FILE NAME: Insulators Workers' Comp Claims (IWC)

DATE: 1965

DOC#: IWC026

DOCUMENT DESCRIPTION: Claimant - Chester, Charles

...2-15...-2-64

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

CLAIM PETITION FOR COMPENSATION FOR SILICOSIS, ANTHRACO-SILICOSIS AND ASBESTOSIS

Aetna Cas. & Sur. XXXX Co.
BUREAU OF WORKMEN'S COMPENSATION
HARRISBURG, PA.

Rec'd 12-10-65 122,178

Charles Chester
Print or Type name of Claimant

516 Bertwood Ave., Gloucester, N.J.
Address

v.

Armstrong Contracting & Supply Co.
Employer

2925 N. Broad St., Phila., Pa.
Address

Claim Petition No. 188,307

_____ 19____

Insurance Carrier

Address

Occupational Disease Fund

TO THE WORKMEN'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

The claimant respectfully represents:

1. My name is Charles Chester

2. I became totally disabled as the result of { ~~Silicosis~~ / ~~Anthraco-Silicosis~~ / Asbestosis } on _____ day of September, 19 65

3. My total disability is result of employment in a hazardous occupation having a { ~~Silica~~ / Asbestos } hazard, and I have been so employed in the Commonwealth of Pennsylvania at least two years in the aggregate during the ten years next preceding the date of disability as follows:

Name of Employer in Pennsylvania	Address	Dates of Employment From To
Delaware Insulation Co.,	5th & Coleman St., Wilmington	1956 thru Nov. 1957
Mundet Cork Co.,	out of business	Dec. 1957 thru Jan. 1963
rmstrong Cont.,	2925 N. Broad St., Phila., Pa.	X Feb. 1963 thru July 1963
Mechanical Insulation Co.,	311 W. Mt. Pleasant Ave, Phila	August, 1963
Mechanical Insulation Co.,	311 W. Mt. Pleasant Ave, Phila	Nov. 1963 thru May 1964
Friday Supply Co.,	2737 W. Cambridge St., Phila., Pa.	Sept. 1963 thru Oct. 196
Armstrong Cont.,	2925 N. Broad St., Phila., Pa.	X June 1964 thru Nov. 1964
Owens Corning Glass Co.,	Jackson & Swanson St., Phila.	Nov. 1964 thru Feb. 1965
Barricade Coating Co.,	401 N. Kings St., Gloucester, N.J.	Feb. 1965 thru March 1965
Phila. Asbestos Co.,	2010 N. 10th St., Phila., Pa.	March 1965 thru June 1965
Friday Supply Co.,	2737 W. Cambridge St., Phila., Pa.	July, 1965 until hospitalized Sept., 1965

4. The above named defendant was my employer when I was last exposed to a { ~~Silica~~ / Asbestos } hazard and I was in the defendant's employ from July, 1965 to September, 1965.

5. Since the date of leaving the defendant's employment, I have been employed as follows: does not apply.

6. I served notice of my disability on the above named defendant on 4th day of November, 19 65 in the following way: letter sent by my attorney and by telephone call from my brother, Harold Chestar.

7. Before my disability began I earned $ 175.00 a week as mechanic insulation and asbestos worker
(here state nature of work done)

(See Reverse Side)

8. I { did / ~~did not~~ } receive medical, surgical, dental or hospital services as follows: Hahnemann Hospital; Axel K. Olsen, M.D.; Jack J. Peril, M.D.; West Jersey Hospital

(State name of doctors or hospitals)

9. I { ~~did~~ / did not } request the defendant to furnish such services; and they { ~~were~~ / were not } furnished by the defendant.

10. If medical, surgical, dental or hospital services were procured at your own expense state what sum was spent by you for each Dr. Olsen $825.00; West Jersey Hospital $589.55

11. My social security number is: 179-07-6245

12. I believe the following additional facts to be important: _____

Wherefore I ask that your Honorable Board shall make an award for such compensation as may be due me under the Occupational Disease Compensation Act.

Charles Chester
Name

816 Hartwood Ave., Gloucester, N.J.
Address

Subscribed and sworn to before me, this 8th day of December 19 65
at Philadelphia, Penna.

MAY S. WEINTRAUB
Notary Public Philadelphia, Philadelphia Co
My Commission Expires September 12, 1966

(This affidavit may be sworn to before a Compensation Referee or any other person authorized to administer an oath).

My Commission Expires on _____ day of _____ 19_____.

NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.

Please enter my appearance for petitioner

Vincent B. Corsette
Attorney

735 P.S.F.S. Bldg., 12 S. 12th St.,
Phila., Pa. 19107
Address

Bank & Minehart, Esqs.

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party taking oath is requested to type or print full name and complete address of Petitioner signing this petition. It is necessary to make affidavit to only the original copy of the petition.

DEC 10 AM 9 37
LABOR AND INDUSTRY
BUREAU OF WORKMEN'S
COMPENSATION

Claimant

Marie Chester (widow of Charles)

State

Pennsylvania

Initial Claim

Armstrong Cork

Owens Corning

Date

12/8/65

~~June 14, 1966~~

11

July 22, 1966

The Aetna Casualty and Surety Company
Suburban Station Building
1617 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103

Gentlemen:

Subject: Fatal Occupational Disease Claim Petition
Marie Chester, Widow
versus
Armstrong Cork
Petition 191,555

Armstrong Contracting and Supply Corporation should be named in this claim petition rather than Armstrong Cork. It is our wholly owned subsidiary engaged in the insulation contracting business.

An answer is required within 20 days of the date of the petition. We request that you answer as required and take whatever other steps are necessary to protect our interest. We will be happy to cooperate in any way we can.

The periods of employment listed in the petition are essentially correct.

Very truly yours,

Wallace B. Hofferth
Insurance Manager

DHB

Enclosures

INTER/OFFICE COMMUNICATION

To F. L. Gardner, Lancaster — July 20, 1966

From J. F. Boyd, Philadelphia

Subject Workmen's Compensation Board
Notice of Fatal Occupation Claim Petition
Charles Chester - Deceased
816 Bertwood Ave.
Gloucester, New Jersey
SS# 179-07-6245

We are attaching subject notice received from the Department of Labor and Industry- Workmen's Compensation Board.

I suppose you will turn it over to our insurance carrier for attention.

mc

att.

FORM 1501 Printed in U.S.A.

FORM L(CB-320-20M-12-64

Commonwealth of Pennsylvania
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD

NOTICE OF Fatal Occ Claim PETITION

The enclosed copy of petition has been presented to the Workmen's Compensation Board.

Claimant: Marie Chester, Widow
Charles Chester, Decd
Address: 816 Bertwood Ave.
Gloucester, New Jersey

PETITION NO. 191,555

Phila.

Defendant: Armstrong Cork
Address: 2925 N. Broad St.
Phila., Pa. 19132

AGREEMENT NO. 122,178

Harrisburg, Pa. 7-18-66

The above petition has been assigned to
COMPENSATION REFEREE Leonidas Allen
DISTRICT 1
ADDRESS 1405 Spring Garden St., Phila., Pa.

for investigation and determination in accordance with the provisions of the Pennsylvania Workmen's Compensation Act.

We hereby notify you that unless an answer shall be filed with the said Referee at his office within twenty days from the date of this notice, the facts alleged in the petition will be deemed to be admitted and no testimony will be required from the claimant to prove, nor heard in your behalf to deny, such facts.

Att: C. M. Hughes, Jr., Esq.

See: 138,309

WORKMEN'S COMPENSATION BOARD

Aetna Cas. & Surety
Suburban Station Bldg.
1617 Pa. Blvd.
Phila., Pa. 19103

Asst. Secretary

NOTE: Your answer must be made in triplicate and filed with the Referee.

rc

7. Did the deceased employee receive medical, surgical, or hospital service? [illegible]
(If so, give name and [illegible] of hospital)

8. What were the expenses of the last illness and burial?
Has the employer paid any part of these, if so, how much?

9. The weekly wages of the decedent in the employ of the defendant was $[illegible]

10. Was compensation paid decedent between the time total disability began and the date of his death? [illegible]

11. The decedent's social security number was [illegible]

12. The claimant set forth the following additional facts which are believed to be important
[illegible]

Wherefore the claimant ask the Workmen's Compensation Board to make an award that the Defendant shall pay such compensation as due under the Occupational Disease Compensation Act.

Date [illegible]

Address [illegible]

Subscribed and sworn to before me, this 14 day of [illegible] 19 66
at [illegible]

MAY S. WEINTRAUB
Notary Public Philadelphia, Philadelphia Co. [illegible]
My Commission Expires September 12 1966

My Commission Expires on [illegible] day of [illegible] 19

NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.

Please enter my appearance for petitioner

Address [illegible]

Address [illegible]

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party taking oath is requested to type or print full name and complete address of Petitioner signing this petition. It is necessary to make affidavit to only the original copy of the petition.

FORM LIBC-364-20M-11-65

Commonwealth of Pennsylvania
Department of Labor and Industry

DEFENDANT'S ANSWER TO CLAIM PETITION

Bureau of Workmen's Compensation
Harrisburg, Pa.

Claimant

Street Number

City and State

Employer

Street Number

City and State

Claim Petition No. 191,555

19

Insurance Carrier

Address

TO THE WORKMEN'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

The answer of the defendant to the above entitled claim petition respectfully represents:

1. 2.

3.

4.

5. 6 (a).

6 (b). 6 (c).

7.

8.

9.

10.

As a further matter of defense the defendant states the following:

Wherefore the defendant prays that the claim petition be dismissed.

Enter my appearance for defendant

Defendant

Attorney

Address

Address

Subscribed and sworn to before me, this day of 19

at

(This affidavit may be sworn to before a Compensation Referee or any other person authorized to administer an oath)

My Commission expires on the day of 19

This answer should be filed direct with the office of the Referee to whom the case is assigned. Answer must be filed within 20 days. Every allegation in a claim petition not specifically denied will be deemed to be admitted. Blanket denials or "proof demanded" will not be a compliance with this requirement.

March 8, 1966

Mr. David F. Kaliner
Attorney
Suite 1600
2 Penn Center Plaza
Philadelphia, Pa. 19102

Dear Mr. Kaliner:

Subject: H4 CC 113079
Charles Chester SS #179 07 6245
816 Bertwood Avenue
Gloucester, New Jersey
Armstrong Contracting and Supply Corporation

We have been requested by Mr. G. H. Aikens, Claim Representative of the Philadelphia Office of The Aetna Casualty and Surety Company to send you wages paid to Charles Chester, as follows:

Week		Gross
2-12-63	2-17-63	$140.80
2-18-63	2-24-63	176.00
2-25	3- 3	176.00
3-4	3-10	176.00
3-11	3-17	176.00
3-18	3-24	176.00
3-25	3-31	176.00
4-1	4- 7	176.00
4-8	4-14	158.40
4-15	4-21	176.00
4-22	4-28	176.00
4-29	5- 5	176.00
5- 6	5-12	140.80
5-13	5-19	176.00
5-20	5-24	176.00
	No work	
6-10-63	6-16-63	448.80
6-17	6-23	140.80
6-24	6-30	246.40
7- 1	7- 7	176.00
7-8	7-14	246.40
7-15	7-16	73.60
	No work	
5-28-64	5-31-64	73.60
6- 1	6- 7	184.00
6- 8	6-14	184.00
6-15	6-21	184.00

Week		Gross
6-22-64	6-28-64	$165.60
6-29	7- 5	147.20
7-6	7-12	184.00
7-13	7-14	73.60
	Labor dispute	
8-14-64	8-16-64	36.80
8-17	8-23	299.20
8-24	8-30	316.80
8-31	9- 6	170.88
9- 7	9-13	154.56
9-14	9-20	191.04
9-21	9-27	115.20
9-28	10- 4	192.00
10- 5	10-11	192.00
10-12	10-18	192.00
10-19	10-25	192.00
10-26	10-28	115.20
	No work	
		$ 7,247.68

Very truly yours,

Mabel E. Barnet
Insurance Department

Copies to:
Mr. G. H. Aikens, Claim Representative
The Aetna Casualty and Surety Company
1617 John F. Kennedy Boulevard
Philadelphia, Pa. 19103

Armstrong Contracting and Supply Corporation
Architects Building
17th and Sansom Streets
Philadelphia, Pa. 19103

MEBarnet
3/8/66

CHARLES CHESTER SS #179 07 6245
816 Bertwood Avenue
Gloucester, N. J. - - - Armstrong Contracting & Supply Corp. employee

The insurance company needs wages for these periods —

Feb. 9, 1963 to May 23, 1963

June 9, 1963 to July 16, 1963

May 28, 1964 to Oct. 28, 1964

However, another record I have states he was employed by AC&S as follows:
Feb. 1963 thru July, 1963
June, 1964 thru Nov. 1964

So perhaps you had better give me his earnings, by week, for the dates he was employed in 1963 and 1964, then I'll have it when the attorneys for the other side write for information. Thanks. Mabel

L-467

THE ÆTNA CASUALTY AND SURETY COMPANY
THE STANDARD FIRE INSURANCE COMPANY
HARTFORD, CONNECTICUT

PHILADELPHIA OFFICE

SUBURBAN STATION BUILDING
1617 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA. 19103
LOcust 8-1300

March 2, 1966

Armstrong Contracting & Supply Corporation
Architects Building
17th & Sansom Streets
Philadelphia, Pa. 19103

Attention: Mr. John Boyd

H 9 2 9 1 1 3 6 7 9
Charles Chester
816 Burtwood Avenue
Gloucester, New Jersey

Dear Mr. Boyd:

We thank you for your communication of February 22 where you gave us the dates of employment of the above Charles Chester. We need additional information for our attorney before this case goes to trial. Will you please forward us, on your Company stationery, the wages paid the above Charles Chester for the following periods:

February 9, 1963 to May 23, 1963
June 9, 1963 to July 16, 1963
May 28, 1964 to October 28, 1964

We would appreciate if you would forward this information directly to David F. Kaliner, Attorney, Suite 1600, 2 Penn Center Plaza, Philadelphia, Pa. 19102 and forward copy of this communication to this office to the writer's personal attention. We thank you for your cooperation.

Very truly yours,

G. H. Aikens

G. H. Aikens, Claim Representative
Claim Department

gha/dm

January 20, 1966

The Aetna Casualty and Surety Company
Suburban Station Building
1617 John F. Kennedy Boulevard
Philadelphia, Pennsylvania

Gentlemen:

Subject: Claim Petition for Compensation
Charles Chester
versus
Armstrong Contracting and Supply Corp.
Claim Petition 188,309

This claim petition alleging total disability as a result of asbestosis has been filed against Armstrong Contracting and Supply Corp. and others. An answer must be filed with the designated referee at his office within 20 days of the date of the petition.

Since this claim is insured by you, we assume you will work with the Philadelphia office of Armstrong Contracting and Supply Corp. in completing and submitting defendant's answer. If our understanding is incorrect, please let us know immediately.

Very truly yours,

Wallace B. Hofferth
Insurance Manager

DHB

Enclosures

Mr. J. F. Boyd, Branch Manager
Armstrong Contracting and Supply Corp.
Architects Building
17th and Sansom Streets
Philadelphia, Pennsylvania 19103

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING

To ~~F. L. Gardner~~, Lancaster

January 17, 1966

From J. F. Boyd, Phila.

Subject Charles Chester
816 Bertwood Ave.
Gloucester, N. J.
Compensation Claim Petition

1/18/66

We are forwarding to you the attached occupational claim petition received in this office on Mr. Chester.

mc

FORM 1501 Printed in U.S.A.

FORM LICB-330-25M-12-64

Commonwealth of Pennsylvania
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD

NOTICE OF Occ. Claim PETITION

The enclosed copy of petition has been presented to the Workmen's Compensation Board.

Claimant: Charles Chester
Address: 816 Bertwood Ave.
Gloucester, N. J.

Philadelphia

PETITION NO. 188,309

Defendant: Armstrong Contracting & Supply Co.
Address: 2925 N. Broad St.
Phila., Pa. 19132

AGREEMENT NO. 122,178

Harrisburg, Pa. 1-12-66

The above petition has been assigned to
COMPENSATION REFEREE Leonidas A. Allen
DISTRICT #1
ADDRESS 1400 Spring Garden St., Phila., Pa.

for investigation and determination in accordance with the provisions of the Pennsylvania Workmen's Compensation Act.

We hereby notify you that unless an answer shall be filed with the said Referee at his office within twenty days from the date of this notice, the facts alleged in the petition will be deemed to be admitted and no testimony will be required from the claimant to prove, nor heard in your behalf to deny, such facts.

Aetna Casualty & Surety Co.
Suburban Station Bldg.
Phila., Pa. 19103

WORKMEN'S COMPENSATION BOARD

Secretary

Att: C. M. Hughes, Jr., Esq.

NOTE: Your answer must be made in triplicate and filed with the Referee.

bs

182—15M—2-64

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

CLAIM PETITION FOR COMPENSATION FOR SILICOSIS, ANTHRACO-SILICOSIS AND ASBESTOSIS

Aetna Cas. & Sur. XXXX Co.
BUREAU OF WORKMEN'S COMPENSATION
HARRISBURG, PA.

Rec'd 12-10-65 122,178

Charles Chester
Print or Type name of Claimant

616 Bertwood Ave., Gloucester, N.J.
Address

v.

Armstrong Contracting & Supply Co.
Employer

2925 N. Broad St., Phila., Pa.
Address

Claim Petition No. 188,309

_____ 19____

Insurance Carrier

Address

Occupational Disease Fund

TO THE WORKMEN'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

The claimant respectfully represents:

1. My name is Charles Chester

2. I became totally disabled as the result of ~~Silicosis~~ / ~~Anthraco-Silicosis~~ / Asbestosis on _____ day of September, 1965

3. My total disability is result of employment in a hazardous occupation having a ~~Silicosis~~ / Asbestos hazard, and I have been so employed in the Commonwealth of Pennsylvania at least two years in the aggregate during the ten years next preceding the date of disability as follows:

Name of Employer in Pennsylvania	Address	Dates of Employment From	To
Delaware Insulation Co.,	5th & Coleman St., Wilmington	1956 thru	Nov. 1957
Mundet Cork Co.,	out of business	Dec. 1957 thru	Jan. 1963
Armstrong Cont.,	2925 N. Broad St., Phila., Pa.	X Feb. 1963 thru	July 1963
Mechanical Insulation Co.,	311 W. Mt. Pleasant Ave, Phila	August, 1963	
Mechanical Insulation Co.,	311 W. Mt. Pleasant Ave, Phila	Nov. 1963 thru	May 1964
Friday Supply Co.,	2737 W. Cambridge St., Phila., Pa.	Sept. 1963 thru	Oct. 196
Armstrong Cont.,	2925 N. Broad St., Phila., Pa.	X June 1964 thru	Nov. 1964
Owens Corning Glass Co.,	Jackson & Swanson St., Phila.	Nov. 1964 thru	Feb. 1965
Barricade Coating Co.,	401 N. Kings St., Gloucester, N.J.	Feb. 1965 thru	March 1965
Phila. Asbestos Co.,	2010 N. 10th St., Phila., Pa.	March 1965 thru	June 1965
Friday Supply Co.,	2737 W. Cambridge St., Phila., Pa.	July, 1965 until hospitalized Sept., 1965	

4. The above named defendant was my employer when I was last exposed to a ~~Silicosis~~ / Asbestos hazard and I was in the defendant's employ from July, 1965 to September, 1965.

5. Since the date of leaving the defendant's employment, I have been employed as follows: does not apply.

6. I served notice of my disability on the above named defendant on 4th day of November, 1965 in the following way: letter sent by my attorney and by telephone call from my brother, Harold Chester.

7. Before my disability began I earned $ 175.00 a week as mechanic insulation and asbestos worker
(here state nature of work done)

(See Reverse Side)

8. I { did / did not } receive medical, surgical, dental or hospital services as follows: Hahnemann Hospital; Axel K. Olsen, M.D.; Jack J. Peril, M.D.; West Jersey Hospital

(State name of doctors or hospitals)

9. I { did / did not } request the defendant to furnish such services; and they { were / were not } furnished by the defendant.

10. If medical, surgical, dental or hospital services were procured at your own expense state what sum was spent by you for each Dr. Olsen $825.00; West Jersey Hospital $589.55

11. My social security number is: 179-07-6245

12. I believe the following additional facts to be important: _____

Wherefore I ask that your Honorable Board shall make an award for such compensation as may be due me under the Occupational Disease Compensation Act.

Charles Chester
Name

816 Bartwood Ave., Gloucester, N.J.
Address

Subscribed and sworn to before me, this 8th day of December 1965
at Philadelphia, Penna.

MAY S. WEINTRAUB
Notary Public, Philadelphia, Philadelphia Co.
My Commission Expires September 12, 1966

(This affidavit may be sworn to before a Compensation Referee or any other person authorized to administer an oath).

My Commission Expires on _____ day of _____ 19____.

NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.

Please enter my appearance for petitioner

Vincent B. Corretti
Attorney

735 P.S.F.S. Bldg., 12 S. 12th St.,
Phila., Pa. 19107
Address

Bank & Minehart, Esqs.

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party taking oath is requested to type or print full name and complete address of Petitioner signing this petition. It is necessary to make affidavit to only the original copy of the petition.

DEC 10 AM 9 37
LABOR AND INDUSTRY
BUREAU OF WORKMEN'S COMPENSATION

Form LIBC 364—20M—2-64

Commonwealth of Pennsylvania
Department of Labor and Industry

DEFENDANT'S ANSWER TO CLAIM PETITION

Bureau of Workmen's Compensation
Harrisburg, Pa

Claimant

Street Number

City and State

Employer

Street Number

City and State

Claim Petition No. 188,309

19

Insurance Carrier

Address

TO THE WORKMEN'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

The answer of the defendant to the above entitled claim petition respectfully represents:

1. 2.

3.

4.

5. 6 (a).

6 (b). 6 (c).

7.

8.

9.

10.

As a further matter of defense the defendant states the following:

Wherefore the defendant prays that the claim petition be dismissed.

Enter my appearance for defendant

Defendant

Attorney

Address

Address

Subscribed and sworn to before me, this day of 19

at

(This affidavit may be sworn to before a Compensation Referee or any other person authorized to administer an oath.)

My Commission expires on the day of 19

This answer should be filed direct with the office of the Referee to whom the case is assigned. Answer must be filed within 20 days. Every allegation in a claim petition not specifically denied will be deemed to be admitted. Blanket denials or "proof demanded" will not be a compliance with this requirement.

November 12, 1965

The Aetna Casualty and Surety Company
Suburban Station Building
1617 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103

Gentlemen:

Subject: Charles Chester
Asbestosis Claim

The enclosed letter from the law offices of Bank and Minehart is notice to our subsidiary, Armstrong Contracting and Supply Corporation, of an asbestosis claim filed on behalf of Charles Chester. Evidently, papers to this effect will come through in due course.

We have not referred to our records concerning Mr. Chester's employment. We will do so if and when the information is required.

Very truly yours,

Wallace B. Hofferth
Insurance Manager

DHB

Mr. J. F. Boyd, Branch Manager
Armstrong Contracting and Supply Corp.
2925 North Broad Street
Philadelphia, Pennsylvania 19132

Mr. Fred L. Gardner, AC&S, Lancaster

INTER/OFFICE COMMUNICATION

November 8, 1965

To Fred Gardiner, Lancaster

From J. F. Boyd, Philadelphia

Subject Charles Chester
Bank & Minehart

I am enclosing letter of November 4th regarding Charles Chester. We have not acknowledged this letter to the above law firm.

JFB/dmd

encl. (1)

J. Boyd

Hall -
What do we do with this ?

11/9/65

FORM 1501 Printed in U.S.A.

LAW OFFICES
BANK AND MINEHART
735 PHILADELPHIA SAVING FUND BUILDING
TWELVE SOUTH TWELFTH STREET
PHILADELPHIA, PA
19107

THOMAS Z MINEHART
MELVIN ALAN BANK
MAURICE A. BANK

MARKET 7-3354

November 4, 1965

Armstrong Cork Contracting & Supply Co.
2925 North Broad Street
Philadelphia, Penna. 19132

RE: Mr. Charles Chester

Gentlemen:

Please be advised that this office has filed a claim petition for asbestosis for the above named individual whom we represent.

Please be advised that you have been named as defendant and notice is hereby given that our client was totally disabled beginning September, 1965 and continuing to date.

Sincerely yours,

BANK & MINEHART

By Vincent B. Corsetti
Vincent B. Corsetti

VBC:pak