

Name **ROBINER-WILLIAM**

Service Number **183-80-11** **959**

~~Enlisted~~
Enrolled at **RECRUITING STATION ST. LOUIS MO.**

Date **5-20-18**

Age at Entrance **25 YRS. 2 MOSL** Rate **HOSPITAL APPRENTICE 2ND CLASS**

~~XXXXXX~~
U.S. N.R.F.

Home Address **6420 SOUTHWEST AVE.**

Town **ST. LOUIS**

S County **--**

State **MO.**

Served at From To Served as No. Days

NAVAL TRAINING STATION
GREAT LAKES ILL.

~~5-22-18~~

11-11-18

HOSPITAL APPRENTICE
2ND CLASS
HOSPITAL APPRENTICE
1ST CLASS

168

7

Remarks:

Date ~~Discharge~~ **10-6-19**

Place **Inactive Duty** **NAVY DEMOBILIZATION STATION**
ST. LOUIS MO.

PHARMACIST MATE 3RD
Rating at Discharge **CLASS**