

Name **WELK- JOSEPH EDWARD** Service Number **163-49-76**  
 Enlisted **XXX** at **RECRUITING STATION DETROIT MICH.** Date **1-29-17**  
 Enrolled **XXX** Age at Entrance **21 YRS 4 MOS.** Rate **HOSPITAL APPRENTICE 2 CLASS** U.S.N. **XXX** R. F.  
 Home Address **328 33RD ST.** Town **DETROIT** State **MICH.**  
**W** County **-** Served at **From To Served as No. Days**

TRAINING STATION NEWPORT  
 R.I.

4-6-17

6-1-17

NAVAL HOSPITAL NEWPORT  
 R.I.

6-1-17

9-21-17

USS ARIZONA

9-21-17

11-11-18 HOSPITAL APPRENTICE  
 1 CLASS

PHARMACISTS MATE  
 3 CLASS

57

273

255

Remarks:

Date **1-26-20**  
 Place **XXXX** Inactive Duty **NAVAL HOSPITAL NEW YORK N.Y.**

PHARMACISTS MTE 2 CLASS

Rating at Discharge

AUG 10 1921

Date	
<del>Disapproved</del>	
Approved	
Claim No.	64453