(2175)

The persons to whom compensation may be paid are:
(a) The widow who was living with or dependent for support upon the deceased employee at the time of his death.
(b) The widower wholly dependent for support upon the deceased employee at the time of her death.
(c) The unmarried children under 18, and those over 18 who are incapable of self-support.
(d) Parents partially or wholly dependent upon the deceased employee for support.
(e) Unmarried brothers, sisters, or grandchildren under 18 years of age, and those over 18 who are incapable of self-support, and who were wholly or partially dependent upon the deceased employee.
(f) Grandparents wholly or partially dependent upon the deceased employee.

Under the law, the term "child" includes stepchildren, adopted children, and posthumous children, but does not include married children. The terms "brother" and "sister" include stepbrothers and stepsisters, half brothers and half sisters, and brothers and sisters by adoption, but do not include married brothers or sisters. All of the above terms and the term "grandchild" include only persons who at the time of the death of the deceased employee are under 18 years of age or over that age and incapable of self-support. The term "parent" includes step-parents and parents by adoption. The term "widow" includes only the decedent's wife living with or dependent for support upon him at the time of his death. The term "widower" includes only the decedent's husband dependent for support upon her at the time of her death. The terms "adopted" and "adoption" used in this law include only legal adoption prior to the time of the injury.

The claim should be signed by the person making the claim or his duly authorized representative. There should be given the names and addresses of all persons who may be entitled to compensation on account of death, together with the address of the person making the claim, which should be sworn to by the person entitled to compensation, or by the person authorized to act on his behalf.

Oaths of claimants residing in foreign countries should be made before a United States consular officer or secretary of legation. If before a local official, a certificate of such United States consular official or secretary of legation showing the authority of the local official to administer oaths should be annexed.

A certified copy of the death certificate should accompany this claim. If, for any reason, it cannot be secured, give full explanation at the bottom of this sheet.

If the relationship to the decedent of any person entitled to claim compensation is that of adoption, a certified copy of the order of adoption should accompany this claim.

Itemized bills in duplicate covering the medical and burial expenses should be submitted with the claim.

Full name of deceased employee: Frank Rudolph Olson

Age: 43 3. Sex: M 4. Occupation: Supervisory Biochemist

Was deceased able to speak English? Yes 6. If not, what language?

Time of injury: (a) November (Month); (b) 28 (Date) (c) 1953 (Year) (d) 2:30 a.m. (Hour, a.m. or p.m.)

Place where injury occurred: Hotel Statler, New York City, New York (Place or establishment, as "post office", "navy yard", etc.)

Nature and extent of injury: Multiple fractures, shock, and hemorrhage resulting in death.

Date of death: 28 November 1953

Place where death occurred: Statler Hotel, New York City, New York

Rate of pay of deceased employee at time of injury which resulted in death, $ 9200.00 per annum and subsistence valued at $______ per ______

Relationship to the deceased of the person claiming to be entitled to compensation: Wife

Did deceased leave any other relatives entitled to compensation? Yes If so, give names, addresses, ages, and relationship below.
(See instructions at top of form for classes of persons entitled to compensation)

Name	Address	Age	Relationship
Eric Wicks Olson	R.F.D. #5, Frederick, Md.	9	Son
Lisa Wicks Olson	R.F.D. #5, Frederick, Md.	7	Daughter
Nils Wicks Olson	R.F.D. #5, Frederick, Md.	5	Son

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: Alice Wicks Olson (signature)
ALICE WICKS OLSON

Address: R.F.D. #5 (Street and number)
Frederick (City) Maryland

County of Frederick
State of Maryland } ss:

P... CIAN'S CERTIFICATE

name of deceased employee ....

... of which employee was attended by you ....

....

....

... of employee's death ...., 19

... cause of death ....

....

....

....

... tributory cause of death ....

....

....

....

... history of injury given in this case? .... If so, state it briefly ....

....

....

... our opinion, was the death of the employee due to such injury? ....

... marks: ....

....

....

....

....

... HEREBY CERTIFY that the answers to the above questions are true to the best of my knowledge and belief.

....
(Signature of certifying physician)

Address: ....
(Street and number)

.................................., ...
(City) (State)

... this certificate, ..., 19

... important that above certificate be furnished, but if for any cause it cannot be secured, give full explanation below ... mit such other proof of death as may be obtainable.

....

....

....

CERTIFICATE OF OFFICIAL SUPERIOR

... report of death on Form No. C.A. 3 has not been forwarded to the Bureau, such report should be made and accompany this claim for compensation)

... HEREBY CERTIFY that the person on account of whose death the foregoing claim is made was employed by the United ... when injured and official report of death was made on 28 November 1955
(Date)

... circumstances have arisen which alter the conclusions stated in the official report of death, or if the official superior disagrees with any of the statements made ... it is requested that a full explanatory statement be made below)

... marks: ....

....

....

...y, whether or not ... (continuation.)

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1. Department Army (War, Navy, etc.) 2. Bureau or office Chemical Corps (Ordnance, Yards and Docks, etc.)

3. Place of employment Camp Detrick (Arsenal, Navy Yard, etc.) Frederick (City or town) Maryland (State)

4. Full name of injured employee ....

5. Time of injury ...., 19 .... (Date.) (Day of week.) (Hour, a. m. or p. m.) ....m

6. Time employee stopped work ...., 19 .... (Date.) (Day of week.) (Hour, a. m. or p. m.) ....m

7. Time employee's pay stopped ...., 19 .... (Date.) (Day of week.) (Hour, a. m. or p. m.) ....m

8. First day employee was able to resume work ...., 19 .... (Date.) (Day of week.) (Hour, a. m. or p. m.) ....m

9. Did employee return to the same work and at same rate of pay after termination of disability? ....
If so, when? .... 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) .... days.

11. Number of days for which employee would have received pay had he not been disabled .... 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? .... (Give exact dates.)
(c) Any other reason ....

14. Nature of injury ....

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. [illegible], should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee Frank R. Olson

17. Time of death 28 November (Date.), 1953 Saturday (Day of week.) [illegible] a.m. (Hour, a. m. or p. m.)

18. Time employee's pay stopped 27 November (Date.), 1953 Friday (Day of week.) [illegible] p.m. (Hour, a. m. or p. m.)

19. Place of death Statler Hotel (Name of hospital, establishment, etc.) New York City, New York (City or town, and State.)

20. Immediate cause of death Multiple fractures, shock, and hemorrhage resulting from fall from tenth floor of hotel

21. Widow of deceased employee Alice W. Olson (Give full name.) R.F.D. [illegible], Frederick, Maryland (Address.)

22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.
Eric Wicks Olson	[illegible]
Lisa Wicks Olson	7
Nils Wicks Olson	5

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.
None		

14th December 53

Place of employment

1. Department [illegible] 2. Bureau or office [illegible] Corps
3. Place of employment [illegible] Frederick, [illegible]
4. Reporting office [illegible]
5. Name of superintendent or foreman in charge when injury occurred Lt. Col. V. L. [illegible]

The injured employee

6. Name of injured employee Frank Rudolph Olson 7. Age [illegible] 8. Sex M 9. Race W
10. Home address R.F.D. #5 (Give first name in full) (Street and number) Frederick (City or town) Maryland (State)
11. Occupation and division [illegible], SO Division (Give both, as laborer, hod division; bridge, 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? 8½ years
14. How long at present work in this establishment? 8½ years
15. Dates of other injuries 19 November 1953 is date of injury causing death on 28 Nov. [illegible]
16. Rate of pay on date of injury, $ 9800.00 per annum { and subsistence valued at $ per ; and quarters valued at $ per
17. Employee begins work at 7:45 a.m. (hour a. m. or p. m.) 18. Regular day's work ends 4:30 p.m. (Hour, a. m. or p. m.)
19. Hours worked per day 8 20. Days paid per week 5

The injury

21. Place where injury occurred (death) Statler Hotel, New York City, N. Y. (Give exact location, as name or number of building and division, etc.)
22. Date of injury (death) 28 November, 1953; day of week Saturday; hour of day 2:30 a.m.
23. Date employee stopped work 27 November 1953; day of week Friday; hour of day 4:30 p.m.
24. Date employee's pay stopped 27 November 1953; day of week Friday; hour of day 4:30 p.m. (a. m. or p. m.)
25. Has employee returned to work? No (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
   (a) Annual leave No (Give exact dates)
   (b) Sick leave No (Give exact dates)
   (c) Any other reason No (Give explanation)
27. Describe in full how injury occurred Jump or fall from tenth floor of hotel
28. State part of body injured and nature and extent of injury Multiple fractures, shock, and hemorrhage resulting in death
29. Did injury cause loss of any member or part of member? N.A. If so, describe exactly
30. Was employee injured while in performance of duty? If not or in doubt, give detailed statement
Death resulted from circumstances arising out of his official duties
31. Was injury caused by:
   (a) Willful misconduct of the employee? (b) Intention of employee to bring about injury or death of himself or another? (c) Employee's intoxication?
   Full information recorded in appropriate official files.
   (If any answers to these questions are made in the affirmative, the report must be accompanied by an additional statement giving the reason for the 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 completed if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury Dr. Robert V. [illegible]
1835 New Hampshire, N.W.
Washington, D.C.
(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 the Bureau's regulations? [illegible]

NOTICE.—Read carefully instructions on the back before executing this affidavit

Frederick, Maryland
(State or Territory where executed)
ss:

I, Alice Smith Wicks Olson, being duly sworn, on oath say that I am resid
RFD #5, city of Frederick, county of Frederick
State of Maryland; that on the 28th day of November, 19 5
Husband (Relationship) Frank Rudolph Olson (Name of decedent) had personal domicile in and was a reside
e city of Frederick, county of Frederick, and State of Maryland
on said day died intestate; that burial expenses amounting to Six-hundred and ninety three and fifty cents dolla
93.50) were incurred, as per original itemized bills herewith; that the amount of None
dollars ($) has been paid on such burial expenses
from funds belonging to
hat there is a balance of Six-hundred and ninety three dollars and fifty cents dollars ($ 693.50
ning unpaid.

(Here the affiant must state specific facts as indicated by instructions on back of this form)

Surviving dependents are:
Widow - Alice Smith Wicks Olson
Son - Eric Wicks Olson
Son - Mila Wicks Olson
Daughter - Lisa Wicks Olson

d served in the military or naval forces of the United States as follows: ASN 0-309341
March 20, 1942 - April 18, 1944, inclusive, Chemical Warfare Service
(If none, so state; otherwise give organization, period of service, and Army serial number, if known)

Will Not be made to the Veterans' Administration for burial expenses; that at the time of
(Will or will not)
ease compensation Was due said decedent from the Bureau of Employees' Compensation, and
(Was or was not)
re has been no administration, and if any amounts payable under the Employees' Compensation Act be paid,
nistration will be required.

(Signature must be in ink or indelible pencil. A signature by mark must be witnessed by two persons)
Alice Smith Wicks Olson

ON to by said before me, and subscribed in my
this day, at my office in said city. And I certify that said affiant is personally well known to me to be