EXHIBIT # 3

3

Form C-11—10M- 8-59

STATE OF OHIO

BUREAU OF WORKMEN'S COMPENSATION

Duplicate - Record of Proceedings

Employe Henry N. Hoerst Claim No. 107910 OD

Street and No. 10109 Wayne Ave., Woodlawn Date of Injury 6-12-57

City Cincinnati 15, Ohio (State) Manual No. 4233

Employer The Philip Carey Mfg.Co. Risk No. 1684

Street and No. Wayne Ave. - Lockland

City Cincinnati 15, Ohio (State)

Blumberg No. 6113 PLAINTIFF'S EXHIBIT W1248

Total Med.$50.00

FINDINGS OF FACTS AND MINUTES

Present for Claimant Claimant and Mr.Brady for AFL-CIO. (Address)

Present for Employer L.A.Obenshain and L.A.Peckstein. (Address)

ID:AMC On this day the above numbered claim, together with the proof on file, was presented to the Bureau, considered and a finding was made as follows:

It is the finding of the Administrator that proof of record shows that statutory requirements are satisfied herein for jurisdiction of this claim involving asbestosis; and further, that claimant is medically permanently and totally disabled because of said disease.

However, therecord shows that claimant is still gainfully employed and there is therefore no basis in law for payment of compensation and benefits because of total disability due to disease of the respiratory tract contracted because of injurious exposure to dusts.

It is therefore ordered that the claimant's application filed June 10,1960 for compensation and benefits because of total disability due to asbestosis, be denied.

OD 107910-H

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee ☐ Show address where delivered

(Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 10-19-60 | ADDRESS WHERE DELIVERED (only if requested in item #1)

CSS—16—71548-4 GPO

Date Oct.14,1960

James L. Young
Administrator

By
Deputy Claims Administrator

Form C-28

This application to be used by claimants or employers in making Application for Reconsideration of either decisions of the Administrator of the Bureau of Workmen's Compensation or the Regional Boards of Review as provided in R. C. 4123.511-515-516.

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

Application For Reconsideration

CLAIM No. OD 107910

Henry N. Hoerst states that he is claimant
(Claimant-Employer)

in the above numbered claim, which was heard by the administrator
Administrator-Regional Board of Review

on May 14, 19 59, and the following finding made:

It is the finding of the Administrator that there is no provision in the Workmen's Compensation Laws for payment of compensation and benefits because of change of occupation to substantially reduce exposure to dusts in a case involving the disease of asbestosis or any other disease of the respiratory tract due to injurious exposure to dusts, except in cases involving the disease of silicosis. It is therefore ordered th claimant's application filed December 26, 1959, be denied.

Notice of such finding received by him on Saturday, June 6th 19 59

Applicant says this finding should be reconsidered for the following reasons:

that Dr. Princi of the Kettering Laboratories in Cincinnati maintains that asbestosis is the same as silicosis and should not be distinguished from it.

He therefore requests that such finding be reviewed and reconsidered by the

Regional Board of Review or Industrial Commission
Administrator-Regional Board of Review or Industrial Commission

and that it be modified in the following respects:

Claim be allowed.

RECEIVED-20
JUN 10 1959
BUREAU OF
WORKMEN'S COMPENSATION

Johnny N. Hoerst
Applicant

10109 Wayne Avenue, Woodlawn,
Address
Cincinnati 15, Ohio

Date: 6/9 19 59

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OD-107910-Henry N. Hearst

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Philip Carey Mfg. Co.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Charles Skillman

DATE DELIVERED	ADDRESS WHERE DELIVERED (only if requested in item #1)
JUN 7 - 1968	

C55—16—71548-4 GPO