

G.R.S. Form #114-B

FULL NAME ALEKSIEHES, Toni  
 RANK Pvt. SERIAL 2200736  
 DIVISION & ORGANIZATION Pvt. Co.F. 353rd Infantry, 89th Div.  
 DATE OF DEATH 11-5-18  
 STATE FROM WHICH HE CAME Kansas  
 MEDALS OR DECORATIONS AWARDED None  
 FINAL GRAVE LOCATION 6-20-1922 29 7 A  
 Date Grave Row Block

St. Mihiel American Cemetery 1233  
 Cemetery



23/306/ARK

Robert O. Davis,  
 Major General,  
 The Adjutant General.  
 By ase

MAY 28 1925

World War Div.  
 MAY 26 1925

Was one buried with body? Yes. Between under-shirt and O.D.Shirt.

Was one fastened to name peg or stake used as a grave marker? Yes.

If name unknown and tags missing, description and marks should be given here:

NEAREST RELATIVE: No record.

ADDRESS: No record.

RELATIONSHIP: No record.

REPORTED BY:

Chaplain, Base Hospital No. 47, A.E.F.  
 (Signature and name of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.



## GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

**Aleksaitis, 2,200,786. Toni.**  
(Surname). (Number). (First Name and Initials).

**Pvt. Co.F. 353rd. Inf.**  
(Rank). (Organization).

PLACE OF DEATH **Base Hospital No.47, A.E.F.**

CAUSE OF DEATH: **GSW.**

DATE OF BURIAL: **Nov.7,1918.**

PLACE OF BURIAL:

(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

**American Burial Plot, assigned, Beaune,**

**Cote d'Or.**

GRAVE NUMBER: **237**

HOW MARKED: ~~Name tag?~~ Cross? **Yes.**

~~Headboard?~~ ~~Letter?~~

IDENTIFICATION TAGS: **Yes.**

Was one buried with body? **Yes. Between under-shirt and O.D.Shirt.**

Was one fastened to name peg or stake used as a grave marker? **Yes.**

If name unknown and tags missing, description and marks should be given here:

NEAREST RELATIVE: **No record.**

ADDRESS: **No record.**

RELATIONSHIP: **No record.**

REPORTED BY:

*Chaplain*  
**Chaplain, Base Hospital No.47, A.E.F.**  
(Signature and Rank of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.



## CODE SLIP

HEADING	SUB- HEADING	NO. OF COLLS	CODE
NAME	Aleksichs Ale	3	125
BURIED	Cemetery 1233	1	3
	Grave 29	2	29
	ROW 7	2	07
	Block A	1	1
STATE	Kans.	2	18
RANK	Pvt	1	2
DIVISION	89	2	89
ORGANIZATION	353	3	353
ARM	Inf	1	6
MARITAL	8 no	1	2
NAME	Aleksichs	3	125
Mr. Joseph (Brother)	STATE	2	17
RESIDENCE	COUNTY	2	05
535 Northrup Ave	CITY	3	038
Kansas City, Kans	RELATION	1	1
	OTHER	1	3
	ELIGIBILITY	1	6
	NATIVITY	1	
	RACE	1	
	ENGLISH	1	
	ATTENDANT	1	
	HEALTH	1	
	NO. OF SONS	1	
	DATE OF	1	
	TRIP	1	
	ACCEPTANCE	1	

Audited  
MAR 28 1932  
913

EPH

(ei)  
Aleksich, Toni

8th

Post. Co # 353rd Inf

XC-131022

Came to America when 18.

Date of mother's death 1910

Loco ? no record

~~She ?~~ - father died 1914

Born - 12-25-88 and 4-25-18

qB.



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Aleksichas, Toni - 1233 Bro

July 7, 1930.

Mr. Joseph Aleksichas,  
535 Northrup Ave.,  
Kansas City, Kans.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:

Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

Aleksiehes,  
(name.)

Toni  
(Christian name in full.)

2,200,736  
(Army serial number.)

Pvt

Co F 353 Inf  
(Rank and organization.)

State your relationship to the deceased Brother

Do you desire the remains brought to the United States? yes  
(Yes or no.)

If remains are brought to the United States, do you }  
wish them interred in a national cemetery? } (Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

Joe Aleksiehes  
(Name of person to receive remains.) (Express office.) (Telegraph office.)

535 Northrup Ave. Kansas City Kans  
(Number and street.) (City or town.) (State.)

(Sign here) Joseph Aleksiehes

Kansas  
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

August 27, 1929.

Aleksiehes, Toni  
1233

Mr. Joseph Aleksiehes,  
535 Northrup Avenue,  
Kansas City, Kans.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 25, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

*No widow*

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

*Mother dead*

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

*John T. Harris*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

2 Incls.  
Act of Congress  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

May 25 1929.

**Aleksichos, Toni**

**Mr. Joseph Aleksichos,  
535 Northrup Ave.,  
Kansas City, Kans.**

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the brother of the late Private Toni Aleksichos, Co. F, 353rd Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

2 incs.  
Act of Congress.  
Envelope.



April 1, 1924

ALEKSIENES, Toni Pvt.

Mr. Joseph Aleksienes,  
535 Northrup Avenue,

~~Headquarters~~ Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

1-Incl.  
Record card.

Assistant.

MFK

R. P. HARBOID



## REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 15, 1921.1. REMAINS OF ALEKSEI HES, Toni.SERIAL NUMBER 2200736RANK Pvt.ORGANIZATION Co. F, 353rd. Inf.2. Disinterred (date): Nov. 15, 1921.From (give complete location): Gr. 237Amer. Mil. Cem. # 83. Beaune (Cote d'Or) France.By: Group 2.Unit 4.3. Reburied (date): June 20 1922In (give complete location): GR. 29 BK.A Row 7By: Group Reburial

Unit

Casket &amp; shipping case

Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:

Buried in uniform, and in wooden box. Badly decomposed, recognitionimpossible.5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

(b) Other means of identification found upon disinterment, and general remarks:

No effects found.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Unable to determine.(b) Weight (estimated) U to D.(c) Hair—Color None visible.Quantity None.Characteristics None.(d) Hair on face—Color None.Location Unable to determine.Quantity U to D.(e) Permanent marks on body (old scars, peculiarities, or missing parts) None.

(f) Wounds or missing parts (received at time of casualty)

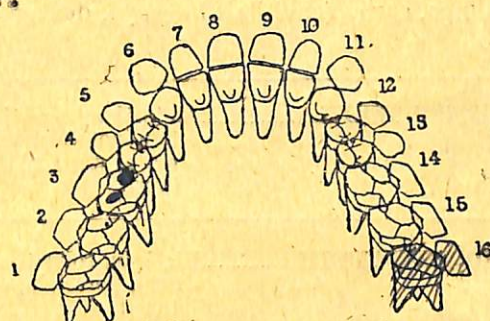
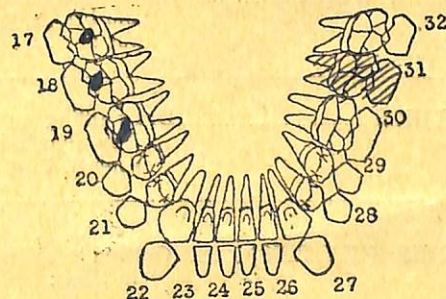
No. 3, 17, 18, 19. SF. No. 16  
MAD. No. 31. Extracted.Right leg amputated above knee. Autopsy on head.

Diagram represents the mouth wide open.

7. Disinterment  
supervised byJ. E. BENSON.

Approved:

THC.

(Title) D. E. LOWRY,  
1st. Lt., G.M.C.

8. Reburial

supervised by

H L Kramer

Approved:

(Title)

A E Dewey1st. Lt. G.M.C.



## INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

**MISSING TEETH**.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



**CROWNED TEETH**.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



**BRIDGE WORK**.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**FILLINGS**.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



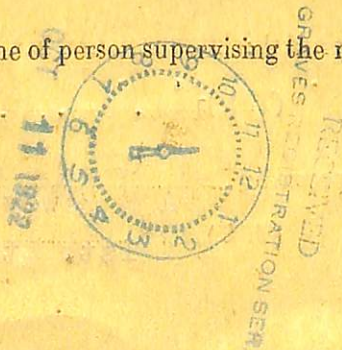
**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus:



**DENTURES (PLATES)**.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.





To be prepared in triplicate.

DATE Nov. 15, 1921.

## REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

## DISINTERMENT

## COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name Alekseihes, Toni  
 2. No. 2200736  
 3. Rank Pvt.  
 4. Org. Co. F 353 Inf.  
 5. D.D. 11-5-19  
 6. C.D. DOW

10. Name Toni Aleksaitis  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 237 Sec. \_\_\_\_\_  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. None

18. Cemetery Amer.  
 20. Dept. or County Cote D'or  
 22. G.R.S. Hdqrs. Code No. 83

19. Commune or town Beaune  
 21. Country France

23. Disinterred (Date) Nov. 15, 1921.By J. E. Benson.

24. Inscription on grave marker:

Name ALEKSEIHES, Toni.  
 Rank Pvt.

Serial No. \_\_\_\_\_  
 Organization Co. F, 353rd. Inf. Gr. 237

25. Was identification disc found on grave marker? Yes. On body? Yes.

Signature Junior Technical Assistant

T. H. CHUNN.

## PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

No effects found. Form 16a accomplished. Disc on body reads ( Toni Aleksaitis )27. Condition of body Badly decomposed, recognition impossible.28. Nature of burial Buried in uniform and in wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See No. 10.30. Body prepared and placed in casket: Date Nov. 15, 1921. By J. E. Benson.

31. Casket sealed by

J. E. Benson.

Signature of Embalmer, (Supervisor

J. E. BENSON.



SHIPMENT. (Show actual marking of box.) Box No. \_\_\_\_\_

## 32. Designation of body:

Name Alekseines, Toni Serial No. 2200736Rank Pvt. Organization Co. F 353 Inf.

## 33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty. #1233, Thiaucourt, M-et-M34. Casket boxed and marked (Date) Nov. 15, 1921. By J. E. Benson.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

*D. E. Lowry*

D. E. LOWRY, 1st. Lt., Q.M.C. bjm

36. Remarks \_\_\_\_\_

37. Shipped from point of Operation: (Date) Nov. 15, 1921.To point of Concentration Beaune ( Cote d'Or ) France.

(Name

Convoyer \_\_\_\_\_ Signature Shipping Officer Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date \_\_\_\_\_

By G.R.S. Representative \_\_\_\_\_

39. Shipped from Railhead or Point of Concentration: Date \_\_\_\_\_

To Permanent Cemetery St. Mihiel (1233) Thiaucourt ( M et M )

(Name

Convoyer \_\_\_\_\_ Signature Shipping Officer *W. R. Buckley*  
W. R. BUCKLEY, CAPT. QMC.40. Received: Date Nov. 19, 1921.G.R.S. Representative *G. B. Daniel, Capt. 2 MC*41. Reinterred June 20 1922

(Date

42. Grave No. 29

Section \_\_\_\_\_

43. ~~XXXX~~ Bk. ARow 7

el

G.R.S. Representative

*A. E. Dewey*  
A E Dewey Ist. Lt. QMC



G.R S. Form No 115

COUNTRY FRANCE

Cemetery No. 83

Sheet No. 2

File No. 55549

## COMPILATION N/R REQUESTS

## I. DATA COMPILATION

## A. Location Index Card:-

(6.4. 2/14/21 men)

ALEKSEIYES, TONI  
ALEKSEIYES, TONI Ser. No. 2200736  
(1) Name  
(2) Rank Pvt. Organization Co. F. 353rd. Inf.  
(3) Date of death 11/5/18

TYP. FLR

CKR. MEF.

## B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death D W R I A TYP. JS  
(5) Grave No. 237 Row ----- Plot ----- Sect. ----- CKR. JS

## II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

## B. A. G. O. DISPOSITION CARD

Date of receipt None

(6) Relationship Brother  
(7) Name Joe Aleksiehes  
(8) Address 535 Northrup Ave, Kansas City, Kans.  
(9) Desires remains brought to U. S.? Yes  
(10) Desires remains brought to U. S. and interred in National Cemetery at

(11) If brought back, what shipping instructions? Joe Aleksiehes  
535 Northrup Ave, Kansas City, Kans.  
exp. 2nd tel. of f. not mailed  
SEE SUSPENSION REMARKS  
M A O 4/16/20

## C. A. G. O. CORRESPONDENCE

Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card?  
If so, specify such information.

No correspondence

(13) A. G. O. Files EXAMINED by F. C. (Date) 4-15-20

D (14) G R. S Files - Correspondence. (Has reference been made to File No. Cancellation memos.? Yes) Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? - MMS  
(Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

No request for disposition

(15) G. R. S. Files EXAMINED by MMS

(Date) 5-3-20

(over)

checked by  
02-7-21

Exhumed  
1-23-22  
for Concentration  
St. Michael, 1233  
att 2/14/21

not



III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) \_\_\_\_\_

(16) Removal of Remains (within custody of G.R.S.) to \_\_\_\_\_

(17) Instructions that remains be left undisturbed \_\_\_\_\_

(18) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

B. G. R. S. FORM NO. 114 made (Date) 5/5/20

(19) Typed by LTW Checked by HD (Date) 5/5/20

C. SUSPENSION REMARKS: *Par 1. To be returned MEB Form 120 5-10-20 Joe Alekseihev, brother 535 Northrup Ave., New City, N.Y. states he thinks father is dead was living in Lithuania. Brother, next of kin requests body remain in France. Off'd by C.D.A. cc. 7-29-20*

D. Dispatched (Date) MAY 8 1920 (Let. Trans. No. \_\_\_\_\_)

Approved by \_\_\_\_\_

(Date) \_\_\_\_\_

*Suspension Remarks Contd. JUL 30 1920 OVERSEAS ADVISED by proposed cable #7 not to return body. MEB.*



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
GRAVES REGISTRATION SERVICE  
WASHINGTON

JUN 17 1920  
MAY 7 1920  
83-2

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Joe Aleksiehes, 535 Northrup Ave., Kansas City, Kans.

SUBJECT: Remains of Pvt. Toni Alekseihs.

The records of this office show that you have requested that his  
body be ~~returned to U.S.~~  
~~shipped to: Joe Aleksiehes,~~  
~~535 Northrup Ave., Kansas City, Kansas.~~

If these are not the correct instructions, please change them. Make  
changes on reverse side of this sheet.  
The nearest living relative may choose between, (1) return of the body  
to any address in the United States; (2) interment in Arlington, Va., National  
Cemetery; or (3) remain in France.

By authority of the Quartermaster General:

Noted on Form No. 115  
Date 7-29-20  
CHARLES C. PIERCE,  
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
---------	--------------	------	-------

Soldier's Widow	NONE	SOLDIER NEVER MARRIED	
-----------------	------	-----------------------	--

Soldier's Children	1.	JUL 30 1920 OVERSEAS ADVISED	
(Name oldest first)	2.	by proposed	
	3.	cable 117 not to return body	
		WAB	

Father Think father is dead. When last heard from was living in  
Lithuania, but has not been heard from for long time

Mother Mother died in 1909 in Lithuania

Brothers 1. Joe Aleksiehes  
(Name oldest first) 2. only one living

Sisters thought to be dead, as they have not been heard from for  
years

Date May 10, 1920 Signature Joe Aleksiehes

Address 535 Northrup Ave., Kan City, Kan Relationship brother

Note:- Instructions on the reverse side of this sheet should be carefully read  
before filling out this paper. (OVER)

the transfer of bodies will be made  
entirely at government expense.

LTV



About one year ago I wrote, asking that my brother's remains be returned to the United States. So long a time has passed that I do not now care to have the body brought to the United States, but prefer to have it remain in France.

Joe Aleksander

RECEIVED



JUL 1 1920  
G. H. S.

RECEIVED  
JUL 1 1920  
G. H. S.

RECEIVED

#### INSTRUCTIONS FOR FILLING OUT

1. This paper MUST be signed by the person who is the NEXT of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
6. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.



REPORT OF DISINTERMENT, PREPARATION AND SHIPMENT OF BODYDISINTERMENTCOMPARATIVE REPORT

Records Office Chief G.R.S.

Discrepancy found upon examination  
of body

1. Name ALEKSEIHES, Toni  
 2. No. 2200736  
 3. Rank Pvt.  
 4. Org. Co. F. 353rd Inf.  
 5. D.D. 11/5/18  
 6. C.D. D W R I A

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 237 Sect. \_\_\_\_\_  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sect. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. \_\_\_\_\_

18. Cemetery American  
 19. (Commune or Town) Beaune  
 20. (Dept. or County) Cote d'Or  
 21. (Country) France  
 22. G.R.S. Hdqrs. Code No. 83  
 23. Disinterred (Date) \_\_\_\_\_ By \_\_\_\_\_  
 24. Inscription (Name) \_\_\_\_\_ SERIAL NO. \_\_\_\_\_  
     on \_\_\_\_\_ ORGANIZATION \_\_\_\_\_  
     Grave Marker (RANK) \_\_\_\_\_  
 25. Was Identification Disc found on Grave Marker? \_\_\_\_\_ On Body? \_\_\_\_\_

Signature of Junior Technical Assistant

(The following space is reserved for notations to be made by office Chief Graves  
Registration Service.)



PREPARATION

26. What other means of identification were on body? (If no Disc or other means of identification on body, give description of body in detail.....)

27. Condition of body.....

28. Nature of burial.....

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above

30. Body prepared and placed in casket (Date)..... By.....

31. Casket sealed by.....

(Signature of Embalmer Supervisor).....

SHIPMENT (Show actual marking of box) Box No.....

32. DESIGNATION (Name ALEKSEIYES, Toni Serial No. 2200736  
OF (  
BODY (Rank Pvt. Organization Co. F. 353rd Inf.

33. CONSIGNEE - Name Joe Aleksiehes,  
Address 535 Northrup Ave., Kansas City, Kansas. (Ex. & Tel. Offices not named.)

34. Casket boxed and marked (Date)..... By.....

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
Signature of G.R.S. Inspector.....

36. Remarks.....

37. Shipped from Cemetery (Date)..... To.....  
(Point of Concentration)

Convoyer..... Sign. Shpg. Officer.....

38. Received at Point of concentration (Date).....  
Sign. Receiving Officer.....

39. Shipped from Point of Concentration (Date).....  
To (Port)..... Convoyer.....  
Sign. Shipping Officer.....

40. Received European Port (Date).....  
Signature of G.R.S. Representative.....

41. Shipped to (U.S. Port..... On (Boat).....  
Date..... Convoyer..... (Sign. Shpg. Officer.....

42. Received (Date)..... By G.R.S. Rep. ....

43. Shipped to destination (Date)..... (Signature)  
.....) B/L or Express Order No. ....  
Convoyer.....) Shpg. Officer.....



**FILE**CEMETERIAL DIVISION  
REGISTRATION SECTIONFebruary 21, 1921.

## MEMO FOR:

Cards Department.

1.

## CASE OF:

Co. F, 353rd InfantryORGANIZATION (old)Alekseihs, 2200736, ToniPvt(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

## ORGANIZATION (New)

FILE NO.

SURNAME Aleksiehs

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

BY: Margaret K. McCarthyInvestigation & Adjustment.  
(Department)5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By MGC

S/1105/LML



FROM: O. Q. M. B. G.  
CEMETERIAL DIVISION  
Munitions Building  
Room

PLEASE  
EXPEDITE



WAR. DEPARTMENT

Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-0

Information requested of A.G.O.

Date 2/11/21.

File No. 55549 Requisition.

(SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemetery Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

a. Surname Alekseihes  
or (Aleksiehes) OK

f. Date of death 11/5/18. OK

b. Christian name Toni OK

g. Cause of death DWRIA. OK

c. Serial Number 2200736 OK

h. Authority (G.O.#)

d. Organization Co. F, 353rd Inf. OK

i. ☒ Emergency address

e. Rank Pvt. OK

j. Relationship

Bro. Joseph Alekseh (Bro.)

535 DENTAL CHARTS

(See Physical report of examination prior to enlistment)

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

a. Strike out teeth missing

b. Color of eyes

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
upper right upper left

c. Color of hair

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
lower right lower left

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (old fractures or breaks)

Donnelly - SCB  
EPL in 81 2-12-21

Cemetery NO: 83

2

I.W.

SHEET NO:

BY:

H. L. ROGERS,  
Quartermaster General, U.S.A.

H. C. CONNER,  
1st. Lieut. Q.M.C.

Recd World War Div.  
Date

FEB 12 1921

12



50549  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

... **Aleksaitis, 2,200,786. Toni.** .....  
(Surname). (Number). (First Name and Initials).

... **Pvt. Co.F. 353rd. Inf.** .....  
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital No.47, A.E.F.**...

CAUSE OF DEATH: **GSW.**.....

DATE OF BURIAL: **Nov.7,1918.**.....

PLACE OF BURIAL:.....

(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

... **American Burial Plot, assigned, Beaune** .....  
**Cote d'Or.**.....

GRAVE NUMBER: **237**.....

HOW MARKED: Name Peg?..... Cross? **Yes.**.....

~~Headboard?~~..... ~~Bottle?~~.....

IDENTIFICATION TAGS: **Yes.**

Was one buried with body? **Yes. Between under-shirt**  
**and O.D.Shirt.**

Was one fastened to name peg or stake used as a grave marker? **Yes.**

If name unknown and tags missing, description and marks should be given here:

NEAREST RELATIVE: **No record.**.....

ADDRESS: **No record.**.....

RELATIONSHIP: **No record.**.....

REPORTED BY:

... **Chaplain, Base Hospital No.47, A.E.F.** .....  
(Signature and Rank of Reporting Officer).

This portion to be sent to Chief of Graves Registration Service.





Base Hospital #47  
Hospital Center, A.P.O. 909  
American Expeditionary Forces.

6 November 1918.

From: The Commanding Officer.  
To: Graves Registration Service, A.E.F.  
Subject: Report of Death and Burial.

1. Name: Toni Aleksaitis, #2,200,786.
2. Rank: Private.
3. Company: F.
4. Regiment: # 353rd Infantry
5. Date of Death: 11 November 8 1918.
6. Cause of Death: GSW left knee gas gangrene infection.
7. Autopsy Findings: Above cause verified. Autopsy performed by Hospital Center Laboratory.
8. Place of Death: Base Hospital #47.
9. Place of Burial: Beaune, Cote d'Or, France.
10. Date of Burial: 7 November 1918.
11. Cemetery: American Burial Plot assigned.
12. Grave Number: 192.
13. Age: 30.
14. Marking of Grave: Cross.
15. Original tag buried with body placed between undershirt and G I shirt.
16. Duplicate tag fastened to Cross.
17. Nearest relative and address: No record.
18. In line of duty: Yes.
19. Result of own misconduct: No.

