'26 SEP 22 PM 4:14:46

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 09/21/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Nielsen, Carl, Ervin		

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☐ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death:

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location): Lighthouse Service (CT/NJ/NY) 3rd District

From:	To:
1924	1943

(Agency & Location)

From:	To:

(Agency & Location): N425

From:	To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C00082442330

Attendant Signature:

CMRS Search Request Number(s): Rqst sent 9/22/26 mx

Remarks:

25 OCT 15 AM10:31

SCREENING NOTES

☐ Reviewed and Nothing Removed

☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

File MB

I, Carl E. Nielsen, do
(Name in full, printed or typed)

solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So HELP ME GOD.

Carl E Nielsen
(Signature of Appointee)

Subscribed and sworn to before me this 3rd day of Sept., A.D. 1941

at New Brighton, (City or place) N.Y. (State)

[SEAL]

Prosper Fuglioco
Notary Public

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

Term Expires March 30-1943

Position to which appointed Keeper, Execution Rocks Light Station, N. Y.

Date of entrance on duty August 18, 1941

U. S. GOVERNMENT PRINTING OFFICE 10—1689

OCT 27 1941

OCT 27 1941

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 40511

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date June 30, 1941.

Name: Nielsen, Carl E.

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.: 1563

Nature of Recommendation

Change in status, designation and post of duty.
Increase in pay.

	FROM	TO
Position	Oiler	Keeper
Grade	None	Field (Range $1500-1860)
Salary	$72.50 a month	$1500 per annum plus $60 p.a. QTRS.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, N. Y.	New York, N. Y.
Post of Duty	Ambrose Channel Lt. Ship #111	Execution Rocks Lt.Sta.,N.Y.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD [X] DEPRTMTL. [ ]	FIELD [X] DEPRTMTL. [ ]

EFFECTIVE E.O.D. AUG 18 1941

Remarks:

Justification: This action is in pursuance of the policy to separate military and civilian personnel on vessels of the former Lighthouse Service, Mr. Nielson having been disqualified for induction on account of his physical condition.

Mr. Nielson has a classified status as oiler. Form 375 is attached.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

M. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Ctf. #P-26796
SR:JM
dated 7-21-41

APPROPRIATION
Regular

DATE OF BIRTH
8-9-1905

LEGAL RESIDENCE
New York

SEX: M
RACE: W

NATURE OF POSITION
NEW
ADDTL. IDENT.

VICE VACANCY
VICE
John A. Stockton (resigned).

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?
Yes

SUBJECT TO RETIREMENT ACT?
Lighthouse Act

DATE OF OATH
6-20-18

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY

INTERLEAVED—PATD.

Form 3484
February 1941

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

REINSTATEMENT
TRANSFER
CHANGE IN STATUS

CERTIFICATE NO. P-26796

SR:JM

JULY 21, 1941
(Date)

DIRECTOR OF PERSONNEL
ROOM 26, U. S. TREASURY BUILDING
TREASURY DEPARTMENT
WASHINGTON, D. C.

1941 JUL 22 PM 2 40

Sir:

In response to your request of JUNE 30, 1941

the CHANGE IN STATUS (Reinstatement, transfer or change in status) is hereby authorized of:

CARL E. NIELSEN
(Name)

(Residence)

TO

TREASURY
(Department)

UNITED STATES COAST GUARD
(Bureau or Office)

KEEPER
(Position, Grade and Salary)

$1500 PER ANNUM

NEW YORK, NEW YORK
(City in which to be Employed)

Remarks or conditions:—

IN DUPLICATE.

Very respectfully,

L. A. Moyer

L. A. MOYER,
Executive Director
and Chief Examiner.

NOTE:—Report on certificates of reinstatement and transfer should be made within thirty days.

NOTE:—Payment of the compensation proposed is subject to applicable statutes, Executive orders, and decisions of the Comptroller General.

Copy to Cst. Gd. 7-22-41 NB

Form 375
October 1940

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.
(NONCOMPETITIVE)

(This form is used to determine, noncompetitively, the qualifications of a person when official action is proposed in his case. It should be submitted only through the appointing officer, and only when official action is proposed.)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

Print your name plainly in ink, or typewrite (one given name, initial or initials, and surname). If a woman, prefix "Miss" or "Mrs.," and if married, use *your own* given name, as "Mrs. *Mary L.* Doe."

Carl E. Nielsen
(Name)
203 Lafayette Avenue
(P. O. or street address)
New Brighton, Staten Island, N.Y.
(City or post office) (County) (State)
St. George 7-8521 R
(Telephone number)

Applicant will not fill the following blanks

Rating _____ Application No. _____
Kind of examination _____
Place _____
Date _____
Application _____ approved _____, 19____
By whom _____ approved _____

1. Are you a citizen of the United States? (Answer yes or no) Yes
2. Give (*a*) the date of your birth Aug. 9, 1905 (*b*) the place of your birth Copenhagen, Denmark
3. Give in the blanks below a detailed statement of your education, including dates:
   (*a*) Grammar school: Attended from _____, 1911 to _____, 1919 Highest grade completed 8th
   (*b*) High school: Name and location None
   Attended from _____, 1____, to _____, 1____ Highest grade completed _____ Were you graduated? _____

(*c*) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(*d*) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course.

(*e*) Have you ever been admitted to the bar? No Of what State? None When?

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment. List employments chronologically, beginning with the earliest. If you acquired your experience under a different name from that shown above, indicate in the spaces below the name by which you were employed.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City New York State New York	From 1924 To 1926	Lighthouse Dept St. George Staten Island	$800. Ser'p	Seaman
2	City New York State New York	From 1926 To 1929	U.S. Coast Guard	$800. Ser'p	Seaman
3	City New York State New York	From 1932 To 1941	U.S. Coast Guard & Lighthouse Dept	Ser't. $875.	Oiler
4	City State	From 19____ To 19____			
5	City State	From 19____ To 19____			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—497

14-13

5. Have you ever been discharged or forced to resign from any position? . . . . . No
Yes or No

If answer is "Yes," state when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.

---

6. Within the past 12 months have you used intoxicating beverages? . . . . . Yes
Yes or No

Habitually? . . . . . No
Yes or No

To excess? . . . occasionally
Yes or No

READ CAREFULLY.—An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

7. Have you ever been arrested, or summoned into Court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? . . . . . No
Yes or No

If so, list all the cases without any exception whatsoever on a sheet attached, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.

8. If you have any practical knowledge of a Mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

No

9. If not now employed, state how long you have been unemployed ---

10. Have you ever been in the United States military or naval service? Yes (Yes or No) If so, give name of organization and dates of enlistment and discharge.
U.S. Coast Guard from 1926 to 1929

11. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? No

	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
(b) If so, give information indicated regarding each examination.				

12. In what State or Territory have you legal or voting residence?	Length of such residence therein? (Residence must be shown up to date of jurat)	In what county have you legal or voting residence?	Length of such residence in county? (Residence must be shown up to date of jurat)
County of Richmond	From ____ (Month), 1924 (Year), to ____ (Month), 1941 (Year)	Richmond	From ____ (Month), 24 (Year), to ____ (Month), 41 (Year)

13. If during the past year you have *not* resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, answer the following questions fully:

(a) For what periods since such residence was first established have you been absent therefrom? (Give dates) ---

(b) What is the name, address, and relationship of the person, if any, living at the place in the State or Territory in which you claim legal or voting residence?	(c) Are you now a voter in such State or Territory? (Answer "Yes" or "No")
O.C. Gueckson 203 Lafayette Ave., Staten Island, N.Y.	Yes

14. Are you a member of any political party or organization which advocates the overthrow of our constitutional form of government in the United States? No
(Yes or No)

If so name the organization ---

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters, Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs." and if married, use *your own* given name, as "Mrs. *Mary L.* Doe."

(*Signature of applicant*) Carl E. Nielsen
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant, this 10th day of June, 1941, at city [~~or town~~] of St George SI county of Richmond, and State [~~or Territory or District~~] of NY

(*Signature of officer*) Anthony J. Kenalch (*Official title*) Notary Public Rich Co.
Cert. Exp. 3/30/42.

U. S. GOVERNMENT PRINTING OFFICE 16—

1941 AUG 29 PM 1 39

U. S. COAST GUARD (18)

RECD AUG 20 1941

TREASURY DEPARTMENT
United States Coast Guard

Date 19 August, 1941

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, New York District.
To: Commandant.

Name Carl E. Nielsen

Na ture of Action Change in status, designation and post of duty - Increase in pay.

Effective date of change 18 August, 1941.

mb
LB

	FROM	TO
Position	Oiler	Keeper. ~~2A~~
Pay	$72.50 per month	$1500 per annum
Salary Range	None	$1500-1860
Valuation of Quarters	None	$60 per annum
Station	Ambrose Channel L.S.111	Execution Rocks Lt.Sta.,N.Y.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) 7-23-41

Signature P. E. SHAW,
By direction.

- -

(This space for use of Headquarters)

U. S. COAST GUARD - WASHINGTON, D. C. August 23, 1941.

Submitted to the Director of Personnel, Treasury Department, for information.

By direction of the Commandant,

Very truly yours,

T. O. Robertson

T. O. Robertson,
Chief, Civilian Personnel Section.

NB

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Department C/G Date 13 august 1941

1. Name in full (Mr., ~~Miss,~~ or ~~Mrs.~~) Nielsen (Surname) Carl (Given name) Ennis (Middle name)
2. Present address 203 (Number) Lafayette Ave (Street) New Brighton (City) S.I. (State) New York.
3. Legal (voting) residence New York. 11- (State and Congressional District) Richmond (County) S.I. N.Y. (City or town)
4. Where born Copenhagen (State or foreign country) Denmark. (City or town) When born 8 9 1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien naturalized
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you none

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse Service		Seaman	67.50	4	28	1924	4	30	1925
US Coast Guard	"	Seaman	625	5	12	1926	~~4~~ 7	~~30~~ 31	1926
U.S. Lighthouse Service		Fireman - Oiler	72.50	3	16	1933	~~8~~ 4	~~19~~ 4	~~36~~ 38
"		"	"	9	22	1936	8	17	41
U.S.C.G.	Executive's Rocks Kpr. L.I. Sta.		1560	8	18	1941			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
none	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

(Title) none (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted 8/16 - 1926 Discharged 11/23 - 1929
Rank Seaman 1c Rank Seaman 1c
Organization US Coast Guard Organization US. Coast Guard

Enlisted ____ Discharged ____
Rank ____ Rank ____
Organization ____ Organization ____

[OVER]

10—1930

OCT 21 1941

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.)

Speak and write Danish and Norwegian.

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
None	→	

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. C. L. Gullickson

Relationship Fiend Post office address 203 Lafayette Ave New Brighton S.I.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl E. Nielsen

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

7/1/39 Transferred from Bureau of Lighthouses, Department of Commerce, and consolidated with United States Coast Guard, under terms of Plan No. 2 of Reorganization Act of 1939, approved by Congress April 3, 1939.

File received - JUN 4 1940

APPLICANT OR EMPLOYEE MUST FILL THE FOLLOWING

Name (in full) Carl Erwin Nielsen Sex Male

Present address 203 Lafayette Ave S.I. N.Y. Date of birth August 9th 1905

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
March 1939	Present	203 Lafayette Ave n.B.	Staten Island. N.Y.

Give, in your own handwriting, the information requested below

Have you ever been arrested for any reason whatsoever? no (Yes or no)

If so, give details in space provided below.

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition

No Reply Received From F. B. I.
Apparently No Criminal Record!

Have you ever been fingerprinted? yes Where? New York City

When? March 1939 If for the Civil Service, what position? Marine Oiler

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

U. S. COAST GUARD

Carl E. Nielsen
Customary payroll signature of employee

Subscribed and sworn to before me this 7 day of Dec 1939

Emil Ebert
Notary Public

My commission expires Mch 30/40

NIELSON, CARL E. - 8-9-05
(Name)

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
~1939

MISCELLANEOUS FILE	BUREAU LIGHTHOUSES

CLASSIFIED UNDER SECTION 6 RULE 2.

October 25, 1938.

Commissioner of Lighthouses:

In accordance with the Department's recent recommendation, the Civil Service Commission has approved the classification, under section 6 of civil-service rule II, of the following-named employee of the Third Lighthouse District:

Name	Position	Salary	Date of Authority
Carl E. Nielson	Oiler	$72.50 a mo.	10-15-38

By direction of the Secretary:

WM. J. GARDNER OCT 26 1938

Chief, Division of Personnel.

C

Form 3329
April 1938

DEPARTMENT OF COMMERCE
OCT 21 1938
DIVISION OF PERSONNEL

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

CERTIFICATE AUTHORIZING CLASSIFICATION

SRS:AEG
File No. 10-256
October 15, 1938

The Honorable
The Secretary of Commerce
Washington, D. C.

Sir:

In response to your request of July 30, 1938 (Date) the classification under section 6 of civil-service rule II of the employee named below is hereby approved, subject to satisfactory report on finger-print chart:

Carl E. Nielson (Name)	Department of Commerce (Department)
Oiler (Position, grade, and salary)	Lighthouse Service (Bureau or office)
$72.50 per month	Field (City in which employed)

Remarks:

Mr. Nielson has been rated eligible on Form 375.

3

By direction of the Commission:

Very respectfully,

L. A. Moyer

L. A. MOYER,
Executive Director and Chief Examiner.

U. S. GOVERNMENT PRINTING OFFICE 16—7250

October 6, 1938.

The Civil Service Commission:

As requested by the Commission in its letter of September 12, 1938 (file SRS:FC), there is transmitted herewith certificate of naturalization of Carl E. Nielsen, which has been submitted in connection with his classification, under section 6 of rule II, in the Lighthouse Service.

It is requested that the certificate be returned to this office when its purpose shall have been served.

By direction of the Sedretary:

Respectfully,

OCT - 7 1938

EDW. J. GARDNER

Chief, Division of Personnel.

* Mr Price, B.L.C, says certs returned to Neilsen by registered mail. mnb

Enclosure.
C

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
SEP 29 1938
DIVISION OF PERSONNEL

FWO-JHG

LIGHTHOUSES
SEP 27 8 40 AM '38

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

Sept. 26,1938

Commissioner of Lighthouses:

SUBJECT: Petty officers, classified sivil service status, citizenship.
REFERENCE: Bureau letter Sept.17,1938.

1. In accordance with Bureau letter of September 17,1938 relative to classified civil service status of certain petty officers, there are attached hereto the naturalization certificates of:-

Carl E. Nielsen	Oiler
John Kruszewski	Quartermaster

J. T. YATES
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON September 28, 1938

Submitted to the Secretary of Commerce, the enclosed certificates of citizenship being submitted in connection with giving these employees a classified civil service status. The certificate of Frank Kruszewski is furnished in connection with the classification of his son, John Kruszewski, who was shown to be 20 years old at the time his father was naturalized.

For the Commissioner:

Chief of Personnel Division

hlm/see
Enclosures

October 6, 1938.

The Civil Service Commission:

As requested by the Commission in its letter of September 12, 1938 (file SRS:FG), there is transmitted herewith certificate of naturalization of Carl E. Nielsen, which has been submitted in connection with his classification, under section 6 of rule II, in the Lighthouse Service.

It is requested that the certificate be returned to this office when its purpose shall have been served.

By direction of the Sedretary:

Respectfully,

1/6

Chief, Division of Personnel.

Reg No 541306

10/13/38

Enclosure.
C

Form 2453
September 1937

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

SRS:FG

September 12, 1938

DEPARTMENT OF COMMERCE
SEP 13 1938
DIVISION OF PERSONNEL

The Honorable
The Secretary of Commerce
Washington, D. C.

Sir:

Referring to your request of July 30, 1938 for approval of the classification of Carl E. Nielsen to the position of Oiler in the Lighthouse Service, Field you are informed that action is delayed for the reason checked below:

Proof of residence (Form) is required.

Affidavit as to members of family in the service (Form 1769) is required.

Medical certificate is necessary.

Form was returned to applicant for correction.

Certified copy of military or naval discharge is necessary.

Preference is being investigated.

Examination Form required.

examination has been ordered.

Strength test is required.

Proof of correct date of birth is necessary (see Form 2473, enclosed).

Fingerprint chart (Form 2390) is necessary.

Endorsement by is required.

** Proof of Citizenship

September 16, 1938.
Copy transmitted to the Bureau of Lighthouses.

Chief, Division of Personnel.

The above information was requested informally by the Commission on August 19, 1938.

GPO 16—481

U. S. Civil Service Commission.

DEPARTMENT OF COMMERCE

DIVISION OF PERSONNEL

WASHINGTON

July 30, 1938.

The Civil Service Commission:

The following-named employee of the Lighthouse Service, appointed under the provisions of Schedule A, Subdivision XI, paragraph 5 whose position has been brought into the classified service by Executive Order No. 7852, dated March 29, 1938, is unqualifiedly recommended for classification under Section 6 of Civil Service Rule II.

8/20

Proof of citizenship required. Rec'd informed

Name: Nielsen, Carl E.

Desgination: Oiler.

Allocation:

Salary: $72.50 a month.

Date of appointment: September 23, 1936.

Legal Residence: New York.

Civil Service examinations (if any):

Remarks:

By direction of the Secretary:

Respectfully,

COM. J. J. GARDNER

Chief, Division of Personnel.

Inclosures

x Form 375

x Form 1769

x Form 2390

x Form 2413

x Record of Service

G

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

SUPERINTENDENT OF DOCUMENTS
MAY 12 1933
RECEIVED
TOMPKINS SQUARE

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

1. (a) Give your name Carl Erwin Nielsen (b) Are you a citizen of the United States? Yes (Yes or No)

2. Give (a) the date of your birth 8/9/05 (b) the place of your birth Copenhagen, Denmark

3. Give in the blanks below a detailed statement of your education, including dates:

(a) Grammar school: Attended from August, 1911 to September, 1919 Highest grade completed 8th

(b) High school: Name and location None

Attended from ____, 1____, to ____, 1____ Highest grade completed ____ Were you graduated? ____

(c) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(d) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course None

(e) Have you ever been admitted to the bar? No Of what State? ____ When? ____

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City N. Y. State N. Y.	From Dec. 1921 To March 1924	Scandinavian American Line, N. Y.	$600,	Seaman
2	City N. Y. State N. Y.	From April 1924 To July 1926	U. S. Lighthouse Service, N. Y.	$750.	"
3	City N. Y. State N. Y.	From Aug. 1926 To Sept. 1929	U. S. Coast Guard, N. Y.	$870.	"
4	City N. Y. State N. Y.	From March 1933 To Still in service.	U. S. Lighthouse Service, N. Y.	$850.	Fireman, and Oiler
5	City State	From ____, 19____ To ____, 19____	Hospitalized at U. S. Marine Hospital, Staten Island,		
6	City State	From ____, 19____ To ____, 19____	N. Y. from November, 1929 to June, 1932 on account		
7	City State	From ____, 19____ To ____, 19____	of injuries sustained while in the service of the U. S. Coast Guard. On sick leave from June, 1932 to March 1, 1933.		
8	City State	From ____, 19____ To ____, 19____			
9	City State	From ____, 19____ To ____, 19____			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—497

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.
(NONCOMPETITIVE)

Rating _____

Application No. _____

The applicant will carefully fill ALL blank spaces

Position sought Oiler
(Give exact title of position or examination)

in the 3rd LH. District, N. Y.
(Office in which the position exists)

Present position (if now employed) Oiler, Dep't. of Commerce, 3rd LH. District
(Department and bureau or office)

N. B.—Applicant will write plainly full name (if a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant } Carl Erwin Nielsen

Number and Street 203 Lafayette Ave.,

Post Office New Brighton, S.I.N.Y.

County Richmond

State or Territory N. Y.

Applicant will not fill the following blanks

Kind of examination _____

Place _____

Date _____

Application _____ approved _____, 19____

By whom _____ approved _____

U.S. GOVERNMENT PRINTING OFFICE 16—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)
None

6. If not now employed, state how long you have been unemployed

7. If ever in the United States military or naval service, give dates of enlistment and discharge. U. S. Coast Guard from August, 1926 to September, 1929

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? No

	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
(b) If so, give information indicated regarding each examination.				

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Carl Erwin Nielsen
(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant, this 9th day of May, 1938, at city [~~or town~~] of Tompkinsville, county of Richmond, and State [~~or Territory or District~~] of New York

(*Signature of officer*) Geo. L. Taylor

(*Official title*) Notary Public

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Rating _____

Application No. _____

The applicant will carefully fill ALL blank spaces

Position sought Oiler
(Give exact title of position or examination)

in the 3rd LH. District, N. Y.
(Office in which the position exists)

Present position (if now employed) Oiler (Title)
Dep't. Commerce
3rd LH. District
(Department and bureau or office)

N. B.—Applicant will write plainly full name (if a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant Carl Erwin Nielsen

Number and Street 203 Lafayette Ave.,

Post Office New Brighton, S.I.N.Y.

County Richmond

State or Territory N. Y.

Applicant will not fill the following blanks

Kind of examination _____

Place _____

Date _____

Application _____ *approved* _____, *19*____

By whom _____ *approved* _____

U.S. GOVERNMENT PRINTING OFFICE 16—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.) None

6. If not now employed, state how long you have been unemployed.

7. If ever in the United States military or naval service, give dates of enlistment and discharge U. S. Coast Guard from August, 1926 to September, 1929

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? No

	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
(b) If so, give information indicated regarding each examination.				

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Carl Erwin Nielsen
(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant this 2nd day of January, 1937, at city [or town] of Richmond, and State [or Territory or District] of New York, county of Richmond.

(*Signature of officer*) Wesley Dudley

(*Official title*) Notary Public

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FWO-JHG

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

May 12,1938

Carl E. Nielsen

			P.M.
Fireman.....	Scotland L.S.69.....	3-16-33 to 9-19-36	$67.50
Oiler.....	Ambrose L. S. 111...	9-23-36 to present date..	72.50

J. T. YATES
Superintendent

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

December 9, 1938

Secretary of Commerce:

The certificate of citizenship of Carl E. Nielsen, Oiler, and that of Frank Kruszewski, father of John Kruszewski, Quartermaster, were furnished the Department for the use of the Civil Service Commission in connection with the classification of these employees under Section 6 of Rule II, which has been approved.

However, the certificates of citizenship have not been returned. The Third Superintendent has taken this matter up with the Bureau in the interest of the employees. It will beappreciated, therefore, if the papers indicated can be returned at an early date.

For the Commissioner:

Chief of Personnel Division

hlm/see

For Reply see File of Kruszewski 12/15/38

U. S. COAST GUARD (2)
RECD MAY 29 1940 By
ANS'D

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name NIELSEN, Carl E Service Number _____
(Surname first)

Age: Years 35 Months 2 Color _____

For: INDUCTION, U.S. Coast Guard, Reg. Enl.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating F. 1c.,

Place Stapleton, N.Y. Date 4-20-40

Personal Medical History Usual childhood diseases.
Appendectomy.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? no Test used USPHS plates.

Hearing: Conversational speech R.E. 30/ 20 L.E. 30/ 20

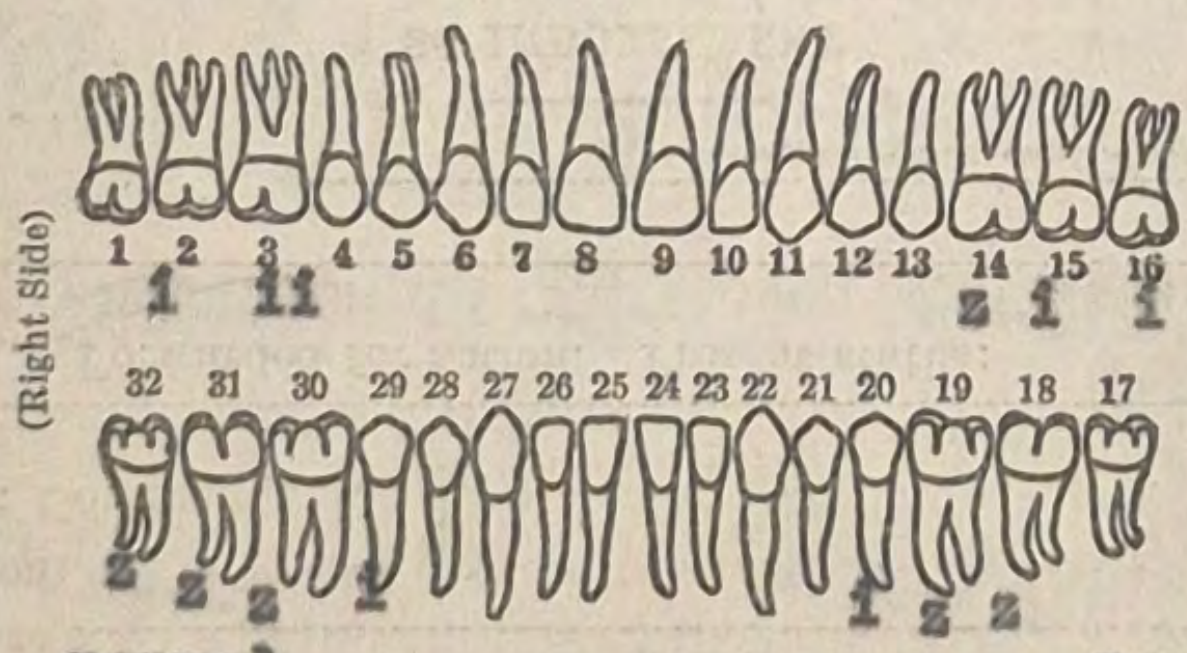
Eyes, eyelids, and reflexes normal

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

Head, face, and neck normal

Mouth, nose, and throat large perforation, nasal septum

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal Temperature 37.

Height 67 inches. Weight (stripped) 174 Lbs. Obesity slight

Skin clear. Right rectus scar, scar over sacrum.

Lymph. glands normal

Chest: Inspiration 41½ Expiration 39½

Heart and blood vessels [illegible]

Blood pressure: Systolic 145 Diastolic 90

Pulse before exercise 92 [illegible], after 2 min. 96

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities [illegible]

Nervous and mental conditions [illegible]

Urine: Albumin neg. Sugar neg. Shreds neg.
xx xx

Microscopical exam. (if indicated) epithelia neg. Sp. Gr. Q.N.S.

Blood cells neg. Pus cells neg. Casts neg.

Blood (if indicated) Hb 0 %. Reds 0 Whites 0

Wassermann or Kahn test: Date 4-20-40 Result negative.

2—16141

REMARKS: ---

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that NIELSEN, Carl E.

He is physically qualified for Induction in Reg. C.G.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of ---
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of Over weight.

W. BLOOM. A.A. Surgeon.
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

25 May, 1940.
(Date)

Place New York, New York

From: Commander, New York District.

To: Commandant.

---

1. Forwarded for action. Present status:
For Induction in CG, former Lighthouse.

P. E. [illegible], Lieut. Comdr.
Commanding Div., Comdr. Cgd.
By direction.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

MAY 29 1940
(Date)

The findings of the certificate are not approved

Not recommended

By direction of the Medical Director:

By direction of the Surgeon General:

T. [illegible]
Medical Director, U.S. Public Health Service.
CHIEF [illegible]

3d INDORSEMENT

HEADQUARTERS, WASHINGTON. 29 May, 1940
(Date)

From: Commandant.
To: Commander, New York District.

1. NOT RECOMMENDED

Insert this copy in health record.

By direction,

S. P. MEHLMAN
By direction
Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

75-701

OFFICE OF THE COMMANDER
NEW YORK DISTRICT
U. S. COAST GUARD

New York, N. Y.,
1 ~~May, 1940~~

From: Commander, New York Distrift.
To: **Master, AMBROSE CHANNEL LIGHTSHIP #111**
(via **Assistant District Engineer, DEPOT, Staten Island, N.Y.**

Subject: Notification of Lighthouse personnel who have been physically rejected for induction into the U. S. Coast Guard.

Reference: (a) Headquarters' letter 19 March, 1940 (PB-75).

Inclosure: 1. Copy of reference (a).
2. List of personnel attached your unit who have been physically rejected for induction into the Coast Guard.

1. Inclosures 1 and 2 are forwarded herewith. Notify the men concerned. Inclosure 2 is prepared to indicate (1) men whose physical disability is such that it can be remedied;(2) men whose physical disability is not amenable to treatment to have it removed; and (3) men having venereal diseases.

2. Your attention is invited to paragraph 3 of reference (a). Direct the men whose physical condition is amenable to correction to report to the medical officer of the U. S. Public Health Service who gave the man concerned his initial physical examination for induction into the Coast Guard. Upon receipt of notification from the Public Health Service that the man concerned has had his physical disqualification remedied and that he is fit for induction advise this office accordingly forwarding all correspondence received from the Public Health Service which indicates such fact. Should the man concerned decline to avail himself of the opportunity to have his physical disqualification remedied by the Public Health Service obtain a signed statement from the man involved to that effect and forward such statement to this office in duplicate.

3. In cases where men have venereal disease take immediate steps to insure that the man concerned obtains the prescribed treatment from the Public Health Service. Follow up this treatment in accordance with instructions received from the Public Health authorities from time to time.

4. Men whose physical disqualification cannot be remedied should be notified of the contents of paragraph 3 (c) of reference (a).

5. Acknowledge receipt hereof.

P. E. SHAW,
By direction.

PES/pj

Inclosure: 2. (to N.Y.District letter 4 June, 1940 (75-701).

LIST OF MEN ATTACHED TO AMBROSE CHANNEL LIGHTSHIP #111 WHO HAVE BEEN PHYSICALLY REJECTED FOR INDUCTION INTO COAST GUARD:

NAME	STATUS:
NIELSEN, Carl E.	.....Overweight. Disability is amenable to correction.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

AMBROSE CHANNEL LIGHTSHIP

U. S. COAST GUARD
RECEIVED
JUN 20 1940
NEW YORK DISTRICT

15 JUNE 1940.

FROM: MASTER, AMBROSE CHANNEL LIGHTSHIP
TO: ASSISTANT DISTRICT ENGINEER

SUBJECT: Notification of Lighthouse personnel who have been physically rejected for induction into the U.S.Coast Guard.

REFERENCE: Your letter 5 JUNE 1940, and Commander Newyork District letter of 4 JUNE 1940.

1. NIELSEN,CARL,E. has been notified as requested.

Kolb Skari

Kolb Skari.

- -

75 - DEPOT
NEW YORK DISTRICT

1st Indorsement

St.George,N.Y.
17 June, 1940.

From: Assistant District Engineer.
To : Commander, New York District.

1. Forwarded.

Albert Nelson

ALBERT NELSON
By direction.

NIELSEN, Carl Ervin
(Name of Applicant)

Ambrose Channel LS 111
(Station)

Oiler
(Designation)

$870.00
(Annual Salary)

$72.50
(Monthly Salary)

8-9-1905 (34) at Denmark No record of naturalization.
(Date of Birth)

Allowances: Subsistance $22.50 per month

Service (Computed to 31 December, 1939)

Army:

Navy:

Marine Corps:

Revenue Cutter Service:

Life Saving Service or
Coast Guard: 3 Yrs. 1½ months

Lighthouse Service: 9 Yrs.

Total Service: 12 Yrs. 1½ months

Married:

Dependents:

Service Record: Entered LHS originally 4-28-24 (CG 26 to 29). Changed in status to oiler 3-29-38.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Action by Board

Recommendation:

Proposed rating: Bo 3c

STOCK FOR 2249
DEPT 41
REV

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

12/12/43

TO:

Date Prepared 6 March, 1943

Name: Nielsen, Carl A.

From: U. S. Coast Guard

Bureau No.: 1563

Effective: Resignation, voluntary, Close of February, 1943.

	FROM	TO
Position	Keeper	
Grade		
Salary	Range $1440-1800 $1440 per annum plus $60 p.a. qtrs.	
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New York, N. Y.	
Post of Duty	Execution Rock Lt. Sta., N.Y.	
Appropriation	Civilian Employees, C. G.	
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks: It is noted your resignation is for personal reasons.

Justification:

CHARLES PIOZZI

SUBORDINATE ADMINISTRATIVE OFFICE

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

N. Y.

SEX

Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

Yes

SUBJECT TO RETIREMENT ACT?

Lighthouse Act 6-20-1918

DATE OF OATH

DATE APPROVED BY THE SECRETARY

MAR 13 1943

Form 93

P83/1/43

NOTICE OF RESIGNATION OR DEATH

N A V Y D E P A R T M E N T

U. S. Coast Guard

District Coast Guard Officer, Third Naval District
New York, New York

2 March , 1943/

Commandant:

Herewith is transmitted the resignation of the following-named employee:

Name, Carl E. Nielsen Position, Keeper

Legal residence, New York Station, Execution Rock Lt.Sta.N.Y.

Salary, $1440. per annum

The acceptance of this resignation is recommended effective at the close of 18 February, 1943.

This employee has not . taken leave in excess of the accrued rate.

REMARKS: Effective date of resignation has been fixed to allow Mr. Nielsen all accrued annual leave.

Certified Form 2806 attached.

J. T. HACKETT
By direction.

U. S. COAST GUARD
WASHINGTON

Submitted to the Secretary of the Navy, approved.

NAVY DEPARTMENT
U.S. COAST GUARD
WASHINGTON, D.C.

Date 1 February, 1943

RESIGNATION

I hereby tender my resignation as Keeper
(Designation)

_____ assigned to the United States

Navy Department, Office of the Commandant of the Coast Guard at Execution
(City)

Rocks, Light Station, N.Y., effective at the close of business 18 February, 1943
(State) *(Date)

Reason: Personal reason.

Carl E. Nielsen
(Signature)

Acceptance (~~without prejudice~~ / ~~with prejudice~~) recommended:

J.T. HACKETT
(Signature)

Lieut.(j.g.) USCGR
Asst. Personnel Officer
(Official Title)

*Must correspond to date name is taken from pay roll

36 Elm St
W. Brighton, SI, N.Y.

NO. hh

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
8	9	05	N.Y. 11th	Richmond	New Brighton

Nielsen (SURNAME) Carl (FIRST NAME) Ervin (SECOND NAME)

SEX M RACE W

RETIREMENT AGE 65

MILITARY SERVICE YES X NO

MILITARY PENSION OR WAR RISK COMPENSATION YES NO X

BIRTHPLACE— DENMARK

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY: PAY LESS ALLOWANCES	SALARY: BASIC PAY	EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE: MOS.	DAYS	YRS.
	A. Exc.	Seaman		$42.50	4/28/24	Comm,LHS,SI,NY - LS #108			
	Pro.	do		62.50	7/1/24	ditto #108			
	Pro.	do		67.50	11/1/24	do #108			
	Res.wop(vol)	do		67.50	4/30/25	do #108			
	A. Exc.	Seaman		62.50	5/12/25	do # 87			
	Pro.	do		67.50	12/1/25	do # 87			
	Res.wop(vol)	do		67.50	7/31/26	do # 87			
	Enlisted	A6635 ~~Fir~~			8/19/26	Treas,CG- New York,N.Y.-NOT			
	Discharged				11/6/28	ditto Biloxi,Miss.VERIFIED			
	Enlisted	73-701			11/23/28	do -Biloxi,Miss.- NOT			
	Discharged				10/7/29	do-Savannah,Ga. -VERIFIED			
	A. Exc.	Fireman		$ 67.50	3/16/33	Comm,LHS,SI,NY- LS # 69			
	~~Exc~~Res.wop(Vol)	Fireman		67.50	9/19/36	ditto 69			
	A. Exc.	Fireman		72.50	9/23/36	do 111			
	Classification	Oiler - under Section of Civil Serv. Rule II, as Oiler, effective		72.50 ----	3/29/38	do #111			
	A. Trans.	oiler		72.50	7/1/39	Treas.C.G.,N.Y.Dist. do L.S;#111			
	Reor.PlanII	5/9/39							
	Resgn wop(Vol)	Oiler		72.50	8/17/41	do do 3/31/40	4	7	12
						4/7/40	11	14	12
	Chge Status	2nd Asst Kpr.	1500	1560	8/18/41	do. Execution Rocks Lt Sta, Ny			
	Delg Book of Duty Insv Reg.								
	A. Trans.	E.O.#8929 of 11-1-41	1500.	1560.	11-1-41	Navy C.G., New York - Execution Rocks Lt. Sta.			
	Reduction	2d Asst. Keeper	1440	1500	12-16-42	do			
	(Warned re unauthorized absence).								
	Res.(vol.)	2nd Asst.Keeper	1440	1500	2-18-43	do		"	

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY none

SPECIAL QUALIFICATIONS ~~motorman~~ Speak, Read & Write Danish & Norwegian

U.S. GOVERNMENT PRINTING OFFICE 16—183

NO. hh

DATE OF BIRTH			DATE	DESIGNATION	OFFICE
MONTH	DAY	YEAR			
8	9	05			
SEX M	RACE W				
RETIREMENT AGE 65					

Nielsen (SURNAME) Carl (FIRST NAME) Ervin (SECOND NAME)

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT 4/28/14 REMARKS
	No deductions. Service history certified correct						
							J. Hackett Lieut (Jg) USCG Asst Pers Offr

RETIREMENT RECORD CARD—CIVIL SERVICE COMMISSION FORM 2806—FEB. 1931

U. S. GOVERNMENT PRINTING OFFICE 10—153

Aggregate Basic Salary - Earl E Nelson - 4/28/24 - 2/18/43

				Taxation	
Fis Yr 1924 -	4/28-30/24 - 3dys @ 62.50 mo + 4.24				
	5/1-6/30/24 - 2 mo - 62.50 = 8[illegible].00	89.24 ✓	None		Page 1 of 2
Fis Yr 1925 -	7/1-10/31/24 - 4 mo - 62.50 = 250.00				
	11/1/24-4/30/25 - 6 mo 67.50 = 405.00				
	5/1/25-12/31/25 - 192 D - 62.50 = 39.58				
	6/1-30/25 - 1 mo - 62.50 = 62.50	757.08 ✓	—		
Fis Yr 1926 -	7/1-11/30/25 - 5 mo - 62.50 = 312.50				
	12/1/25-6/30/26 - 7 mo - 67.50 = 472.50	785.00 ✓	—		
Fis Yr 1927 -	7/1-31/26 - 1 mo - 67.50 = 67.50	67.50	—		
Fis Yr 1933 -	3/16/33-3/30/33 - 15 D - 67.50 mo = 337.5				
	4/1/33-6/30/33 - 3 mo - 67.50 mo = 202.50	236.25 ✓		$3.00	
Fis Yr 1934 -	7/1/33-6/30/34 - 1 yr - 67.50 mo = 810.00	810.00		12.00	
" " 1935 -	7/1/34-6/30/35 - 1 " 67.50 mo = 810.00	810.00		12.00	
" " 1936 -	7/1/35-6/1/36 - 1 " 67.50 mo = 810.00	810.00		12.00	
" " 1937	7/1-8/31/36 - 2 mo - 67.50 mo = 135.00				
	9/1-19/36 - 19 D - 67.50 mo = 427.5				
	9/23-30/36 - 8 D - 72.50 mo = 193.3				
	10/1/36-6/30/37 - 9 mo - 72.50 mo = 652.50	847.58 ✓		12.00	
Fis Yr 1938 -	7/1/37-6/30/38 - 1 yr - 72.50 mo = 870.00	870.00		12.00	
" Yr 1939 -	7/1/38-6/30/39 - 1 Yr - 72.50 mo = 870.00	870.00		12.00	
" " 1940 -	7/1/39-6/30/40 - 1 yr - 72.50 mo = 870.00	870.00		12.00	
" " 1941 -	7/1/40-6/30/40 - 1 yr - 72.50 mo = 870.00	870.00		12.00	
" " 1942 -	7/1/41-7/31/41 - 1 mo - 72.50 mo = 72.50				
	8/1-17/41 - 17 Dys - 72.50 mo = 41.08				
	8/18-31/41 - 13 Dys - 156 A = 56.33				
	9/1/41-4/30/42 - 10 mo - 156 A = 1300.00	1469.91 ✓		12.00	

→ See page 2

Aggregate Basic Salary - Earl E. Nielsen (Trustee) Page 2 of 2

Fisc. Yr. 19[illegible]	7/1/42 - 11/30/42	5 Mos.	13000 -	6500 -	
	12/1/42 - 12/15/42	15 Days	13000 -	650 -	
	12/16/42 - 12/31/43	1 Mo. 15 Days	12500 -	625 -	
	1/1 - 3/1/43	1 Mo.	12500 -	1250 -	
	4/1 - 18/43	18 Days	12500 -	750 -	9775 8 00
		Total	$11142.06	$11142.06 =	119 00

1500
650
850

18275
850
9775

11992.06
8500
11142.06

75

New York, New York.
22 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Keeper, Execution Rocks Light Station.

Subject: Carl E. Nielsen, 2nd Asst. Keeper.

Reference: (a) Monthly Report Form 65 for January.

1. It is noted from reference (a) that subject-named man left the station at 9:00 a.m., 12 January, 1943 and returned at 1:45 January 17, 1943, and the purpose for this absence is shown as "Official business". It is requested that your furnish this office promptly with a more specific reason for this leave.

J.T. HACKETT,
By direction.

See Nielsen's resignation dated 2/1/43

COAST GUARD OFFICER
Third Naval District, New York, N. Y.
REC'D FEB 26 1943

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

24 February 1943

To: District Coast Guard Officer, 3rd Naval District.
From: Keeper, Execution Rocks Light Station.

Subject: Carl E. Nielsen, 2nd Asst Keeper.

Reference: (a) Your letter dated 22 February 1943
(B) My letter dated 12 January, 16 January, 17 January and 26 January, 1943.

For your information subject named man signed himself off in absence report book as leaving station on "Official Business" 12 January 1943

To the best of my knowledge his reason for leaving this unit 12 January 1943 was to report to draft board on Staten Island on that date for physical examination. Records show that subject named man did not return to this unit from this absence until 1435 17 January 1943.

L. J. Clark
Keeper

FOR DEFENSE
BUY
UNITED
STATES
SAVINGS
BONDS
AND STAMPS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

16 February 1943

To: District Coast Guard Officer, 3rd Naval District
From: Keeper, Execution Rocks Light Station.

Subject: Nielsen, Carl R. 2nd Asst. Keeper
Reference: Your letter dated 10 February 1943

For your information Carl R. Nielsen 2nd assistant keeper of this unit has not returned to duty to date. or his Whereabouts known

It is requested that subject man be detached from this unit and be replaced with a man more dependable, for the good of the service

L. J. Clark
Keeper



22 Feb. 1943.

From: Dist Cg Officer, 3rd Nav Dist
To: Commandant.

Subject: Carl E. Nielsen, Keeper.

Reference: (a) Letter dated 1 Feb. 1943 from Keeper, Execution Rocks Lt Sta.
(b) Letter of Charge dated 15 Feb. 1943 (75)
(c) Letter dated 16 Feb 1943 from Keeper, Execution Rocks Lt Sta.

Inclosure: (A) Reference (a)
(B) Copy of reference (b)
(C) Reference (c)

1. Inclosures are forwarded herewith for Headquarters information. To date, subject-named man has not returned to the station & his present whereabouts are not known. This office communicated with his local draft board by telephone on 3 Feb. 1943 & was informed that he did not report for physical examination until 2 February, 1943, although he left the station on 26

January, 1943 as indicated by (Illegible)

v. Mr. Nielsen has heretofore been warned against this practice of unauthorized absence, & in view of the fact that he is irresponsible & ~~not~~ dependable, it is recommended that he be discharged from the Service effective on a date to be reported later.

ADDRESS REPLY TO:
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
411 CUSTOMHOUSE
NEW YORK, N. Y., AND REFER TO FILE No. 75

UNITED STATES COAST GUARD

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

OFFICE OF THE
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT

New York, New York.
22 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Commandant.

Subject: Carl E. Nielsen, Keeper.

Reference: (a) Letter dated 1 February, 1943 from Keeper, Execution Rocks Light Station.
(b) Letter of charges dated 15 February, 1943 (75).
(c) Letter dated 16 February, 1943 from Keeper, Execution Rocks Light Station.

Inclosure: (A) Reference (a).
(B) Copy of reference (b).
(C) Reference (c).

1. Inclosures are forwarded herewith for Headquarters' information. To date, subject-named man has not returned to the station and his present whereabouts are not known. This office communicated with his local draft board by telephone on 3 February, 1943 and was informed that he did not report for physical examination until 2 Feb.1943, although he left the station on 26 January, 1943, as indicated by reference (a).

2. Mr. Nielsen has heretofore been warned against this practise of unauthorized absence, and in view of the fact that he is irresponsible and not dependable, it is recommended that he be discharged from the Service effective on a date to be reported later.

J.T. HACKETT,
By direction.

75

New York, New York.
22 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Commandant.

Subject: Carl E. Nielsen, Keeper.

Reference: (a) Letter dated 1 February, 1943 from Keeper, Execution Rocks Light Station.
(b) Letter of charges dated 15 February, 1943 (75).
(c) Letter dated 16 February, 1943 from Keeper, Execution Rocks Light Station.

Inclosure: (A) Reference (a).
(B) Copy of reference (b).
(C) Reference (c).

1. Inclosures are forwarded herewith for Headquarters' information. To date, subject-named man has not returned to the station and his present whereabouts are not known. This office communicated with his local draft board by telephone on 3 February, 1943 and was informed that he did not report for physical examination until 2 Feb.1943, although he left the station on 26 January, 1943, as indicated by reference (a).

2. Mr. Nielsen has heretofore been warned against this practise of unauthorized absence, and in view of the fact that he is irresponsible and not dependable, it is recommended that he be discharged from the Service effective on a date to be reported later.

J.T. HACKETT,
By direction.

New York, New York.
15 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Charges.

1. You are hereby charged with:-

(a) absence from duty without proper authority or explanation in that you left the station on 26 January, 1943 for the purpose of reporting to your local draft board for induction into the military service, and to date have not reported back to the station. Information received from your draft board indicates that you did not appear for physical examination until 2 February, 1943.

2. You are directed to make any statement you may desire, through official channels, within five (5) days from the receipt of this letter. Any statement made must be couched in temperate language, free from countercharges, and confined to the point at issue. If you desire to make no statement, you will so state in writing.

J.T. HACKETT,
By direction.

New York, New York.
15 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Charges.

1. You are hereby charged with:-

(a) absence from duty without proper authority or explanation in that you left the station on 26 January, 1943 for the purpose of reporting to your local draft board for induction into the military service, and to date have not reported back to the station. Information received from your draft board indicates that you did not appear for physical examination until 2 February, 1943.

2. You are directed to make any statement you may desire, through official channels, within five (5) days from the receipt of this letter. Any statement made must be couched in temperate language, free from countercharges, and confined to the point at issue. If you desire to make no statement, you will so state in writing.

J.T. HACKETT,
By direction.

New York, New York.
15 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Charges.

1. You are hereby charged with:-

(a) absence from duty without proper authority or explanation in that you left the station on 26 January, 1943 for the purpose of reporting to your local draft board for induction into the military service, and to date have not reported back to the station. Information received from your draft board indicates that you did not appear for physical examination until 2 February, 1943.

2. You are directed to make any statement you may desire, through official channels, within five (5) days from the receipt of this letter. Any statement made must be couched in temperate language, free from countercharges, and confined to the point at issue. If you desire to make no statement, you will so state in writing.

J.T. HACKETT,
By direction.

New York, New York.
15 February, 1943.

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Charges.

1. You are hereby charged with:-

(a) absence from duty without proper authority or explanation in that you left the station on 26 January, 1943 for the purpose of reporting to your local draft board for induction into the military service, and to date have not reported back to the station. Information received from your draft board indicates that you did not appear for physical examination until 2 February, 1943.

2. You are directed to make any statement you may desire, through official channels, within five (5) days from the receipt of this letter. Any statement made must be couched in temperate language, free from countercharges, and confined to the point at issue. If you desire to make no statement, you will so state in writing.

J.T. HACKETT,
By direction.

New York, New York.
10 February, 1943.

From: District Coast Guard Officer, 3rd Naval District.
To: Keeper, Execution Rocks Light Station.

Subject: Carl E. Nielsen, 2nd Assistant Keeper; Absence of.

Reference: (a) Your letter 1 February, 1943.

1. It is requested that you inform this office by return mail as to whether or not subject-named man has returned to the station, and if so, the hour and date of his return to duty.

J.T. HACKETT,
By direction.

Keeper here 2/12/43
radioed Nielsen
had not yet returned
to the station RR

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

1 February 1943

To: District Coast Guard Officer, Third Naval District.
From: Keeper, Execution Rocks Light Station.
Subject: Nielsen, Carl E. (2A1c) absent, Replacement of

Subject man departed this unit 26 January 1943 at 0930 to report to Local Board #292 Staten Island N.Y. for examination for induction into the U.S. Army. Up to present date subject man has not reported back to this unit or made his whereabouts known.

In the event of subject man being detached from this unit and no one has been considered to replace him, it is ~~Re~~commended that Victor N. Breeden Seq 1/c attached this unit as lookout be considered. In my opinion this man is dependable, trustworthy and seems interested in the work and would fill the vacancy satisfactory

C. J. Clark
Keeper



Called Local Board + they advise he reported for physical exam on 2/2/43 HR 2/3/43

Gi. 3883 – Reported for physical on Feb. 2.
Call Draft Board. Report to ... 2/11/43
Nielsen will be inducted

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

5 February 1943

To: Personnel Officer, U. S. Coast Guard, 3rd Naval District.
From: Keeper, Execution Rocks Light Station

Subject: Personnel, Return to duty and departure of.

Shaw, Leslie N. Sea 2/c. Returned to duty from six (6) days monthly liberty and nine (9) days annual leave on 4 February 1943 at 1430.

—

Breeden, Victor N. Sea 1C. (R) and Hance, Frederick W. AS. (R) departed this unit for six (6) days monthly liberty at 0900 this date.

—

Nielsen, Carl R. 2nd asst. Keeper.

Departed this unit for physical examination for induction in U. S. Army. on 26 January 1943. and has not reported back. From good authority it is learned that this man received his salary check February 2nd and departed for parts unknown.

Information is requested if this man has been detached from this unit.

L. J. Clark
Keeper



DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

12/8/42 V/C

Date Prepared: 8 December, 1942

Name: Nielsen, Carl R.

From: U. S. Coast Guard

Bureau No.: 1563

Reduction not to exceed 6 months

Effective: close 15 December, 1942

	FROM to Close 6/15/43	TO
Position	Keeper	Keeper
Grade	Field (Range $1500-1860)	Field (Range $1440-1800)
Salary	$1500 p.a. plus $60 p.a.qtrs.	$1440 p.a. plus $60 p.a.qtrs.
Bureau or Div. Organizational Subdivisions	U.S.Coast Guard	U. S. Coast Guard
Headquarters Post of Duty	New York, N.Y.	New York, N.Y.
Appropriation	Execution Rocks Lt.Sta.,N.Y.	Execution Rocks Lt.Sta.,N.Y.
Allotment	Civilian Employees, C. G.	Civilian Employees, C. G.
	FIELD X DEPRTMTL ☐	FIELD X DEPRTMTL ☐

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

Remarks:

Due to a report that despite a caution given you on January 13, 1942, you have subsequently on at least three occasions been absent in excess of the hours authorized, the Navy Department upon recommendation of the Commandant of the Coast Guard, has reduced your compensation as indicated, and you are hereby warned that a repetition of unauthorized absence will be considered cause for more drastic action.

*Myself

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

SUBJECT TO RETIREMENT ACT?

Lighthouse Act

DATE OF OATH

Justification: Payroll Card
Position Card

CHARLES POPE

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY
12-10-42

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. CG-CP-75

UNITED STATES COAST GUARD

WASHINGTON

HEADQUARTERS

U S COAST GUARD
RECEIVED
DEC 15 1942
DISTRICT LAW OFFICE
THIRD NAVAL DISTRICT

12 December, 1942.

Office, Senior Coast Guard Officer,
Third Naval District, New York, N. Y.
Rec'd DEC 15 1942

From: Commandant.
To: District Coast Guard Officer, Third Naval District, New York.

Subject: Carl E. Nielsen, Second Assistant Keeper, Execution Rocks Light Station; disciplinary action.

Reference: (a) Your letter dated 29 October 1942 (75).

Inclosure: (A) Form 2249 dated 8 December 1942.

1. While your office recommended in reference (a) that Mr. Nielsen be suspended for a period of one month due to absenting himself from the station on occasions in excess of the period allowed for trips ashore for mail, supplies, etc., you will note from the inclosure that instead of suspension, a reduction in pay of $60 per annum for not to exceed six months has been provided effective at the close of 15 December 1942.

2. In the present instance the action taken was considered more appropriate due to the fact that if suspended, Mr. Nielsen would have his time to himself which during present conditions might enable him to secure employment at a considerably higher rate than he is now receiving; so that in effect the station would be without his services and the punishment might not be as effective as intended. While the reduction does not cause him the total loss of pay which would be exacted by a suspension for one month, it will have the effect of carrying the disciplinary action over a longer period. Nomination should be submitted at the proper time for the restoration of his pay to the regular rate.

3. The excess hours of absence over those normally provided for the trips ashore may be charged to his leave account, thereby reducing the time he can be absent in the future on vacation leave.

N. R. STYLES,
By direction.

New York, New York
17 December, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Reduction in pay.

Inclosure: (A) Dept. Form 2249.

1. Inclosure (A) is forwarded herewith, notifying you of reduction in pay to $1440 per annum, for a period not to exceed six months effective at the close of 15 December, 1942, on account of unauthorized absences on your part, and warning you that a repetition will be considered cause for more drastic action.

F. U. NELSON,
By direction.

New York, New York
29 October, 1942.

From: District Coast Guard Officer, Third Naval District.
To: Commandant.

Subject: Carl E. Nielsen, 2nd Asst.Keeper, EXECUTION ROCKS LIGHT STATION.

References:
(a) Letter dated 31 December, 1941, from Keeper Clark, Execution Rocks Light Station.
(b) Letter dated 13 January, 1942, to subject-named man.
(c) Letter dated 29 September, 1942, from Keeper Clark.
(d) Letter dated 3 October, 1942, to subject-named man.
(e) letter dated 23 October, 1942, from subject-named man.

Inclosures:
(A) Reference (a).
(B) Copy of reference (b).
(C) Reference (c).
(D) Copy of reference (d).
(E) Reference (e).
(F) Statement of Absences.

1. Inclosures are forwarded herewith, for Headquarters' information. Execution Rocks Light Station is classed as a 1b station for leave purposes, and the allowance for shore liberty is six days per month. This class consists of stations on marine sites without family quarters, but convenient to shore bases permitting relatively frequent trips ashore for mail, supplies, etc., within the six-hour limit not chargeable to leave. However, subject-named man has on several occasions exceeded this six-hour limit without proper explanation, as shown on inclosure (F).

2. It is recommended that subject-named man be suspended from duty, without pay, for a period of one month, and cautioned that a repetition of unauthorized absences on his part will be considered cause for more drastic disciplinary action.

P. E. SHAW,
By direction.

C
O
P
Y

31 December, 1941

To: Senior Coast Guard, Third Naval District.
From: Keeper, Execution Rocks Light Station.

Subject: Absence without leave of, Carl E. Nielsen, 2nd A.K.

1. It will be noticed on monthly reports that on several occasions (weather conditions excepted) that Carl E. Nielsen, 2nd Asst. Keeper of this station has went ashore for mail and has failed to return in the time allowed.

2. It will also be noticed that the absences occur when one keeper is on leave.

3. It is with regret that I must report Mr. Nielsen as not dependable and in the event he is not transferred to a unit where his absences would not effect the operation of the unit as much, it would be appreciated if he was advised through your office that these absences are not to continue.

/s/ L. J. CLARK,
Keeper.

C
O
P
Y

New York, New York
13 January, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Unauthorized absence from Station .

Reference: (a) Monthly Report for December, 1941.

1. It is noted from reference (a) that on several occasions you have gone ashore for mail and provisions, and failed to return within the time allowed. It is also noted that these unauthorized absences occurred when there was only one keeper on the station. You are advised that this condition is inexcusable and will not be tolerated by this office. In the future, when making trips ashore for mail and provisions, etc., you will be expected to return to the station within the six-hour limit not chargeable to leave, and a reoccurance of your failure to do so will be cause for more drastic disciplinary action.

P. E. SHAW,
By direction.

Copy to:
S. GEORGE DEPOT.

75

COPY

New York, New York
13 January, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Unauthorized absence from Station .

Reference: (a) Monthly Report for December, 1941.

1. It is noted from reference (a) that on several occasions you have gone ashore for mail and provisions, and failed to return within the time allowed. It is also noted that these unauthorized absences occurred when there was only one keeper on the station. You are advised that this condition is inexcusable and will not be tolerated by this office. In the future, when making trips ashore for mail and provisions, etc., you will be expected to return to the station within the six-hour limit not chargeable to leave, and a reoccurance of your failure to do so will be cause for more drastic disciplinary action.

P. E. SHAW,
By direction.

Copy to:
S. GEORGE DEPOT.

C
O
P
Y

29 September, 1942

To: Personnel Officer, U. S. Coast Guard, Third Naval District.
From: Keeper, Execution Rocks, Light Station.

Subject: Departure and return of personnel.

1. Nielsen, Carl E., 2nd A.K. departed with liberty party on 28 September, at 9:30 a.m. and did not return.

2. Nielsen, Carl E., 2nd A.K. returned to station with liberty boat at 5:45 p.m. this date, no reason for absence given.

3. Delgado, Ethetbest (245-012) Sea 1c. departed for Hospitalization at 8:45 a.m. this date.

4. Sheffield, George E., 1st A.K., returned from 10 days annual leave and have identification card photo taken at 5:45 p.m. this date.

/s/ L. J. CLARK,
Keeper.

C
O
P
Y

29 September, 1942

To: Personnel Officer, U. S. Coast Guard, Third Naval District.
From: Keeper, Execution Rocks, Light Station.

Subject: Departure and return of personnel.

1. Nielsen, Carl E., 2nd A.K. departed with liberty party on 28 September, at 9:30 a.m. and did not return.

2. Nielsen, Carl E., 2nd A.K. returned to station with liberty boat at 5:45 p.m. this date, no reason for absence given.

3. Delgado, Ethetbest (245-012) Sea 1c. departed for Hospitalization at 8:45 a.m. this date.

4. Sheffield, George E., 1st A.K., returned from 10 days annual leave and have identification card photo taken at 5:45 p.m. this date.

/s/ L. J. CLARK,
Keeper.

75

C
O
P
Y

New York, New York
3 October, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Absence from station without proper authority.

1. Information has been received in this office that you departed with liberty party on 28 September, 1942, at 9:30 a.m., and did not return to the station with the boat until 5:45 p.m. 29 September, 1942.

2. You are directed to furnish this office with full explanation as to the reasons for such unauthorized absence on your part.

F. U. NELSON,
By direction.

New York, N. Y.
3 October, 1942.

From: District Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Absence from station without proper authority.

1. Information has been received in this office that you departed with liberty party on 28 September, 1942, at 9:30 a.m., and did not return to the station with the boat until 5:45 p.m., 29 September, 1942.

2. You are directed to furnish this office with full explanation as to the reasons for such unauthorized absence on your part.

F. U. NELSON,
By direction.

C
75
P
Y

New York, New York
20 October, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, Second Assistant Keeper.
Via: Keeper, EXECUTION ROCKS LIGHT STATION.
Subject: Absence from station without proper authority.
Reference: (a) District letter 3 October, 1942 (75).

1. You are directed to make a reply to reference letter without further delay, furnishing this office with full explanation as to the reasons for your unauthorized absence from the station from 9:30 A.M. 28 September to 5:45 P.M. 29 September, 1942.

F. U. NELSON,
By direction.

75

C
O
P
Y

New York, New York
20 October, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, Second Assistant Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Absence from station without proper authority.

Reference: (a) District letter 3 October, 1942 (75).

1. You are directed to make a reply to reference letter without further delya, furnishing this office with full explanation as to the reasons for your unauthorized absence from the station from 9:30 A.M. 28 September to 5:45 P. M. 29 September, 1942.

F. U. NELSON,
By direction.

75

COPY

New York, New York
20 October, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, Second Assistant Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Absence from station without proper authority.

Reference: (a) District letter 3 October, 1942 (75).

1. You are directed to make a reply to reference letter without further delya, furnishing this office with full explanation as to the reasons for your unauthorized absence from the station from 9:30 A.M. 28 September to 5:45 P. M. 29 September, 1942.

F. U. NELSON,
By direction.

C
O
P
Y

23 October, 1942

To: District Coast Guard Officer, Third Naval District.
From: Carl E. Nielsen, 2nd Ass't Keeper, Execution Rocks Light Station.

Subject: Overleave.

Reference: Your letter date 3 October & 20 October.

1. On September 28th I left station at 9:30 A.M. with N. G. Germains, Sea 1c., for mail and provision, and was supposed to be back at the Rock around 3:30 PmM., went to the Movies and forgot all about the time.

/s/ CARL E. NIELSEN

L. J. CLARK,
Keeper

C
O
P
Y

23 October, 1942

To: District Coast Guard Officer, Third Naval District.
From: Carl E. Nielsen, 2nd Ass't Keeper, Execution Rocks Light Station.

Subject: Overleave.

Reference: Your letter date 3 October & 20 October.

1. On September 28th I left station at 9:30 A.M. with N. G. Germains, Sea 1c., for mail and provision, and was supposed to be back at the Dock around 3:30 PmM., wet to the Movies and fogot all about the time.

/s/ CARL E. NIELSEN

L. J. CLARK,
Keeper

STATEMENT OF ABSENCES

Left Station		Returned to Station	
Date	Hour	Date	Hour
1942			
3/14/42	10:00 a.m.	3/15/42	7:45 a.m.
8/7/42	9:30 "	8/10/42	12:30 p.m.
9/28/42	9:30 "	9/29/42	5:45 p.m.
1941			
12/19/41	10:00 a.m.	12/20/41	2:00 "
12/24/41	12:00 M.	12/26/41	5:00 "

To Personnel Officer, U.S. Coast Guard, 3rd Naval Dist.

From: Keeper Execution Rocks Light Station

file

Carl E. Nielsen 2 asst Keeper desires these forms to be filled in accordingly

file



L. T. Clark
Keeper

Comp. from Met
to Sta. 10/17/42 10/12/42

Local Board 292
288 Bleecker St. W. Brighton SI

SELECTIVE SERVICE SYSTEM
AFFIDAVIT--OCCUPATIONAL CLASSIFICATION (Industrial)

Name of registrant Carl E. Nielsen

Selective Service Order No. 1741-A Age 37

Local Board 292 (Number) Richmond (County) New York (City) New York (State)

Title of present job Lighthouse Keeper

Describe duties actually performed Care and maintenance of Execution Rocks Rocks Light Station, New York.

Date employed March 16, 1933 Date entered present job August 18, 1941

Average weekly rate of pay, $1560 per annum. Average house worked per week As necessary

Prior work experience Seaman, Fireman, and oiler on Lighthouse Vessels.

Educational background Eight years common school.

How long will it take you to replace this employee? Can be replaced immediately.

Name of Company United States Coast Guard.

Address of company 44 Whitehall Street, New York City.

Description of the activities of this company. Government.

This form was completed at the plant or office of the company located at U.S.Coast Guard, 44 Whitehall St., New York, N.Y. and all correspondence relative to this affidavit should be so addressed.

I, P. E. SHAW, do solemnly swear (or affirm) that I am Personnel Officer, of the above-named company, and that the foregoing statements are true to the best of my knowledge and belief.

P. E. SHAW

Suscribed and sworn to before me this 15th day of October, 1942.

F. J. SEXTON

Chief of Staff

Carl E. Nielsen, - indebtedness

When reply is received from Nielsen, write letter to General Public Loan Corp. advising them of the action he (Nielsen) proposes to take.

New York, N. Y.
7 May, 1942.

From: District Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Indebtedness.

Reference: (a) Your letter 12 January, 1942.

1. By reference (a) you advised this office that you would clear up your indebtedness to the General Public Loan Corporation as soon as possible. However, under date of 5 May, 1942, they advise they have had no communication from you, nor any attempt at payment. You are directed to arrange your personal affairs so that constant recourse may not be made to this office by your creditors, advising this office by return mail what action you propose to take in this matter.

CHARLES JERABECK,
By direction.

GENERAL PUBLIC LOAN CORPORATION

A National Service Institution

56 BAY STREET
Phone: Gibraltar 7-4511
ST. GEORGE,
STATEN ISLAND, N. Y.

162

May 5, 1942

Lt. Commander P. E. Shaw
Personnel Officer
U. S. Coast Guard, N. Y.

Dear Sir:

On January 13, 1942, I received a letter from you stating that the matter of the indebtedness of Carl E. Nielsen, the keeper of Execution Rock Lightstation, at New Rochelle, N. Y., had been taken up with him and at that time he stated he would clear this loan up as soon as possible.

Since then, we have had no communication from Mr. Nielsen, nor any attempt at payment.

Would you please contact him again and arrange through some means, that he either write or call this office in reference to the payments due.

Thanking your for your past courtesies. We remain.

Very truly yours,

GENERAL PUBLIC LOAN CORP.

W. G. Hares
Collection Manager

WGH:vh

New York, N. Y.
13 January, 1942.

General Public Loan Corp.,
56 Bay Street,
St.George, Staten Island, N.Y.

Subject: Indebtedness of Carl E. Nielsen, keeper, Execution Rocks Light Station.

Reference: Your letter 27 December, 1942.

Sirs:-

1. You are advised the matter was taken up with Mr. Nielsen, and under date of 12 January, 1942, he states that he will clear up the loan as soon as possible.

Respectfully,

P. E. SHAW,
Lieut.Commander, U.S.Coast Guard,
Personnel Officer.

U.S. COAST GUARD
RECEIVED
JAN 13 1942
NEW YORK

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Execution Rocks Lt. Sta.

Jan. 12-1942

To: Senior Coast Guard Officer 3rd Naval Dist.
From: Carl E. Nielsen 2nd Asst. Keeper, Execution Rocks
Subject: Indebtness
Reference: A. B & C Your letters, file "75" - 1 January 1942

On or about 17 December 1941 I wrote a letter to Senior Coast Guard Officer 3rd Naval Dist. in reference to above indebtness.

I intend to clear up said loan as soon as possible.

Respectfully
Carl E. Nielsen

New York, N. Y.
1 January, 1942.

From: Senior Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Indebtedness.

Reference: (a) Letter from this office 13 November, 1941.
(b) Letter from this office 15 December, 1941.
(c) Article 2406, Regulations.

1. To date, this office has received no reply to references (a) and (b), and is at a loss to understand why you will not comply with the instructions contained therein. You are hereby directed to make reply to above-mentioned references by return mail, your attention being invited to reference (c), which provides that every communication received calling for information shall be answered as promptly as circumstances permit. This office will not tolerate any infraction of the regulations in this respect.

2. In this connection, your attention is invited to the fact that under date of 27 December, 1941, the General Public Loan Corporation advises they received a letter from you on November 24 stating that you would make a payment on 5 December to bring the account up to date, which you failed to do. Advise this office definitely how you propose to liquidate this obligation, and you will be expected to arrange your personal affairs so that constant recourse to this office will not be made by your creditors.

P. E. SHAW,
By direction.

GENERAL PUBLIC LOAN CORPORATION

A National Service Institution

56 BAY STREET
Phone: Gibraltar 7-4511
ST. GEORGE,
STATEN ISLAND, N. Y.

162

December 27, 1941

Comm. Philip Shaw
U.S.Coast Guard
44 Whitehall Street
New York, N. Y.

Subject: Carl Nielsen, Ass't Keeper, Execution
Rock Lighthouse, New Rochelle, N. Y.

Dear Sir:

On November 12 we wrote you regarding the above party's indebtedness to this company, and you brought this to his attention. On November 24 we received a letter from Mr. Nielsen stating that he would make a payment on December 5 to bring this account up to date, and as yet we have not received any payment from him.

It is not our intention to cause additional work for your department, and we are aware of our legal remedies in the matter. However, due to the fact that this man inaccessible to us for long periods, it becomes increasingly difficult to avail ourselves of these remedies. We would appreciate anything you could do to bring to this man's attention the advisability of resuming payment on the account.

Yours very truly,

GENERAL PUBLIC LOAN CORP.

W. J. Gourley

Manager

WJG:r
CC:CN

New York, N. Y.
15 December, 1941.

From: Senior Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper, Execution Rocks Light Station.

Via: Keeper, Execution Rocks Light Station.

Subject: Indebtedness.

Reference: (a) Letter from this office 13 November, 1941.
(b) Article 2406, Regulations.

1. To date, this office has received no reply to reference (a). You are hereby directed to make reply thereto without further delay, your attention being invited to reference (b), which provides that every communication received calling for information shall be answered as promptly as circumstances permit.

P. E. SHAW,
By direction.

75

Office
Senior Coast Guard Officer
Third Naval District
Room 411 Customhouse
New York, N. Y.

New York, N. Y.
13 November, 1941.

From: Senior Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper, Execution Rocks Light Station.

Via: Keeper, Execution Rocks Light Station.

Subject: Indebtedness.

1. This office has received a claim against you from the General Public Loan Corporation, St.George, Staten Island, New York, in the amount of $39.32, on a loan taken by you on January 31, 1941.

2. Advise this office whether or not this is a just and proper debt, and if so, you will state definitely what action you propose to take in the matter. In this connection, your attention is called to the Regulations which provide that all persons must pay their honest, just and legal debts; failure to do so will be considered cause for dismissal.

P. E. SHAW,
By direction.

Office
enior Coast Guard Officer
Third Naval District
Room 411 Customhouse
New York, N. Y.

New York, N. Y.
13 November, 1941.

General Public Loan Corp.,
56 Bay Street,
St.George, Staten Island, N. Y.

Sirs:-

Receipt is acknowledged of your letter 12 November, 1941, in reference to the matter of your claim against Carl Nielsen, Asst.Keeper, Execution Rocks Light Station, and in reply you are advised there are no means whereby this Service can compel an employee to make payment of personal debts contracted, nor is it possible to make deductions from pay due an employee on account of personal indebtedness, but in cases where it is proven that an employee refuses to make payment of just and proper debts, charges may be preferred against him with the view of his dismissal from the Service. However, the matter referred to in your letter will be brought to Mr. Nielsen's attention, and you will be further advised.

Respectfully,

P. E. SHAW,
Lieut.Commander, U.S.Coast Guard,
Personnel Officer.

GENERAL PUBLIC LOAN CORPORATION

A National Service Institution

56 BAY STREET
Phone: Gibraltar 7-4511
ST. GEORGE,
STATEN ISLAND, N. Y.

162

November 12, 1941

Commander Philip Shaw
U. S. Coast Guard
1 StateStreet, N. Y.

SUBJECT: Carl Nielsen, Ass't. Keeper
Execution Rocks, New Rochelle, N. Y.

Dear Sir:

We wish to call to your attention a loan taken out by the above party on January 31, 1941 in the amount of $75. Payments on this loan were made up until June 4, 1941, but since that time no payments have been made.

We have communicated with Mr. Nielsen in an effort to obtain liquidation of this loan, but have received no response from him. There is now due and owing $39.32 in arrears. We would appreciate it if you would take the matter up with Mr. Nielsen and advise us whether he intends liquidating this obligation.

Yours very truly,

GENERAL PUBLIC LOAN CORP.

W. J. Courley, Jr.
Manager

WJG:vh

Standard Form No. 51
Appr. Jan. 5, 1942
C. S. C. Dept. Cir. No. 302

REPORT OF EFFICIENCY RATING

REGULAR ( ); INTER ( )
PROBATIONARY—1ST ( ) ( )

Classification Symbols		
(Service)	(Grade)	(Class)

As of March 31, 1942 based on performance during period from April 1,1941 to March 31, 1942

Carl E. Nielsen (Name of employee) — Keeper (Title of position) — U. S. Coast Guard (Bureau)

District Coast Guard Officer, 3d Naval District, NewYork, N.Y. (Division) — Execution Rocks Lt.Sta. (Section) (Subsection or unit) (Field office)

ON LINES BELOW MARK EMPLOYEE
√ if adequate
— if weak
+ if outstanding

1. Underline the elements which are especially important in the position.
2. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning employees on all elements pertinent to the position whether in *italics* or not.
3. Before rating, become thoroughly familiar with instructions in the rating manual.

CHECK ONE:
Administrative, supervisory, or planning ..... ☐
All others ..... ☑

√ (1) Maintenance of equipment, tools, instruments.
√ (2) Mechanical skill.
√ (3) Skill in the application of techniques and procedures.
(4) ~~Presentability of work (appropriateness of arrangement and appearance of work).~~
√ (5) Attention to broad phases of assignments.
√ (6) Attention to pertinent detail.
(7) ~~Accuracy of operations.~~
√ (8) Accuracy of final results.
√ (9) Accuracy of judgments or decisions.
(10) ~~Effectiveness in presenting ideas or facts.~~
√ (11) Industry.
√ (12) Rate of progress on or completion of assignments.
√ (13) Amount of acceptable work produced. (Is mark based on production records? No (Yes or no))
√ (14) Ability to organize his work.
√ (15) Effectiveness in meeting and dealing with others.
√ (16) Cooperativeness.
√ (17) Initiative.
√ (18) Resourcefulness.
+ (19) Dependability.
√ (20) Physical fitness for the work.

(21) ~~*Effectiveness in planning broad programs.*~~
(22) ~~*Effectiveness in adapting the work program to broader or related programs.*~~
(23) *Effectiveness in devising procedures.*
(24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
(25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
(26) *Effectiveness in instructing, training, and developing subordinates in the work.*
(27) *Effectiveness in promoting high working morale.*
(28) *Effectiveness in determining space, personnel, and equipment needs.*
(29) ~~*Effectiveness in setting and obtaining adherence to time limits and deadlines.*~~
(30) *Ability to make decisions.*
(31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED
(A)
(B)
(C)

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating	Numerical rating
All underlined elements marked plus, and no element marked minus	Excellent	1
A majority of underlined elements marked plus, and no element marked minus	Very good	2 or 3
All underlined elements marked at least with a check, and minus marks fully compensated by plus marks, or—a majority of underlined elements marked at least with a check, and minus marks on underlined elements overcompensated by plus marks on underlined elements	Good	4, 5, or 6
A majority of underlined elements marked at least with a check, and minus marks not fully compensated by plus marks	Fair	7 or 8
A majority of underlined elements marked minus	Unsatisfactory	9

	Adjective rating	Numerical rating
Rating official	Good	5
Reviewing official	G	5

On the whole, do you consider the conduct of this employee to be satisfactory? yes (Yes or no) (See back of form)

Rated by R. Russell Lamb Lieutenant (Signature of rating official) (Title) MAY 11 1942 (Date)

Reviewed by P. E. SHAW, Lt. Comdr., USCG (Signature of reviewing official) (Title) MAY 13 1942 (Date)
Personnel Officer, District CG
MAY 14 1942
Chief, 3rd Naval District

Rating approved by efficiency rating committee (Date) Report to employee G (Adjective rating) 5 (Numerical rating)

16—26177-1

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Office, Senior Coast Guard Officer,
Third Naval District, New York, N. Y.
Rec'd
JUL 4 1942

2 July 1942

To: District Coast Guard Officer, Third Naval District

From: Keeper, Execution Rocks Light Station

Subject: 1st Assistant Keeper.

I respectfully request that in the event of Mr Thompson the present 1st, assistant keeper of this station is transfered to Fort Wadsworth light station, that the present 2nd Assistant keeper of this station Carl E. Nielsen remain as 2nd Assistant keeper as he is not dependable enough to be 1st assistant keeper.

C. J. Clark
Keeper

New York, N. Y.
26 November, 1941.

U.S.Employees Compensation Commission,
Old Land Office Building,
Washington, D. C.

Subject: Injury sustained by Carl E. Nielsen on 10 September, 1941; treatment furnished by Dr. M. W. Norton.

Reference: Your postal card dated 25 November, 1941, file 736127-L#62573.

Sirs:-

1. You are advised that Forms C.A.1 and C.A.2 in connection with subject injury were forwarded with letter from this office dated 24 November, 1941.

Respectfully,

P. E. SHAW,
Lieut.Commander, U. S. Coast Guard,
Personnel Officer.

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON, D. C.

Nov. 25, 1941

On Oct. 24, 1941, request was made of your establishment to submit Form CA 1-2, re Carl Nelson (Carl E. Nielson) oiler, treated by Dr. M.W. Norton on Sept. 12,15, 18 and 24, 1941.

file number 736127-Lf 62573.

Will you kindly comply with our request, in order that we may have available information to complete this case?

ja

U. S. EMPLOYEES' COMPENSATION COMMISSION.

SECOND REQUEST
C. A. 28

16—2306 U. S. GOVERNMENT PRINTING OFFICE

New York, N. Y.
24 November, 1941.

U.S.Employees' Compensation Commission,
Old Land Office Building,
Washington, D. C.

Subject: Injury sustained by Carl E. Nielsen on 10 September, 1941.

Reference: Your Form C.A.34 dated 24 October, 1941, file 736127-Lf 62573.

Sirs:-

1. Forms C.A.1 and C.A.2 are forwarded herewith, as requested in reference letter.

Respectfully,

P. E. SHAW,
Lieut.Commander, U.S.Coast Guard,
Personnel Officer.

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department Treasury (War, Navy, etc.) 2. Bureau or office U. S. Coast Guard (Engineer, Navigation, etc.)
3. Place of employment Executions Rocks Light, Station (Arsenal, Navy Yard, etc.) New Rochelle (City) New York (State)
4. Reporting office Personnel Office, U.S. Coast Guard, 44 Whitehall St., N.Y.C. (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred

The injured employee

6. Name of injured employee Carl E. Nielsen (Give first name in full) 7. Age 36 8. Sex M 9. Race W
10. Home address ExecutionRocksLightStation (Street and number), General Delivery, NewRochelle, (City or town) New York (State)
11. Occupation and division 2nd Assistant Keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? ____ If not, what work? ____
13. Total length of service with the Government as a civilian? 12-1/2 years
14. How long at present work in this establishment? 12-1/2 years
15. Dates of other injuries December 16, 1940.
16. Rate of pay on date of injury $ 1500 per P.A. and subsistence valued at $ --- per ____ and quarters valued at $ 60. per annum
17. Employee begins work at Keeper's watch (Hour, a. m. or p. m.) m. 18. Regular day's work ends Keeper's watch (Hour, a. m. or p. m.) m.
19. Hours worked per day As necessary 20. Days paid per week Seven

The injury

21. Place where injury occurred Engine Room, Execution Rocks Lt. Sta. (Give exact location, as name or number of building and division, etc.)
22. Date of injury Sept. 10, 19 41; day of week Wednesday; hour of day ____ m. (a. m. or p. m.)
23. Date employee stopped work NO STOPPAGE; day of week ____; hour of day ____ m. (a. m. or p. m.)
24. Date employee's pay stopped NO STOPPAGE; day of week ____; hour of day ____ m. (a. m. or p. m.)
25. Has employee returned to work? No time lost. (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave ____ (Give exact dates)
(b) Sick leave ____ (Give exact dates)
(c) Any other reason ____ (Give exact dates)
27. Describe in full how injury occurred Middle finger came in contact with hot exhaust pipe while changing spark plug.
28. State part of body injured and nature and extent of injury Third degree burns of middle finger on left hand.
29. Did injury cause loss of any member or part of member? No If so, describe exactly ____
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement ____
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? No If not, did immediate superior have actual knowledge of injury? No. Sent ashore Sept. 10, 1941 for treatment.
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury None
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under commission's regulations? ____
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. M. W. Norton, New Rochelle, N.Y.
36. How soon after injury? Sept. 12, 1941.
37. To what hospital sent? New Rochelle Hospital Location New Rochelle, N.Y.
38. Name and address of physician now attending case None

Signed this 24th day of November, 19 41 at New York, N. Y.

P. E. SHAW,
Lieut. Commander, U.S. Coast Guard,
Personnel Officer.
(Title)

C. A. 2
Revised to June 15, 1929

C9—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

Signed this ..... day of ....., 19.....

(Signature of witness)

Signed this ..... day of ....., 19.....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Carl Nielsen (Name of employee) was given first-aid treatment, or examined, on Sept. 12, 1941, at A. m., and was not (Was or was not) disabled for work. Probable length of disability will be ..... In my opinion disability was (Was or was not) due to injury on September 10, 1941

Nature of injury as found on examination Third degree burn left hand (first finger)

Hospitalized No Will return for further treatment .....

Discharged September 24 Other disposition .....

Remarks .....

Signed this 17th day of November, 1941

at New Rochelle /s/ M. W. Norton
(Signature of medical officer)

Authorized Physician
(Title)

c9—585

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

New Rochelle (City or town), New York (State)

(Street and number)

November 12, 1941 (Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on Sept. 10 (Date), 1941

Wednesday (Day of week), (Hour, a. m. or p. m.) m.

1. The injury occurred at Engine Room, Execution Rocks Lt. Sta. (Give name of establishment where employed)

in the following manner: Middle finger came in contact with hot exhaust pipe while changing spark plug.

2. Cause of injury

3. Nature of injury Third degree burn left hand

4. Names of witnesses to injury:

None

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) /s/ Carl E. Nielsen

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1920

U. S. GOVERNMENT PRINTING OFFICE: 1939 9—584

75

New York, N. Y.
18 November, 1941.

From: Senior Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, Execution Rocks Light Station.

Subject: Treatments furnished by Dr. M.W.Norton on September 12, 15, 18 and 24, 1941.

Reference: (a) Commander, New York District, letter 29 October, 1941 (75).

1. You are directed to prepare the Forms CA 1 and CA 2 forwarded with reference (a), and return them to this office without further delay, provided subject treatments were furnished you as a result of an injury sustained in line of duty. If the treatments were not furnished because of injury, so advise.

P. E. SHAW,
By direction.

75

29 October, 1941

From: Commander, New York District
To : Carl M. Nielsen, 2nd Asst. Keeper

Via : Keeper, Execution Rocks Light Station,
General Delivery, New Rochelle, New York

Subject: Treatments rendered by Dr. M.W. Norton
on September 12,15,18 and 24, 1941

Inclosures: (A) Form C.A. 1, Employee's Notice of Injury
(B) Form C.A. 2, Official Superior's Report
of Injury

1. Inclosures A and B forwarded herewith. Inclosure A is to be completed by you. The first page of Inclosure B is also to be completed by you; then, if there were witnesses, they are to complete the back of the form. Inclosure (B) will be completed by Dr. M. W. Horton submitting his statement.

2. When both forms have been <u>fully</u> completed, submit promptly to the District office.

P. E. SHAW
By direction

736127-I f 62573

C.A. 34. UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

OLD LAND OFFICE BUILDING

WASHINGTON, D. C.

Oct 24, 1941

The Commanding Officer
U.S. Coast Guard Base
44 Whitehall St
New York, N.Y.
Dear Sir:

The Commission is in receipt of a bill for $9.00, on account of an injury sustained by Carl Nelson (Carl E. Nielsen) oiler, treated by Dr. M.W. Norton on Sept. 12,15,18 and 24, 1941.

Kindly submit the form indicated below, so that necessary action may be taken in this case as provided by the Compensation Act of September 7, 1916.

Very truly yours,

UNITED STATES
EMPLOYEES' COMPENSATION COMMISSION

CA 1, Notice of injury
CA 2, Report of injury

ja

8/18/41

PB 9/19/41

U. S. COAST GUARD
RECEIVED
SEP 19 1941
NEW YORK DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Execution Rocks Light Sta.

Sept. 16-1941

To: Personnel Officer N.Y. Dist.

From: C. E. Nielsen, 2nd Ass't. Keeper, Execution Rocks Light Sta.

Subject: Pay checks.

I respectfully request that all future checks for me, shall be mailed to Execution Rocks Light Sta. New Rochelle, N.Y.

Respectfully

Carl E. Nielsen.

2 AK

L.J. Clark
Keeper

Form 3200—(April 1935)
U. S. Civil Service Commission

Classification Symbols		
Service	Grade	Class
Field		

SERVICE RATING FORM

(Read instructions on back of this form)

Check one:
Supervisory ☐
Nonsupervisory ☑

Name Carl E. Nielsen (Less than 90 days) Department Treasury

U.S. Coast Guard (Bureau) New York District (Division) Execution Rocks Lt. Sta., N.Y. (Section) (Subsection)

On lines below mark employee:
✓ if neither strong nor weak point.
– if weak point.
+ if strong point.

1. Underline the elements which are especially important in the position.
2. Mark nonsupervisory employees on all elements except those in *italics*.
3. Mark supervisory employees on all elements.

In boxes below rate employee:
1 or 2 if Excellent.
3 or 4 if Very Good.
5 or 6 if Good.
7 or 8 if Fair.
9 or 10 if Unsatisfactory.

I. QUALITY OF PERFORMANCE

Rating Officer: 5 | Reviewing Officer

- ✓ (a) Acceptability of work; thoroughness.
- ✓ (b) General dependability; accuracy.
- ✓ (c) Neatness and orderliness of work.
- ✓ (d) Skill with which the important procedures, instruments, or machines are employed in performing his duties.
- ____ (e) *Effectiveness in getting good work done by his unit.*

II. PRODUCTIVENESS

Base rating primarily on element (a), if known; otherwise on (b) and (c).

Rating Officer: 4 | Reviewing Officer

- ✓ (a) Amount of work accomplished.
- ✓ (b) Application of time, interest, and energy to duties; industry.
- ✓ (c) Promptness in completing assignments; speed.
- ____ (d) _____ (State any other elements of this class considered)
- ____ (e) *Effectiveness in securing adequate output from his unit.*

III. QUALIFICATIONS SHOWN ON JOB

Rating Officer: 4 | Reviewing Officer

- ✓ (a) Knowledge of duties and related information.
- ✓ (b) Ability to learn and to profit from experience.
- ✓ (c) Judgment, sense of proportion, common sense.
- ✓ (d) Initiative and resourcefulness.
- ✓ (e) Cooperativeness; ability to work with and for others.
- ____ (f) _____ (State any other elements of this class considered)
- ____ (g) *Effectiveness in developing and training employees.*
- ____ (Custodial only) Ability to perform such physical work as the job requires.

Sum of ratings . . . 13

Rated by R.M. Ross, Lt. (Rating officer) 9-17-41 (Date)

Report to employee Very Good

Reviewed by _____ (Reviewing officer) 19 Sept. 1941 (Date)

On the whole, do you consider the deportment and attitude of this employee toward his work to be satisfactory? . . Yes (Answer "Yes", "No", or "Fairly so")

Sum of Ratings	Report to Employee	Significance
3 – 7	Excellent.	Promotable within grade if below top salary.
8 – 13	Very Good.	Promotable within grade if below top salary.
14 – 19	Good.	No salary change if receiving middle salary or above; if below middle, promotable not beyond middle salary.*
20 – 24	Fair.	Reduce one step if above middle salary.*
25 – 30	Unsatisfactory.	Dismiss from present position.

16—3831

*For Cu-2 and Cu-3, the fourth salary rate will be considered the middle salary.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

AMBROSE:

~~15~~ 16 August, 1941

From: Master, AMBROSE CHANNEL LIGHTSHIP.
To: Nielsen, Carl E., Oiler.

Via: Commander, NEW YORK DISTRICT.

Subject: Transfer, orders for,

Reference: Commander New York District letter dated 5th August, 1941.

1. Having completed duty aboard Ambrose Channel Lightship this date, you are hereby directed to proceed to Execution Rocks Light Station, N.Y. and report to the Officer in Charge for assignment to duty.

2. Transportation charges will be at your own expense.

Kolb Skari
Kolb Skari

Copy to;
N.Y. Dist.
Execution Rocks
Pay office
Personnel
Files

Ambrose L.S. 1st indorsement ON STATION
NEW YORK DISTRICT ~~15~~ 16 August '41

1. Departed this unit at 1600 this date.

Kolb Skari

Arrived S.I. Base 2030

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Department CG **Date** 13 august 1941

1. Name in full (Mr., ~~Miss, or Mrs.~~) Nielsen (Surname) Carl (Given name) Ervin (Middle name)
2. Present address 208 (Number) Lafayette Ave (Street) New Brighton S.I. (City) New York. (State)
3. Legal (voting) residence New York 11 - (State and Congressional District) Richmond (County) New York. (City or town)
4. Where born Copenhagen Denmark (State or foreign country) (City or town) When born 8 9 1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien naturalized Certificate #2780680 U.S. Dist. Court-New Orleans, La 11/7/1928
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you none

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	Service	Seaman	67.50			1923	8	10	1926
U.S. Coast Guard		"	54.00	8	16	1926	11	23	1929
U.S. Lighthouse	Service	Fireman - Oiler	72.50	3	-	1932	Present	time	

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
none	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

none.
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted 8/16 - 1926	Discharged 11/23 - 1929	Enlisted	Discharged
Rank Seaman 1c	Rank Seaman 1c	Rank	Rank
Organization U.S. Coast Guard	Organization U.S. Coast Guard	Organization	Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.)

Speak Danish and Norwegian and write

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
None		

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. A. C. Gullickson

Relationship Friend Post office address 203 Lafayette Ave New Brighton S. I. N. Y.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl C. Nielsen

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, Carl E. Nielsen, do
(Name in full, printed or typed)

solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So HELP ME GOD.

/s/ Carl E. Nielsen
(Signature of Appointee)

Subscribed and sworn to before me this 3rd day of Sept., A.D. 19 41

at New Brighton, N.Y.
(City or place) (State)

[SEAL]
was affixed

/s/ Pasquale Gugliucci
Notary Public

Term expires March 30, 1943

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

2nd Assistant

Position to which appointed Keeper, Execution Rocks Light Station, N. Y.

Date of entrance on duty August 18, 1941

U.S. GOVERNMENT PRINTING OFFICE 10—1689

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Dept. U.S. Coast Guard Date 1/31/41

1. Name in full (Mr., Miss, or Mrs.) Nielsen (Surname) Carl (Given name) Erwin (Middle name)
2. Present address 203 (Number) Lafayette Ave (Street) Staten Island (City) New York (State)
3. Legal (voting) residence 19 (State and Congressional District) District Richmond (County) New Brighton, New York. (City or town)
4. Where born Denmark. (State or foreign country) Copenhagen (City or town) When born 8-9-1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien naturalized
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you None.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	Staten Island	Seaman	67.50	4	28	1924	4	30	1925
U.S. Coast Guard		Seaman	54.00			1926			1929
U.S. Lighthouse Service	Staten Island	~~Fireman~~ Seaman & Oiler	72.50	5	12	~~1932~~ 1925	7	31	date 26
"	"	Fireman	67.50	3	16	33	9	19	36
"	"	" & Oiler	72.50	9	23	36			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
"	Position Department or office	
"	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

No
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted August. 1926 Discharged November 1929
Rank Seaman 1st Rank Seaman 1st
Organization U.S. Coast Guard Organization U.S. Coast Guard

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Danish

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
None		

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. C. C. Gullickson

Relationship Friend Post office address 203 Lafayette Ave. N.B. S.I. N.Y.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl E. Nielsen

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

STOCK [illegible] 2249

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

VC 8/20/41
TC

TO:

Date Prepared June 30, 1941.

Name: Nielsen, Carl E.

From: U. S. Coast Guard

Bureau No.: 1563

Change in status, designation and post of duty. Increase in pay.

	FROM	TO
Position	Oiler	Keeper
Grade	None	Field (Range $1500-1860)
Salary	$72.50 a month	$1500 per annum plus $60 p.a. QRS.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters		
Post of Duty	New York, N. Y.	New York, N. Y.
Appropriation	Ambrose Channel Lt. Ship #111 -	Execution Rocks Lt.Sta.,N.Y.
Allotment	Civilian Employees, C. G.	Civilian Employees, C. G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE
Remarks: E.O.D. 8/18/41

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Ctf. #P-26796
SR:JN
dated 7-21-41

APPROPRIATION

Regular

DATE OF BIRTH

6-3-1905

LEGAL RESIDENCE

New York

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

John A. Stockton (resigned). 8/15/40

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

Yes

SUBJECT TO RETIREMENT ACT?

Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY

8-20-41

SUBORDINATE ADMINISTRATIVE OFFICE

New York, N.Y.
5 September, 1941.

From: Commander, New York District.
To: Commandant.

Subject: Carl E. Nielsen, Oiler; change in status, designation and post of duty - increase in pay.

Reference: (a) Department Form 2249 dated 30 June, 1941, approved 23 July, 1941.

Inclosure: (A) Form 8, Oath of Office, in duplicate.
(B) Form 6, Personal History Sheet, in duplicate.
(C) Form 3464a, Personnel Information Sheet.

1. Inclosures are forwarded herewith, in connection with change in status, designation and post of duty of subject named man to keeper of Execution Rocks Light Station, effective 18 August, 1941.

P. E. SHAW,
By direction.

75

New York, N. Y.
26 August, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., 2nd Asst.Keeper, Execution Rocks Light Station.

Via: 1. Keeper, Execution Rocks Light Station.

Subject: Change in status, designation and post of duty.

Reference: (a) Commander, New York District, letter 5 August, 1941 (75).

1. As directed in reference (a), forward to this office promptly Oath of Office, Personal History Statement, and Form 3464a.

P. E. SHAW,
By direction.

NIELSEN Carl E. (none) 2nd Asst.Keeper.

EXECUTION ROCKS LIGHT STATION New Rochelle, N.Y. 18 August, 1941.

1200, 18 August, 1941: Reported at this Station, for duty as second assistant keeper, from Ambrose Channel Lightship where his rating was that of oiler.

N.Y.D./L. 8-5-41

P. E. SHAW, Lieut.Comdr.,

By direction.

Attach to Form 719

TREASURY DEPARTMENT
United States Coast Guard

Date 19 August, 1941

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, New York District.
To: Commandant.

Name Carl E. Nielsen

Na ture of Action Change in status, designation and post of duty - Increase in pay.

Effective date of change 16 August, 1941.

	FROM	TO
Position	Oiler	Keeper, 2A
Pay	$72.50 per month	$1500 per annum
Salary Range	None	$1500-1860
Valuation of Quarters	None	$60 per annum
Station	Ambrose Channel L.S.111	Execution Rocks Lt.Sta.,N.Y.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) 7-23-41

Signature P. E. SHAW,
By direction.

- -

(This space for use of Headquarters)

NIELSEN Carl E. (none) Civ.Oiler.

Ambrose Channel Lightship Staten Island, N.Y. 18 August, 1941.

1600, 16 August, 1941: Departed from this Lightship on transfer to Execution Rocks Light Station.

N.Y.D./L 8-5-41

P. E. SHAW, Lieut.Comdr.,

By direction.

New York, N. Y.
5 August, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., Oiler.

Via: 1. Master, Ambrose Channel Lightship.

Subject: Change in status, designation and post of duty: increase in pay.

Reference: (a) Your letter 17 May, 1941.

Inclosure: (A) Treasury Department Form 2249.

1. Inclosure (A) is forwarded herewith, notifying you of appointment to the position of 2nd Asst.Keeper of Execution Rocks Light Station, with pay at the rate of $1500 per annum, and in accordance therewith you are directed to report for duty at that station on or about 16 August, 1941. Transportation charges will be at your own expense.

2. Execute the attached Form 8, Oath of Office, in duplicate, the three copies of Form 6, Personal History Statement, and the Form 3464a, and return all papers to this office promptly.

2. Advise this office promptly by letter of the hour and date you leave Ambrose Channel Lightship, and the hour and date you arrive at Execution Rocks Light Station.

P. E. SHAW,
By direction.

Copy to:
Execution Rocks Lt.Sta.
Personnel
Pay Office
Files

New York, N. Y.
5 August, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., Oiler.

Via: 1. Master, Ambrose Channel Lightship.

Subject: Change in status, designation and post of duty: increase in pay.

Reference: (a) Your letter 17 May, 1941.

Inclosure: (A) Treasury Department Form 2249.

1. Inclosure (A) is forwarded herewith, notifying you of appointment to the position of 2nd Asst.Keeper of Execution Rocks Light Station, with pay at the rate of $1500 per annum, and in accordance therewith you are directed to report for duty at that station on or about 16 August, 1941. Transportation charges will be at your own expense.

2. Execute the attached Form 8, Oath of Office, in duplicate, the three copies of Form 6, Personal History Statement, and the Form 3460a, and return all papers to this office promptly.

2. Advise this office promptly by letter of the hour and date you leave Ambrose Channel Lightship, and the hour and date you arrive at Execution Rocks Light Station.

P. E. SHAW,
By direction.

Copy to:
Execution Rocks Lt.Sta.
Personnel
Pay Office
Files

Form 73
TREASURY DEPARTMENT
U.S.Coast Guard

NOMINATION

New York District New York, N. Y. (City) 26 June, 1941. (Date)

Commandant:

Action recommended Change in status, designation and post of duty - increase in pay.

Name Carl H. Nielsen Date of birth 8-9-1905 Legal residence N. Y.

	From--	To--
Position	Oiler	Keeper, 2A
Pay and grade	$72.50 p.m.	$1500 ($1500-1860)*
Station	Ambrose Channel Lightship	Execution Rocks Lt.Stn., N.Y.
Appropriation	Civilian Employees, Coast Guard	Civilian Employees, Coast Guard

Effective 11 July, 1941)[1] ~~reinstatement on duty~~, or
) as soon thereafter as he enters on duty.

Rank on eligible list ____ Rating ____ Percentage ____ Other eligibles considered:

Vice John A. Stockton Pay $1500 p.a. Services terminated 8-15-40

Reason Resigned.

Remarks:[2] *Value of quarters $60 per annum.
Mr.Nielsen is entitled to military(veteran)preference. He has classified civil service status as oiler. He was disqualified for induction due to physical disabilities.
Medical Certificate, Form 375 in triplicate, Form 1769 and Fingerprint Chart are forwarded herewith. Form 2806 and Personal History Sheet have previously been forwarded to Headquarters, also proof of U.S. citizenship.
Transportation at Government expense is not involved.
In accordance with Headquarters' letter 27 February, 1941 (CR-75)

Selection regular, ____, 19

P. H. SHAW,
By direction.
Manager, 2nd Civil Service District

Coast Guard Headquarters, Washington, , 19

Submitted to the Secretary of the Treasury, approved.

[1]Strike out the clause which does not apply.
[2]In case of vessel officer, state license held.

75

New York, N. Y.
29 May, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., Oiler.

Via: Master, Ambrose Channel Lightship.

Subject: Transfer to position of keeper.

Reference: (a) District letter 22 May, 1941 (75).

1. You are advised that it is proposed to recommend you for transfer to the position of 2nd Asst.Keeper of Execution Rocks Light Station, and not to Penfield Reef Light Station. It is requested that you prepare the forms forwarded to you with reference (a), and otherwise comply with the instructions contained therein.

P. E. SHAW,
By direction.

Form 2413
(March 1940)

UNITED STATES CIVIL SERVICE COMMISSION

CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE

Carl E. Nelson
(Name)
Aurora Channel Lightship Islip Long
(Post-office address)
Male
(Sex)
Aug 9, 1905
(Date of birth)
Light House Keeper
(Title of examination taken)
U.S. Coast Guard - U.S. Lighthouse Service
(Department and bureau in which you are to be employed)
St. George Staten Island N.Y.
(City or town in which you are to be employed)

ROLLED PRINT, right forefinger

(Print must be taken to identify person examined. Indelible or stamp pad should be used)

1. Have you any physical defect or disease or disability whatsoever? ----------

2. If answer is "yes" give details ----------

Take print

PHYSICIAN SHOULD FILL IN THE FOLLOWING

5' 8" inches. (Height, without shoes) * 166 3/4 pounds. (Weight, in clothing) 164 1/4 pounds. (Weight, without clothing) { Males, with and without clothing; females, clothed, but without wrap or hat.

*To be taken for males only upon special written request of the official ordering examination.

Items checked (√) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond with items below.)

1. **Eyes:** Distant vision: Without glasses: Right: 20/20 Left: 20/20 With glasses if worn: Right: 20/ Left: 20/

Near vision:

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examination of applicants for (Jaeger No. 1) and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924). (Jaeger No. 2)

	Without glasses:	With glasses, if used:
Jaeger No. 1	R. 60 in. to 11 in.	R. ____ in. to ____ in.
	L. 60 in. to 13 in.	L. ____ in. to ____ in.
Jaeger No. 2	R. ____ in. to ____ in.	R. ____ in. to ____ in.
	L. ____ in. to ____ in.	L. ____ in. to ____ in.

Evidence of disease or injury: Right none Left none

Color vision normal Method of testing color vision Snellen types

2. **Ears:** (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear— 20/20 ft. Left ear— 20/20 ft. Evidence of disease or injury: Right ear no Left ear no

3. **Nose, sinus disease, etc** neg

4. **Mouth and throat** Thick Teeth poor. Many Caries - needs repair

5. **Gastro-intestinal** neg

6. **Thyroid** (especially in women) neg

7. **Heart and blood vessels** normal

Is organic heart disease present? no If organic heart disease is present, is it fully compensated? ----------

8. **Lungs:** Right clear Left clear

History of tuberculosis? no If so, has the disease been arrested for at least 1 year? ----------

9. **Hernia** neg
(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)

If present, is it supported by a well-fitting truss? ----------

10. **Varicose veins** neg

Varicocele (*see note 10 on reverse side*) neg (If present, state location and degree)

11. **Feet:** Is flat foot present? no Degree of impairment of function ----------
(None, slight, moderate, severe)

12. **Deformities, atrophies, and other abnormalities, diseases, or defects not included above** no

13. **Scars of serious injury or disease** Hx of Rt. axilla scar on facial aug. due to operation

14. **Nervous system** (*see note 14 on reverse side*) Jaw reduction & fracture upon in 1927

15. (*a*) **Urinalysis** (*see reverse side*) neg (*b*) **Venereal disease** no

16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under appropriate heading above or under "Remarks" on back of this sheet.

17. Does Veterans Administration recognize service-connected disability in this case? ---------- (Yes or no) If "yes," cover in your comments

This certificate is to be returned to the official of the U. S. Civil Service Commission requesting the examination

16—1066

[OVER]

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

Notes for Examining Physician

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to *remove the glasses at least one-half hour before testing uncorrected vision.*

2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

5. **Gastro-intestinal.**—Ulcers, inflammations, etc.

6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.

8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a *weak* foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record of urinalysis, if made: Sp. gr. 1018 Albumen Neg Sugar Neg Casts 0

Blood pressure: Mm. Hg. systolic 122 Mm. Hg. diastolic 82

If tachycardia is present, give pulse rate: Sitting 80 Immediately after exercise 102 Two minutes after exercise 84 Cardiac reserve Good
(Good, fair, or poor)

I have found this applicant abnormal under the following headings: ---

In my opinion, applicant is capable of performing duties involving Arduous physical exertion.
(Arduous, moderate, or light)

REMARKS: ---

(*Signature of applicant*) Carl E. Nielsen
(This space to be filled in, as a matter of identification, by the applicant in own hand writing, and in ink, in the presence of the physician)

100 Central Ave Staten Island
(Place of examination)

10/24/41
(Date of examination)

The examining physician must be in the Federal service

Henry A. Crane M.D., M. D.
(Signature of examining physician)

100 Central Ave Staten Island
(Title, and branch of Federal medical service)

Full time? ---- Part time? ---- Fee paid? ----

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in ---
(Department) (Bureau)

Title of position ---

Type of appointment (check): ☐ Original appointment ☐ Transfer ☐ Reinstatement ☐ Classification

Number of certificate upon which applicant's name appears (to be given in case of original appointment) ---

U. S. GOVERNMENT PRINTING OFFICE 16—1066

Form 2877 -a
November 1937

UNITED STATES CIVIL SERVICE COMMISSION

CIVIL SERVICE DISTRICT

OFFICE OF THE DISTRICT MANAGER

Cert. No. _____

Register _____

Average _____

AUTHORITY FOR PHYSICAL EXAMINATION

Personnel Office,
U. S. Coast Guard,
44 Whitehall St.,
New York, N. Y.
(Place)

Carl E. Nielsen,

Ambrose Channel Lightship

Staten Island, N.Y.

22 May, 1941.
(Date)

DEAR SIR (~~OR MADAM~~):

Your name is being considered for appointment as the result of your eligibility ~~on the register for above~~, subject to your meeting the physical requirements.

You are requested to report for a physical examination ~~on~~ at the earliest practicable date ~~between the hours of~~ ~~and~~ ~~at the~~ to any duly licensed medical officer.

The medical examiner's fee, if any, and any travel expense necessary in reporting for examination must be paid by you. (See "Note to Medical Examiner," below.)

This letter must be presented as authority for your physical examination.

Such examination is necessary before confirmation of appointment, even in a case where a medical certificate has been submitted with the application. **You are cautioned not to resign any position you hold until your physical condition has been declared satisfactory by the district manager.**

TO THE MEDICAL EXAMINER:*

The duties of the position for which this person is to be examined require that the applicant must be able to distinguish basic or saturated colors. The lantern, yarn, or any other comparable test will suffice.

Very respectfully,

P. E. SHAW,
Lieut. Commander, U.S. Coast Guard,
District Personnel Officer.

By _____
(Nominating Officer or Local Board Member)

44 Whitehall St., N.Y.C.
(Address)

Note to Medical Examiner.—This letter of authorization, with Form 2413, properly filled out, should be returned to the district manager except when the letter is signed by a nominating officer or local board member, in which case these forms should be sent to that officer or board. **Neither this letter nor the medical certificate should be returned to the applicant.**

If you are not employed by the Government, or if your employment by the Government is on a part-time or fee basis, your fee must be paid by the person examined as there is no Government appropriation available for its payment. If you are employed by the Government on a full-time basis, it is not permissible to charge a fee for appointees.

U. S. GOVERNMENT PRINTING OFFICE 16—554

C-117.1
Sept 1939

SUBJECT

LETTER OF INTRODUCTION AND AUTHORITY FOR FINGERPRINTING

Post Office Personnel Office,
U. S. Coast Guard,
Service 44 Whitehall St.,
New York, N. Y.
Date 22 May, 1941.

Postmaster,
St.George,
Staten Island, N.Y.

My dear Sir:

This will introduce Mr. Carl E. Nielsen who is a candidate for appointment to a position at this office and who is reporting to you for fingerprinting. It is requested that you take his fingerprints and return them to me by mail at your earliest convenience.

For purposes of identification, it is requested that you instruct the applicant to sign his name, in your presence, in the blank space provided for that purpose. [redacted]

Very truly yours,

P. E. SHAW,
Lieut.Commander, U.S.Coast Guard,
Personnel Officer.
(Postmaster or other appointing officer).

Candidate's Signature _____

Candidate's Signature _____

C-117.1
Sept 1939

SUBJECT

LETTER OF INTRODUCTION AND AUTHORITY FOR FINGERPRINTING

Post Office Personnel Office,
Service U. S. Coast Guard,
44 Whitehall St.,
Date New York, N. Y.
22 May, 1941.

Postmaster,
St.George,
Staten Island, N.Y.

My dear Sir:

This will introduce Mr. Carl E. Nielsen who is a candidate for appointment to a position at this office and who is reporting to you for fingerprinting. It is requested that you take his fingerprints and return them to me by mail at your earliest convenience.

For purposes of identification, it is requested that you instruct the applicant to sign his name, in your presence, in the blank space provided for that purpose. ~~[illegible]~~

Very truly yours,

P. E. SHAW,
Lieut.Commander, U.S.Coast Guard,
Personnel Officer.
(Postmaster or other appointing officer).

Candidate's Signature Carl E Nielsen

Candidate's Signature _____

75

New York, N. Y.
22 May, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., oiler.

Via: Master, Ambrose Channel Lightship.

Subject: Transfer to ~~Penfield Reef~~ Execution Rocks Light Station.

Reference: (a) Your letter 17 May, 1941.

Inclosure: (A) Form 1769.
(B) Form 375, 3 copies.
(C) Form 2577a, Authority for Physical Examination.
(D) Form 2413, Certificate of Medical Examination.
(E) Letter to postmaster re fingerprinting.

1. You are advised it is proposed to recommend you for transfer to the position of 2nd Asst. Keeper of ~~Penfield Reef Light~~ Execution Rocks Station, and in connection therewith it is requested you prepare inclosures (A) and (B), have all the forms sworn to before a notary public, and return them to this office at the earliest practicable date. It will also be necessary for you to be fingerprinted and to undergo a physical examination. You will report to the Postmaster, St. George, Staten Island, New York, for fingerprinting, and to any duly licensed medical doctor for physical examination, which will be at your own expense. Present inclosure (D) to the doctor for him to fill out in connection with the examination, and have him forward the completed form to this office. You will attend to these matters promptly.

2. Although you did not list this station as one to which you desire transfer, you are advised that upon your appointment as keeper you will be given an opportunity to submit a list of stations to which you would accept transfer, in the event of a vacancy.

P. E. SHAW,
By direction.

75

Ambrose Channel Lightship
Coast Guard Base
1 Bay St., St. George,
Staten Island, N.Y.

17 May, 1941.

From: Nielsen, Carl E., Oiler.
To : Commander New York District, via Master, Ambrose L.S

Subject: Transfer of civilian member of crew to light station.

Reference: New York District letter 7 May 1941.

1. Respectfully request to be considered for transfer to one of the following light stations:

Stamford Harbor.
Stratford Shoal.
Stepping Stones.
Execution Rocks.

Carl E. Nielsen
Carl E. Nielsen.

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Ambrose Channel Lightship
Coast Guard Base
1 Bay St., St. George,
Staten Island, N.Y.

17 May, 1941.

From: Nielsen, Carl E., Oiler.
To : Commander New York District, via Master, Ambrose L.S.

Subject: Transfer of civilian member of crew to light station.

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Stratford Shoal.
Stepping Stones.
Execution Rocks.

Carl E. Nielsen

Carl E. Nielsen.

TREASURY DEPARTMENT
U.S.COAST GUARD

Office of Commander
New York District
Room 411, Customhouse
New York, N. Y.

23 June, 1941

The Treasury Appropriation Act, 1942, provides, in Section 305 that "No part of any appropriation contained in this act shall be used to pay the salary or wages of any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence, provided, that for the purposes hereof an affidavit shall be considered prima facie evidence that the person making the affidavit does not advocate, and is not a member of an organization that advocates, the overthrow of the Government of the United States by force or violence; Provided further, that any person who advocates or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence and accepts employment the salary or wages for which are paid from any appropriation contained in this act, shall be guilty of a felony and, upon conviction, shall be fined not more than one thousand dollars or imprisoned for not more than one year or both, provided, that the above penalty clause shall be in addition to and not in substitution for any other provisions of existing law."

The Hatch Act, 2 August, 1939 provides in section 9A that "It shall be unlawful for any person employed in any capacity by any agency of the Federal Government whose compensation or any part thereof is paid from funds authorized or appropriated by any Act of Congress to have membership in any political party or organization which advocates the overthrow of our constitutional form of Government in the United States" and "Any person violating the provisions of this section shall be immediately removed from the position or office held by him, and thereafter no part of the funds appropriated by any act of Congress for such position or office shall be used to pay the compensation of such person."

"I, Carl E. Nielsen, do solemnly swear (or affirm) that I have read and understand the foregoing: that I do not advocate the overthrow of the Government of the United States by force or violence; that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence."

Carl E. Nielsen
(Signature of employee)

Subscribed and sworn to before me this 5th day of August, A.D. 1941

at Long Island City, New York
(City or place) (State)

(SEAL)

Notary Public, Kings Co. No. 419, Reg. No. 3072
Cert. filed in N. Y. Co. No. 177, Reg. No. 3K107
Commission Expires March 30, 1943

NOTE: - Date of expiration of notary public's commission should be shown. Seal of notary public must be affixed.

File

New York, N. Y.,

28 June, 1941.

From: Commander, New York District.
To: NIELSEN, Carl E., civilian oiler - AMBROSE CHANNEL LIGHTSHIP.

Via: 1. Assistant District Engineer, Staten Island Base.
2. Master, AMBROSE CHANNEL LIGHTSHIP.

Subject: Absence overleave.

Reference: (a) Your letter, 26 June, 1941, and indorsement thereof.

1. Receipt of reference (a) in which you endeavored to explain your reason for being absent overleave for a period of 1 day and 23½ hours, is acknowledged.

2. You are warned that any further absence over leave on your part will necessitate this office to take disciplinary action. In this particular case, you did not explain your reason for missing the HICKORY which departed for patrol duty and AMBROSE CHANNEL LIGHTSHIP at 0700, 11 June, 1941. However, in all fairness, the 1 day and 23½ hours of overleave is being charged to compensatory liberty which you did not take during the month of May, 1941.

P. E. SHAW,
By direction.

Copy to:
Asst.Dist.Eng'r.
AMBROSE CHANNEL LIGHTSHIP.
Personnel (2).
Pay.
File.

NIELSEN Carl E. (none) Civilian Oiler

AMBROSE CHANNEL LIGHTSHIP Staten Island, N.Y. 28 June, 1941.

1300 (E.S.T.), 3 June, 1941: Departed on 8 days' compensatory leave (liberty).

Terminate commuted ration allowance of Unit.

1230 (E.S.T.), 13 June, 1941: Returned to this Unit, for duty, being 1 day and 23½ hours absent overleave. This absence overleave is charged to compensatory liberty to which he was entitled during the month of May, 1941.

Credit commuted ration allowance to Unit.

P. E. SHAW, Lieut.Comdr.,

Alcoast 72.

By direction.

AMBROSE L.S. :

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

26 June, 1941

From: NIELSEN, Carl E., Oiler, (civilian).
To: Commander New York District.

Via: Assistant District Engineer,
Master, Ambrose Channel Lightship.

Subject: Leave, unauthorized,

Reference: Letter, Comnydist, 16 June, 1941.

1. I hereby state that upon my return to duty, I missed the CGC HICKORY, which had departed for patrol duty and AMBROSE CHANNEL LIGHTSHIP at 0700 11 June, 1941. I was unable to obtain any transportation to AMBROSE CHANNEL LIGHTSHIP before 1100 12 June, 1941, at which time I went aboard a Sandy Hook Pilot Boat for passage to this unit. Due to weather conditions and their business, the Pilot Boat did not find time to transfer me aboard this unit before 1230 13 June, 1941, at which time I was reported aboard,

Carl E. Nielsen
Carl E. Nielsen.

Copy to;
Comnydist.
Ambrose
C.E. Nielsen
Asst. Engineer
Files

N.Y. DISTRICT. L(1st Indorsement) 26 June, 1941
AMBROSE L.S. ON STATION.

1. Carl E. Nielsen, civilian oiler, who departed on eight days monthly liberty 3 June, 1941 at 1300, returned to duty 13 June, 1941 at 1230, making the total time of absence 9 days and 23½ hours. Of this time 1 day and 23½ hours is unauthorized leave.

2. Forwarded, Kolb Skari
Kolb Skari.

Second Indorsement

ST. GEORGE DEPOT
St. George, N.Y.
27 June, 1941

From: Assistant District engineer,
To: Commander, New York District.

Subject: Leave; unauthorized.

1. Forwarded.

L. I. REILLY
By direction

New York, New York.

16 June, 1941.

From: Commander, New York District.
To: NIELSON, Carl E., civilian oiler - AMBROSE CHANNEL LIGHTSHIP.

Via: Master, AMBROSE CHANNEL LIGHTSHIP.

Subject: Absence over-liberty (leave).

Reference: (a) AMBROSE CHANNEL's dispatch 031833 (June, 1941).
(b) AMBROSE CHANNEL's dispatch 131835 (June, 1941).

1. The records of this office indicate that you departed at 1300, 3 June, 1941, on 8 days' monthly liberty (leave), and that you returned to duty at 1230, 13 June, 1941, 1 day, 23½ hours over-liberty (leave).

2. Inform this office as soon as practicable of your reason for being absent over-liberty (leave) 1 day, 23½ hours.

P. E. SHAW,
By direction.

Copy to:
Personnel (2).
File.

Form 2654
TREASURY DEPARTMENT
U. S. Coast Guard
July 1935

U. S. COAST GUARD

OFFICIAL DISPATCH

UNIT NYD DATE

INCOMING HEADING

WK/ QUAY V NMY NR 35 Z NNBA 131835 QUAY GR 17

TEXT

CARL E NIELSEN OILER RETURNED FROM MONTHLY LIBERTY
1230 THIS DATE X 47 1/2 HOURS OVER LEAVE

TO: C O P
PERSONEL
PAY
SIB

OPERATOR'S RECORD
TCD QUAY 1048 JN 13 JUNE
TOR— 13 JUNE 41
R GR QUAY

(IF RELAYED, SERVICE ON REVERSE) INITIALS OF "ACTION" OFFICER

FROM
AMBROSE LIGHTSHIP

TO (FOR ACTION) COMNYDIST		ACKNOWLEDGE
		PRIORITY
		ROUTINE
		NITE
TO (FOR INFORMATION)		ACKNOWLEDGE
		PRIORITY
		ROUTINE
		NITE

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

U. S. GOVERNMENT PRINTING OFFICE 2—7379

Form 78

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

~~TREASURY DEPARTMENT~~
~~DEPARTMENT OF COMMERCE~~
U.S. Coast Guard
~~LIGHTHOUSE SERVICE~~

OFFICE OF ~~SUPERINTENDENT OF LIGHTHOUSES~~ Commander, New York DISTRICT,

New York, N. Y.
31 December, 1940
, 193

Name of vessel, station, or other aid to navigation involved: ---

Date of accident: 16 December, 1940.

Nature and cause of accident: Badly lacerated fingers on left hand. While attempting to clear boat fall fouled due to the action and movement of boat while hooking boat fall.

Estimated cost of damage { to property of the Department: $ --
to private property: $ --

What steps have been taken to recover cost of damage to Department property? --

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Carl E. Nielsen	Oiler, Ambrose Channel Lightship 111.	Badly lacerated fingers on left hand.	Yes

Remarks or recommendations:

Forms CA1, CA2, and CA3 will be forwarded to the Employees Compensation Commission.

P. E. SHAW,
By direction. *Superintendent of Lighthouses.*

Date .....

Submitted, in duplicate, to the Secretary of Commerce, for his information.

fwd 2/20/41 HR

For the Commissioner.

Deputy Commissioner.

11—11418

COPY

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Staten Island, N. Y.
(City or town) (State)

U. S. Coast Guard Base
(Street and number)

16 December, 1940
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on 16 December, 1940
(Date)

Monday, 1400 m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at Ambrose Channel Lightship
(Give name of establishment where employed)

in the following manner: While transferring from Relief 78 to Ambrose Channel Lightship in hoisting whale boat.

2. Cause of injury Attempting to clear boat fall fouled due to the action and movement of boat while hooking boat fall.

3. Nature of injury Badly lacerated fingers on left hand. Bathed in iodine solution bandaged and sent ashore via Relief 78 to Marine Hospital.

4. Names of witnesses to injury:

William Gillikin, Charles Thoresen and Lawrence Byrne.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) /s/ Carl E. Nielsen,
Oiler, Ambrose Channel Lightship.

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department Treasury (War, Navy, etc.) 2. Bureau or office U. S. Coast Guard (Engineer, Navigation, etc.)
3. Place of employment Ambrose Channel Lightshiplll, (Arsenal, navy yard, etc.) New York (City), New York (State)
4. Reporting office 44 Whitehall Street, New York. (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Kolb Skari, Master

The injured employee

6. Name of injured employee Carl E. Nielsen (Give first name in full) 7. Age 35 8. Sex M 9. Race W
10. Home address 203 Lafayette Avenue (Street and number), New Brighton, Staten Island, (City or town), N. Y. (State)
11. Occupation and division Oiler (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? 10 years
14. How long at present work in this establishment? 10 years
15. Dates of other injuries ---
16. Rate of pay on date of injury, $ 72.50 per month { and subsistence valued at $ ..... per ..... / and quarters valued at $ ..... per .....
17. Employee begins work at ship's watch (Hour, a. m. or p. m.) m. 18. Regular day's work ends ship's watch (Hour, a. m. or p. m.) m.
19. Hours worked per day as necessary 20. Days paid per week Seven

The injury

21. Place where injury occurred On Ambrose Channel Lightship 111. (Give exact location, as name or number of building and division, etc.)
22. Date of injury 16 December, 1940; day of week Monday; hour of day 2:00 P. m. (a. m. or p. m.)
23. Date employee stopped work 16 Dec., 1940; day of week Monday; hour of day 2:00 p. m. (a. m. or p. m.)
24. Date employee's pay stopped No stoppage, 1940; day of week Monday; hour of day 2:00 p. m. (a. m. or p. m.)
25. Has employee returned to work? Yes - 11:00 a.m., February 18, 1941. (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave ..... (Give exact dates)
(b) Sick leave Yes - (from 2:00 p.m. 16 Dec. to close of 31 Dec.) (Give exact dates)
(c) Any other reason ..... (Give exact dates)
27. Describe in full how injury occurred While attempting to cleat boat fall fouled due to the action and movement of boat while hooking boat fall.
28. State part of body injured and nature and extent of injury Lacerated fingers on left hand.
29. Did injury cause loss of any member or part of member? No If so, describe exactly .....
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement .....
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury? (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury William Gillikin, Ambrose Channel Lightship, Staten Island, N.Y.
Charles Thoresen, do. do.
Lawrence Byrne, do. do.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under Commission's regulations? (A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Surgeon-in-Charge, U.S.Marine Hospital, Stapleton, Staten Island, N.Y.
36. How soon after injury? Immediately.
37. To what hospital sent? U.S.Marine Hospital Location Stapleton, S.I., N.Y.
38. Name and address of physician now attending case Surgeon-in-Charge, U.S.Marine Hospital, Stapleton, Staten Island, N.Y.

Signed this 19th day of February, 1941

at New York, N. Y.

P. E. SHAW, (Signature of reporting officer)
Lieut. Commander, U.S. Coast Guard,
Personnel Officer.

C. A. 2
Revised to June 15, 1929

16—6027

(OVER)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

16 December, 1940 while hoisting whale boat No. 5779 used during transfer of members of crew temporary assigned to Relief #78, Carl E. Nielsen, Oiler while hooking and tending after boat fall, attempted to clear foul fall which was caused by the quick motion of boat alongside of ship, got his hand caught between rope and sheaves in block, causing injuries to several fingers. He was immediately taken on board and given first aid, then put aboard Relief #78 for transportation to Marine Hospital, Staten Island, N.Y.

Signed this 15th day of January, 1941

/s/ William Willikin, B.M.1c.,USCG
(Signature and address)
Ambrose Channel Lightship.

Herewith state that while Carl E. Nielsen, Oiler and myself were employed in hooking boat falls in whale boat, the after boat fall got fouled. Carl E. Nielsen, Oiler, grabbed hold of fouled rope with his left hand, holding block with his right hand through the action of sea and boat, his left hand got caught in block injuring his fingers by being drawn in between rope and sheaves.

Signed this 15th day of January, 1941

/s/ Charles Thoresen
(Signature and address)
Ambrose Channel Lightship

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Carl E. Nielsen (Name of employee) was given first-aid treatment, or examined, on 12/16/40, 19..., at 8 p. m., and was (Was or was not) disabled for work. Probable length of disability will be up to Feb. 10, 1941 In my opinion disability was (Was or was not) due to injury on 12/16/40, 19...

Nature of injury as found on examination Laceration ring finger, left hand. Fracture, left middle finger.

Hospitalized no Will return for further treatment is under outpatient physiotherapy treatment.

Discharged no Other disposition

Remarks

By direction of the Medical Officer in Charge. DJD:CR

Signed this ... day of ..., 19...

at Feb. 13, 1941

/s/ D. J. Dolan
D.J.Dolan, A.A.Surgeon,USPHS
U.S.Marine Hospital, SI,, NY
(Signature of medical officer)

(Title)

U. S. GOVERNMENT PRINTING OFFICE 16—6027

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY.

(Cross out one.)

[To be forwarded to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not empioyee makes claim for compensation.]

1. Department Treasury (War, Navy, etc.) 2. Bureau or office U. S. Coast Guard (Engineer, Navigation, etc.)
3. Place of employment Ambrose Channel Lightship 111, (Arsenal, Navy Yard, etc.) New York (City or town.) N. Y. (State.)
4. Full name of injured employee Carl K. Nielsen
5. Time of injury December 16 (Date.), 1940 Monday (Day of week.) 2:00 P. m. (Hour, a. m. or p. m.)
6. Time employee stopped work December 16 (Date.), 1940 Monday (Day of week.) 2:00 P. m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped No stoppage (Date.), 19 (Day of week.) (Hour, a. m. or p. m.) m.
8. First day employee was able to resume work Feb. 12 (Date.), 1941 Wednesday (Day of week.) 11:00 a. m. (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? Yes
   If so, when? February 12, 1941 If not, state character of work performed upon return to duty and rate paid employee for such work
10. Actual time disabled (including Sundays and holidays) 58 days.
11. Number of days for which employee would have received pay had he not been disabled 56 days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? -- If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
   (a) Annual leave? (Give exact dates.)
   (b) Sick leave? December 16, 1940, to February 12, 1941, inclusive. (Give exact dates.)
   (c) Any other reason
14. Nature of injury Laceration of ring finger, left hand; fraction of left middle finger.
15. Remarks

[The following information is to be furnished *only* in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2, should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.), 19 (Day of week.) (Hour, a. m. or p. m.) m.
18. Time employee's pay stopped (Date.), 19 (Day of week.) (Hour, a. m. or p. m.) m.
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:
   Name. Age.
23. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:
   Name. Relationship. Address.

Signed this 19th day of February, 1941
at New York, N. Y.

P. E. SHAW,
(Official superior.)
Lieut. Commander, U. S. Coast Guard,
Personnel Officer.
(Title.)

C. A. 3
Revised to June 3, 1925

(All forwarding indorsements to be made on reverse side of this sheet.)

9—629

GOVERNMENT PRINTING OFFICE

Per

RECEIVED
DEC 20 10 31 AM '40
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Ambrose Channel Lightship 16 December, 1940

RECEIVED
DEC 23 9 43 AM '40
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

From: Master, Ambrose Channel Lightship.
To: Assistant District Engineer.

Subject: Carl E. Nielsen, Oiler, injury of.

1. Herewith report that while transferring temporarily assigned men to Relief 78 back on board this vessel before taking over station after annual overhaul, Carl E. Nielsen, Oiler, hooking after boat fall in whaleboat attempted to clear foul boat fall his left hand got caught between rope and iron block, this was caused by the action and motion of boat.

2. His hand was bathed in Iodine solution bandaged then transferred back to Relief 78 for transportion to Marine Hospital for proper medical treatment as it appeared that his one finger was broken and one finger cut to the bone.

3. The following members of the crew were witnesses to this accident: William Gillikin, BM1C, charles Thoresen and Lawrence Byrne, Seamen.

4. Inclosed find notice of injury and original claim for compensation and medical treatment if required.

Kolb Skari

Kolb Skari

75

New York, N. Y.
2 January, 1941.

From: Commander, New York District.
To: Assistant District Engineer, Staten Island Base.

Subject: Carl E. Nielsen, Oiler, Ambrose Channel Lightship; injury sustained by.

Reference: (a) Form C.A.1 dated 16 December, 1940.

Inclosure: (1) Form C.A.2, Official Superior's Report of Injury.

1. Inclosure (1) is forwarded herewith, with request that William Gillikin and Charles Thoresen, witnesses to injury sustained by subject man, fill out "Statement of Witness" on back of the form, after which it is requested that Form C.A.2 be forwarded to the Marine Hospital, Stapleton, Staten Island, New York, advising the attending physician to complete the certificate on the back, and then return the completed form to this office.

P. E. SHAW,
By direction.

75

Ret'd Original

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Office of Commander
New York District
Room 411, Customhouse
New York, N. Y.

RECEIVED
JAN 4 8 52 AM '41
U.S. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

New York, N. Y.
2 January, 1941.

From: Commander, New York District.
To: Assistant District Engineer, Staten Island Base.

Subject: Carl E. Nielsen, Oiler, Ambrose Channel Lightship; injury sustained by.

Reference: (a) Form C.A.1 dated 16 December, 1940.

Inclosure: (1) Form C.A.2, Official Superior's Report of Injury.

1. Inclosure (1) is forwarded herewith, with request that William Gillikin and Charles Thoresen, witnesses to injury sustained by subject man, fill out "Statement of Witness" on back of the form, after which it is requested that Form C.A.2 be forwarded to the Marine Hospital, Stapleton, Staten Island, New York, advising the attending physician to complete the certificate on the back, and then return the completed form to this office.

P. E. SHAW,
By direction.

- -

75-S.I. BASE NEW YORK DISTRIT — First Indorsement — St.George, NY 4 Jan., 1941.

From: Assistant District Engineer.
To : Master, AMBROSE CHANNEL LIGHTSHIP.

1. Have Gillikin and Thoresen complete the space on reverse of formC.A.2 and return form, properly signed, to this office.

L. I. REILLY
By direction.

New York, N. Y.
13 February, 1941

Medical-Officer-in-Charge,
U. S. Marine Hospital,
Stapleton, Staten Island, N.Y.

Subject: Carl E. Nielsen, oiler, Ambrose Channel Lightship; injury sustained by.

Reference: Letter from this office 25 January, 1941.

Sir:-

1. As up to the present time the form CA-2 forwarded with reference letter with the request that medical statement be filled out on the back of the form, has not been returned to this office, it is requested that the form be forwarded to this office at the earliest practicable date.

Respectfully,

P. E. SHAW,
Lieut. Commander, U.S. Coast Guard,
Personnel Officer.

New York, N. Y.
25 January, 1941

Medical-Officer-in-Charge,
U. S. Marine Hospital,
Stapleton, Staten Island, N.Y.

Subject: Carl E. Nielsen, Oiler, Ambrose Channel Lightship; injury sustained by.

1. Subject-named man reported to the Marine Hospital for treatment due to injury sustained on 16 December, 1940. Will you have the kindness to execute the medical statement on the back of the attached Form CA-2, and return it to the Personnel Officer, U. S. Coast Guard, 44 Whitehall Street, New York.

Respectfully,

P. E. SHAW,
Lieut.Commander, U. S. Coast Guard,
Personnel Officer.

FWO-JHG

PERSONNEL FILE

Jan. 10,1939

Bureau of Marine Inspection
and Navigation,
Steamboat Inspection Service,
45 Broadway,
New York, N. Y.

Sirs:-

SUBJECT: Carl E.Nielsen,Oiler,service record.

1. You are advised that Carl E. Nielsen has been employed on vessels in the Third Lighthouse District, as follows:-

Seaman...Five Fathom Bank L.S....4-28-24 to 4-30-25
Seaman...Ambrose Channel L.S.....5-12-25 to 7-31-26
Fireman..Scotland L.S.....3-16-33 to 9-19-36
Oiler....Ambrose Channel L.S.....9-23-36 to present date.

Respectfully,

J. T. YATES
Superintendent

By: W. J. Lawton,
Chief Clerk

PERSONNEL FILE

November 3, 1939

Received check No.82,843, dated Nov. 3, 1939 in amount of $72.50 for services as Oiler,L.S.No.111,period 10/1-31/39.

Carl E. Nielsen

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

WJL:RL

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
UNITED STATES COAST GUARD

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
~~3D DISTRICT~~, STATEN ISLAND, N. Y.

PERSONNEL FILE

5 September 1939

Received check No. 20,057 dated 2 Sept 1939, $72.50, Salary, Carl E. Nielsen, Oiler, Lightship #111, month of August 1939.

Carl E. Nielsen

Nielsen, Carl E

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Aug.14,1936-Feb. 13th 19 39 No. 2631

To:
From: Bureau

Correspondence Civil Service Status for certain petty officers.
Re Classification of Petty Officers on Vessels.
List of Employees recommended for classification-Oilers, Winchmen, quartermasters and Boatswain, with copies of various forms filled out by such employees; notices of classification.
List of all such employees- recommended and not recommended.

U.S. GOVERNMENT PRINTING OFFICE 16-5004

PERSONNEL FILE

ajm

July 6, 1939

PERSONNEL FILE

Received Check No. 1,542,379, dated July 3, 1939, in amount of $72.50, salary in full for period of June 1-30th, 1939

Carl E. Nielsen
Oiler, L.S. #111

Carl E. Nielsen

file

PERSONNEL FILE

SUPERINTENDENT OF DOCUMENTS
DEC 8 1938
RECEIVED
TONAWANDA, N.Y.

PERSONAL HISTORY DATA

Legal Voting Residence:
State and Congressional District 11th
County Richmond City or Town New Brighton S. I.

Sex Male Carl G Nelsen. Oiler.

Military Service: Yes ✓; No ___ (check one)

Military Pension or War Risk Compensation:
Yes ___; No ✓ (check one)

Education:
Common School: 1, 2, 3, 4, 5, 6, 7, 8. ✓ (check number of years)
High School: 1, 2, 3, 4. (check number of years)
College: 1, 2, 3, 4, (check number of years)
Degrees, if any: ___
Special Qualifications: Motorman ✓

If Previous Government Service, state the Department U.S.C. Guard.

Nov. 7 1938



PERS

Mr. Yates Supt.

Will you kindly please inquire for me of your employe the name is Carl Nilson that he owns an unpaid bill of eighteen dollars too Michael Borino of 483 Jersey St. New Brighton, S.I. for a time of five months and promised too pay and never did.

If that is not asking too much. Thank You.

Michael Borino

11-16
-21
PERSONNEL FILE 12-1
3-29

FWO:HR

Nov. 9, 1938

Carl E. Nielsen, Oiler,
Thru the Master,
Ambrose Channel Lightship 111,
General Lighthouse Depot.

SUBJECT: Indebtedness.

1. Enclosed is copy of letter dated November 7th, received from Mr. Michael Bovino, of 483 Jersey St., New Brighton, Staten Island, stating that you are indebted to him in the amount of $18.00.

2. Please advise this office whether or not this is a just and proper debt, and if so, you will state definitely what action you propose to take in the matter. In this connection, your attention is invited to paragraph 119 of Instructions to Employees, which provides that "All persons in the Lighthouse Service must pay their honest, just, and legal debts; failure to do so will be considered cause for dismissal."

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

FWO:HR

Nov. 9, 1938

Mr. Michael Bovino,
483 Jersey Street,
New Brighton, S.I., N.Y.

SUBJECT: Indebtedness of Carl Nielsen, Oiler, Ambrose Channel Lightship 111.

REFERENCE: Your letter November 7, 1938.

Sir:-

In reference to the matter of your claim against Mr. Nielsen, you are advised that there are no means whereby this Service can compel an employee to make payment of personal debts contracted, nor is it possible to make deductions from pay due an employee on account of personal indebtedness, but in cases where it is proven that an employee refuses to make payment of just and proper debts, charges may be preferred against him with the view of his dismissal from the Service. However, the matter referred to in your letter will be brought to Mr.Nielsen's attention, and you will be further advised.

Respectfully,

J. T. YATES,
Superintendent.

By:

W. J. LAWTON,
Chief Clerk.

FWO:HR

Nov. 26, 1938

Carl E. Nielsen, Oiler,
Thru the Master,
Ambrose Channel Lightship 111,
General Lighthouse Depot.

SUBJECT: Indebtedness.

REFERENCE: Letter from this office November 9, 1938.

Your attention is invited to the fact that reply has not yet been received to letter addressed to you under date of November 9th. You are directed to make reply to letter referred to without further delay.

J. T. YATES,
Superintendent.

By:

W. J. LAWTON,
Chief Clerk.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



Ambrose Channel LS. #111,
November 30, 1938

Superinten den t of Lighthouses,
Staten Island, N. Y.

SUBJECT: Indebtedness.

REFERENCE : Letterd ated Nov. 9 , 19 38

I herewith state that I will settle Mr. Bovino's bill of $18.00, as soon as I go ashore on my next liberty.

Carl E. Nielsen Oslo

Kobb Skari

Master

FWO:HR

Dec. 1, 1938

Mr. Michael Bovino,
483 Jersey Street,
New Brighton, S.I., N.Y.

SUBJECT: Indebtedness of Carl Nielsen, Oiler, Ambrose Channel Lightship 111.

REFERENCE: Your letter November 7, 1938.

Sir:-

You are advised that the matter was taken up with Mr. Nielsen, and under date of November 30th he advises that he will pay the bill of $18.00 as soon as he goes ashore on his next liberty.

Respectfully,

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

ac

March 6, 1939



Dear Mr. Yates:

I am sorry too
annoy you again about
Carl Nielson works on
Ambrose Light Ship.
Do you recall the
last letter you wrote
back saying that he
would pay on his first
lease, but never did.
If you kindly can
get in touch with him
again. I would appreciate
it very much. because
I am very much in
need.

Sincerely Yours
Michael Bonino

483 Jersey St.
New Brighton, S. I.

WJL:LVC

March 8, 1939.

Carl E. Nielsen, Oiler,
Thru the Master,
Ambrose Channel Lightship #111,
General Lighthouse Depot.

SUBJECT: Indebtedness to Michael Bovino.

REFERENCE: (a) Letter from this office, November 9.
(b) Your letter November 30.

1. In your letter of November 30, you stated that you would settle the bill of Michael Bovino on your next liberty.

2. Letter dated March 6 has been received from Mr. Bovino stating that the bill has not as yet been paid. Please advise this office at once as to why you have not paid the bill and also state positively when same will be paid.

J. T. YATES,
Superintendent.

By: W. J. Lawton,
Chief Clerk.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPERINTENDENT OF LIGHTHOUSES
MAR 30 1939
RECEIVED
TOMPKINSVILLE, N.Y.

Ambrose Channel LS. #111.
March 28, 1939.

Superintendent of Lighthouses,
Staten Island, N. Y.

SUBJECT: Indebtedness to Michael Bovino.

REFERENCE; Letter dated March 8, 1939

I herewith advise that m y debt to Michael Bovino wa s paid March 7, 1939.

Carl E. Nielsen Oiler

Koch Skari

Master

WJL:AK

March 31, 1939.

Mr. Michael Bovino,
483 Jersey Street,
New Brighton, S.I., N.Y.

SUBJECT: Indebtedness of Carl E. Nielsen,
Oiler, Ambrose Channel Lightship.

REFERENCE: Your letter of March 6, 1939.

Sir:

The matter of Mr. Nielsen's indebtedness to you was taken up with him and he has advised this office on the date of March 28th, that he has paid his bill in full.

Respectfully,

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

PERSONNEL FILE

FWO:JHG

None

DEPARTMENT OF COMMERCE
Lighthouse Service

Office of Superintendent
3rd Lighthouse District
Staten Island, N.Y.

Nov. 7, 1938.

To Classified Quartermasters,
Oilers, Boatswain, and
Winchmen.

C.E. Nilsen, Oiler
L.S. 111

1. This office notes that you have been employed in this Service for over 5 years.

2. Please advise whether or not you possess a license, and if so, forward it to this office in order that it may be recorded and returned to you. If you do not possess a license, advise whether or not it is your intention to take the necessary steps to procure a license, and if so, when you expect to obtain it.

3. It is to be noted that in order to be considered for promotion, it is necessary that employees procure a proper license.

J. T. YATES,
Superintendent.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPERINTENDENT OF LIGHTHOUSES
NOV
4 15 1
1938
RECEIVED
TOMPKINSVILLE, N.Y.

Ambrose Channel LS. #111,
November 10, 19 38

Superintendent of Lighthouses,
Staten Isaamd, N. Y.

SUBJECT: Procuring of Li cense.

REFERENCE: Letter dated Nov. 7, 19 38.

I herewithadvis e that I shall tak e the necesaaary steps to procure a license by January, 1939.

Carl E. Nielsen,
Oiler

Thru the Master Karl Skare

PERSONNEL FILE

5-10
+3
~~20~~
~~28~~
~~1-3~~

WJL:AHD

May 6th, 1937.

Mate-in-Charge,
Ambrose Channel Lightship #111,
General Lighthouse Depot,
Staten Island, New York.

SUBJECT: Application for Leave of Carl E. Nielsen.

1. Returned herewith is application for three days' leave for Carl E. Nielsen, oiler, for signature by Mr. Nielsen.

2. Please advise this office of the circumstances that necessitate submitting this application for leave.

J. T. YATES,
Superintendent.

By: W. J. Lawton,
Chief Clerk.

Form 79
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

COPY: AHD

APPLICATION FOR LEAVE OF ABSENCE

May , 193 7

Superintendent of Lighthouses, 3rd *District:*

(a) *I respectfully request that I be granted* 3 *days of* Annual *leave, from* May 14, *to* May 16, *inclusive, 193* 7

(b) *I respectfully request that my absence of* ..... *days, from* ..... *to* ....., *inclusive, 193* , *during which period I certify, on honor, that I was incapacitated for duty by reason of illness, be charged to sick leave.*

(See reverse side for physician's certificate and sick-leave affidavit)

PREVIOUS ABSENCE THIS YEAR	Days	Hours	Minutes
Annual	7	15	0
Sick	0		
Without pay	0		
Military	0		

Accrued 5/31/37
D H M
13 1 0
10 8 0

/s/ F. H. Farry
Time Clerk.

Name Carl E. Nielsen

Rating Oiler

Recommended:

/s/ Kolb Skari

Approved: Mate in Charge

By direction of the Secretary and Commissioner:

.....
Superintendent.

11—6369

TO BE FILLED OUT BY THE PERSON REQUESTING LEAVE

The application of Carl E. Nielsen *(Applicant's signature)* *of the* Ambrose LS. #111 *(Name of bureau or office or vessel)*

for 3 *days of* Annuel *leave, from* May 14 *to* May 16,

inclusive, 193 7, *is hereby approved.* For and in the absence of the Supt.

By direction of the Secretary and Commissioner:

F. W. OCKENFELS
Asst. *Superintendent.*

*Absence commenced (Give exact time) .....A. M. / .....P. M. ....., 193

Returned to duty (Give exact time) .....A. M. / .....P. M. ....., 193

Time chargeable, ... days.

Entered at District Office for ..... days.

.....
Time Clerk.

*NOTE.—Fill out the blanks in this block and return entire slip to office after leave has been taken.

11—6369

WJL:AHD

May 20th, 1937.

Mate-in-Charge,
Ambrose Channel Lightship No. 111,
General Lighthouse Depot,
Staten Island, N.Y.

SUBJECT: Application for Leave of Carl E. Nielsen.

Attached is copy of letter from this office dated May 6th, 1937, regarding an application for three days' leave applied for by Carl E. Nielsen, oiler. You are directed to expedite your reply to this letter.

J. T. YATES,
Superintendent.

By: W. J. Lawton,
Chief Clerk.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPERINTENDENT LIGHTHOUSES
MAY 1937
RECEIVED

Ambrose Ch. LS. #111.
May, 20th., 1937.

Superintendent of Lighthouses,
StatenIsland, Newyork.

Subject: Application for leave of Carl E Nielsen, oiler.
Reference: Department letter dated May 6, 1937.

Herewith enclosed find corrected application for three (3) days annual leave; also respectfully submit an additional application requesting he be granted three (3) days more leave.

Mr Carl E Nielsen, oiler requested this leave to visit sick relative in Portland, Maine.

Respectfully

Karl Skari

Mate in charge.

WJL:AHD

May 25th, 1937.

Mate-in-Charge,
Ambrose Channel Lightship #111,
General Lighthouse Depot,
Staten Island, New York.

SUBJECT: Applicationsfor Leave of Carl E. Nielsen, oiler.

REFERENCE: (a) Lettersfrom this office of May 6th and May 20th, 1937.
(b) Your letter of May 20th, 1937.

1. From your letter of May 20th, 1937, this office is unable to understand the necessity for the applications for annual leave submitted by Carl E. Nielsen, oiler, for the periods from May 14th to 16th, and from May 17th to May 19th, 1937. Officers and crews of lightships are not ordinarily required to submit applications for leave, and you are requested to explain why it was necessary in this instance.

2. You will include in your explanation a statement as to the total number of days Mr. Nielsen was absent during the month of May, 1937.

J. T. YATES,
Superintendent.

By: W. J. Lawton,
Chief Clerk.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



Ambrose Channel LS. #111.
May 26, 1937.

Superintendent of Lighthouses,
Staten Island, N. Y.

SUBJECT: Applications for Leave of Carl E. Nielsen, Oiler.

REFERENCE: Letter dated May 25, 1937.

Before Carl E. Nielsen, Oiler, left for his monthly leave he asked me if it were possible to get an additional three days of annual leave added to his regular monthly leave, as he wanted to visit a sick relative in Maine, and would not have enough time on his eight days of monthly leave. I told him I would submit an application to the Office for three days of annual leave for the period from May 14th to May 16th. He was to leave ship on his monthly leave May 5th and due to return on May 13th. If his application for additional leave from May 14th to May 16th, was approved he was due to return May 16th. As he did not return to ship until May 19th, another application fo three days of annual leave was submitted to cover the period from May 17th to May 19th inclusive.

Total number days absent from ship was from May 5th to May 19th, 14 days, making it necessary to submit applications for a total of six days of annual leave to be deducted from any annual leave due him and if none was due him, to grant him six days leave without pay.

Respectfully,

Karl Skarr

Mate-in-charge

WJL:HL

LIGHTHOUSE SERVICE

Scotland Lightship #69.
(Name of Vessel)

Superintendent, Third District.

Permission is requested to discharge Carl E. Nielsen
(Name)
Fireman effective at the close of September 19.
(Rating)
1936, and to employ another person in his place. He requested that
his pay check be sent to 203 Lay fayette Avenue - New Brighton SI
Ambrose Channel Lightship His own Request
Reason for discharge
His service card is enclosed. 9/21/36 Transf to L S III (Poo Orleans)
Leave has been granted in excess of amount allowed to the extent of
Paid Voucher No.
two days. I recommend for 2 days leave sept 18 + 19. Holds
C. Nielsen has applied for 2 days leave sept 18 + 19. Holds
until he is relieved. Leave approved 9/19/36 TTY
APPROVED:
J. T. Yates, Superintendent.
T. J. Bolton, Officer in Charge
(Master)

6750-19/30-42.75

PERSONNEL FILE

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

file

Scotland Lightship #69
(Station, Depot, or Vessel)

September, 1936.

Superintendent of Lighthouses, Third District, Staten Island. N.Y.

Subject, Leave taken by Carl. E. Nielsen, Fireman,

Superintendent,

I Respectfully report that Mr. Nielsen has taken the following leave during the year 1936.

December 29. 1935, 7 00 PM to Jan. 8. - 9 30 AM. 1936.
February 19. 1936. 9 30 AM to Feb. 26 - 10 00 AM "
March, 13 - " 9 30 AM to March, 19 - 11 30 AM "
April, 7 " 5 30 PM to April 15 - 2 00 PM "
May, 5 " 7 30 AM to May. 13 - 8 30 AM "
June, 17 " 3 00 PM to June. 26. - 7 00 AM "
July. 1 " 10 30 AM to July. 8 - 9 30 AM.
August, 4 " 8 30 AM to August. 12. 8 30 A.M.
September 3 " 2 30 PM to September 10 - 9 00 A.M.

Respectfully
F. J. Belton - Officer in Charge

release slip for 1936 18119
UP9-18

Form 92

CHECK TRANSMITTAL

PERSONNEL FILE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
SUPERINTENDENT OF LIGHTHOUSES

There is inclosed herewith official check in payment of vouchers submitted by you.

No acknowledgment of the receipt of this check is desired.

Please deposit check promptly.

SUPERINTENDENT OF LIGHTHOUSES

11-4-36

11—684

FOLD HERE AND PLACE CHECK INSIDE

GOVERNMENT PRINTING OFFICE

Record check No. 465134 11/3/36 77.50
Services Oct. 1936 Ambrose Channel Ship

C. E. Nielsen

Form 92

CHECK TRANSMITTAL

PERSONNEL FILE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
SUPERINTENDENT OF LIGHTHOUSES

There is inclosed herewith official check in payment of vouchers submitted by you.

No acknowledgment of the receipt of this check is desired.

Please deposit check promptly.

SUPERINTENDENT OF LIGHTHOUSES

9-5-36

11—884

FOLD HERE AND PLACE CHECK INSIDE

GOVERNMENT PRINTING OFFICE

Rec'd check for 67.50 No 407923
dated 9/2/36 Service Acct Ck Stk
for Aug 1936

C B Mebane

1st asst
Per OK when a vacancy occurs 8/27

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPERINTENDENT OF LIGHTHOUSES
AUG 26 27
1936
RECEIVED

PERSONNEL FILE

Ambrose Channel LS. #111.
August 23, 1936.

Superintendent of Lighthouses,
Staten Island, N.Y.

SUBJECT: Recommendation for position of Oiler.
REFERENCE: Request for discharge of Oiler J. Palmer.

I wish to recommend Carl Nilsen, who at present is employed as Fireman on Scotland LS., for the position of Oiler on this vessel, to replace J. Palmer, resigned.

Carl Nilsen has been recommended to me as an intelligent and capable man. He has an application on file for the position.

A. Bussette
Eng.

Respectfully forwarded
Ernest A. Lange
Master

EOD 9/23/36

READ PAGE 4 CAREFULLY BEFORE FILLING OUT THIS APPLICATION

UNITED STATES CIVIL SERVICE COMMISSION—TRADES AND SKILLED OCCUPATIONS—APPLICATION FORM 6

(March, 1932)

EVERY QUESTION IS IMPORTANT AND EACH MUST BE ANSWERED

SELECTION NUMBER

Ann'c't No. | AVERAGE | APP'N NO.

Applicant must fill ALL blanks in this column (typewriter or ink)

Application for position of: Oiler
(Give exact title of examination for which you are applying, as "Blacksmith," "Carpenter," etc.)

Place of employment desired: Saint George, S.I. N.Y.
(Name of city) (State)

(The address given below will be treated as the applicant's post-office address until notice, in writing, of any change is received)

(WRITE PLAINLY first name in full, middle initial or initials, if any, and surname in full. If a woman, prefix "Miss" or "Mrs.," and if married, use *your own* Christian name, as "Mrs. *Mary L.* Doe.")

Carl E. Nielsen
(Name)

203 Lafayette Ave.
(R. D. or street address)

New Brighton S.I. N.Y.
(City or post office) (State)

APPLICANT WILL NOT FILL THE FOLLOWING

Exam. date
Approved by
Admit'd exam.
Notif'd rating
Date reg.
Rating
Preference
Total

Initials of Examiners

☐ Apportioned.
☐ Nonapportioned.
☐ 1650 sent.
☐ An Indian.
☐ Mat'l filed.
☐ Mat'l ret'd.
☐ Mat'l att'd.
☐ Over age if no pref.
☐ Mil. serv. but no proof.
Preference:
Allowed—
☐ Pref.
☐ Disability.
☐ Widow.
☐ Wife.
☐ Disallowed.
☐ Closed.
☐ Army. ☐ Navy.
☐ Marine C. ☐ C. G.
☐ No proof grad.
☐ Note fam.

Any false statement in this application, which is under oath, alteration of a certificate, or the presentation to the Commission of a paper containing such false statement or alteration, is a violation of the law and is punishable as such.

Any of the following will delay and may nullify your opportunity for appointment: (1) Failure to furnish any additional forms that may be required in the examination announcement; (2) Failure to answer properly all questions on this application and on any other additional forms required; (3) Failure to furnish with this application proof of United States citizenship, if foreign born; (4) Failure to furnish material or photograph with this application form, if called for in examination announcement; (5) Failure to furnish all the information required under question relating to arrest, etc.; (6) Failure to have jurat (or oath) properly executed. Omit reference to religion, politics, or fraternal orders. Answers should be typewritten if practicable; if not, they must be in ink. Read page 4 carefully before filling out this application.

1. **Are you a citizen of the United States?** . . . . . Yes (Yes or No)

2. **In what State, Territory, or foreign country were you born?** . . . . . Denmark.
Naturalized citizens must submit naturalization certificate with application; other foreign born, documentary proof of citizenship.

3. **(a) In what State or Territory do you reside?** . N.Y.
(b) In what county? Richmond County
(c) How long have you resided there? 10 Years.

4. **What is the date of your birth?** August 9 - 1905

5. **What is your height, without shoes?** 5 feet 7½ inches.

6. **What is your weight, without overcoat or hat?** 155 pounds.

7. **What is the lowest entrance pay you will accept?** $ Prevailing rate
Registers may be used for allied positions at salaries other than that specified in the announcement. You will not be certified to positions paying less than the amount given in answer.

8. **Will you accept appointment anywhere in the United States?** Yes (Yes or No)
If answer is "No," state acceptable localities.

9. **Will you accept temporary appointment for six months?** . Yes (Yes or No)
Answer all three parts of this question
For three months? . . . Yes (Yes or No)
For one month? . . . Yes (Yes or No)

10. **Have you ever been discharged or forced to resign from any position?** . . . . . No (Yes or No)
If answer is "Yes," state when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.

11. **Within the past 12 months, have you drunk whisky, wine, beer, or any other intoxicating beverages at all?** . . No (Yes or No)
Steadily? No (Yes or No)

12. **Prior to the past 12 months, did you drink whisky, wine, beer, or any other intoxicating beverages at all?** . . No (Yes or No)
Steadily? No (Yes or No)
If answer in either case is "Yes," state when you discontinued.
(Month) (Year)

READ CAREFULLY.—An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

13. **Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for an alleged breach or violation of any law or police regulation or ordinance whatsoever?** . . . . No (Yes or No)
If so, list all the cases without any exception whatsoever on a sheet attached, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. If appointed, your fingerprints will be taken.

READ PAGE 4 CAREFULLY BEFORE ANSWERING QUESTIONS 14 AND 15

14. **To the best of your knowledge, do you have any of the following physical defects: Mental disease, convulsions or fits, tuberculosis, epilepsy, asthma, venereal disease, or any other defect or disability?** . . . . . No (Yes or No)

15. **What diseases or physical defects, whether or not listed in Question 14, do you now have?** None
(If none, write *none*)

16. **Do you receive pension, compensation, or allowance for any disability?**
No (Yes or No), **if so, in what amount?** ..... **What is percentage of disability?** ..... **From what source is allowance received?** ..... **Give the name and address of the office from which you receive your checks** .....

17. **Do you claim military preference?** . . . . . No (Yes or No)
If you claim military preference, it will not be allowed unless you obtain Form 14 and submit it with the evidence required therein.

If you claim preference for the Indian Service as an Indian, it will not be allowed unless you obtain and file with this application a certificate from the superintendent of the Indian agency where you are registered, or from the Commissioner, Bureau of Indian Affairs, showing that you have at least one-fourth Indian blood.

16—484

18. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including periods of apprenticeship and your present employment, and accounting for all periods of unemployment.

WHEN EMPLOYED From (Month and year)	WHEN EMPLOYED To (Month and year)	Number of years	KIND OF WORK DONE IN EACH POSITION (Use as many lines for each answer as you need. It is important that your answers be fully and clearly stated)	AMOUNT OF PAY OR INCOME	BY WHOM AND WHERE EMPLOYED (Give name of person, firm, or corporation owning or conducting the business, and city, State, and street address of business)	CAUSE OF LEAVING (If dismissed, make detailed statement and attach)
			EACH ITEM MUST SHOW WHETHER VESSEL WAS STEAM OR DIESEL PROPELLED. ?			
			Steam			
Sept 1921	Oct 1922	1 Year	Engine Wiper and coal passer		Scandinavian America line	
Jan 1923	July 1923	7 Months	Steam Engine Wiper.		Scandinavian America Line	
April 28 1924	April 30 1926	2 years	Sailor	$67.50	U.S. Lighthouse Service	
June 8 1926	July 12 1926	1 Month	Sailor	$62.00	Prince Line	
Aug 1926	Aug 1929	3 years	Sailor	$57.00	U.S. Coast Guard.	
Oct 1929	Feb 1930	4 Months	Sailor	$60.00	Savannah Line.	
Feb 1930	March 1932	2 years	unemployment	—	—	
March 1932	"		Fireman "Steam"	$67.50	U.S. Lighthouse Service	

16—484

The information given under Question 19 will not affect eligibility for examination but will be useful to the Commission in expediting the handling of applications.

19. (a) Name each examination for which you have filed application with the Commission or any of its offices. (If none, write "None.") None

(b) In what cities were you examined?

(c) Give the date of each examination.

(d) Which examinations did you pass?

(e) Are you now employed by the Federal Government? Yes (Yes or No)

WHEN TO FURNISH PHOTOGRAPH HERE

If the announcement of the examination for which you are applying requires a photograph, PASTE IN THIS SPACE a photograph of yourself taken within the past two years, not a group photograph or proof, and not larger than 2½ inches square.

SEE EXAMINATION ANNOUNCEMENT

20. Give as references the names and complete addresses of FIVE persons now living in the United States who are COMPETENT to judge your experience in and fitness for the trade or occupation in which you seek employment. The names should be of persons not related to you. IF POSSIBLE, THEY SHOULD BE OF PERSONS UNDER WHOM YOU HAVE WORKED, particularly in the trade or occupation for which this application is filed; but if you can not name employers, foremen, or other supervisors, then fellow employees or persons engaged in the same trade or occupation as yourself may be named if they have knowledge of your experience and fitness. If no replies are received from such COMPETENT references, your application will not be approved. (Applicants outside the continental limits of the United States should give the names of persons as near as possible to the office at which the application is filed.)

Name (Give full name)	Present address (Give complete address, including street and number)	Business or occupation
O. L. C. Gullikson	#203 Lafayette Ave L.I.	Eng. Scotland Lighthse '69
Frank E. Seastedt	7002 Ridge Blvd. Brooklyn	Master Lightship #69
L. W. Osign	L. H. Newport R.I.	Engineer L. S. #78
Axel Bowman	660 Avondale Rd S.L.	1st Asst Engr Tender Spruce
Burdell Hudson	George Town Del	Asst Eng Lightship 69

21. Give in the blanks below a detailed statement of your education, including dates:

(a) Grammar school: Attended from August, 1911, to September, 1919. Highest grade completed 8th

(b) High school: Name and location

Attended from ....., 1....., to ....., 1..... Highest grade completed ..... Were you graduated? .....

(c) Trade or technical school, or college: Name and location

Attended from ....., 1....., to ....., 1..... Highest year completed ..... Were you graduated? .....

Kind of course pursued

22. (a) Are any members of your family or relatives (either blood or by marriage) in any part of the U. S. Government service whatsoever? . . . . No (Yes or No)

If so, furnish the information required below in regard to all such relatives.

Name	Post-office address	Position and department or office in which employed	Relationship	Married or single
	Street and No.	Position		
	City or town	Department or office		
	Street and No.	Position		
	City or town	Department or office		
	Street and No.	Position		
	City or town	Department or office		

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in this application, and on all other forms filed in connection with this application, are full and true to the best of my knowledge and belief; SO HELP ME GOD.

If female prefix "Miss" or "Mrs.," and if married, use your *own* Christian name, as "Mrs. *Mary L.* Doe."

(*Signature of applicant*) Carl E. Nielsen.

(Sign WITH PEN AND INK your first name in full, your middle initial or initials, if you have any, and your surname in full)

JURAT OR OATH.—This application will be rejected if the jurat or oath is omitted.

The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths, before whom the applicant must appear in person.

Subscribed and duly sworn to before me according to law by the above-named applicant, this ..... day of ....., 19....., at city [or town] of .....

county of ....., and State [or Territory or District] of .....

Signature of officer.....

(*Official title*).....

16—251

FWO:HR

August 29, 1936.

Carl E. Neilsen,
203 Lafayette Ave.,
New Brighton, S.I., N.Y.

SUBJECT: Employment as Oiler on Ambrose Channel Lightship 111.

Referring to your application filed in this office for the position of Oiler, you are advised you have been selected for employment as Oiler on Ambrose Channel Lightship111, with pay at the rate of $72.50 per month, and in accordance therewith you are directed to report for duty on board that vessel on or after September 22nd, 1936.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

- -

FWO:HR

August 29, 1936.

Copy forwarded to Master, Ambrose Channel Lightship 111, General Lighthouse Depot, for his information.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

Carl Nilsen, at present Fireman
on L.S. 69 to be trans. to Giles on
L.S. 111 on or after Sept. 22

HR

MEMORANDUM

9/1/36
DATE

Chief Clerk:-
SUBJECT: Discharge of
Quartermasters, Oilers, Boatswains and Winchmen.

In accordance with memo of 1st Asst. Supt. under date of December 3, 1921, the following is submitted:

Name	Position	Vessel	Last day of service
J G Palmer	Oiler	Lf 111	9/2/36

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEC 24 1936 RECEIVED

PERSONNEL FILE

Ambrose Channel LS. #111
December 18, 1936.

Superintendent of Lighthouses,
Staten Island, N.Y.

SUBJECT: Pay check of C. E. Nielsen, Oiler.

I respectfully request to have my Pay check sent to the following address; 203 Lafayette Ave., New Brighton, S. I. N. Y.

C. E. Nielsen

Gustav A. Lange
Master

Form 89

CHECK TRANSMITTAL.

PERSONNEL FILE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
SUPERINTENDENT OF LIGHTHOUSES

There is inclosed herewith official check in payment of vouchers submitted by you.

No acknowledgment of the receipt of this check is desired.

Please deposit check promptly.

SUPERINTENDENT OF LIGHTHOUSES

31-389 TOLD HERE AND PLACE PRESS WORK

Received salary check as Miller, Lightshp, No. 69, for month of July, 1926.

C E Nielsen

Form 92

CHECK TRANSMITTAL

PERSONNEL FILE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
SUPERINTENDENT OF LIGHTHOUSES

There is inclosed herewith official check in payment of vouchers submitted by you.

No acknowledgment of the receipt of this check is desired.

Please deposit check promptly.

SUPERINTENDENT OF LIGHTHOUSES

7-3-36

11—884

FOLD HERE AND PLACE CHECK INSIDE

GOVERNMENT PRINTING OFFICE

Received check No. 3492145 67.60
services L L 69 June 1936

C E Nielsen

ROYAL DIAMOND & WATCH CO.

PERSONNEL FILE

580 BAY STREET
STAPLETON, S. I.. N. Y.

Diamond Importers and Manufacturing Jewelers
STORES IN LEADING CITIES

Received May 12 1936

April 30, 1936
2806

Superintendent
General Lighthouse Depot,
St. George, S.I.

Dear Sir:

We regret the necessity of addressing you concerning the following matter, but feel sure that you share in the willingness to co-operate in the collection of each other's accounts where possible.

Carl Neilsen employed by you as a fireman on ship is indebted to us in the sum of $9.30 for merchandise delivered at his special instance and request for which he agreed to pay in weekly installments.

Before proceeding legally, with the collection of this account which will mean added expense to Mr. Neilsen we are asking you to see what you can do for us.

No payments have been made since Nov 30th, and repeated requests for payment have failed to elicit even the courtesy of a reply.

We would appreciate it deeply if you would speak to this party for payment, or at least give us a statement of his intentions, and assure you of our willingness to reciprocate this business courtesy and every time that it is within our power in any way.

A stamped self-addressed envelope is enclosed for your convenience in replying.

Very truly yours,
ROYAL DIAMOND & WATCH CO., INC.

G. M. Rollins
CREDIT MANAGER

GMR:EMP

FWO:HR

May 1, 1936

C. E. Nielsen, Fireman,
Thru the Master,
Scotland Lightship 69,
General Lighthouse Depot.

SUBJECT: Indebtedness.

1. This office has received a claim against you from the Royal Diamond & Watch Company, 580 Bay Street, Stapleton, Staten Island, in the amount of $9.30, it being stated that you agreed to make weekly installments, and that you have made no payments since November 30, 1935.

2. Please advise this office whether or not this is a just and proper debt, and if so, you will state definitely what action you propose to take in the matter. In this connection, your attention is invited to paragraph 119 of Instructions to Employees, which provides that "All persons in the Lighthouse Service must pay their honest, just and legal debts; failure to do so will be considered cause for dismissal."

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

FWO:HR

May 19, 1936

C. E. Nielsen, Fireman,
Thru the Master,
Scotland Lightship 69,
General Lighthouse Depot.

SUBJECT: Indebtedness.

REFERENCE: Letter from this office May 1st, 1936.

Your attention is invited to the fact that reply has not yet been received to letter from this office of May 1st. You are requested to make reply to letter referred to, without further delay.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Scotland L. S. #69
(Station, Depot, or Vessel)

May 19th, 1936

Superintendent of Lighthouses. Staten Island.

Subject; Indebtness.

Reference. Your letter dated May 18t. 1936
Superintendent

I beg to inform You that at my earliest convenience, I'll have the matter taken up with the Royal Diamond Co. and shall make payment as per agreement to said firm.

Respectfully
C. E. Nelsen.

FWO:HR

May 21, 1936.

Royal Diamond & Watch Co.,Inc.,
580 Bay Street,
Stapleton, S. I., N. Y.

SUBJECT: Indebtedness of C. E. Nielsen, Fireman, Scotland Lightship 69.

REFERENCE: Your letter dated April 30, 1936.

Sirs:-

You are advised that the matter was taken up with Mr. Nielsen, and there is enclosed for your information copy of his reply dated May 19th.

Respectfully,

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

ROYAL DIAMOND & WATCH CO.

SINE DUBIO

580 BAY STREET
STAPLETON, S. I., N. Y.

Diamond Importers and Manufacturing Jewelers
STORES IN LEADING CITIES

Supt
MD

June 26, 1936
2806

Superintendant,
U.S.Lighthouse Service,
St. George, S.I.

Dear Sir:

About two months we wrote you in reference to Carl Neilsen's account with us which is past due withaa balance of $9.30 with no payment having been made since Nov.30th which was the date of the purchase he made.

You answered us that you had taken the matter up with Mr. Neilsen and that he promised to settle his account on April 9th.

To-date we have neither heard from Mr.Neilsen nor have we received a remittance in spite of the many letters written him.

Would you be kind enough to speak to Mr. Neilsen again and impress upon him the importance of meeting his just obligations. A stamped self-addressed envelope is enclosed for your convenience in replying.

Assuring you of our willingness to reciprocate this business courtesy and every time that it is within our power in anyway,

Very truly yours,
Royal Diamond & Watch Co., Inc.

D. M. Rollins

Credit Manager

GMR/GT

FWO:HR

June 30, 1936

C. E. Nielsen, Fireman,
Thru the Master,
Scotland Lightship 69,
General Lighthouse Depot.

SUBJECT: Indebtedness.

REFERENCE: Letter from this office May 1, 1936, and your reply May 19.

Your letter of May 19th stated that you would take the matter of your indebtedness up with the Royal Diamond Company, and make payment as per your agreement with that firm. This office is now advised by letter of June 26th that you have made no payment on your account since November 30th, on which date you made the purchase. You are directed to forward to this office promptly such comment as you may wish to make in the matter, and also include in your reply any statement you may wish to make as to why this office should not proceed with the view of your dismissal from the Service, as provided for by paragraph 119 of Instructions to Employees.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

FWO:HR

July 15, 1936

C. E. Nielsen, Fireman,
Scotland Lightship 69,
General Lighthouse Depot.

SUBJECT: Indebtedness.

REFERENCE: Letter from this office June 30, 1936.

Your attention is invited to the fact that reply has not yet been received to letter from this office of June 30th. If you desire to make no reply in this matter, you will so advise this office.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

- -

FWO:HR July 15, 1936.

Copy forwarded to F. J. Belton, Mate-in-charge, Scotland Lightship 69, General Lighthouse Depot. You will see that a reply to this letter is promptly forwarded.

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Scotland L. I.
(Station, Depot, or Vessel)

July 22 nd, 1936

Superintendent of Lighthouses,
Staten Island.
N. Y.

Subject: Letter from this office of July 15th 1936 received and beg to inform that a answer to your letter of June 30th, 1936 has duly been answered. The indebtness to Royal Deamond Co, has been paid in full & receipt for same in my possession.

Respectfully Yours
C. E. Nilsen
Foreman, Scotland L. I. 64
General Lighthouse Depot.
3rd. District.
L. I. N. Y.

FWO:HR

July 24, 1936

Royal Diamond & Watch Co.,
580 Bay Street,
Stapleton, S.I., N.Y.

Attention: G.M.Rollins,
Credit Manager.

SUBJECT: Indebtedness of C. E. Neilsen, Fireman, Scotland Lightship 69.

REFERENCE: Your letter April 30, 1936., and June 26, 1936.

Sirs:-

You are advised that the matter was taken up with Mr. Neilsen, and he advises that he has paid his indebtedness in full.

Respectfully,

J. T. YATES,
Superintendent.

By:
W. J. LAWTON,
Chief Clerk.

FWO-JHG

May 16,1935

Carl E. Nielsen, Fireman,
Thru. the Master,
Scotland Lightship 69,
General Lighthouse Depot.

SUBJECT: Employment as Oiler.
REFERENCE: Your letter May 11,1935.

1. If you are desirous of being considered for the position of Oiler on tenders or lightships in this District, it is suggested you fill out and forward to this office the attached modified application blank for Oiler.

J. T. YATES
Superintendent

By: W. J. Lawton,
Chief Clerk

DEPT. STOCK FORM 2239
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 6 March, 1943

Name: Nielsen, Carl F.

From: U. S. Coast Guard

Bureau No.: 1563

Effective: Resignation, voluntary, close of business 19 February, 1943.

	FROM	TO
Position	Keeper	
Grade		
Salary	Range $1440-1800 $1440 per annum plus $60 p.h. qtrs.	
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New York, N. Y.	
Post of Duty	Execution Rock Lt. Sta., N.Y.	
Appropriation	Civilian Employees, C. G.	
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks: It is noted your resignation is for personal reasons.

Justification:

Mr. Nielsen's letter of resignation is attached.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-1918

DATE OF OATH

CHARLES POZZI

DATE APPROVED BY THE SECRETARY

MAR 11 1943

BUREAU OR DIVISION PERSONNEL FILES

DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 6 March, 1943

Name: Nielsen, Carl E.

From: U. S. Coast Guard

Bureau No.: 1563

Effective: Resignation, voluntary, close of February, 1943.

	FROM	TO
Position	Keeper	
Grade	Range CAA4C-1800	
Salary	$2440 per annum plus $60 p.a.	
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	
Organizational Subdivisions		
Headquarters	New York, N. Y.	
Post of Duty	Execution Rock Lt. Sta., N.Y.	
Appropriation	Civilian Employees, C. G.	
Allotment		

FIELD ☐ DEPRTMTL ☐ FIELD ☐ DEPRTMTL ☐

Remarks: It is noted your resignation is for personal reasons.

Justification: Mr. Nielsen's letter of resignation is attached.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX

Male

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

Yes

SUBJECT TO RETIREMENT ACT?

Lighthouse Act 6-20-1918

DATE OF OATH

T. O. ROBERTSON, Assistant Chief,
Civilian Personnel Division.

DATE APPROVED BY THE SECRETARY

MAR 8 1943

XXXXXXXXX

BUREAU SUSPENSE AND FILE COPY

Form 93 file 12826

NOTICE OF RESIGNATION OR DEATH

N A V Y D E P A R T M E N T

U. S. Coast Guard

District Coast Guard Officer, Third Naval District
New York, New York

2 March , 1943/

Commandant:

Herewith is transmitted the resignation of the following-named employee:

Name, Carl E. Nielsen — Position, Keeper

Legal residence, New York — Station, Execution Rock Lt.Sta.N.Y.

Salary, $1440. per annum

The acceptance of this resignation is recommended effective at the close of 18 February, 1943.

This employee has not taken leave in excess of the accrued rate.

REMARKS: Effective date of resignation has been fixed to allow Mr. Nielsen all accrued annual leave.

Certified Form 2806 attached.

J. T. Hackett
J. T. HACKETT
By direction.

U. S. COAST GUARD

WASHINGTON

Submitted to the Secretary of the Navy, approved.

NAVY DEPARTMENT
U.S. COAST GUARD
WASHINGTON, D.C.

Date 1 February, 1943

RESIGNATION

I hereby tender my resignation as Keeper
(Designation)

_____ assigned to the United States

Navy Department, Office of the Commandant of the Coast Guard at Execution
(City)

Rocks Light Station, N. Y. effective at the close of business 18 February, 1943
(State) *(Date)

Reason: Personal reason

Carl E. Nielsen
(Signature)

Acceptance ~~(xxxxxxxxxxxxxxxxx)~~ recommended:

J.T. Hackett.
J.T. HACKETT
(Signature)

Lieut.(j.g.) USCGR
Asst. Personnel Officer
(Official Title)

*Must correspond to date name is taken from pay roll

NAVY DEPARTMENT
U.S. COAST GUARD
WASHINGTON, D.C.

Date 1 February, 1943

RESIGNATION

I hereby tender my resignation as Keeper
(Designation)

_____ assigned to the United States

Navy Department, Office of the Commandant of the Coast Guard at Execution
(City)

Rocks Light Station, N.Y, effective at the close of business 18 February, 1943
(State) *(Date)

Reason: For Personal reason

Carl L Nielsen
(Signature)

Acceptance(~~without prejudice~~) recommended:

J.T. HACKETT
(Signature)

Lieut.(j.g.) USCGR
Asst. Personnel Officer
(Official Title)

*Must correspond to date name is taken from pay roll

3-2

CG-CP-75

12 December, 1942.

From: Commandant.
To: District Coast Guard Officer, Third Naval District, New York.

Subject: Carl E. Nielsen, Second Assistant Keeper, Execution Rocks Light Station; disciplinary action.

Reference: (a) Your letter dated 29 October 1942 (75).

Inclosure: (A) Form 2249 dated 8 December 1942.

1. While your office recommended in reference (a) that Mr. Nielsen be suspended for a period of one month due to absenting himself from the station on occasions in excess of the period allowed for trips ashore for mail, supplies, etc., you will note from the inclosure that instead of suspension, a reduction in pay of $60 per annum for not to exceed six months has been provided effective at the close of 15 December 1942.

2. In the present instance the action taken was considered more appropriate due to the fact that if suspended, Mr. Nielsen would have his time to himself which during present conditions might enable him to secure employment at a considerably higher rate than he is now receiving; so that in effect the station would be without his services and the punishment might not be as effective as intended. While the reduction does not cause him the total loss of pay which would be exacted by a suspension for one month, it will have the effect of carrying the disciplinary action over a longer period. Nomination should be submitted at the proper time for the restoration of his pay to the regular rate.

3. The excess hours of absence over those normally provided for the trips ashore may be charged to his leave account, thereby reducing the time he can be absent in the future on vacation leave.

N. R. STILES,
By direction.

DEC 14 1942

Morgan - 3012 3-2
REH

DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 8 December, 1942

Name: Nielsen, Carl F.

From: U. S. Coast Guard

Bureau No.: 1563

Reduction not to exceed 6 months

Effective: close 15 December, 1942

	FROM	TO
Position Grade Salary	Keeper Field (Range $1500-1860) $1500 p.a. plus $60 p.a.qtrs.	Keeper Field (Range $1440-1800) $1440 p.a. plus $60 p.a.qtrs.
Bureau or Div. Organizational Subdivisions	U. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	New York, N.Y. Execution Rocks Lt.Stn.,N.Y. Civilian Employees, C. G.	New York, N.Y. Execution Rocks Lt.Stn.,N.Y. Civilian Employees, C. G.
	FIELD ☐ DEPRTMTL ☐	FIELD ☒ DEPRTMTL ☐

Remarks:

Due to a report that despite a caution given you on January 13, 1942, you have subsequently on at least three occasions been absent in excess of the hours authorized, the Navy Department upon recommendation of the Commandant of the Coast Guard, has reduced your compensation as indicated, and you are hereby warned that a repetition of unauthorized absence will be considered cause for more drastic action.

Justification:

The reason for this action is shown in remarks.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE N.Y.

SEX M

NATURE OF POSITION

NEW | ADDTL. IDENT. X

VICE VACANCY | VICE

*Himself

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

CHARLES PIOZZI

DATE APPROVED BY THE SECRETARY 12-8-42

BUREAU OR DIVISION PERSONNEL FILES

12-17-42

DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: 8 December, 1942

Name: Nielsen, Carl P.

From: U. S. Coast Guard

Bureau No.: 1563

believe rec'd w/attached letter

Reduction not to exceed 6 months

Effective: close 15 December, 1942

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1500-1860)	Field (Range $1440-1800)
Salary	$1500 p.a. plus $60 p.a.qtrs.	$1440 p.a. plus $60 p.a.qtrs.
Bureau or Div. Organizational Subdivisions	U. Coast Guard	U. S. Coast Guard
Headquarters	New York, N.Y.	New York, N.Y.
Post of Duty	Execution Rocks Lt.Sta.,N.Y.	Execution Rocks Lt.Sta.,N.Y.
Appropriation	Civilian Employees, U. S.	Civilian Employees, U. S.
Allotment		

FIELD ☒ DEPRTMTL ☐ FIELD ☒ DEPRTMTL ☐

Remarks: Due to a report that despite a caution given you on January 13, 1942, you have subsequently on at least three occasions been absent in excess of the hours authorized, the Navy Department upon recommendation of the Commandant of the Coast Guard, has reduced your compensation as indicated, and you are hereby warned that a repetition of unauthorized absences will be considered cause for more drastic action.

Justification: The reason for this action is shown in remarks.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 6-3-1894

LEGAL RESIDENCE: N.Y.

SEX: M

NATURE OF POSITION

NEW	ADDTL. IDENT.
	*
VICE VACANCY	VICE
	*himself

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-10

DATE OF OATH

N. R. STILES,
Commander, U. S. Coast Guard
Assistant Personnel Officer

DATE APPROVED BY THE SECRETARY

XXXXXXXX
NAVY

BUREAU SUSPENSE AND FILE COPY

Eco Sen Tor

4

ADDRESS REPLY TO:
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
411 CUSTOMHOUSE
NEW YORK, N. Y., AND REFER TO FILE No. 75

3-2

UNITED STATES COAST GUARD

OFFICE OF THE
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT

New York, New York
29 October, 1942.

From: District Coast Guard Officer, Third Naval District.
To: Commandant.

Subject: Carl E. Nielsen, 2nd Asst.Keeper, EXECUTION ROCKS LIGHT STATION.

References:
(a) Letter dated 31 December, 1941, from Keeper Clark, Execution Rocks Light Station.
(b) Letter dated 13 January, 1942, to subject-named man.
(c) Letter dated 29 September, 1942, from Keeper Clark.
(d) Letter dated 3 October, 1942, to subject-named man.
(e) letter dated 23 October, 1942, from subject-named man.

Inclosures:
(A) Reference (a).
(B) Copy of reference (b).
(C) Reference (c).
(D) Copy of reference (d).
(E) Reference (e).
(F) Statement of Absences.

1. Inclosures are forwarded herewith, for Headquarters' information. Execution Rocks Light Station is classed as a 1b station for leave purposes, and the allowance for shore liberty is six days per month. This class consists of stations on marine sites without family quarters, but convenient to shore bases permitting relatively frequent trips ashore for mail, supplies, etc., within the six-hour limit not chargeable to leave. However, subject-named man has on several occasions exceeded this six-hour limit without proper explanation, as shown on inclosure (F).

2. It is recommended that subject-named man be suspended from duty, without pay, for a period of one month, and cautioned that a repetition of unauthorized absences on his part will be considered cause for more drastic disciplinary action.

P. E. SHAW,
By direction.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

October. 23 - 1942

To District Coast Guard Offices
Third Naval District

From Carl E. Nielsen 2nd Ass't. Keeper.
Execution Rocks Light Station

Subject: Overleave.
Reference: your letter date 3 Octobers 20 Octobers

On September 28th I left station at 9.30 AM with N. G. Germain Seaman for mail and provision, and was supose to be back at the Dock arround 3.30 PM went to the Movies and forgot all about the time

Carl E. Nielsen

C. J. Clark
Keeper



75

C
O
P
Y

New York, New York
3 October, 1942

From: District Coast Guard Officer, Third Naval District.
To: Carl E. Nielsen, 2nd Assistant Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Absence from station without proper authority.

1. Information has been received in this office that you departed with liberty party on 28 September, 1942, at 9:30 a.m., and did not return to the station with the boat until 5:45 p.m. 29 September, 1942.

2. You are directed to furnish this office with full explanation as to the reasons for such unauthorized absence on your part.

F. U. NELSON,
By direction.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

29 September 1942

To: Personnel Officer, U.S. Coast Guard
Third Naval District

From: Keeper, Execution Rocks, Light Station

Subject: Departures and return of personnel

Nielsen, Carl E. 2nd A.K. departed with liberty party on 28 September at 9 30 AM and did not return.

Nielsen, Carl E. 2nd AK returned to station with liberty boat at 5-45- PM this date, No reason for absence given.

Delgado Ethelbert (245-012) Sea 1/c departed for Hospitalization at 8 45- AM this date.

Sheffield, George E. 1st A.K. returned from 10 days annual leave and have identification card photo taken at 5-45- PM this date

L.J. Black
Keeper

New York, N. Y.
13 January, 1942.

From: Senior Coast Guard Officer, 3rd Naval District.
To: Carl E. Nielsen, 2nd Asst.Keeper.

Via: Keeper, EXECUTION ROCKS LIGHT STATION.

Subject: Unauthorized absence from station.

Reference: (a) Monthly Report for December, 1941.

1. It is noted from reference (a) that on several occasions you have gone ashore for mail and provisions, and failed to return within the time allowed. It is also noted that these unauthorized absences occurred when there was only one keeper on the station. You are advised that this condition is inexcusable and will not be tolerated by this office. In the future, when making trips ashore for mail and provisions, etc., you will be expected to return to the station within the six-hour limit not chargeable to leave, and a reoccurence of your failure to do so will be cause for more drastic disciplinary action.

P. E. SHAW,
By direction.

Copy to:
ST.GEORGE DEPOT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U.S. COAST GUARD
RECEIVED
JAN - 3 1942
NEW YORK

31 December 1941

To: Senior Coast Guard Officer, Third Naval District.
From: Keeper, Execution Rocks Lt. Station.
Subject: Absence without leave of Carl E. Nielsen 2 A K.

It will be noticed on monthly reports that on several occasions (weather conditions excepted) that Carl E. Nielsen, 2nd Asst. keeper of this station has went ashore for mail and has failed to return in the time allowed.

It will also be noticed that the absences occur when one keeper is on leave.

It is with regret that I must report Mr Nielsen as not dependable and in the event he is not transfered to a unit where his absence would not effect the operation of the unit as much, it would be appreciated if he was advised through your office that these absences are not to Continue.

L. J. Clark
Keeper

STATEMENT OF ABSENCES

Left Station		Returned to Station	
Date	Hour	Date	Hour
1942			
3/14/42	10:00 a.m.	3/15/42	7:45 a.m.
8/7/42	9:30 "	8/10/42	12:30 p.m.
9/28/42	9:30 "	9/29/42	5:45 p.m.
1941			
12/19/41	10:00 a.m.	12/20/41	2:00 "
12/24/41	12:00 M.	12/26/41	5:00 "

Standard Form No. 8
(Approved by the President, May 22, 1925)

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

Treasury Department
(Department or Establishment)

U. S. Coast Guard
(Bureau or Office)

I, Carl E. Nielsen, do
(Name in full, printed or typed)

solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So HELP ME GOD.

Carl E. Nielsen
(Signature of Appointee)

Subscribed and sworn to before me this 3rd day of Sept., A.D. 1941

at New Brighton, N. Y.
(City or place) (State)

[SEAL]

Raymond Guysmer
Notary Public

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

Term Expires March 30-1943

Position to which appointed Keeper, Execution Rocks Light Station, N. Y.

Date of entrance on duty August 18, 1941

U. S. GOVERNMENT PRINTING OFFICE 10—1689

OCT 27 1941

STANDARD FORM No. 6
Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Department C.G. Date 13 August 1941

1. Name in full (Mr., ~~Miss~~, or ~~Mrs.~~) Nielsen (Surname) Carl (Given name) Erwin (Middle name)
2. Present address 203 Lafayette (Number) ave (Street) New Brighton S.I. (City) New York. (State)
3. Legal (voting) residence New York 11- Richmond (State and Congressional District) (County) N.Y. (City or town)
4. Where born Copenhagen (State or foreign country) Denmark. (City or town). When born 8 9 1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien naturalized
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you None

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	Service	Seaman	$67.50	4	28	1924	11	30	1925
~~U.S. Coast Guard~~	"	"	82.50	5	12	1925	7	23 31	1926
US Lighthouse Service		Firemen - Oiler	72.80	3	16	1932	~~7~~ 4	~~19~~ 9	~~36~~
"		"	"	9	23	36	8	17	41
U.S.C.G.	Executive Corps L.H.Sta.	Kpr.	1560	8	18	41			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

None
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted 8/16 1926 Discharged 11/23 - 1929
Rank Seaman 1c Rank Seaman 1c
Organization U.S. Coast Guard Organization U.S. Coast Guard

Enlisted ____ Discharged ____
Rank ____ Rank ____
Organization ____ Organization ____

[OVER]

10—1930

OCT 27 1941

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.)

Speak and write Danish and Norwegian

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
none		

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. A. C. Gullickson

Relationship Friend Post office address 203 Lafayette Ave New Brighton S.I.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl E Nielsen
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U.S. COAST GUARD (5)
REC'D SEP 6 - 1941

OFFICE OF COMMANDER
NEW YORK DISTRICT
ROOM 411, CUSTOMHOUSE
NEW YORK, N. Y.

2806

New York, N.Y.
5 September, 1941.

From: Commander, New York District.
To: Commandant.

Subject: Carl E. Nielsen, Oiler; change in status, designation and post of duty - increase in pay.

Reference: (a) Department Form 2249 dated 30 June, 1941, approved 23 July, 1941.

Inclosure: (A) Form 8, Oath of Office, in duplicate.
(B) Form 6, Personal History Sheet, in duplicate.
(C) Form 3464a, Personnel Information Sheet.

1. Inclosures are forwarded herewith, in connection with change in status, designation and post of duty of subject named man to keeper of Execution Rocks Light Station, effective 18 August, 1941.

P. E. SHAW,
By direction.

Form 3464a
May 1940

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

PERSONNEL INFORMATION SHEET

Read Instruction Sheet, Form 3465a, before filling out this form. All current information on Form 3464a should be reported as of the date of your most recent appointment

13 August, 1941.
(Date)

(Print or type)

1. Name: NIELSEN (Last) CARL (First) ERVIN (Middle)

Mailing address: 203 LAFAYETTE AVE. (Number and street) NEW BRIGHTON (City), STATEN ISLAND, N.Y. (State)

Place of employment: TREASURY DEPARTMENT (Department or Agency), U.S.COAST GUARD (CIVILIAN) (Bureau)

NEW YORK DISTRICT (Division) AMBROSE CHANNEL LIGHTSHIP (Section) STATEN ISLAND (City) N.Y. (State)

2. Present salary:

$ 72.50 per — *Indicate basis*

- ☐ Year.
- ☐ Day.
- ☒ Month.
- ☐ Hour.
- ☐ Week.
- ☐ Other.

If "Other," specify --

3. Date of birth: AUGUST (Month) 9 (Day) 1905 (Year)

4. Give a statement of your education or training in the blanks below. (See also Question 23.)

(a) Elementary school (circle number of years completed): (1) (2) (3) (4) (5) (6) (7) (8)

	Name and location of school	When attended (Month and year) From—	When attended (Month and year) To—	Indicate years completed (Write "Grad" if you graduated)	Title of degree received	Semester hours credit received
(b)	Junior high school: NONE					
(c)	Trade school: NONE					
(d)	High school: NONE					
(e)	Other school: NONE					
(f)	College or university: NONE					
(g)	Graduate school:					

5. College major and minor subjects:
List in the blanks below your major and minor subjects, giving the number of semester hours in each field. Indicate graduate and undergraduate work separately.

	Field of work	Semester hours	(Do not use)
Majors	NONE		*Major*
Minors			*Minor*

16—16234

6. What foreign languages do you speak fluently, or read readily?

Speak DANISH, NORWEGIAN

Read DANISH, NORWEGIAN

7. If you are licensed or registered, check proper square:

1 ☐ Licensed to practice law.
2a ☐ Licensed to practice medicine.
2b ☐ Licensed to practice dentistry.
2c ☐ Licensed to practice veterinary science.
3 ☐ Registered pharmacist.
4 ☐ Registered or graduate nurse.
5a ☐ Licensed as architect.
5b ☐ Licensed as professional engineer.
6 ☐ Certified public accountant.
7 ☐ Marine license: Kind ____
8 ☐ Licensed as stationary or operating engineer.
9 ☐ Licensed as aeronautical pilot or mechanic.
0 ☐ Other license (specify) ____

8. Place of birth:

Place DENMARK
(State or country only)

If naturalized citizen, give: Cert. No. 2789680 Date 11/2/28

U.S. District Court NEW ORLEANS, LOUISIANA

9. Classification of position for salary purposes (check service and grade):

Service	Grade	
0 ☐ Unclassified.	1 ☐	10 ☐
1 ☐ CAF (clerical, administrative and fiscal).	2 ☐	11 ☐
	3 ☐	12 ☐
2 ☐ CM (clerical-mechanical).	4 ☐	13 ☐
3 ☐ CU (custodial).	5 ☐	14 ☐
4 ☐ P (professional).	6 ☐	15 ☐
5 ☐ SP (subprofessional).	7 ☐	16 ☐
6 ☐ EO (Executive order).	8 ☐	17 ☐
7 ☐ FCS (field service of Interior Department only)	9 ☐	18 ☐
8 ☐ Special act.		19 ☐

Other service (specify) Classified But not graded

10. Status of present position (check one):

0 ☐ Classified departmental.
1 ☑ Classified field.
2 ☐ Under labor regulations.
3 ☐ Excepted positions, schedule A.
4 ☐ Excepted positions, schedule B.
5 ☐ Excepted by statute.
6 ☐ Presidential appointment.
7 ☐ Excepted by Executive order.
8 ☐ Outside labor regulations.
9 ☐ Temporary (check if you are a temporary appointee, regardless of the type of position you hold).

11. Individual status with respect to civil service:

Have you ever held, or are you now being given

(a) a probational or permanent civil-service appointment as a result of a civil-service examination (competitive or noncompetitive)? YES (Yes or no)

(b) an appointment under the civil-service labor regulations? ~~YES~~ (Yes or no)

If you are now being given a probational appointment, indicate date on which your probation will be completed ____ (Date)

Give length of entire Federal service: 18 (Years) 2 (Months)

12. Marital status, dependents:

(Do not fill in)

Marital status (Check one)

0 ☒ Single. [5]
1 ☐ Married. [6]
2 ☐ Separated. [7]
3 ☐ Divorced. [8]
4 ☐ Widowed. [9]

☐ Dependents (Number completely dependent on you, other than husband or wife).

13. Race and sex:

	Male	Female
1	☒ White	☐ 6
2	☐ Negro	☐ 7
3	☐ Indian	☐ 8
4	☐ Yellow	☐ 9
5	☐ Malayan	☐ 0

(Check in left column if male, right column if female.)

14. Military preference (check one):

(Do not fill in)

1 ☑ None. [6]
2 ☐ Veteran preference (5-point). [7]
3 ☐ Disability preference (10-point). [8]
4 ☐ Wife of disabled veteran (10-point). [9]
5 ☐ Widow of veteran (10-point). [0]

If a veteran, indicate branch of service: U.S. Coast Guard

15. Are you now a member of the National Guard, or a member of the Reserves of the Navy, Army, Marine Corps, Coast Guard, or Public Health Service? NO (Yes or no)

Rank: ____

Service: ____

Branch ____

16. Legal or voting residence:

NEW YORK (State only) RICHMOND - 11th (Congressional district)

16—16234

Experience record (before filling this section be sure to read Item 17 on Instruction Sheet):
In the following blanks, give a complete record of all your significant Government and private employment, starting with present position, listing positions you have held in reverse chronological order. Give basis of pay for each job, as: Hour, day, week, month, or year. Attach list of any publications or inventions of which you are author or inventor at bottom of page. Omit previous jobs of less than 3 months' duration. List duties and functions in such form that your special qualifications are clear. Be sure to include here the job to which you are now being appointed, after consulting your supervisor about your new duties.

Name: U.S.LIGHTHOUSE SERVICE

Address: U.S.LIGHTHOUSE DEPOT ST. GEORGE, STATEN ISLAND N.Y.

City and State:

Kind of establishment or shop:

Dates From—	Dates To—
1923	8/26

(Do not use this space)

Title of job: SEAMAN

Your duties and specialty: UP-KEEP OF BOATS

$ 67.50 per MONTH

Machines or equipment used:

Name: U.S.COAST GUARD

Address: BARGE OFFICE, NEW YORK CITY

City and State: NEW YORK

Kind of establishment or shop: REVENUE SERVICE (SHIP)

Dates From—	Dates To—
1926	1929

(Do not use this space)

Title of job: FIRST CLASS SEAMAN

Your duties and specialty: GENERAL DUTIES ABOARD SHIP.

$ 54.00 per MONTH

Machines or equipment used:

Name: U.S.LIGHTHOUSE SERVICE

Address: U.S.L.H. DEPOT, ST. GEORGE

City and State: STATEN ISLAND N.Y.

Kind of establishment or shop: SHIP

Dates From—	Dates To—
1931	1936

(Do not use this space)

Title of job: FIREMAN

Your duties and specialty: UP-KEEP AND OPERATION OF STEAM PUMPS, STEAM BOILERS, AND GENERATORS. GENERAL UP-KEEP AND OPERATION OF MACHINERY ABOARD SHIP.

$ 67.50 per MONTH

Machines or equipment used: SEE ABOVE.

Name: U.S.LIGHTHOUSE SERVICE

Address: US.L.H. DEPOT, ST. GEORGE

City and State: STATEN ISLAND N.Y.

Kind of establishment or shop: SHIP

Dates From—	Dates To—
1936	PRESENT TIME

(Do not use this space)

Title of job: OILER

Your duties and specialty: UP-KEEP AND OPERATION OF GASOLINE AND DIESEL ENGINES, ELECTRIC PUMPS, AND GENERAL MACHINERY ABOARD SHIP.

$ 72.50 per MONTH

Machines or equipment used: SEE ABOVE

(If additional space is necessary, use "Continuation sheet" (C. S. C. Form 3464b) and attach here) 16—16234

TREASURY DEPARTMENT
United States Coast Guard

Date 19 August, 1941

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, New York District.
To: Commandant.

Name Carl E. Nielsen

Na ture of Action Change in status, designation and post of duty - Increase in pay.

Effective date of change 18 August, 1941.

	FROM	TO
Position	Oiler	Keeper, 2A
Pay	$72.50 per month	$1500 per annum
Salary Range	None	$1500-1860
Valuation of Quarters	None	$60 per annum
Station	Ambrose Channel L.S.111	Execution Rocks Lt.Sta.,N.Y.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) 7-23-41

Signature P. E. SHAW,
By direction.

(This space for use of Headquarters)

U. S. COAST GUARD - WASHINGTON, D. C. August 23, 1941.

Submitted to the Director of Personnel, Treasury Department, for information.

By direction of the Commandant,

Very truly yours,

T. O. Robertson,
Chief, Civilian Personnel Section.

AUG 29 1941

Form 3484
February 1941

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

REINSTATEMENT
TRANSFER
CHANGE IN STATUS

CERTIFICATE NO. P-26796

SR:JN

JULY 21, 1941
(Date)

DIRECTOR OF PERSONNEL
ROOM 26, U. S. TREASURY BUILDING
TREASURY DEPARTMENT
WASHINGTON, D. C.

Sir:

In response to your request of JUNE 30, 1941

the CHANGE IN STATUS (Reinstatement, transfer or change in status) is hereby authorized of:

CARL E. NIELSEN
(Name)

(Residence)

TO

TREASURY
(Department)

UNITED STATES COAST GUARD
(Bureau or Office)

KEEPER
(Position, Grade and Salary)

$1500 PER ANNUM

NEW YORK, NEW YORK
(City in which to be Employed)

Remarks or conditions:—

IN DUPLICATE.

Very respectfully,

L. A. MOYER,
Executive Director
and Chief Examiner.

OTE:—Report on certificates of reinstatement and nsfer should be made within thirty days.

:—Payment of the compensation proposed is t to applicable statutes, Executive orders, and ns of the Comptroller General.

DEPT. STOCK FORM 3249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared June 30, 1941.

Name: Nielsen, Carl E.

From: U. S. Coast Guard

Bureau No.: 1563

Change in status, designation and post of duty.
Increase in pay.

	FROM	TO
Position	Oiler	Keeper
Grade	None	Field (Range $1500-1860)
Salary	$72.50 a month	$1500 per annum plus $60 p.a. CWS.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, N. Y.	New York, N. Y.
Post of Duty	Ambrose Channel Lt. Ship #111	Execution Rocks Lt.Sta.,N.Y.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE
Remarks: E.O.D.

Justification: This action is in pursuance of the policy to separate military and civilian personnel on vessels of the former Lighthouse Service, Mr. Nielsen having been disqualified for induction on account of his physical condition.

Mr. Nielsen has a classified status as oiler. Form 375 is attached.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Ctf. #P-26796
SR:JK
dated 7-21-41

APPROPRIATION
Regular

DATE OF BIRTH
8-9-1905

LEGAL RESIDENCE
New York

SEX: M | RACE: W

NATURE OF POSITION
NEW | ADDTL. IDENT.

VICE VACANCY | VICE
John A. Stockton (resigned).

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?
Yes

SUBJECT TO RETIREMENT ACT?
Lighthouse Act
6-30-15

DATE OF OATH

DATE APPROVED BY THE SECRETARY
JUL 30 1941

BUREAU OR DIVISION PERSONNEL FILES
JUL 30 1941

DEPT. STOCK FORM 2249
REV. 1-

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared June 30, 1941.

Name: Nielsen, Carl E.

From: U. S. Coast Guard

Bureau No.: 1563

Change in status, designation and post of duty.
Increase in pay.

	FROM	TO
Position	Oiler	Keeper
Grade	None	Field (Range $1500-1860)
Salary	$75.50 a month	$1500 per annum plus $60 p.a. QTRS.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, N. Y.	New York, N. Y.
Post of Duty	Ambrose Channel Lt. Ship #111	Execution Rocks Lt.Sta.,N.Y.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE *Remarks:* E.O.D.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 5-9-1905

LEGAL RESIDENCE: New York

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE: John A. Stockton (resigned).

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-12

DATE OF OATH

Justification: This action is in pursuance of the policy to separate military and civilian personnel on vessels of the former Lighthouse Service, Mr. Nielsen having been disqualified for induction on account of his physical condition.

Mr. Nielsen has a classified status as oiler. Form 375 is attached.

H. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

JUL -2 1941

mcl 8th Tour

U. S. COAST GUARD (17)
REC'D JUN 27 1941

Form 73
TREASURY DEPARTMENT
U.S.Coast Guard

NOMINATION

New York District New York, N. Y. (City) 26 June, 1941. (Date)

Commandant:

Action recommended Change in status, designation and post of duty - increase in pay.

Name Carl E. Nielsen Date of birth 8-9-1905 Legal residence N. Y.

	From--	To--
Position	Oiler	Keeper, 2A ✓
Pay and grade	$72.50 p.m.	$1500 ($1500-1860)* ✓
Station	Ambrose Channel Lightship 117	Execution Rocks Lt.Sta., N.Y. ✓
Appropriation	Civilian Employees,Coast Guard	Civilian Employees,Coast Guard

Effective ~~11 July, 1941~~ E.O.D.)[1] ~~the actual date of entrance on duty~~, or) as soon thereafter as he enters on duty.

Rank on eligible list ____ Rating ____ Percentage ____ Other eligibles considered:

Vice John A. Stockton ✓ Pay $1500 p.a. Services terminated 8-15-40

Reason Resigned. ✓

*Value of quarters $60 per annum.

Remarks:[2] Mr.Nielsen is entitled to military(veteran)preference. He has classified civil service status as oiler. He was disqualified for induction due to physical disabilities.

Medical Certificate, Form 375 in triplicate, Form 1769 and Fingerprint Chart are forwarded herewith. ~~Form 2866 and Personal History Sheet have previously been forwarded to Headquarters, also proof of U.S. citizenship.~~

Transportation at Government expense is not involved.

In accordance with Headquarters' letter 27 ~~February~~, 1941 (CP-75)

Selection regular, ____, 19

P. E. SHAW.
By direction.

Manager, 2nd Civil Service District

Coast Guard Headquarters, Washington, , 19

Submitted to the Secretary of the Treasury, approved.

[1]Strike out the clause which does not apply.
[2]In case of vessel officer, state license held.

Form 2413
(March 1940)

UNITED STATES CIVIL SERVICE COMMISSION

CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE

Carl E. Nelson
(Name)
Ambrose Channel Lightship Staten Island
(Post-office address)
Male Aug. 9, 1905
(Sex) (Date of birth)
Lighthouse Keeper
(Title of examination taken)
U.S. Coast Guard. — U.S. Lighthouse Service
(Department and bureau in which you are to be employed)
St. George Staten Islands N.Y.
(City or town in which you are to be employed)

1. Have you any physical defect or disease or disability whatsoever? No

2. If answer is "yes" give details

ROLLED PRINT, right forefinger

(Print must be taken to identify person examined. Indelible or stamp pad should be used)

PHYSICIAN SHOULD FILL IN THE FOLLOWING

5' 8" (Height, without shoes) inches. *166 3/4 (Weight, in clothing) pounds. 164 1/4 (Weight, without clothing) pounds. {Males, with and without clothing; females, clothed, but without wrap or hat.

*To be taken for males only upon special written request of the official ordering examination.

Items checked (√) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond with items below.)

1. **Eyes:** Distant vision: Without glasses: Right: 20/20 Left: 20/20 With glasses if worn: Right: 20/ Left: 20/

Near vision:

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

With the view of promoting health and efficiency and of minimising accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examination of applicants for (Jaeger No. 1) and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.

This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924). (Jaeger No. 2)

	Without glasses:	With glasses, if used:
(Jaeger No. 1)	R. 60 in. to 1 in.	R. ____ in. to ____ in.
	L. 60 in. to 13 in.	L. ____ in. to ____ in.
(Jaeger No. 2)	R. ____ in. to ____ in.	R. ____ in. to ____ in.
	L. ____ in. to ____ in.	L. ____ in. to ____ in.

Evidence of disease or injury: Right none Left none

Color vision Normal Method of testing color vision Snellen test types

2. **Ears:** (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear— 20/20 ft. Left ear— 20/20 ft. Evidence of disease or injury: Right ear Neg Left ear Neg

3. **Nose, sinus disease, etc** Neg Neg

4. **Mouth and throat** Neg. Neg Teeth good. Many Caries - teeth repair.

5. **Gastro-intestinal** Neg

6. **Thyroid** (especially in women) Neg Neg

7. **Heart and blood vessels** Normal

Is organic heart disease present? No If organic heart disease is present, is it fully compensated?

8. **Lungs:** Right Clear Left Clear

History of tuberculosis? No If so, has the disease been arrested for at least 1 year?

9. **Hernia** Neg
(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)

If present, is it supported by a well-fitting truss?

10. **Varicose veins** Neg

Varicocele (*see note 10 on reverse side*) Neg (If present, state location and degree)

11. **Feet:** Is flat foot present? No Degree of impairment of function Neg
(None, slight, moderate, severe)

12. **Deformities, atrophies, and other abnormalities, diseases, or defects not included above** None

13. **Scars of serious injury or disease** Has large Rt. arm scar, on left parietal area due to operation for reduction of fractured skull in 1927

14. **Nervous system** (*see note 14 on reverse side*) Normal

15. (*a*) **Urinalysis** (*see reverse side*) Neg (*b*) **Venereal disease** Neg

16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under appropriate heading above or under "Remarks" on back of this sheet.

17. Does Veterans Administration recognize service-connected disability in this case? (Yes or no) If "yes," cover in your comments

This certificate is to be returned to the official of the U. S. Civil Service Commission requesting the examination

16—1066

[OVER]

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

Notes for Examining Physician

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to *remove the glasses at least one-half hour before testing uncorrected vision.*

2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

5. **Gastro-intestinal.**—Ulcers, inflammations, etc.

6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.

8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a *weak* foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record of urinalysis, if made: Sp. gr. 1.018 Albumen neg Sugar neg Casts 0

Blood pressure: Mm. Hg. systolic 122 Mm. Hg. diastolic 82

If tachycardia is present, give pulse rate: Sitting 80 Immediately after exercise 102 Two minutes after exercise 84 Cardiac reserve Good
(Good, fair, or poor)

I have found this applicant abnormal under the following headings: _____

In my opinion, applicant is capable of performing duties involving Arduous (Arduous, moderate, or light) physical exertion.

REMARKS: _____

(*Signature of applicant*) Carl E. Nielsen
(This space to be filled in, as a matter of identification, by the applicant in own hand writing, and in ink, in the presence of the physician)

100 Central Ave Staten Island (Place of examination)

6/24/41 (Date of examination)

The examining physician must be in the Federal service

Henry A. Crane, M. D.
(Signature of examining physician)

(Title, and branch of Federal medical service)

Full time? _____ Part time? _____ Fee paid? _____

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in _____ (Department) _____ (Bureau)

Title of position _____

Type of appointment (check): ☐ Original appointment ☐ Transfer ☐ Reinstatement ☐ Classification

Number of certificate upon which applicant's name appears (to be given in case of original appointment) _____

U. S. GOVERNMENT PRINTING OFFICE 16—1066

U. S. CIVIL SERVICE COMMISSION

LEAVE THIS SPACE BLANK

NAME NIELSEN Carl E.
(Typewritten) (Last name) (First name) (Initial or initials)

Position to which appointed Keeper

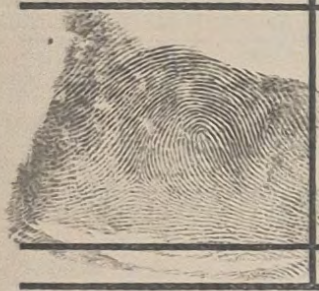
Department and Bureau Treasury - U.S.Coast Guard

Location Penfield Reef Light Station, Conn.

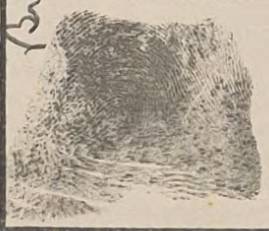
Class.

Ref.

RIGHT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger
				

LEFT HAND

6. Thumb	7. Index Finger	8. Middle Finger	9. Ring Finger	10. Little Finger
				

Classified ..... Assembled .....

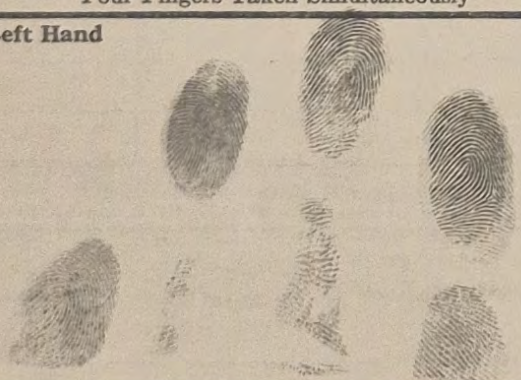
Searched ..... Verified .....

Index Card ..... Answered .....

Note Amputations

Four Fingers Taken Simultaneously

Left Hand

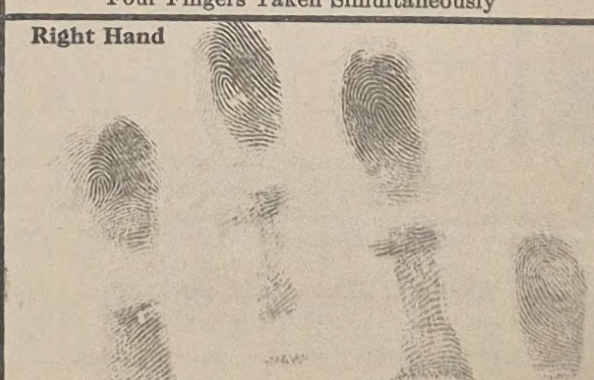


L. Thumb R. Thumb



Four Fingers Taken Simultaneously

Right Hand



Form 2390—January 1941. Applicant must fill blanks on back regarding places of residence and must give other information requested 16—5823 GPO

APPLICANT MUST FILL IN THE FOLLOWING

Signature Carl E. Nielsen
(Give one given name, initial or initials, and surname)

Present address 203 Lafayette Ave.
(R. D. or street address)
Staten Island N.Y.
(City or post office) (State)

Sex Male

Date of birth Aug. 9, 1905

Prints taken by—
1. Name Roswell J. Willis
2. Title Post Office Clerk
3. Address G. P. O., Staten Island, N. Y.
4. Date June 10, 1941

Title of examination
(If noncompetitive or investigation for suitability (or both) note in the left-hand margin.)

Average attained Civil Service Dist. No.

Applicant must give below all places of residence during the past FIVE years

From— (Month and year)	To— (Month and year)	Number and Street	City and State
1924	1941	203 Lafayette Ave.	Staten Island N.Y.

APPLICANT MUST GIVE, IN HIS OWN HANDWRITING, THE INFORMATION REQUESTED BELOW

Noncompetitive Character investigation

Have you ever been arrested for any reason whatsoever? No (Yes or no) If so, give details in space provided below, *listing all the cases without any exception.*

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition

Have you ever been fingerprinted? Yes

Where? New York When? 1938

If for the Civil Service, what position? Marine Oiler

16—5823

7. If you have moved during the last 6 months, state definitely your reason for doing so

8. (*a*) Have you ever lived with any of the relatives mentioned in your answer to question 3 above? (*b*) If so, give names and exact dates between which you lived with them

9. Since residing at the above address, have you received any pecuniary contributions, support, or assistance, from any member or members of your family (*a*) *not* living in the same household with you? No (Answer "yes" or "no") (*b*) living in the same household with you? (Answer "yes" or "no") If so, state particulars

(Additional space, on the reverse, may be used to complete answers, if needed. Number answers to correspond with questions.)

JURAT (OR OATH) ON BACK MUST BE EXECUTED 16—644 (OVER)

Form 1769
June 1940

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

Affidavit as to Number of Members of Family in the Government Service

NOTE.—Any false statement in this affidavit, which is under oath, alteration of a certificate, or the presentation to the Commission of a paper containing any false statement or alteration of a certificate, is a violation of the law and punishable as such. Answer all questions fully and with the utmost care. The jurat (or oath) on the back of this form must be executed.

1. (*a*) Are you an applicant for, or have you taken, an examination? YES (Answer "yes" or "no") (*b*) If so, give name of examination, KEEPER date, _____ place, _____

(*c*) If an applicant for reinstatement, state in what department and office _____

2. (*a*) Are you now married? (Answer "yes" or "no") No (*b*) Were you ever married? (Answer "yes" or "no") No

3. (*a*) Are any members of your family, including husband or wife, or other relatives (either blood or by marriage) in any part of the U. S. Government service whatsoever? (Answer "yes" or "no") No If so, furnish the information required below in regard to all such relatives:

Name (Give full name)	Address (Give complete address, including street and number)	(1) Position and (2) department or office in which employed	Relationship	Married or single
		(1)		
		(2)		
		(1)		
		(2)		
		(1)		
		(2)		

(*b*) Does your answer above include all your relatives in the U. S. Government service? YES (*c*) Which of the persons named above are temporarily employed? _____ (*d*) Which live in the same house with you? _____ (*e*) Which are less than 21 years of age? _____

(*f*) Which are related to you by marriage? _____

If your answer to question 3 shows that two or more members of your family and relatives are employed in the U. S. Government service, the questions below must be answered. In any case, the jurat (or oath) on the back of this sheet must be executed.

4. At what address are you now living? No. _____ street, apartment No. _____, city or town _____, State or Territory _____

5. Are you (*a*) a roomer? _____ (*b*) a boarder? _____ (*c*) a member of a household? _____

6. How long have you resided at your present address? Since _____ (Month) (Day) (Year)

7. If you have moved during the last 6 months, state definitely your reason for doing so _____

8. (*a*) Have you ever lived with any of the relatives mentioned in your answer to question 3 above? _____ (*b*) If so, give names and exact dates between which you lived with them _____

9. Since residing at the above address, have you received any pecuniary contributions, support, or assistance, from any member or members of your family (*a*) *not* living in the same household with you? no (Answer "yes" or "no") (*b*) living in the same household with you? _____ (Answer "yes" or "no") If so, state particulars _____

(Additional space, on the reverse, may be used to complete answers, if needed. Number answers to correspond with questions.)

JURAT (OR OATH) ON BACK MUST BE EXECUTED

16—644 (OVER)

Form 1769
June 1940

AFFIDAVIT

AS TO

NUMBER OF MEMBERS OF FAMILY IN THE GOVERNMENT SERVICE

Fill ALL blanks below

Name of position _____
(Give exact title of position or examination)

Branch of service _____

Place of examination _____, _____
(City) (State)

Date of examination _____

NOTE.—Write plainly one given name, initial or initials, and surname, and post-office address in the blanks below.

Name of affiant Carl E. Nielsen

Number and street 203 Lafayette Ave

City, town, post office } New Brighton

State or Territory Staten Island N.Y.

Date of birth August 9-1905

Age on last birthday 35 years

Legal or voting residence: State of New York

County of Richmond

U. S. GOVERNMENT PRINTING OFFICE 16—644

10. Do you intend in future to make your home with any of the members of your family who are in the service? If so, state particulars NO

11. Do you contribute to the support of any of the other members of your family? If so, state particulars No

12. Will you promptly inform the Commission of any change affecting members of your family in the service occurring after this affidavit is submitted? YES
(Answer "yes" or "no")

THE JURAT (OR OATH) BELOW MUST BE EXECUTED

JURAT (OR OATH)—THIS AFFIDAVIT WILL NOT BE ACCEPTED IF THE JURAT (OR OATH) IS OMITTED

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, before whom the affiant must appear in person.

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief, So HELP ME GOD.

(*Signature of affiant*) Carl E. Nielsen
(Sign your full name—one given name, initial or initials, and surname)

If female, prefix "Miss" or "Mrs."

Subscribed and duly sworn to before me according to law by the above-named affiant, this 10th day of June, 1941, at city [~~or town~~] of St. George, S.I.,
county of Richmond, and State [~~or Territory or District~~] of N.Y.

(*Signature of officer*) Anthony J. Notary Public, Rich Co.
(*Official title*)

Com. Exp. 3/30/42

Form 1769
June 1940

AFFIDAVIT

AS TO

NUMBER OF MEMBERS OF FAMILY IN THE GOVERNMENT SERVICE

Fill ALL blanks below

Name of position _____
(Give exact title of position or examination)

Branch of service _____

Place of examination _____, _____
(City) (State)

Date of examination _____

NOTE.—Write plainly one given name, initial or initials, and surname, and post-office address in the blanks below.

Name of affiant Carl E. Nielsen

Number and street 203 Lafayette Ave.

City, town, or post office } West Brighton

State or Territory Staten Island N.Y.

Date of birth August 9-1905

Age on last birthday 35 years

Legal or voting residence: State of West York

County of Richmond

U. S. GOVERNMENT PRINTING OFFICE 10—644

10. Do you intend in future to make your home with any of the members of your family who are in the service? If so, state particulars No

11. Do you contribute to the support of any of the other members of your family? If so, state particulars No

12. Will you promptly inform the Commission of any change affecting members of your family in the service occurring after this affidavit is submitted? YES
(Answer "yes" or "no")

THE JURAT (OR OATH) BELOW MUST BE EXECUTED

JURAT (OR OATH)—THIS AFFIDAVIT WILL NOT BE ACCEPTED IF THE JURAT (OR OATH) IS OMITTED

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I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief, So HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of affiant*) Carl E. Nielsen
(Sign your full name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named affiant, this 10th day of June, 1941, at city ~~[or town]~~ of St. George, S.I., county of Richmond, and State ~~[or Territory or District]~~ of N.Y.

(*Signature of officer*) Anthony J. Kinsella

(*Official title*) Notary Public Rich Co
Com. Exp. 3/30/42

Form 375
October 1940

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.
(NONCOMPETITIVE)

(This form is used to determine, noncompetitively, the qualifications of a person when official action is proposed in his case. It should be submitted only through the appointing officer, and only when official action is proposed.)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

Print your name plainly in ink, or typewrite (one given name, initial or initials, and surname). If a woman, prefix "Miss" or "Mrs.," and if married, use *your own* given name, as "Mrs. *Mary L.* Doe."

Carl F. Nielsen (Name)
203 Lafayette Avenue (R. D. or street address)
New Brighton, Staten Island, N.Y. (City or post office) (County) (State)
St. George 7-8521-R (Telephone number)

Applicant will not fill the following blanks

Rating ..... Application No. .....
Kind of examination .....
Place .....
Date .....
Application ..... approved ....., 19.....
By whom ..... approved .....

1. Are you a citizen of the United States? (Answer yes or no) Yes
2. Give (*a*) the date of your birth Aug 9, 1905 (*b*) the place of your birth Copenhagen, Denmark
3. Give in the blanks below a detailed statement of your education, including dates:
   (*a*) Grammar school: Attended from ....., 1 91 1 to ....., 1 91 9 Highest grade completed 8th
   (*b*) High school: Name and location none
   Attended from ....., 1..... to ....., 1..... Highest grade completed ..... Were you graduated? .....

(*c*) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(*d*) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course.

(*e*) Have you ever been admitted to the bar? No Of what State? none When? —

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment. List employments chronologically, beginning with the earliest. If you acquired your experience under a different name from that shown above, indicate in the spaces below the name by which you were employed.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City N.Y. State N.Y.	From 1924 To 1926	Lighthouse keeper St. George, S.I.	$800 per yr.	Seaman
2	City N.Y. State N.Y.	From 1926 To 1929	U.S. Coast Guard	$800 per yr.	Seaman
3	City N.Y. State N.Y.	From 1932 To 1941	U.S. Coast Guard Lighthouse Keeper	$875 per yr.	Oiler
4	City State	From ....., 19.... To ....., 19....			
5	City State	From ....., 19.... To ....., 19....			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—497

5. Have you ever been discharged or forced to resign from any position? . . . . . No
Yes or No

If answer is "Yes," state when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.

---

6. Within the past 12 months have you used intoxicating beverages? . . . . . Yes
Yes or No

Habitually? . . . . . No
Yes or No

To excess? Occassionaly
Yes or No

READ CAREFULLY.—An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

7. Have you ever been arrested, or summoned into Court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? . . . . . No
Yes or No

If so, list all the cases without any exception whatsoever on a sheet attached, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.

8. If you have any practical knowledge of a Mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

No

9. If not now employed, state how long you have been unemployed ---

10. Have you ever been in the United States military or naval service? Yes (Yes or no) If so, give name of organization and dates of enlistment and discharge.

U.S. Coast Guard from 1926 to 1929

11. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? No

(b) If so, give information indicated regarding each examination.	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")

12. In what State or Territory have you legal or voting residence?	Length of such residence therein? (Residence must be shown up to date of jurat)	In what county have you legal or voting residence?	Length of such residence in county? (Residence must be shown up to date of jurat)
New York	From (Month) 9 (Year) 24 to (Month) (Year) 41	Richmond	From (Month) 12 (Year) 24 to (Month) (Year) 41

13. If during the past year you have *not* resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, answer the following questions fully:

(a) For what periods since such residence was first established have you been absent therefrom? (Give dates) ---

(b) What is the name, address, and relationship of the person, if any, living at the place in the State or Territory in which you claim legal or voting residence?	(c) Are you now a voter in such State or Territory? (Answer "Yes" or "No")
C. E. Gulbrickson 203 Lafayette Ave, Staten Island, N.Y.	Yes

14. Are you a member of any political party or organization which advocates the overthrow of our constitutional form of government in the United States? No
(Yes or No)

If so name the organization ---

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters, Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married, use *your own* given name, as "Mrs. *Mary L.* Doe."

(*Signature of applicant*) Carl E. Nielsen
(Sign WITH PEN AND INK your name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant, this 10th day of June, 1941, at city [or town] of St George, SI county of Richmond, and State [or Territory or District] of NY

(*Signature of officer*) Anthony J Kanalk (*Official title*) Notary Public Rich Co
Com Exp 3/30/42

U. S. GOVERNMENT PRINTING OFFICE 16—497

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Dept. U.S. Coast Guard Date 1/31/41

1. Name in full (Mr., Miss, or Mrs.) Nielsen (Surname) Carl (Given name) Ervin (Middle name)
2. Present address 203 (Number) Lafayette Ave (Street) Staten Island (City) New York (State)
3. Legal (voting) residence 11 District (State and Congressional District) Richmond (County) New York (City or town)
4. Where born Denmark (State or foreign country) Copenhagen (City or town) When born 8-9-1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien Naturalized
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you None.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	Staten Island	Seaman	67.50	4	28	1924	4	30	1925
~~U.S. Coast Guard~~		Seaman	$4.00			1926			1929
U.S. Lighthouse	Staten Island	~~Fireman Oiler~~ Seaman	72.50	5	12	1925 1932	7	~~31~~ to date	~~1936~~
"	"	Fireman	67.50	3	16	33	9	19	36
"	"	" Oiler	72.50	9	23	36			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
"	Position Department or office	
"	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

None
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted August 1926 Discharged November 1929 | Enlisted ..... Discharged .....
Rank Seaman 1/c Rank Seaman 1/c | Rank ..... Rank .....
Organization U.S. Coast Guard Organization U.S. Coast Guard | Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Danish

14. Statement of principal employment other than with the United States Government: None

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. C. C. Gulliksen

Relationship Friend Post office address 203 Lafayette Ave N. B. S. I. N. Y.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl E. Nielsen
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

STANDARD FO
Approved by the
Revised De
Departme

BOARD FORM No. 6
ed by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Dept, U.S. Coast Guard Date 1/31/44

1. Name in full (Mr., Miss, or Mrs.) Nielsen (Surname) Carl (Given name) Ervin (Middle name)
2. Present address 203 (Number) Lafayette Ave (Street) Staten Island (City) New York (State)
3. Legal (voting) residence 11 District (State and Congressional District) Richmond (County) New York. (City or town)
4. Where born Denmark (State or foreign country) Copenhagen (City or town) When born 8-9-1905 (Month Day Year)
5. If foreign-born, state whether naturalized or alien naturalized
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you none
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Lighthouse	Staten Island	Seaman	67.50	4	28	1924	4	30	1925
U.S. Coast Guard		Seaman	5400			1926			1929
U.S. Lighthouse	Staten Island	~~Seaman~~ Fireman-Oiler	72.50	5	12	~~1925~~ 1932	7	31	to date
"	"	Fireman	67.50	3	16	33	9	19	36
"	"	" + Oiler	72.50	9	23	36			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
"	Position Department or office	
"	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

No
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted August 1926 Discharged November 1929
Rank Seaman 1/c Rank Seaman 1/c
Organization U.S. Coast Guard Organization U.S. Coast Guard

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Danish

14. Statement of principal employment other than with the United States Government: None

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. C. C. Gullickson

Relationship Friend Post office address 203 Lafayette Ave. N.B. S.I. N.Y.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Carl E. Nielsen
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Form 78

75

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

TREASURY DEPARTMENT

~~DEPARTMENT OF COMMERCE~~

U.S. Coast Guard

~~LIGHTHOUSE SERVICE~~

U.S. COAST GUARD

REC'D JAN 3 - 1941 P.

OFFICE OF ~~SUPERINTENDENT OF LIGHTHOUSES~~ Commander, New York DISTRICT,

New York, N. Y.
31 December, 1940 , 193

Name of vessel, station, or other aid to navigation involved: ---

Date of accident: 16 December, 1940.

Nature and cause of accident: Badly lacerated fingers on left hand. While attempting to clear boat fall fouled due to the action and movement of boat while hooking boat fall.

Estimated cost of damage { to property of the Department: $ --
to private property: $ --

What steps have been taken to recover cost of damage to Department property? --

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Carl E. Nielsen	Oiler, Ambrose Channel Lightship 111.	Badly lacerated fingers on left hand.	Yes

Remarks or recommendations:

Forms CA1, CA2, and CA3 will be forwarded to the Employees Compensation Commission.

P. E. SHAW,
By direction, ~~Superintendent of Lighthouses~~

Date .....

Submitted, in duplicate, to the Secretary of Commerce, for his information.

For the Commissioner.

Deputy Commissioner.

11—11418

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name NIELSEN, Carl E. (Surname first) Service Number

Age: Years 35 Months 3 Color White

For: Induction into Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating

Place Stapleton, NY Date 10-29-40

Personal Medical History Fracture of spine 1929.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used USPHS Standard

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

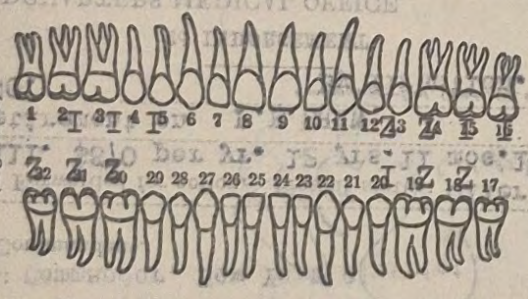
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Large perforation of nasal septum; tonsils excised.

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)



Gums Inflamed Temperature 37.2

Height 67½ inches. Weight (stripped) 165 Lbs. Obesity No

Skin Scar 6" long RLQ

Lymph. glands Normal

Chest: Inspiration 39 3/4 Expiration 37½

Heart and blood vessels Normal

Blood pressure: Systolic 142 Diastolic 88

Pulse before exercise 88 after exercise 116 after 2 min. 90

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities See remarks

Nervous and mental conditions Normal

Urine: Albumin Neg Sugar Neg Shreds Neg

Microscopical exam. (if indicated) epithelia Neg Sp. Gr. 1.006

Blood cells Neg Pus cells Neg Casts Neg

Blood (if indicated) Hb -- % Reds -- Whites --

Wassermann or Kahn test: Date 10-29-40 Result Negative

2—16141

Nielsen, Carl E.

Scar 10" long extends from tip of sacrum up to 5th lumbar across to left iliac crest. Coccyx missing.

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that NIELSEN, Carl E.

He is physically qualified for _____
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for induction

on account of perforation of the nasal septum; coccyx missing.

J.F. LANE, P.A. Surgeon.
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

NOV 7 1940
(Date)

Place New York, N.Y.

From: Commander, New York District
To: Commandant.

1. Forwarded for action. Present status: Oiler on L.S.#111. $870 per yr. 12 yrs. 11 mos. 14 days for retirement on 11-7-40.

P.E. SHAW,
Commanding - Dist. Comdr.-Off. in Chg.
By direction.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

NOV 8 1940
(Date)

The findings of the certificate are not approved

Not recommended

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

14 November 1940
(Date)

From: Commandant.
To: Commander, New York District
1.

ENLISTMENT NOT AUTHORIZED

Insert this copy in health record.
By direction,

December 15, 1938.

Ref in file.

The Commissioner of Lighthouses:

Reference is made to the Bureau's memorandum of December 9, requesting the return of the certificates of citizenship which were submitted by John Kruszewski and Carl E. Nielsen in connection with their classification under Section 6 of Civil Service Rule II.

Inquiry of the Civil Service Commission elicits the information that the certificates in question were returned to Messrs. Kruszewski and Nielsen by registered mail on October 13, 1938. The registered numbers were--John Kruszewski, 541,307; Carl E. Nielsen, 541,306. Since these certificates were not returned by the Post Office Department to the Civil Service Commission as undelivered, it is suggested that Messrs. Kruszewski and Nielsen contact the Post Office Department relative thereto.

By direction of the Secretary:

EDW. J. GARDNER

Chief, Division of Personnel.

BUREAU OF LIGHTHOUSES
WASHINGTON December 22, 1938

Referred to Superintendent of Lighthouses, Staten Island, New York, for information, attention in this connection being invited to your letter of December 7 to the Bureau.

For the Commissioner:

Chief of Personnel Division

C:S

hlm/see

DEC 30 10 55 AM '38
LIGHTHOUSES

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

December 9, 1938

Secretary of Commerce:

The certificate of citizenship of Carl E. Nielsen, Oiler, and that of Frank Kruszewski, father of John Kruszewski, Quartermaster, were furnished the Department for the use of the Civil Service Commission in connection with the classification of these employees under Section 6 of Rule II, which has been approved.

However, the certificates of citizenship have not been returned. The Third Superintendent has taken this matter up with the Bureau in the interest of the employees. It will beappreciated, therefore, if the papers indicated can be returned at an early date.

For the Commissioner:

Chief of Personnel Division

hlm/see

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

~~1633E3~~ 1633/E3

FWO-JHG

LIGHTHOUSES
DEC 8 8 45 AM '38

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

Commissioner of Lighthouses;

Dec. 7,1938

12/9 wrote dept

SUBJECT: Petty Officers, classified civil service status, citizenship.
REFERENCE: Bureau letter Sept.17,1938 and letter from this office Sept. 26,1938.

1. Referring to letter from this office dated September 26,1938 in reply to Bureau letter of September 17,1938 requesting naturalization certificates of Carl E. Nielsen, Oiler, and John Kruszewski, Quartermaster; if the naturalization certificates of these two men, which were forwarded to the Bureau with our letter of September 26,1938, have served their purpose, it is requested the certificates be returned to this office, so that they may be returned to these men.

OK
dpt. 12/8

J. T. Yates

J. T. YATES
Superintendent

October 25, 1938.

Commissioner of Lighthouses:

In accordance with the Department's recent recommendation, the Civil Service Commission has approved the classification, under section 6 of civil-service rule II, of the following-named employee of the Third Lighthouse District:

Name	Position	Salary	Date of Authority
Carl E. Nielson	Oiler	$72.50 a mo.	10-15-38

By direction of the Secretary:

EDW. J. GARDNER

Chief, Division of Personnel.

OCT 27 1938

C

Bureau of Lighthouses, Wash., Copy to 3rd Dist

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FWO-JHG

LIGHTHOUSES
SEP 27 8 40 AM '38

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

Sept. 26,1938

Commissioner of Lighthouses:

9/28 Sent to Capt

SUBJECT: Petty officers, classified civil service status, citizenship.
REFERENCE: Bureau letter Sept.17,1938.

1. In accordance with Bureau letter of September 17,1938 relative to classified civil service status of certain petty officers, there are attached hereto the naturalization certificates of:-

Carl E. Nielsen	Oiler
John Kruszewski	Quartermaster

J. T. YATES
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON September 28, 1938

Submitted to the Secretary of Commerce, the enclosed certificates of citizenship being submitted in connection with giving these employees a classified civil service status. The certificate of Frank Kruszewski is furnished in connection with the classification of his son, John Kruszewski, who was shown to be 20 years old at the time his father was naturalized.

For the Commissioner:

Chief of Personnel Division

hlm/see
Enclosures

BUREAU OF LIGHTHOUSES
WASHINGTON

September 17, 1938

Superintendent of Lighthouses Staten Island, New York

In connection with the Bureau's recommendation to give certain petty officers a classified civil service status, the Commission requested through the Department proof of citizenship of certain of these employees who were shown to be naturalized citizens. The certificates of citizenship which were forwarded to the Bureau were submitted to the Department and were later returned to the Bureau and to District Offices.

The Personnel Office of the Department now advises that the citizenship certificates were not brought to the attention of the section which requested them, and it is understood they were furnished to another section which was examining the records in connection with the Act of April 27 requiring noncitizens to be dropped from the rolls. Accordingly, it is necessary to request the return of the citizenship certificates to the Bureau for the purpose for which they were originally requested. It is understood that the Civil Service Commission will take no action on the proposal to classify these employees until receipt of proof of citizenship. The names of those affecting your district are shown below.

Carl E. Nielsen	Oiler
John Kruszewski	Quartermaster

If the citizenship certificate of any other petty officer has been returned to your office by the Bureau recently, it is suggested that it be returned also.

For the Commissioner:

Chief of Personnel Division

hlm/see

Form 2453
September 1937

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

SRS:FG

September 12, 1938

The Honorable
The Secretary of Commerce
Washington, D. C.

Sir:

Referring to your request of July 30, 1938 for approval of the classification of Carl E. Nielsen to the position of Oiler in the Lighthouse Service, Field

you are informed that action is delayed for the reason checked below:

Proof of residence (Form) is required.

Affidavit as to members of family in the service (Form 1769) is required.

Medical certificate is necessary.

Form was returned to applicant for correction.

Certified copy of military or naval discharge is necessary.

Preference is being investigated.

Examination Form required.

examination has been ordered.

Strength test is required.

Proof of correct date of birth is necessary (see Form 2473, enclosed).

Fingerprint chart (Form 2390) is necessary.

Endorsement by is required.

** Proof of Citizenship

September 16, 1938.
Copy transmitted to the Bureau of Lighthouses.

Chief, Division of Personnel.

The above information was requested informally by the Commission on August 19, 1938.

GPO 16—481

U. S. Civil Service Commission.

September 2, 1938

Superintendent of Lighthouses, Staten Island, N. Y.

The citizenship papers (certificate of naturalization) furnished in the case of Carl E. Nielsen, oiler, and John Kruszewski (the certificate of his father, Frank Kruszewski) are herewith returned for delivery to the proper persons.

For the Commissioner:

Chief of Personnel Division

Enclosures
hlm

LIGHTHOUSES
AUG 24 8 28 AM '38
RECEIVED

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

Date August 20, 1938

Superintendent of Lighthouses

Staten Island, New York

The Department states informally that the Civil Service Commission has requested to be furnished proof of citizenship in the case of Carl E. Nielsen, Oiler in connection with his being given a classified status under the Executive Order of March 29, 1938.

It is requested that the original certificate of naturalization, or a certified copy thereof, be forwarded, and the Bureau will request its return when it has served the purpose.

For the Commissioner:

Chief of Personnel Division

S-8-8

- -

FWO-JHG

3d Lighthouse Dist., Staten Is., N. Y.
Aug. 23,1938

1. Returned to Commissioner, together with the Naturalization Certificate of Carl E. Nielsen. It is requested this Certificate of Naturalization be returned as soon as it has served its purpose.

For and in the absence of the Superintendent.

F.W.OCKENFELS,
Asst.Supt.

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

Date August 20, 1938

Superintendent of Lighthouses
Staten Island, New York

The Department states informally that the Civil Service Commission has requested to be furnished proof of citizenship in the case of Carl E. Nielsen, Oiler in connection with his being given a classified status under the Executive Order of March 29, 1938.

It is requested that the original certificate of naturalization, or a certified copy thereof, be forwarded, and the Bureau will request its return when it has served the purpose.

For the Commissioner:

Chief of Personnel Division

S-8-8

L

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FWO-JHG

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

May 12,1938

This is to certify that the following is a complete and correct service record, according to the records of this office:

Name Carl E. Nielsen

			P.M.
Fireman.....	Scotland L.S.69.....	3-16-33 to 9-19-36	$67.50
Oiler.....	Ambrose L. S. 111...	9-23-36 to present date...	72.50

J. T. YATES
Superintendent

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

SUPERINTENDENT OF LIGHTHOUSES
MAY 12 1930
RECEIVED
TOMPKINSVILLE, N.Y.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

1. (a) Give your name Carl Erwin Nielsen (b) Are you a citizen of the United States? yes (Yes or No)

2. Give (a) the date of your birth 8/9/05 (b) the place of your birth Copenhagen, Denmark

3. Give in the blanks below a detailed statement of your education, including dates:

(a) Grammar school: Attended from August, 1911 to September, 1919 Highest grade completed 8th

(b) High school: Name and location

Attended from ____, 19____ to ____, 19____ Highest grade completed ____ Were you graduated? ____

(c) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(d) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course

None

(e) Have you ever been admitted to the bar? No Of what State? ____ When? ____

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City N. Y. State N. Y.	From Dec. 21 To March 24	Scandinavian American Lines, N. Y.	$600.	Seaman
2	City N. Y. State N. Y.	From April 24 To July 26	U. S. Lighthouse Service, N. Y.	$750.	"
3	City N. Y. State N. Y.	From Aug. 26 To Sept. 29	U. S. Coast Guard, N. Y.	$870.	"
4	City N. Y. State N. Y.	From March 33 To Still in	U. S. Lighthouse Service, N. Y. service.	$850.	Fireman and Oiler
5	City State	From ____, 19____ To ____, 19____	Hospitalized at U. S. Marine Hospital, Staten Island, N. Y. from November, 1929 to June, 1932 on account of injuries sustained while in the service of the U. S. Coast Guard. On sick leave from June, 1932 to March 1, 1933.		
6	City State	From ____, 19____ To ____, 19____			
7	City State	From ____, 19____ To ____, 19____			
8	City State	From ____, 19____ To ____, 19____			
9	City State	From ____, 19____ To ____, 19____			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—497

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Rating _____

Application No. _____

The applicant will carefully fill ALL blank spaces

Position sought Oiler
(Give exact title of position or examination)

in the 3rd LH. District
(Office in which the position exists)

Present position (if now employed) Oiler (Title)
Dep't. Commerce LH. Service
(Department and bureau or office)

N. B.—Applicant will write plainly full name (if a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant Carl Erwin Nielsen

Number and Street 203 Lafayette Ave.

Post Office New Brighton, S.I.

County Richmond

State or Territory N. Y.

Applicant will not fill the following blanks

Kind of examination _____

Place _____

Date _____

Application _____ *approved* _____, *19*____

By whom _____ *approved* _____

U.S. GOVERNMENT PRINTING OFFICE 16—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

None

6. If not now employed, state how long you have been unemployed.

7. If ever in the United States military or naval service, give dates of enlistment and discharge U. S. Coast Guard from August. 1926 to September. 1929

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? NO

	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
(b) If so, give information indicated regarding each examination.				

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. So HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Carl Erwin Nielsen

(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant, this 5th day of Dec., 1935, at city [or town] of Stapleton, and State [or Territory or District] of New York

county of Richmond

(*Signature of officer*) Ralph A. Burke

(*Official title*) Notary Public

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Rating _____

Application No. _____

The applicant will carefully fill ALL blank spaces

Position sought Oiler
(Give exact title of position or examination)

in the 3rd LH. District
(Office in which the position exists)

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Name of Applicant } Carl Erwin Ni elsen

Number and Street 203 Lafayette Ave.

Post Office New Bri ghton, S.I.

County Richmond

State or Territory N. Y.

Applicant will not fill the following blanks

Kind of examination _____

Place _____

Date _____

Application _____ approved _____, 19____

By whom _____ approved _____

U. S. GOVERNMENT PRINTING OFFICE 10—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

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(*Signature of Applicant*) Carl Erwin Nielsen
(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

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[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-~~named~~ applicant, this 9th day of May, 1936, at city [or town] of Stapleton, county of Richmond, and State [or ~~Territory or District~~] of New York

(*Signature of officer*) Gerald Eyber

(*Official title*) Notary Public