

ACT OF JUNE 27, 1890.

INVALID PENSION.

died 6/3/1895

57577 City
New York City

Claimant, George E. Stuebeling

No. 71 Saint Mark Place, Rank, Surgeon

County, New York City, Company,

State, N.Y., Regiment, 52nd N.Y. Vol. Inf.

Rate, \$ 12.00, per month, commencing July 17, 1890

Disabled by Dis., Med. App'd

RECOGNIZED ATTORNEY.

No. N. C.

Name, Nathan Pickford, Fee, \$ 10, Agent to pay.

P. O., Washington, D. C., Articles filed, 189

APPROVALS.

Submitted for Admission, Apr. 19, 1891, W. W. McCarty, Examiner.

Approved for Admission

Approved for Loss of sight of right eye, and nearly total deafness of left ear.

\$ 12.00 Houston

Legal Reviewed

Medical Referee

Apr 24, 1891

April 30, 1891

Not now pensioned under other laws. Last paid to 18, at \$

Pensioned from 18, at \$, for

Submitted for Admission, Apr. 10, 1891,

W. W. McCarty, Examiner.

W. W.

Approved for Admission

Approved for Loss of sight of right eye, and nearly total deafness of left ear.

\$12.00 Houston

Receiv'd by J. J. Jones, Legal Reviewer

Medical Referee.

Apr 24, 1891

April 30, 1891.

Not now pensioned under other laws. Last paid to _____, 18____, at \$_____

Pensioned from _____, 18____, at \$_____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Nov. 4, 1861, and honorably discharged July 8, 1862.

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed July 17, 1890, alleges permanent disability, not due to vicious habits, from loss of sight of right eye.

Admitted

DECLARATION FOR PENSION.

State of New York County of New York SS:

ON THIS 24th day of June A. D. 1890; personally appeared

George C. Stiebeling
whose Post office address is #51 St. Marc Place, N.Y. City, N.Y.

who, being duly sworn, declares that he is the identical George C. Stiebeling

who was a Surgeon in Company of the 57th Regiment

of New York Vols.; That he was ENROLLED in said company at

New York City, N.Y. on the day of October 1861.

and was honorably DISCHARGED at New York City, N.Y. on the 5th day of

July 1862. That he was born on the 6th day of November 1830.

That he is (1) partially disabled for the performance of ordinary manual labor

(2) by loss of sight of right eye

That he (3) has not been employed in the military or naval service of the United States otherwise than as stated above (4)

That since his final discharge from the service he has resided (New York City, N.Y.)

and that his occupation has been that of a physician

That prior to his entry into the service above-named he was in good health, being when enrolled

a (6) physician; that he is now unable to earn a support by manual

labor from causes above described, he therefore makes this declaration for the purpose of being placed on

the pension roll of the United States and hereby appoints NATHAN BICKFORD, of WASHINGTON,

D. C., his true and lawful attorney to prosecute his claim. That he has (3) not heretofore

received nor applied for a pension (7).

If the claimant makes his mark, two persons who can write must attest by signing their names on the lines below.

1 _____

2 _____

Geo. C. Stiebeling
Signature of Claimant.

Also at the same time and place, personally appeared D. Delich Steinach
 and George Junker of New York City
(Post Office.)
 State of New York to me well known as credible persons, who being duly
 sworn according to law, declare that they have been for 10 and man years respectively, acquainted
 with the above-named applicant, that they know him to be the person he represents himself to be, that
 they have every reason to believe that the foregoing affidavit by him subscribed is correct and true and
 that they have no interest in his claim.

If either witness sign by mark, two persons
 who can write must attest by signing here.

D. Delich Steinach
 Late Surgeon of the 103rd Regt N.Y.Vols.
Signatures of witnesses.
George Junker

Sworn to and subscribed before me by the above-named claimant and witnesses and I certify that I
 read the foregoing application to the claimant, and the affidavit to the witnesses, and acquainted them with
 the contents thereof before they executed the same. I further certify that I am in nowise interested in this
 claim, nor am I concerned in its prosecution.

[SEAL]

John Johnson
Signature of officer administering oath.
Notary Public
Official Character
N. Y. Co.

DIRECTIONS.

1. Degree or extent of disability.
 2. Name or nature of wound, injury or disease causing the disability.
 3. "Has" or "has not."
 4. If in the U. S. army or navy more than once, give particulars.
 5. Brief statement of places of residence, street and number in cities not required.
 6. Occupation before enlistment.
 7. If application has been heretofore made, give No. of the claim if you have it, and send me any papers you have relating to it.
- If you are a pensioner give No. of your certificate, for what pensioned and at what rate.

DECLARATION
 FOR
 PENSION.

UNDER ACT OF CONGRESS

JUNE 27, 1890.

BY

D. C. Steinhilber
Reg't 157th Reg't
William Duffin Vols.



FILED BY

NATHAN BICKFORD,
 Claimant's Solicitor,
 WASHINGTON, D. C.

AFFIDAVIT OF CLAIMANT.

State of *New York* County of *New York* 55:

In the pension claim of *George C. Stibelings*
late *Surgeon 2nd Reg't, New York Infantry* Vols.

personally came the claimant above named who being duly sworn, declares that he is the claimant in the
above entitled claim, that *his* post office address is *71 St. Mark's Place, City of New York,*
County of New York, State of *New York* and that
~~he cannot furnish the evidence of~~
to show

~~for the following reasons:~~

*While residing in the City of New York in the month of June
1863 he contracted an Iritis of his right eye, in the course
of which the late Dr. Althoff had to make several
Iridectomies which left the eye in its present state,
and the affiant further declares, that the power of
hearing on his left ear has diminished considerably
since some time, probably in consequence of age, and
that he cannot exactly specify the beginning of this
trouble.*

Give NAMES of all officers, Surgeons or Doctors since discharge, who would be able to testify, if living or if they could be found, and state, as to each one, why his evidence cannot be obtained.

If the affiant signs by mark, two persons who can write must attest by signing their names on the lines below.

George C. Stibelings

Sworn to and subscribed before me this 10th day of July, 1891. and I certify that I am nowise interested in this claim nor am I concerned in its prosecution

See note No. 2 below.



[Signature]
Notary Public
[Signature]
Official title

[SEAL.]

This may be sworn to before any person who is authorized by law to administer oaths. If the notary or justice has a general certificate on file at the U. S. Pension Bureau the clerk's certificate below may be omitted.

I, _____, Clerk of _____ Court in aforesaid County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereto is genuine.

WITNESS my hand and seal of office, this _____ day of _____, 18 _____.

[SEAL.]

Clerk of _____ Court.



No. 810,931

Pension Claim of
George C. Steubling
Aug 52^d N. Y. Inf.

Affidavit of Claimant.



FILED BY
NATHAN BICKFORD,
Claimant's Solicitor,
WASHINGTON, D. C.

AFFIDAVIT OF CLAIMANT.

State of *New York* County of *New York* 55:

In the pension claim of *Geo. C. Stiebeling*
late *Surgeon 52nd Reg't, N.Y. Infantry* Vols.

personally came the claimant above named who being duly sworn, declares that he is the claimant in the above entitled claim, that *his* post office address is *71 St. Mark's Pl., New York* County of

New York State of *New York* and that

~~he cannot furnish the evidence of~~

~~to show~~

~~for the following reasons:~~

The loss of his sight of right eye and his deafness are not the result of vicious habits, and he further declares that his disability originated as is stated in his former affidavit of the 13th day of February 1891 which is now on file.

Give NAMES of all officers, Sergeants or Doctors since discharge, who would be able to testify, if living or if they could be found, and state, as to each one, why his evidence cannot be obtained.

If the affiant signs by mark, two persons who can write must attest by signing their names on the lines below.

1

Geo. C. Stiebeling
Affiant's Signature.

2

Sworn to and subscribed before me this 21 day of July, 1891. and I certify that I am nowise interested in this claim nor am I concerned in its prosecution.

See note No. 2 below.

[SEAL.]

John Johnson
Notary Public
N.Y.C.
Official title.

This may be sworn to before any person who is authorized by law to administer oaths.
If the notary or justice has a general certificate on file at the U. S. Pension Bureau the clerk's certificate below may be omitted.

I, _____, Clerk of _____ Court in afore-said County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereto is genuine.

WITNESS my hand and seal of office this _____ day of _____ 18__.

[SEAL.]



_____, Clerk of the _____ Court.

No. 810,937

Pension Claim of

Geo. C. Stuebeling
Surgeon 52" N. Y. Inf.

Affidavit of Claimant.

FILED BY
NATHAN BICKFORD,
Claimant's Solicitor,
WASHINGTON, D. C.

JAN 29 1891
144170

(3-060 a.)

War Department,
Record and Pension Division,
JAN 29 1891

MILITARY SERVICE.

NAME OF SOLDIER:

Geo. E. Stebbins

Write nothing above this line.

Dit. Bureau of Pensions,
No. 810931 Jan. 28, 1891

SIR: It is alleged that the above-named man enlisted
Oct., 1861, and served as 52 Reg't Reg. U.S.A.
in Co. _____ in Co. _____ Reg't
also as a _____ and was discharged at
New York City
on Sunday, 1862

Respectfully returned to the
COMMISSIONER OF PENSIONS.

The rolls show that George E. Stebbins

mentioned in the preceding indorsement, was enrolled

Nov 4 1861, and
Dis'd July 8 1887
upon receipt of resignation
Apr. 20, 1879 of P



No. of prior claim _____
The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,
Geo. H. Rowland
Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

BY AUTHORITY OF THE SECRETARY OF WAR:
J. C. Rowland
Captain and Asst Surgeon, U. S. Army
11901-25m PPR

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should if possible, be in the handwriting of the affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

MAY 24 1899
REVISED

State of New York County of New York ss:

In the pension claim No. 5751770 of George E. Stiebeling
71 W. Market Place New York City N.Y.
late of Company of the 52^d Regiment New York Inf. - Vois.

PERSONALLY appeared before me, a Notary Public in and for the
aforesaid County and State, duly authorized to administer oaths, Herman Obbaring
a resident of New York in the County of New York
and State of New York whose Post Office address is #110 Second Street

Leitch well known to me to be reputable
and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 30 years,

and that he has often met him in his practice and in social intercourse and that at his request affiant
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlinations will be permitted unless the magistrate certify in his journal that they were made before executing the paper.)

carefully examined said George E. Stiebeling and found that the sight of his right eye is entirely lost and that his left ear is almost totally deaf, and affiant further certifies that these disabilities of said George E. Stiebeling incapacitate him for the performance of the manual labor, which is required in Surgery, midwifery and in the physical examination of patients to the rate of three fourths and that consequently said George E. Stiebeling is not able to earn a sufficient support,

and affiant further certifies that this his statement is made from his recollection and observation.

Instructions:
The doctor should state—
1. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately, and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
2. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.
3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.
4th. The extent or degree to which claimant has been disabled for perform manual labor, stating whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or totally disabled, and during what period of time; he was or has been so disabled.
The extent of dis-

He further declares that he has been a practitioner of medicine for 26 years, and that he has no interest either direct or indirect, in the prosecution of this claim.

Hermann Beharicus M.D.
Affiant's signature. Give rank and service, if in the army.

SWORN to and subscribed before me this 22nd day of May A. D. 1894
and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing statement were fully made known to him before swearing, including the words

erased and the words added,
and that I have no interest direct or indirect, in the prosecution of this claim.

[L. S.]

John Johnson
Official Signature
Notary Public
Official Character

I, _____ Clerk of the County Court in and for aforesaid County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereto is genuine.

WITNESS my hand and seal of office, this _____ day of _____, 189_____

[L. S.]

Clerk of the _____

NOTE.—This can be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. But if before a JUSTICE or NOTARY then CLERK OF COUNTY COURT must add his certificate of character hereon, if he has no certificate on file: if on file another will not be required with this affidavit.

ley.

MEDICAL EVIDENCE.

AFFIDAVIT OF

Doctor _____

FILED BY

NATHAN BICKFORD,
Pension Claim Attorney,
914 F STREET
WASHINGTON, D.C.



