

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. 4123.514-515-516.

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, 1959, 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 that claimant's application filed December 26, 1959, be denied.

Notice of such finding received by him on Saturday, June 6th, 1959

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.

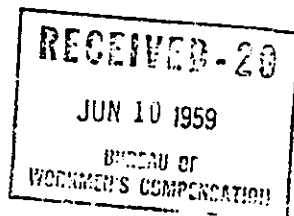
He therefore requests that such finding be reviewed and reconsidered by the

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.



Henry N. Hoerst
Applicant

10109 Wayne Avenue, Woodlawn,
Address
Cincinnati 15, Ohio

Date: 6/9, 1959

☐ Deliver ~~ONLY~~ to address ☒ Show address where delivered

OD-107910-Henry N. ~~Herst~~

#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)

Philip Carey Mfg. Co.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Charles Skillman

DATE DELIVERED

JUN 7 - 1968

ADDRESS WHERE DELIVERED (only if requested in item #1)

CS-16-71543-4 GPO