

COMMON-LAW MARRIAGE SUMMARY 4-22-59	1. Name of Employee <b>EDWARD HOFF</b>	3. Claim No. <b>A-564996</b>
	2. Name of Widow <b>ELEANOR R. HOFF</b>	4. State of Employee's Domicile <b>FLORIDA</b>

5. The parties:	EDWARD HOFF	ELEANOR R. HOFF
(a) Were legally capable of entering into a valid marriage	YES	YES
(b) Mutually agreed to become husband and wife:	YES	YES
(c) Intended to marry:	YES	YES
(d) Considered themselves as husband and wife:	YES	YES
(e) Cohabited:	YES	YES
(f) Held themselves out to the public as husband and wife:	YES	YES
(g) Contracted the marriage in a state which recognizes common-law marriages:	YES	YES
(h) Did cohabit with any other person	NO	NO

6. If the parties entered into a ceremonial marriage that was void because of a legal impediment, give date of ceremonial marriage (also answer item 5): **N/A**

7. Show State in which marriage was contracted: **NEW JERSEY**

8. If the parties began cohabiting in a State which does not recognize common-law marriage but later resided in a State which does, give the following information: **N/A**

- (a) State of residence: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- (b) While residing in this state, did they enter into a new agreement?

9. If at least one party was not legally capable of entering into a valid marriage, give:

- (a) Name of person subject to impediment: **N/A**
- (b) Type of impediment: \_\_\_\_\_
- (c) Date impediment was removed: \_\_\_\_\_
- (d) Name of person entering into marriage in good faith: \_\_\_\_\_

OTHER PERTINENT INFORMATION

*Employee showed Eleanor Hoff as his wife both on AA-1 and AA-1a.*

### APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD,

(DO NOT WRITE IN THIS SPACE)

OFFICIALLY FILED 251  
Date June 14 1962

By *William A. Walsh, Sup.*  
Jersey City Field Office

I, Eleanor Marguerite Hoff, hereby apply for any annuities or lump sums payable to me under the provisions of the Railroad Retirement Act, as amended.

#### INFORMATION ABOUT DECEASED EMPLOYEE

1. Name: Edward George Hoff (PRINT FIRST - MIDDLE - MAIDEN LAST NAME IF FEMALE - LAST NAME) 715-14-5137 (SOCIAL SECURITY ACCOUNT NO.)  
 2. Date and place of birth: Feb. 24, 1888 (MONTH - DAY - YEAR) Hoboken (CITY OR TOWN) New Jersey (STATE OR FOREIGN COUNTRY)  
 3. Date and place of death: June 5, 1962 (MONTH - DAY - YEAR) Tampa (CITY OR TOWN) Florida (STATE OR FOREIGN COUNTRY)

4. In what State or foreign country did the deceased employee have his fixed, permanent home when he died?  
Florida

5. Was the deceased employee survived by:  
(a) An unmarried child under age 18? No (YES OR NO) If "Yes," give name and address of such child:

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? No (YES OR NO) If "Yes," give name and address of such child:

6. (a) Did the deceased employee serve in the active military or naval service of the United States after September 7, 1939? No (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) Give: \_\_\_\_\_ (BRANCH OF SERVICE) \_\_\_\_\_ (DATE OF ENTRY)  
 \_\_\_\_\_ (PLACE OF ENTRY) \_\_\_\_\_ (DATE OF DISCHARGE) \_\_\_\_\_ (PLACE OF DISCHARGE)  
 \_\_\_\_\_ (MILITARY ORGANIZATION OR VESSEL AT TIME OF DISCHARGE) \_\_\_\_\_ (SERIAL NO. - IF NONE, GIVE RANK)

(2) Was the deceased employee receiving a monthly benefit from any Federal agency other than the Railroad Retirement Board? \_\_\_\_\_ (YES OR NO) If "Yes," give name of agency: \_\_\_\_\_

(3) Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? \_\_\_\_\_ (YES OR NO)  
If "Yes," give name of agency: \_\_\_\_\_

(b) Did the employee, after September 15, 1940, serve in the active military or naval service of a country allied with the United States during World War II? No (YES OR NO) If "Yes," was the employee a citizen of the United States at the time he entered such service? \_\_\_\_\_ (YES OR NO) If your answer to both questions is "Yes," give the name of the country for which he served: \_\_\_\_\_

Date of entry into service \_\_\_\_\_ Date of discharge \_\_\_\_\_

7. List all of the employment performed by the deceased employee during the last 3 years in which he worked:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
<i>Lehigh Valley R.R. Co</i>	<i>Easton Pa</i>	<i>before</i>	<i>1937</i>	<i>Jan</i>	<i>1954</i>
<i>Alpena Chevrolet</i>	<i>Tampa, Florida</i>	<i>Nov</i>	<i>1954</i>	<i>about</i>	<i>1960</i>

8. Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? No.  
(YES OR NO)

If "Yes," give the following information:

(a) Kind of trade or business: \_\_\_\_\_  
(b) Period of self-employment: From \_\_\_\_\_ to \_\_\_\_\_

9. Give the following information about each marriage of the deceased employee, including the marriage in effect at the time of his death:

DATE OF MARRIAGE (MONTH-DAY-YEAR)	TO WHOM MARRIED	PLACE OF MARRIAGE (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED (MONTH-DAY-YEAR) (PLACE)
<u>about 1914</u>	<u>Memie Merda</u>	<u>Gaston</u> <u>Northampton, Pa.</u>	<u>Sept 27, 1917</u> <u>death</u>	<u>Sept 27, 1917</u> <u>Gaston, Pa.</u>
<u>Jan 28, 1930</u>	<u>Eleanor M. Rath</u>	<u>Newark</u> <u>Essex, New Jersey</u>	<u>death</u>	<u>June 5, 1962</u> <u>Tempe Florida</u>

**INFORMATION ABOUT APPLICANT**

10. If you are the employee's widow, give your full maiden name: Eleanor Marguerite Rath  
 11. Your date and place of birth: Nov. 17, 1897 Allentown, Lehigh Pa.  
 (MONTH-DAY-YEAR) (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)  
 12. Were you married before your marriage to the deceased? No. If "Yes," give the following information about each of your previous marriages:

DATE OF MARRIAGE (MONTH-DAY-YEAR)	TO WHOM MARRIED	PLACE OF MARRIAGE (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED (MONTH-DAY-YEAR) (PLACE)

13. Was your marriage to the deceased employee performed by a clergyman or authorized public official? No.  
(YES OR NO)  
If "No," explain: This was a common law marriage

14. Have you remarried since the death of the deceased employee? No. If "Yes," when did you remarry?  
(YES OR NO)

15. Were you and the deceased employee living together at the same address when the deceased employee died?  
Yes If "No," answer (a), (b), and (c):  
(YES OR NO)  
(a) State why you and the deceased employee were not living together and when you separated: \_\_\_\_\_

(b) Was the deceased employee under order by any court to contribute to your support?  
\_\_\_\_\_ If "Yes," a certified copy of the court order should be furnished.  
(YES OR NO)  
(c) Was the deceased employee contributing to your support? (Contributions may be in cash or in kind, such as your living rent free in a house owned by the deceased employee.)  
\_\_\_\_\_ If "Yes," state how often he contributed and in what amounts:  
(YES OR NO)  
16. (To be answered by widower only.) Were you receiving at least one-half of your support from the deceased employee when she died or when her retirement annuity began?  
\_\_\_\_\_ If "Yes," have you filed proof of such support? \_\_\_\_\_

(YES OR NO)

16. (To be answered by widower only.) Were you receiving at least one-half of your support from the deceased employee when she died or when her retirement annuity began?

If "Yes," have you filed proof of such support? (YES OR NO)

17. Have you ever had a social security account number of your own? Yes If "Yes," give: Eleanor L. Huff 179-20-1028-A

18. Have you received or do you expect to receive benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? No If "Yes," give name of person on whose account you received or expect to receive

benefits and his RRB claim number:

19. Have you received, or do you expect to receive, benefits under the Social Security Act based on

(a) your own employment? Yes - Receiving 41.60 per month

(b) any other person's employment (not your own or the deceased employee's)? No

(c) If (b) is answered "Yes," give name of person on whose account you received or expect to receive benefits and his social security account number:

20. In the present calendar year did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act.) No If "Yes," give the following information:

(a) For the present calendar year, give:

Table with columns for months (JAN-DEC) and rows for employer information.

(b) If you were employed in the railroad industry this year (or expect to be so employed), give the date last worked (and the months you still expect to work, if any) in such employment. (If you have not worked and do not expect to work in such employment, write "None.") None

(c) For this entire year (January 1 through December 31) do you expect your total earnings from employment for hire and self-employment to exceed \$1200? No If "Yes," answer (1), (2), and (3) below:

(1) For this year I expect that my total earnings from employment for hire and self-employment will be \$

(2) List the months since January 1 of this year in which your monthly earnings did not exceed \$100 and in which you did not render services as a self-employed person: (If none, write "None.")

(3) Are you now working for more than \$100 a month or rendering services as a self-employed person? (YES OR NO)

21. Answer this question only if the employee died before January 1 of this year.

(a) During the preceding calendar year did you work in employment for hire? If "Yes," give the following information about all such employment, including employment in the railroad industry:

Table with columns for months (JAN-DEC) and rows for company information.

(b) During the preceding calendar year were you self-employed? If "Yes," answer (1), (2), and (3) below:

(1) Give your net earnings from self-employment for the preceding year: \$

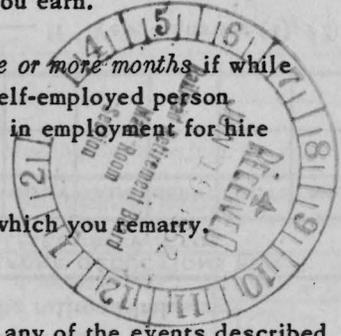
(2) State kind of trade or business:

(3) List the months of the preceding year in which you did not render services as a self-employed person:

(If none, write "None.")

**APPLICANT'S AGREEMENT**

- I. A widow's or widower's insurance annuity is not payable to you for any month in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.
- II. All or part of a widow's or widower's insurance annuity is not payable to you for one or more months if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of \$1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.
- III. A widow's or widower's insurance annuity ends with the month before the month in which you remarry.

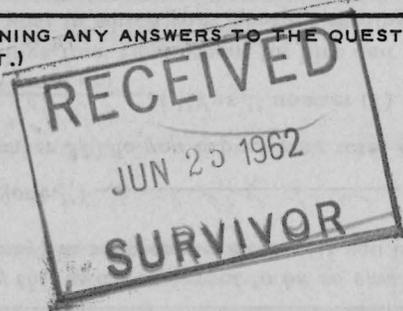


**QUESTIONS 22 and 23 MUST BE ANSWERED**

- 22. Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? Yes  
(YES OR NO)
- 23. Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if you learn you could receive such benefits upon filing an application? Yes  
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

*B. H. explained*



**CERTIFICATION:** Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

**NOTE:** If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

**SIGNATURE OF APPLICANT:**

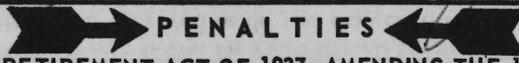
*Eleonor P Hoff*  
 (SIGN IN INK OR INDELIBLE PENCIL, DO NOT PRINT)  
*155 Hudson Street*  
 (STREET AND NUMBER)  
*Phillipsburg* (CITY) *6* (ZONE NUMBER)  
*Warren* (COUNTY) *New Jersey* (STATE)

**TELEPHONE NUMBER AT WHICH I CAN BE REACHED:**

*None*  
 (IF NONE, WRITE "NONE")  
 DATE SIGNED *June* (MONTH) *14* (DAY) *1962* (YEAR)

1. \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (STREET AND NUMBER)  
 \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZONE) \_\_\_\_\_ (STATE)

2. \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (STREET AND NUMBER)  
 \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZONE) \_\_\_\_\_ (STATE)



**PENALTIES**

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

THIS FORM IS TO BE FILLED IN BY RAILROAD RETIREMENT ACT ANNUITANT OR PENSIONER

FORM APPROVED BUDGET BUREAU NO. 70-R198 (11-51) FORM NO. AA-1a UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

REQUEST FOR INFORMATION REQUIRED UNDER THE 1951 AMENDMENTS TO THE RAILROAD RETIREMENT ACT

Enter on this line your Railroad Retirement Board Claim Number \_\_\_\_\_

1. Give your name EDWARD (None) HOFF (FIRST) (MIDDLE) (LAST)

Address 1221 EAST HILLSBORO AVE - TAMPA FLA. (STREET AND NUMBER) (TOWN OR CITY) (ZONE) (COUNTY) (STATE)

2. Give your date of birth: Month FEBRUARY Day 24 Year 1888

3. Do you have a social security account number of your own? YES (YES OR NO)

(a) If "Yes," give your name as shown on your social security account card

EDWARD (None) HOFF (FIRST) (MIDDLE) (LAST)

and your social security account number 715-14-5137

(b) If you have a social security account number but do not know what it is, give the following information:

Your father's name \_\_\_\_\_ (FIRST) (MIDDLE) (LAST)

Your mother's name \_\_\_\_\_ (FIRST) (MIDDLE) (MAIDEN LAST NAME)

Your place of birth \_\_\_\_\_ (TOWN OR CITY) (COUNTY) (STATE)

4. Have you worked since 1936 in employment covered by the Social Security Act? No - None (YES OR NO)

5. Are you now single, married, divorced or widowed? MARRIED (STATE WHICH)

6. If you are a widow or widower, give the date of death of your husband or wife \_\_\_\_\_ (DATE)

7. Have you any children, including stepchildren or adopted children, under 18 years of age and unmarried? No (YES OR NO) If "Yes," how many? \_\_\_\_\_

IF YOU ARE NOW MARRIED, FILL IN ITEM 8

8. Give your wife's or husband's ELEANOR MAE (None) HOFF (FIRST NAME) (MIDDLE NAME) (LAST NAME)

and date of birth: Month NOV Day 6 Year 1894

Present address SAME ABOVE (STREET AND NUMBER) (TOWN OR CITY) (ZONE) (STATE)

Date of marriage: Month OCT Day 12 Year 1928

Signed Edward Hoff (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Date JANUARY 14 - 1954 (MONTH) (DAY) (YEAR)

A564996

APPLICATION FOR EMPLOYEE ANNUITY UNDER  
THE RAILROAD RETIREMENT ACT

Officially Filed  
January 14-1954  
William R. Hony  
P. Bung - N.Y.  
7-5-14-5137

ALL ITEMS ON THIS FORM MUST BE ANSWERED. THE COMPLETED FORM IS TO BE RETURNED  
TO THE RAILROAD RETIREMENT BOARD,

1. Social Security Account No. 7-5-14-5137

2. Name (PRINT) EDWARD (None) HOFF 3. Race white  
If married woman, (FIRST) (MIDDLE) (LAST) 4. Sex male  
give maiden name (MALE OR FEMALE)

5. Date of birth FEB-24-1888 6. Place of birth (PRINT) HOBOKEN - N.J.  
(MONTH) (DAY) (YEAR) (TOWN OR CITY) (COUNTY) (STATE)

7. Father's GEORGE EDWARD HOFF  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)  
Mother's EMMA (UNKNOWN) HUISER  
(FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

8. Are you now single, married, divorced, or widowed? MARRIED If now married give wife's ELEANOR MAE KOTH  
(STATE WHICH) (FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

9. Are you applying for an annuity to begin before age 65? NO (a) If so, are you totally and permanently disabled for regular employment for hire? —, or are you disabled for work in your regular occupation? —; (b) what is your principal disabling condition? —; (c) what was your regular occupation in employer service during the last 5 years? —; (d) during the last 15 years? —; (e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act? —

10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? YES If "Yes," have you filed with the Board a statement of such service on Form AA-15? YES

11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")

LAST EMPLOYER		NEXT TO LAST EMPLOYER	
NAME OF EMPLOYER	<u>LEHIGH VALLEY</u>	NAME OF EMPLOYER	<u>—</u>
PAYROLL NAME	<u>EDWARD HOFF</u>	PAYROLL NAME	<u>—</u>
LAST OCCUPATION	<u>BRATENMAN</u>	LAST OCCUPATION	<u>—</u>
LAST DEPARTMENT	<u>TRANSPORTATION</u>	LAST DEPARTMENT	<u>—</u>
LAST DIVISION OR LOCATION	<u>NY DIV - EASTON PA</u>	LAST DIVISION OR LOCATION	<u>—</u>
WORKED FROM	<u>1912</u> TO <u>JAN 10-1954</u>	WORKED FROM	<u>—</u> TO <u>—</u>
(DATE)	(DATE)	(DATE)	(DATE)

11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act JANUARY 10-1954

12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? NO  
If so, give the names of all such employer(s) —

13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights LEHIGH VALLEY RR.

Date you relinquished these rights: Month JANUARY Day 10 Year 1954

14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

NAME	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
None, what do I owe.					
No self employment.					

14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? No - None

15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? YES If so, give date forwarded 1/14/54 Name and location of employing officer LEHIGH VALLEY

16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? No If "Yes," give \_\_\_\_\_ (DATE OF ENTRY) \_\_\_\_\_ (PLACE OF ENTRY)

\_\_\_\_\_  
 (BRANCH OF SERVICE) (MILITARY ORGANIZATION OR VESSEL) (SERIAL NUMBER - IF NONE, GIVE RANK)  
 \_\_\_\_\_  
 (PLACE OF DISCHARGE) (DATE OF DISCHARGE)

16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? \_\_\_\_\_ If so, give your Veterans Administration "C" number \_\_\_\_\_ If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for \_\_\_\_\_

17. (ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.) If you are granted a disability annuity AND if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were LAST employed prior to the date your annuity begins? \_\_\_\_\_

18. Are you applying for an annuity to begin on the earliest date permitted by law? YES If you wish a later date give: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 6 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.) \_\_\_\_\_

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME) \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_  
 (NAME) \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Edward Hoff  
 (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)  
1221 EAST HILLSBORO AVE  
 (STREET AND NUMBER)  
Tampa - 4 - Florida  
 (CITY) (ZONE NUMBER) (STATE)  
JANUARY 14 - 1954

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

3201767

PS2255

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

**EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.**

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals who on August 29, 1935, were in the active compensated service of or in an employment relation to an employer under that Act. Only such individuals should fill out this form. Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

LEHIGH VALLEY RAILROAD COMPANY

1. Social Security Account No. 715-14-5137

2. Name Edward Hoff 3. Race White  
(PRINT) (First) (Middle) (Last)

Address 111 So 4<sup>th</sup> St Easton Northampton Pa 4. Sex Male  
(Street and number) (Town or city) (County) (State) (Male or female)

5. Date of birth Feb 24 1888 6. Place of birth Hoboken N.J.  
(Month) (Day) (Year) (PRINT) (Town or city) (County) (State)

7. Father's Edward Hoff Mother's Emma Niebel  
(First name) (Middle name) (Last name) (First name) (Middle name) (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? yes If not, were you  
(Yes or no)

on August 29, 1935: on furlough and ready and willing to serve? no; on leave of absence? no; or absent  
(Yes or no) (Yes or no)

on account of sickness or disability? no  
(Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate block for each employer. Start with a new line of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) Lehigh Valley Railroad Company Edward Hoff  
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
<u>Trainman</u>	<u>Dec</u>	<u>1912</u>			<u>Transp.</u>	<u>Lehigh Divn.</u>

(b) \_\_\_\_\_ (Name of employer under the Act) \_\_\_\_\_ (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		

(Additional blocks are provided on the back of this form)

16-7468

Date Jan 2 1942  
(Month) (Day) (Year)

(Signed) Edward Hoff  
(Sign in ink or indelible pencil—do not print)

RRB: WA564996 Edward Hoff  
 SSN - 715-14-5137

STATEMENT OF DEATH BY FUNERAL DIRECTOR

TOE 210

NOTICE.—Whoever makes or causes to be made any false statement or representation of material fact for use in determining a right to payment under the Social Security Act is subject to fine, imprisonment or both, under Federal law.

1. NAME OF DECEASED <i>ELEANOR M. HOFF</i>		2. SOCIAL SECURITY NUMBER <i>179-20-1028</i>	
3. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		4. DATE OF DEATH OF DECEASED <i>APR. 21, 1976</i>	

5. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)

NAME OF NEXT OF KIN <i>MR. MARTIN ROTH</i>		RELATIONSHIP <i>Nephew</i>	
ADDRESS (No. and Street, P.O. Box) <i>315 N. Church St.</i>			
CITY AND STATE <i>ALLENTOWN, PENNA.</i>	ZIP CODE	TELEPHONE NUMBER OF NEXT OF KIN (If available) <i>432-7865</i>	

I hereby certify that I am an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for social security benefits.

NAME OF FUNERAL DIRECTOR OR FIRM <i>PEARSON FUNERAL SERVICE</i>		SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE OF FIRM <i>Lester D. Pearson</i>	
ADDRESS (No. and Street, P.O. Box) <i>1901 LINDEN ST.</i>		TITLE <i>OWNER</i>	
CITY, STATE, AND ZIP CODE <i>Bethlehem PENNA. 18017</i>	TELEPHONE NUMBER <i>866-1031</i>	DATE <i>APR. 22, 1976</i>	

For Social Security Use Only - DO NOT WRITE IN THIS SPACE

DO Processed 04/23/76 (Date) NE MAT SE GL WN MAM DIO

PLEASE TYPE OR PRINT CLEARLY

HILLSBOROUGH COUNTY HEALTH DEPARTMENT

1420 Tampa Street  
P.O. Box 1731  
Tampa 1, Florida

John S. Neill, M.D., M.P.H.  
Director

Plant City  
Co. Office Bldg.

A-564996

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
FLORIDA  
STATE FILE NO. \_\_\_\_\_  
REGISTRAR'S NO. 1793

BIRTH NO. _____		PLACE OF DEATH a. COUNTY Hillsborough		CODE NO. 39-062	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Hillsborough		
b. CITY, TOWN, OR LOCATION Tampa			c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Tampa			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			e. LENGTH OF STAY IN 10 Yrs. 9		d. STREET ADDRESS 4302 Marguerite				
NAME OF DECEASED (Type or print) First Middle Last EDWARD G. HOFF				4. DATE OF DEATH Month Day Year June 5, 1962					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1888	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor			10b. KIND OF BUSINESS OR INDUSTRY Lehigh Valley Railroad		11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? USA		
3. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 715-14-5137		17. INFORMANT'S SIGNATURE Address <u>3220 N. 1st St. Tampa, Fla.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from <u>6/4/62</u> to <u>6/5/62</u> and last saw <u>her</u> alive on <u>6/4/62</u> Death occurred at <u>12:20A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. J. Jaglaris, M.D.</u> (Degree or title)			22b. ADDRESS <u>Tampa, Fla.</u>			22c. DATE SIGNED <u>6/8/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6/7/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Estom, Pennsylvania</u>			
24. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Duval</u> ADDRESS <u>Duval Funeral Homes Tampa, Florida</u>			25. DATE RECD. BY LOCAL REG. <u>June 7, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Frances Chappell</u>				

This is to certify that the foregoing is a true and correct copy of a copy of a Death Certificate in my custody, and on file in the Office of the Division of Vital Statistics, at the Hillsborough County Health Department.

Witness my hand and seal this the JUN 8 1962

Division of Vital Statistics  
of the Hillsborough County Health Department

John S. Neill, M.D.  
Local Registrar of Vital Statistics

(Fee for this Certificate, \$1.00)

Nº 495378

This to Certify that the following is a true and correct copy of a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

JUN 18 1962  
(Date)

C. L. Wilbar Jr.  
(Secretary of Health)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

762  
36  
Primary  
Dist No.

File No. 96721-17  
Registered No. 586

1. PLACE OF DEATH a. County <u>Northampton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <u>Pa.</u> b. County <u>Northampton</u>	
b. City (If outside corporate limits, write RURAL and give township) or Borough <u>Easton</u>		c. City (If outside corporate limits, write RURAL and give township) or Borough <u>Easton</u>	
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location) <u>225 S. 5th St.</u>		d. Street Address (If rural, give location) <u>Easton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Murta</u> c. (Last) <u>Hoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24 - 1917</u>		
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5. SEX <u>Female</u>	6. COLOR or RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 1, 1889</u>	9. AGE (in yrs. last birthday) <u>27</u>	If Under 1 Yr. Months <u>9</u> Days <u>23</u>	If Under 24 Hrs. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (also give State or foreign country) <u>Penna.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Born - Penna.</u>
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13. FATHER'S NAME <u>Edward Murta</u>	14. MOTHER'S MAIDEN NAME <u>Sarah Richelderfer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S OWN SIGNATURE <u>Mrs. Edward Murta</u>	ADDRESS <u>Easton, Pa.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL Between ONSET and DEATH <u>36 days</u>  <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Endometritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following miscarriage.</u> DUE TO (c) <u>Pyemia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME (Month) (Day) (Year) Hour OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Aug. 19, 1917, to Sept. 24, 1917, that I last saw the deceased alive on Sept. 23, 1917, and that death occurred at 4:15 A.M. E.S.T., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Quincy</u>	M.D. or D.O.	23b. ADDRESS <u>Easton, Pa.</u>	23c. DATE SIGNED <u>9-27-17</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 27, 1917</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Easton Cemetery</u>	24d. LOCATION (Town, township and county) (State)
---	---------------------------------	---	---

DATE REC'D by LOCAL REG. <u>9-27-17</u>	REGISTRAR'S SIGNATURE <u>J. H. Warner</u>	25. SIGNATURE OF FUNERAL DIRECTOR <u>Walter H. Ashton</u>	ADDRESS <u>Easton, Pa.</u>
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I, Fred Vought, understand that this statement will be considered in connection with an application by Eleanor Hoff for payment of benefits under the Railroad Retirement Act on account of the employment of the employee named above.

- What is your relationship to the employee? Step Brother  
(MOTHER, CHILD, COUSIN, ETC. - IF NOT RELATED, STATE "NONE")  
To the applicant? Step Bro Marriage  
(MOTHER, CHILD, COUSIN, ETC. - IF NOT RELATED, STATE "NONE")
- How long have you known the employee? Life Time The applicant? 32 years
- How often and on what occasions did you meet the employee? 3-4 times a year  
The applicant? Same 3-4 yrs
- Were ~~are~~ the employee and applicant generally known as husband and wife? Yes
- Did ~~do~~ you consider them husband and wife? Yes  
Give facts and reasons for such belief. Because my Brother said they was married then we believe

6. By what name or names ~~was~~ (is) the wife known?

FIRST NAME	LAST NAME
<u>Eleanor Hoff</u>	

7. Did you hear them refer to each other as husband and wife? Yes  
When and where? Always

8. Did either of them ever deny their marriage? No

9. Did ~~do~~ they maintain a home and live together as husband and wife? Yes  
(YES OR NO)  
WHERE (CITY AND STATE) Newark New Jersey WHEN About 1931  
Easton Penn. 20 years

10. Did they live together continuously? Yes If not, explain

EMPLOYEE OR STATE MEMBER	DATE AND PLACE	DATE AND PLACE	DATE AND PLACE	DATE AND PLACE

11. Has either the employee or applicant entered into any other marriage? Yes (YES OR NO)

If so, give the following information regarding all such marriages:

STATE WHETHER EMPLOYEE OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED
Employee	Marion Hoff (m. wife)	1916 Easton Pa.	Death	Sept. 24, 1917 Easton Pa.

(This space may be used for explaining any answers to the questions. If you need more space attach a separate sheet.)

REMARKS:



**CERTIFICATION**

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this statement has been signed by mark (x), two witnesses who know the person making this statement must sign below, giving their full addresses.

SIGNATURE: Erud Knight  
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

ADDRESS: 89 Morison Ave  
(STREET AND NUMBER)  
Maplewood  
(CITY) (ZONE NUMBER)  
Essex New Jersey  
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED: 3-0-2-2276  
(IF NONE, WRITE "NONE")

DATE SIGNED: June 23, 1962  
(MONTH) (DAY) (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

NOTE: ALL ITEMS ON THIS FORM REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN."

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

SOCIAL SECURITY ACCOUNT NO.

STATEMENT OF MARITAL  
RELATIONSHIP

715-14-5137

EMPLOYEE'S NAME

Edward George Hoff

I, Eleanor Margerite Hoff, understand that the information given by me will be used in connection with an application filed for benefits payable under the Railroad Retirement Act on account of the employment of the employee named above. Name of person with whom you were living Edward George Hoff

1. (a) When did you begin living together? January 28 1930  
(MONTH) (DAY) (YEAR)

(b) Where? Newark New Jersey  
(CITY OR TOWN) (STATE)

2. (a) Did you live together continuously since that time? yes  
(YES OR NO)

(b) Where have you lived together and for what periods of time?

CITY OR TOWN	STATE	DATES	
		FROM	TO
51 Parkland St. Newark	New Jersey	Jan 28, 1930	April 1930
41 South 4th St. Easton	Pennsylvania	April 1930	Nov 1945
940 So. West Ave. Miami	Florida	Nov 1945	Jan 1947
41 South 4th St. Easton	Pennsylvania	Jan 1947	Jan 1954
4302 Margaret St. Tampa, FL	Florida	Jan 1954	June 5, 1962

(c) If question 2(a) is answered "No," give the periods of separation and reasons why you did not live together Always lived together

3. (a) Did you have an understanding as to your relationship when you began living together? yes  
(YES OR NO)

(b) If "Yes," and if it was in writing, furnish a copy; if it was not in writing, what did you say to each other about your living together? We had nothing in writing but just agreed to live together as man and wife and we intended to legally marry but time went on and we were never legally married

(c) Was this understanding later changed? No never  
(YES OR NO)

(d) If "Yes," what were the changes and when and why were they made?

4. (a) Did you have any understanding as to how long you would live together? yes  
(YES OR NO)

(b) If "Yes," what did you say to each other about how long you would live together? From the very first Jan 28, 1930 we agreed and said we would live together until death

(c) Did you have any understanding as to how your relationship could be ended? No  
(YES OR NO)

(d) If "Yes," what did you say to each other on this subject?

5. (a) Did you believe that your living together made you legally married? No  
 (YES OR NO)

(b) If "Yes," why did you believe so?

6. Why did you not have a ceremonial marriage? Because it was just neglect had we never did take steps to get married

7. (a) Was there an agreement or promise that a ceremonial marriage would be performed in the future? Yes  
 (YES OR NO)

(b) If "Yes," explain why the ceremony was not performed Just because we kept putting it off for no definite reason

8. (a) By what names were you known before you began living together?  
Eleanor (FIRST NAME) Margaret Koch (LAST NAME) Eleanor M. Koch (FIRST NAME) Koch (LAST NAME)

(b) By what name or names were you known after you began living together?  
Eleanor R. Hoff (FIRST NAME) Hoff (LAST NAME) Eleanor M. Koch (FIRST NAME) Koch (LAST NAME)

(c) By what name or names was the person with whom you lived known?  
Edward (FIRST NAME) Hoff (LAST NAME) Edward G. Hoff (FIRST NAME) Hoff (LAST NAME)

(d) If you both did not use the same last name, state reasons Used my maiden name at my work until Jan. 28, 1951 when I applied for a social security card they changed it to Eleanor R. Hoff because I was known as Eleanor Hoff or Eleanor R. Hoff from January 1930 when we began living together

9. (a) Were there any deeds or contracts executed, insurance policies taken out, bank accounts opened, etc., after you started living together? Yes  
 (YES OR NO)

(b) If "Yes," give the following information:

TYPE OF PAPER	DATE MADE OUT	WERE YOU SHOWN AS THE OTHER'S HUSBAND OR WIFE
Benefit assignment of Railway Employees Ins. Policy # 582-537152	Application dated February 18, 1954 to be effective March 1, 1954	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <small>Company: Eleanor Hoff</small>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

10. (a) Did you have joint business dealings with other persons or joint charge accounts in stores? Yes  
 (YES OR NO)

(b) If "Yes," give the names and addresses of such persons or stores:

NAME OF STORE OR PERSON	ADDRESS	DATE OF TRANSACTION
<u>Lawbach's Dept Store</u>	<u>Easton, Pa</u>	<u>Between 1930 &amp; 1954</u>

11. (a) Did either of you ever attempt to keep secret your living together? No  
 (YES OR NO)

(b) If "Yes," when and why?

12. (a) How did you introduce the person with whom you were living to relatives, friends, neighbors, business acquaintances and others? as my husband

(b) How did that person introduce you to relatives, friends, neighbors, business acquaintances and others? as his wife

13. (a) How was mail addressed to you? Mrs Edward Hoff or Mrs Eleanor Hoff

(b) How was mail addressed to the person with whom you were living? Mr. Edward G. Hoff or Edward Hoff

14. List below the names of your employers or the other person's employers and neighbors who knew of your relationship:

NAME	ADDRESS
Mrs. Anna Martin, Easton Dress Shop	11 Church St., Easton, Pa (my employer)
Mr. David Keller (my husband's Co-worker)	2428 Freemansburg ave., Easton, Pa
Mr. James Kelly ( " " " )	Jacks Township, Easton, Pa
Mr. Charles Crouse ( " " " )	226 Bushkill St., Easton, Pa.
Mrs. Lucy De Marco (neighbor)	344 Bushkill St., Easton, Pa

15. List below your closest relatives (other than children):

NAME	ADDRESS	RELATIONSHIP
Mrs Estella Peters	1102 Walnut St., Allentown, Pa	Sister

16. List below the closest relatives of the person with whom you were living (other than children):

NAME	ADDRESS	RELATIONSHIP
George Dougherty	41 Park Place, Livingston, N.J.	Step-brother
Fred Dougherty (address unknown)	Maplewood, N.J.	Step-brother

17. (a) Did you ever have any children? No If "Yes," list below: (YES OR NO)

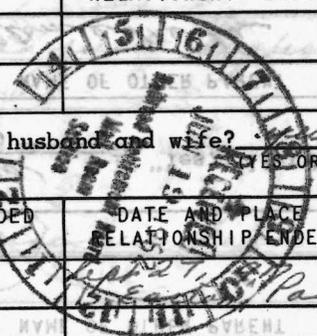
NAME	AGE	ADDRESS	NAME OF OTHER PARENT

(b) Did the person with whom you were living have any children? Yes If "Yes," list below: (YES OR NO)

NAME	AGE	ADDRESS	NAME OF OTHER PARENT
(Mrs. Allen) <del>Edna</del> Margare Reid	about 47	unknown - last known living in Norfolk, Va	Mamie Reid
Maurice Hoff	born Sept 1917	deceased 7/1959	"

18. (a) Did you ever live with any other person as husband and wife? No If "Yes," give the following information: (YES OR NO)

DATES	KIND OF RELATIONSHIP (CEREMONIAL, ETC.)	NAME OF PERSON	HOW RELATIONSHIP ENDED (DEATH, DIVORCE)	DATE AND PLACE RELATIONSHIP ENDED



(b) Did the person with whom you were living ever live with anyone else as husband and wife? No If "Yes," give the following information: (YES OR NO)

DATES	KIND OF RELATIONSHIP (CEREMONIAL, ETC.)	NAME OF PERSON	HOW RELATIONSHIP ENDED (DEATH, DIVORCE)	DATE AND PLACE RELATIONSHIP ENDED
<u>about 1914</u>	<u>Ceremonial</u>	<u>Mamie Merda</u>	<u>death</u>	

19. If either of you had an earlier ceremonial or common-law marriage that ended after you began living together, answer the following questions:

(a) Did you at the time you began living together know that the earlier marriage was still in effect? No If "Yes," when and how did you first learn that this marriage had not yet ended? (YES OR NO)

When and how did the person with whom you were living first learn of it? \_\_\_\_\_

(b) Where were you both living at the time the earlier marriage ended? \_\_\_\_\_

Where were you both living at the time you learned it ended? \_\_\_\_\_

(c) After you both learned that the earlier marriage had ended, did you say or do anything about your relationship? \_\_\_\_\_ (YES OR NO)

If "Yes," describe what each of you said and did at the time \_\_\_\_\_

**CERTIFICATION**

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this statement has been signed by mark (X), two witnesses who know the person making this statement must sign below, giving their full addresses.

1. \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (STREET AND NUMBER)  
 \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZONE) \_\_\_\_\_ (STATE)

2. \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (STREET AND NUMBER)  
 \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZONE) \_\_\_\_\_ (STATE)

SIGNATURE: Eleanor R. Hoff  
 (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS: 155 Hudson Street (STREET AND NUMBER)  
Phillipsburg (CITY) \_\_\_\_\_ (ZONE NUMBER)  
Warren (COUNTY) \_\_\_\_\_ (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED: None

DATE SIGNED: June (MONTH) 24th (DAY) 1962 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

1. Deceased employee's (a) 715-14-5137 (SOCIAL SECURITY ACCOUNT NO.) (b) unknown (R.R.B. CLAIM NO.)

(c) Feb. 24, 1888 (DATE OF BIRTH) June 5, 1964 (DATE OF DEATH) Jumpa, Florida (PLACE OF DEATH)

2. How many years did the deceased employee work in the railroad industry:

(a) Before 1937 26 years (b) After 1936 17 years

3. Give the following information for each employer, including employers outside the railroad industry, for whom the deceased employee worked during the 3-year period ending with the month of last employment: (If he worked for himself, write "self-employed" in the first column.)

NAME OF EMPLOYER	LAST OCCUPATION	LOCATION	Work Began		Work Ended	
			Month	Year	Month	Year
<u>Lehigh Valley Rd</u>	<u>Conductor</u>	<u>Easton, Pa</u>	<u>Sept</u>	<u>1937</u>	<u>Jan</u>	<u>1954</u>
<u>Empire Chevrolet</u>	<u>Night Watchman</u>	<u>Numbers Ave Jumpa, Florida</u>	<u>Nov</u>	<u>1954</u>	<u>about</u>	<u>1960</u>

4. Did the deceased employee serve in active military or naval service of the United States? No If "Yes," give (YES OR NO)

(DATE OF ENTRY) (DATE OF DISCHARGE) (BRANCH OF SERVICE)

5. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act? Yes (YES OR NO)

If he was receiving an annuity, did it begin before 1948? No (YES OR NO)

6. Give the following information regarding the deceased employee's widow or widower, children (including adopted children or stepchildren), and parents (including an adopting parent or step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living:

NAME OF SURVIVOR	SURVIVOR'S ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED
<u>Clara M. Hoff</u>	<u>155 Hudson St Phillipsburg, N.J.</u>	<u>Nov 17, 1897</u>	<u>Widow</u>
<u>Marjorie Reid</u>	<u>(Exact address unknown) Norfolk, Virginia (last known to be in Norfolk, Va in 1958 - present whereabouts unknown)</u>	<u>about 47</u>	<u>Daughter</u>

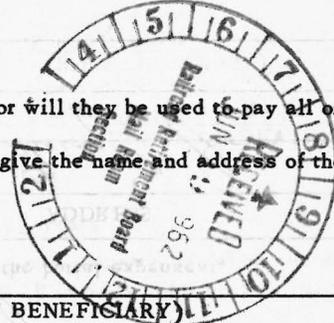
7. Are there any children named in item 6 who are 18 years of age or older and unable to engage in any regular employment because of a permanent disability that began before age 18? No If "Yes," give the name of each such child: (YES OR NO)

8. Is a child of the employee expected to be born? No If "Yes," give the anticipated date of birth: (YES OR NO) (MONTH-YEAR)



13. Were funds of the deceased employee used or will they be used to pay all or any part of the burial expenses of the deceased employee? Yes  
(YES OR NO)

14. Were proceeds from an insurance policy or benefits from a fraternal organization used or will they be used to pay all or any part of the burial expenses of the deceased employee? No If "Yes," give the name and address of the beneficiary named, if any. (If none, write, "None.")  
(YES OR NO)



(NAME OF BENEFICIARY)

(ADDRESS OF BENEFICIARY)

15. Give the name and address of the administrator or executor of the estate of the deceased employee, if any: (If none, write "None.")

(NAME)

(ADDRESS)

16. Has anyone filed an application for benefits under the Social Security Act by reason of the death of the deceased employee? No If "Yes," give the name and address of each such person:  
(YES OR NO)

17. What is your relationship, if any, to the deceased employee? Widow - Common Law

REMARKS: (This space may be used for explaining any answers to questions.)

Signature of person furnishing information

Eleanor R. Hoff

155 Hudson St. Phelpsburg, Ill.

(ADDRESS)

None  
(TELEPHONE NUMBER)

Date Signed

June 14, 1962



Sheet No. 1 of 1 R. R. B. No. \_\_\_\_\_

**RECORD OF EMPLOYEE'S PRIOR SERVICE**

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Hoff (Last name) Edward (First name) None (Middle name)  
111 S. 4th St., (Street and number) Easton (Post office) Northampton (County) Pennsylvania (State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

Lehigh Valley Railroad Company (Name of employer) 5-4-42mc1

Name on pay roll Hoff (Last name) Edward (First name) \_\_\_\_\_ (Middle name)

NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (Month, year)	DATE ENDED (Month, year)	DEPARTMENT	LOCATION OR DIVISION
1 <u>Same</u>	<u>Trainman</u>	<u>12-12</u>		<u>Transp</u>	<u>Lehigh Div.</u>
2					
3					
4					
5					
6					
7					
8					

3201766

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

Hoboken (City) New Jersey (State or country)  
 on February (Month) 24 (Day) 1888 (Year), which has (has not) been verified, and that such case of birth was entered on records of the employer prior to ~~during the year of~~ 1925

PS 2255

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? Yes (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Section 5.—PERSONNEL RECORD

OCCUPATION	DEPARTMENT OR DIVISION	FROM—		TO—	
		Month	Year	Month	Year
Trainman	Esston	12	12		
2	" - Beth.-Manville	2	36	Not	Ended
3					
4					
5					
6					
7					
8					

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan.	C	C	C	C	C															
Feb.	C	C	C	C	C															
Mar.	C	C	C	C	C															
April	C	C	C	C	C															
May	C	C	C	C	C															
June	C	C	C	C	C								M							
July	C	C	C	C	C															
Aug.	C	C	C	C	C															
Sept.	C	C	C	C	C															
Oct.	C	C	C	C	C															
Nov.	C	C	C	C	C															
Dec.	C	C	C	C	C															
Total																				

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan.																				
Feb.																				
Mar.																				
April																				
May																				
June																				
July																				
Aug.																				
Sept.																				
Oct.																				
Nov.																				
Dec.																				
Total																				

SPECIAL INSTRUCTIONS FOR AUGUST AND SEPTEMBER 1935.—Check pay roll for second half of August 1935; if name is not found on this pay roll, check pay roll for first half of August. Check pay roll for first half of September 1935; if name is not found on this pay roll, check pay roll for second half of September. Do not make an entry in more than one block for each of the two months.

NOTE.—(a) Line out spaces for all months for which entries have not been made.  
(b) Only 30 service years are required for verification.

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll	COMPENSATION										OCCUPATION							
	1931		1930		1929		1928		1927		1926		1925		1924		Year	Title on Pay Roll
Hoff (Last name)	116	89	108	55	116	90	103	66	91	11	81	08	81	94			1931	Trainman
	127	68	133	76	133	71	117	52	98	85	81	36	92	29				
Edward (First name)	99	55	100	32	108	64	115	28	97	23	80	00	72	00			1931	"
	106	05	108	55	91	93	97	99	76	85	62	76	84	90				
(Middle name)	128	80	100	54	125	34	96	72	117	78	120	02	76	46			1930	"
	99	42	132	90	16	71	131	72	125	59	117	03	93	12				
Apr.	88	97	111	15	125	35	119	00	77	56	97	53	85	28			1929	"
	92	87	116	06	125	35	123	02	129	67	104	61	90	03				
May	51	82	106	86	125	35	113	40	130	10	100	22	84	85			1928	"
	84	02	115	34	125	35	114	46	146	47	81	31	66	03				
June	81	85	106	41	117	00	102	14	133	03	96	98	94	99			1928	"
	111	13	40	22	108	64	106	84	115	46	103	41	102	93				
July	98	12	80	78	125	37	106	76	128	65	99	62	75	58			1928	"
	121	84	102	53	133	71	131	70	139	06	102	48	78	08				
Aug.	84	60	80	71	117	00	87	72	136	42	92	94	90	64			1927	"
	104	02	89	72	133	71	133	46	107	02	113	20	83	66				
Sept.	95	58	116	23	125	36	26	28	40	34	91	81	79	58			1927	"
	117	99	98	99	58	71	X		103	12	78	99	82	28				
Oct.	87	73	95	13	125	35	107	63	83	29	71	19	76	66			1926	"
	107	11	158	28	133	71	117	04	79	92	98	97	87	36				
Nov.	129	77	135	64	108	64	125	40	86	16	106	08	84	85			1925	"
	122	95	118	17	125	25	125	40	88	85	86	17	77	85				
Dec.	86	54	135	99	109	07	108	55	78	98	128	82	83	83			1924	"
	101	31	157	13	133	81	133	60	87	48	98	97	77	67				
Total	2446	61	2649	96	2749	96	2545	29	2498	99	2295	55	2002	86			1st	
	✓		✓		✓		✓		✓		✓		✓				1st	
																	2d	

NOTES.—(a) Line out spaces for all months for which entries have not been made.  
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

1-1-24 to 12-31-31 \_\_\_\_\_ Number of Months 84 Net compensation \$ 17189.22  
 Other service prior to 1-1-37 \_\_\_\_\_  
 C \_\_\_\_\_ M \_\_\_\_\_ A \_\_\_\_\_  
 Computer \_\_\_\_\_ Reviewer \_\_\_\_\_

1 Personnel record from the files of the Chief of Personnel

2 Erasures in section 7 made in Office of Auditor of Disbursements.

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Compensation from income tax and payroll records filed in the office of the Auditor of Disbursements. Payroll records prior to Jan. 19 25 have been destroyed by authority of the I.C.C.

Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "Additional information," or as initialed by me.

Date MAY 18 1942

W. C. Barrett (Signature) Chief of Personnel (Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " \* \* \* The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts \* \* \*."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year."

Form AA-11  
Revised March 1938  
(ORIGINAL)

IMPORTANT.—Read Instructions on Back of  
Duplicate Copy Before Filling in This Form

715-14-5137  
(Social Security Account number)  
(Railroad Retirement Board A-No. if you have filed application)

# DESIGNATION OR CHANGE OF BENEFICIARY

TO THE RAILROAD RETIREMENT BOARD,  
Washington, D. C.

Fill in Social Security Account Number; if you have no number, write "none".

SECTION 1. I, Edward Hoff born on Feb 2  
PRINT NAME (First) (Middle) (Last) (Month)

24 - 1888  
(Day) (Year)

hereby designate the person or persons named below in this section to receive any death benefits payable under section 5 of the Railroad Retirement Act of 1937 and any accrued annuities due at my death under the Railroad Retirement Act of 1937 or 1935: (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.)

IMPORTANT.- Section 1. must be filled in.

NAME OF BENEFICIARY (If a beneficiary be a minor, also give date of birth; if a married woman, state her full maiden name and her husband's last name)	ADDRESS	RELATIONSHIP
<u>Eleanor Margaret Roth</u>	<u>111 So 4<sup>th</sup> St Easton Pa</u>	<u>Friend</u>

Examined for form only  
Retirement Claims  
16

SEC. 2. In the event no person or persons named in section 1 are living at my death, or at the time the death benefit become payable, if later than my death, I designate the following as beneficiaries in their place:

NAME	ADDRESS	RELATIONSHIP
<u>Maurice Kenneth Hoff</u>	<u>111 So 4<sup>th</sup> St Easton Pa</u>	<u>Son</u>

SEC. 3. I direct that, if more than one beneficiary is named, the share of any beneficiary or beneficiaries who die before me or before the death benefits become payable, if later than my death, shall be paid in equal shares to the survivors, or entirely to the survivor if only one survives.

SEC. 4. By this designation I revoke all previous designations, if any, and I reserve the right to change or revoke any or all of the above designations at any time in the manner and form prescribed by the Railroad Retirement Board and without the knowledge or consent of the above beneficiaries.

NOTE.—No person listed above as a beneficiary may be a witness. IMPORTANT: (Signature) Edward Hoff  
The signature must be witnessed by two persons, not named as beneficiaries. (Sign with ink or indelible pencil—do not print)

WITNESSES: We, the undersigned witnesses, hereby certify that we saw Edward Hoff sign this designation

on the 12<sup>th</sup> day of July, 1938, and he (she) declared it to be his (her) free act and deed.

First witness { Name J. W. Christopher Address Sp. Garden 4th Easton Pa  
Second witness { Name Isabel M. ... Address 23-8-17 St Easton, Pa

Full name of present employer Lehigh Valley R. R.  
My occupation Conductor Department Transportation Division N.Y. - Lehigh

(Print or type your name and address below): Location N.Y. - Penna.

Name Edward Hoff  
Address 111 So 4<sup>th</sup> St, Easton Pa  
(Number and street) (City and State)

OFFICIALLY FILED  
JUL 28 1938  
RAILROAD RETIREMENT BOARD  
38

(Fill out both original and duplicate completely and forward without separation to the Railroad Retirement Board, Washington, D. C., through your employer, if agreeable.)