                                |  | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER<br>PARSONS BRINCKERHOFF HALL & MCDONALD<br>ENGRS 51 BROADWAY NY NY                                                  |  |
| 44. UNITED STATES CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 45. MARITAL STATUS<br>S                                                                                                   |  | 46. NON-SERVICE EDUCATION (Years successfully completed)<br>GRAM-SCHOOL 8 HIGH-SCHOOL 4 COL-LEGE 5 BACH OF SCIENCE MASTER OF ENGR MAJOR COURSE OR FIELD CIVIL ENGR |  |
| 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)<br>24 REX RD PORT CHESTER N Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 48. SIGNATURE OF PERSON BEING SEPARATED<br>Herbert H. Mandel                                                              |  |                                                                                                                                                                    |  |