

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson *2268134* *Eddie C.*
(Surname.) (Number.) (First Name and Initials.)

Pvt. *Co. G. 58th Inf.*
(Rank.) (Organization.)

DATE OF BURIAL *July 26, 1918*

PLACE OF BURIAL *Chivillon, France*

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

American cemetery, 128 paces
south of Chivillon, on west side
of road. Meaux map.

GRAVE NUMBER *16*

HOW MARKED: Name Peg? Cross? *yes*

Headboard? Bottle? *no*

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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:

ft 5' 10" 120 lbs
NOTED
Casualty Section, S. D.,
Per

REPORTED BY:

Ernest H. Reed, Chaplain 58th Inf.
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l, G. H. Q., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>AND</i>	3	<i>144</i>
<i>Eddie O</i>	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>55</i>	2	<i>55</i>
	ROW <i>3</i>	2	<i>03</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Washington</i>	2	<i>56</i>
PANK	<i>P 36</i>	1	<i>2</i>
DIVISION	<i>4th</i>	2	<i>04</i>
ORGANIZATION	<i>58</i>	3	<i>058</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>(Adm.)</i>	<i>No</i>	1	<i>2</i>
NAME <i>Anderson</i>		3	
<i>B. J.</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Lyle, Minn</i>	CITY	3	
RELATION <i>no fm loco</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>no</i>		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

29/514/PJ

AUG 17 1952

RB

AUDITED

McF

cmv

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Eddie O. 1764 Adm

July 7, 1930

1

Mr. C. J. Anderson
Lylo, Minn.

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:

NO

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

If so, give her name and address:

NO

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:

NO

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Eddie O.
1764

Aug. 21, 1929.

Mr. C. J. Anderson,
Lylo, Minn.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 11, 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:

Was not married

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 is dead.

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

For The Quartermaster General,

Very truly yours,

C. J. Anderson

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

June 11, 1929.

Anderson, Eddie O.

Mr. C.J. Anderson,
Lylo, Minn.

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 administrator of the estate of the late Private, first class Eddie O. Anderson, Co. G, 58th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, 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.

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OFFICE OF THE QUARTERMASTER GENERAL
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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.

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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June 11, 1929.

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Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

REPORT OF DISINTERMENT AND REBURIAL

Place Bellou (Aisne)Date November 27, 1922.1. REMAINS OF ANDERSON, Eddie OSERIAL NUMBER 2268134RANK Pvt 1/clORGANIZATION Co. G. 58th Inf.

2. Disinterred (date):

From (give complete location):

November 27, 1922Gr. 16 Sec V Plot 1 Cty 1764By: Group 1Unit FS 1 Aisne Marne Cty.

3. Reburied (date):

In (give complete location):

December 12, 1922Gr. 55 Row 3 Blk B Cem 1764By: Group reburial group Unitlined casket
Nature of Reburial

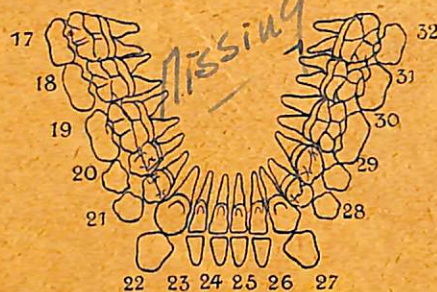
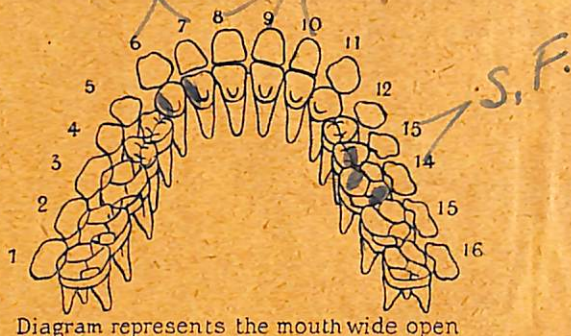
4. Report as to nature of original burial and condition of body upon disinterment:

Burlap and wooden box. Badly decomposed, features unrecognizable5. (a) Identification tags: Buried with body? yes, On grave marker? yes
corroded

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

bottle record agrees. Cross tag placed with body.collar insignia "58 Inf G".

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

(a) Height (actual measurement) impossible to determine(b) Weight (estimated) -do(c) Hair—Color -doQuantity -doCharacteristics -do(d) Hair on face—Color -doLocation -doQuantity -do(e) Permanent marks on body (old scars, peculiarities,
or missing parts) -do

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

fractures: skull, facial.lower jaw missing checker W D Wall Jr7. Disinterment
supervised byC P Keating SE

Approved:

S D Campbell
(Title) Captain QMC8. Reburial
supervised byL. D. HAYS

Approved:

W.D. CLEARY
LT. CHAPLAIN USA

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), bicuspids (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 November 27, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT
nem

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body ✓

1. Name ANDERSON, Eddie O.

10. Name _____

2. No. 2268134

11. No. _____

3. Rank Pvt 1/c.

12. Rank _____

4. Org. Co. G. 58th Inf.

13. Org. _____

5. D.D. July 18. 1918

14. (a) D.D. _____

6. C.D. KIA(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 16 Sec. V

15. Grave No. _____ Sec. _____

8. Plot 1 Row _____

16. Plot _____ Row _____

9. _____

17. none18. Cemetery Aisne-Marne Amer.19. Commune or town Belleau20. Dept. or County Aisne.21. Country France

22. G.R.S. Hdqrs. Code No. _____

1764

23. Disinterred (Date) November 27, 1922 By C P Keating.

24. Inscription on grave marker:

Name Eddie O. ANDERSON

Serial No. _____

Rank pvt 1/c1Organization Co. G. 58th Inf25. Was identification disc found on grave marker? yes On body? yescorroded
WD Wall Jr
Signature Junior Technical Assistant

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).

cross tag placed with body. Bottle record agrees.collar insignia "58 Inf. G"27. Condition of body badly decomposed, features unrecognizable.28. Nature of burial burlap and wooden box29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none30. Body prepared and placed in casket: Date November 27, 1922 By C P Keating31. Casket sealed by C P KeatingSignature of Embalmer, (Supervisor) C P Keating

SHIPMENT. (Show actual marking of box.) Box No. C-31134

32. Designation of body:

Name Eddie O. ANDERSON. Serial No. 2268134
Rank Pvt 1/c. Organization Co. G. 58th Inf.

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty. 1764, Belleau, Aisne.

34. Casket boxed and marked (Date) November 27, 1922 By C P Keating

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 S D Campbell
Capt QMC

36. Remarks _____

37. Shipped from point of Operation: (Date) November 27, 1922

To point of Concentration _____
(Name)
Convoyer _____ Signature Shipping Officer _____

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 Aisne-Marne Amer Cty 1764 Belleau (Aisne)
(Name)
Convoyer _____ Signature Shipping Officer S D Campbell
Capt QMC

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred December 12, 1922 Aisne Marne Cem. 1764
(Date)

42. Grave No. 55 Section _____

43. Plot Block B Row 3

G.R.S. Representative W.D. Cleary
W.D. CLEARY LT. CHAPLAIN USA

COMPILATION OF DISPOSITION OF REMAINS DATA

File #6076

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Eddie O. Ser. No. 2268134 *OK 3/10/21*
 (b) Rank Pvt. 1/c Organization Co. G, 58th Inf. TYP. evs
 (c) Date of death 7/18/18 (d) Cause of death k/a CKR. B. J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 16 Row - Plot 1 Sec. V TYP. evs
 (b) Emerg. Address Albert Anderson, Wilbur, Washington, (Over)

III. Files of soldiers dying from contagious diseases - CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt -

(a) Name A. M. Martin (b) Relationship Brother-in-law
 (c) Address RP# 2, Wilbur, Wash
 (d) Remains to be brought to U. S.? No
 (e) To be interred in National Cemetery in U. S. at -
 (f) Shipping instructions upon arrival of body in U. S. -
 (g) Disposition instructions if not brought to U. S. -

Examiner's Initials MH Date 2-19-21, 1920.

V. A. G. O. CORRESPONDENCE shows communication from

_____, dated _____, confirming request in Par. IV., item _____, above, or requesting that _____

No correspondence

Examiner's Initials MH Date 2-19-21, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition

(a) Cancellation memos referred to? Yes MH

Examiner's Initials MH Date 2-19-21, 1920.

COUNTRY FRANCE CEMETERY No. 1764 SHEET No. 41

RECEIVED.

APR 28 1921

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____ Checked by _____, 1920.

VIII. FINAL ACTION.

Following advice forwarded to Europe by

cable on _____, 1920

letter on _____, 1920

Par. # 2 Not To Be Returned

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

B. A. M. R. Mr. Andrew Nels Anderson (Brother)
Lyle, Minnesota 3-16-21 E.M.

Name

Rank

Serial No

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

..... *Hughes*
A.G.O. Card & Corr. *2-19-21*

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
G. R. S. Corr.

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
Checkers

..... Discrepancies

Name

Rank

Serial No. *7 SW sent*

Org. *2-21-21*

Remarks

.....
check 2-19-21
2 mm

O P I N I O N

CASE OF ANDERSON: EDDIE O.- 2268134- Pvt 1/c Co. G, 58th Inf. KIA 7/18/18GRAVE 16-V-1 Cty 1764 reburied during operations in same grave.It is my opinion that the body exhumed from Grave 16-V-1 Cty 1764 and reburied during operations in same grave IS THAT of Pfc. Eddie O. Anderson-
2268134- Co. G, 58th Inf. OVER

DENTAL CHART

Board of Review Case.

Date of Enlistment		Report on Disinterment			
A.G.O.		Emergency Address		Dental Work	
Missing	Dental Work	Dental Work	Missing B.D.	Dental Work	Miss A.D.
U.R.				1 cav.	
none		Information not requested.	None	6;7 gld. flg.	8
U.L.				12 cav.	
none			none	9;10 gld flg.	
				13;14 amal flg.	
L.R.					
none			Lower Jaw		
L.L.				Missing.	
none					

Above discrepancies can be accounted for as follows: 27 years 7 mos when enl.
The physical examination at time of enlistment seldom made any record of fillings- if the requisite number of teeth were present- they listed as OK, except in rare instances.

BODY DESCRIPTION

A.G.O. Report	E/A Report	Report on Disinterment
Height 5' 5"		Impossible to determine
Weight 119		" " "
Hair Lt. Brown		" " "
Fractures		

IDENTIFICATION TAGS

Found on Body
YES - corroded- reads "-----ON;E-----"

Found on Cross
YES

OTHER IDENTIFYING MARKS

Found on Body
Cellar insignia "G - 58 Inf." "U.S." Missing- Lower Jaw.
Fractures; Head Shattered.

ORIGINAL BURIAL DATA

Body in this Grave concentrated from B/A Cty 371, St. Gengoulph, Aisne (Myers Pl. 90)
This man reported buried originally Gr. 16, Chevillon, France OVER
Organizations of other men buried around original location 58th & 59th Inf.

B of R. case

Concur:

APPROVED:

B. Kensett Vail
B. Kensett Vail
Investigator

OVER

GLB;..... Buried 7/26/18, Chevillon France, American Cty. 175 paces south of Chevillon, on west side of road. Grave 16, Tag on body and G.M.

F-1A..... Grave 136, Amer. B/A Cty St. Gengoulph, Aisne. Cty #371

F-16..... Exhumed From Gr. 136, Myers plot 90, near St. Gengoulph, Aisne.

(Cmme of Chevillon is the cmme west of cmme of St. Gengoulph, Aisne. the coor. given by Myers for his Plot. 90 is very near the border of these two cmmes)

(The Northern coor. given by the F-16 is not correct- evidently as the F-16 gives 257 & 258- whereas the F-1A, and Myers lists these burials as N 266-268, 258 is some distance south of either cmme.)

No R.C.S. report located for this soldier.

Out of the 236 burials listed for this Cty. 131 were of the 58th Inf., died 7/18 or 19/1918.

Therefore

The Investigator is of the opinion that the body exhumed from Grave 16-V-1 Cty 1764 and reburied during operations in the same grave IS THAT of Pfc. Eddie O. Anderson-2268134- Co. G, 58th Inf.

1... Dental Chart checks.

2... Tag on body- tho corroded- the part legible, checks with part of this soldier's name.

3... This body has always been carried as that of Pfc Anderson.

4... Collar insignia on the body agrees with the Org. of which this soldier was a member when killed.

E Kennett Vail
E. Kensett Vail

Body not to be returned to U.S.

Date June 9, 1919.REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: EDDIE O. Anderson, Edward O.Number: 2268134Rank: Pvt. Organization: Co. G, 58th Inf.Disinterment and Reburial made by Group Unit "B"Disinterred (Date) June 9, 1919 From: (Give complete location)
National- Plot-90 Myers, near St. Gengoulph, Aisne.Coord. 258.6N - - 170.9EGrave 136.Reburied (Date) June 9, 1919 in: (Give complete location)
National Cemetery at Belleau Woods, Aisne.Coord. 262.60N - - 176.04E:Plot-1, Sec. V, Grave 16.

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

Body in poor condition.Was one identification tag found upon the body? yesWhat other means of identification were found on the body? noneCONFIRMED 11929
No. D

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Sgt. H. C. Turner
H. C. M. Cameron
 C.O. Group _____ Unit _____

Prov. Unit B. G.R.S.

REPORT OF DISINTERMENT AND REBURIAL

Date 6.9.211. REMAINS OF ANDERSON, EDDIE O. SERIAL NUMBER 2268134RANK PRC. ORGANIZATION CO.G. 58th. INF.

2. Disinterred (date): From (give complete location):

6.9.21 GR.16 SEC.V.PT.1.By: Group Bosse. Unit FIELD SECTION 47

3. Reburied (date): In (give complete location):

6.9.21 GR.16 SEC.V.PT.1.By: Group Bosse. Unit FIELD SECTION 47 Nature of reburial Box & burlap

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

BADLY DECOMPOSEDFEATURES UNRECOGNIZABLEU.S.Uniform, burlap and pine box.5. (a) Identification tags: Buried with body? YES On grave marker? YES

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

Body disc partly corroded "ON, E"Collar insignia "G - 58 INF." "U.S."

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

(a) Height (actual measurement) IMPOSSIBLE TO DETERMINE(b) Weight (estimated) IMPOSSIBLE TO DETERMINE(c) Hair—Color IMPOSSIBLE TO DETERMINEQuantity IMPOSSIBLE TO DETERMINECharacteristics IMPOSSIBLE TO DETERMINE(d) Hair on face—Color IMPOSSIBLE TO DETERMINELocation IMPOSSIBLE TO DETERMINEQuantity IMPOSSIBLE TO DETERMINE

(e) Permanent marks on body (old scars, peculiarities, or

missing parts) IMPOSSIBLE TO DETERMINE

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

MISSING: lower jaw.FRACTURES: Head shattered.7. Disinterment Henry O Bonesupervised by H.V. BOSSE, SUP. EMB.Approved: M.B. BIRDSEYE, 1st. LT. QMC.
(Title)8. Reburial Henry O Bonesupervised by H.V. BOSSE, SUP. EMB.Approved: M.B. BIRDSEYE, 1st. LT. QMC.
(Title)

WDWcv.

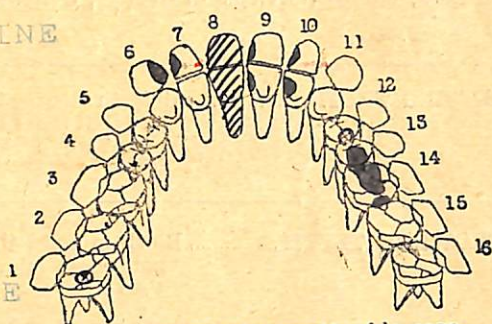
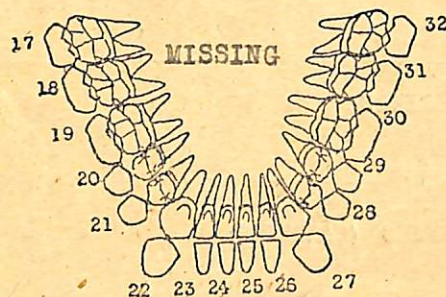


Diagram represents the mouth wide open.



1,12, cav; 6,7,9,10, gld. fil;






8, mis. add; 13,14, al. fil.

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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Date 5/11/22

File No. 6076

Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. **Anderson**

f. Date of death. 7/18/18

b. Christian name. **Eddie O.**

g. Cause of death. K/A

c. Serial number. **2268134**

h. Authority (C. C. No.) 207

d. Organization. **Co. G, 58th Inf.**

i. Emergency address. **Albert Anderson. Wilbur, Wash.**

e. Rank. **Pvt. 1/cl.**

j. Relationship. **Brother-in-law.**

BODY DESCRIPTION.

(See page 2 of the Service Record.)

a. Age at enlistment. **27 yrs 7 mos.**

b. Color of eyes. **Blue**

c. Color of hair. **Lt. Brown**

d. Height. **3-ft. 5-ins.**

e. Weight. **119 lbs.**

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

DENTAL CHARTS.

(See physical report of examination prior to enlistment.)

Strike out teeth missing:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper right.								Upper left.							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower right.								Lower left.							

5-11-3" left nose

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

By

H. J. Conner
H. J. CONNER,
Captain, Q. M. C.

DS attached to GRS papers.
MBH

REC'D ARCHIVES BR.

MAY 13 1922

SD. 5-17-22

COMPILATION OF DISPOSITION OF REMAINS DATA

File #6076

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Eddie O. Ser. No. 2268134 *OK 3/10/21*
 (b) Rank Pvt. 1/c Organization Co. G, 58th Inf. TYP. evs
 (c) Date of death 7/18/18 (d) Cause of death k/a B.J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 16 Row - Plot 1 Sec. V TYP. evs
 (b) Emerg. Address Albert Anderson, Wilbur, Washington,

III. Files of soldiers dying from contagious diseases - CKR. B.J.

IV. Information on which advice to Europe in letter of transmittal was based:

Made "No" case pending advice from nearest of kin
ABR 3/17/21

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on _____, 192

Par. # 2 Not To Be Returned

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., MAR 22 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.

VIII. Form 115 received from G. R. S., Hoboken, N. J., APR 28 1921, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

C.W. Harlow

*Please
use*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

ANDERSON, Eddie O.

Pvt. 1/c

1764:41

2-19-21

SERIAL NUMBER

ORGANIZATION

C-26 474

2268134

Co. G, 58th Inf.

D/D: 7-18-18

Copy forwarded to

WAR RISK INSURANCE INFORMATION

Adjustment Department

Date 3-16-21 E.M.

DATE March 12, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Andrew Nels Anderson,

Brother

Address

Lyle, Minnesota.

S/709/LML

Claim 26474

next of kin

there seems to
be a mix up
of Anderson

C. J.

Adm of Estate

~~Cornes~~

Amesbury Co

Lyle M. M. M.
Andrew

Anderson,

Eddie O.

226813

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt 1st Cl.

Co G 58 Inf.

(Rank and organization.)

State your relationship to the deceased.

Do you desire the remains brought to the United States?

(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 as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

A. M. Martin

R. R. #2 Milbur Wash D. C.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

GRAVE LOCATION ANK

LOCATION OF THE GRAVE OF

Anderson *2268134* *Eddie O*
(Surname.) (Number.) (First Name and Initials.)

Priv *Co H 58th Inf*
(Rank.) (Organization.)

DATE OF BURIAL *July 26, 1918*

PLACE OF BURIAL *Chevillon, France*

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

American cemetery, 17.5 miles south of Chevillon, on west side of road. Meaux map.

GRAVE NUMBER *16*

HOW MARKED: Name Peg? Cross? *yes*

Headboard? Bottle? *no*

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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:

21 AUG 1918

REPORTED BY:

Ernest H. Reed Chaplain 58th Inf
(Signature and Rank of Reporting Officer.)

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

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Information requested, A.G.O.

Date 2/21/21.

File No.

Registration

From: The Quartermaster General, U. S. Army, (Cemeterial 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 Anderson ✓

f. Date of death 7/18/18. ✓

b. Christian name Eddie O. ✓

g. Cause of death K/A. ✓

c. Serial Number 2268134 ✓
or -----

h. Authority (C.O.#)

d. Organization Co. G, 58th Inf. ✓

i. Emergency address

e. Rank Pvt. 1/c. ✓

j. Relationship

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

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

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

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

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

FILE

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

BY:

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

C.W.

CEMETERY NO: 1764

SECRET NO: 41

TYPED BY: I.W.

S/713/LML

Donnelly, J.D. E.P.S. 498
2-24-21

Rec'd S & S Div., A.G.O.

FEB 23 1921 6

23

6076
AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.

February 25, 1919.

FROM: Chief, Graves Registration Service, American E.F.
TO: Mrs. A. M. Martin, R.F.D. #2, Wilbur, Washington
SUBJECT: Private Eddie O. Anderson, Co. G., 58th Infantry.

In reply to your letter of inquiry, with reference to the regretted death of this soldier, according to the records at these headquarters he is buried in grave #16, in the AMERICAN CEMETERY, 175 paces south of CHEVILLON, St. GENCOULPH, in the DEPARTMENT of the AISNE. This information has not as yet been confirmed by my inspecting officers, but there is very little doubt that the burial took place in the cemetery above named.

By direction

CHARLES C. PIERCE
Lieut.-Colonel, Q.M.C., U.S.A.

Per MAURICE B. DIX,
Captain, American Red Cross
Representative assigned to
Graves Registration Service.

MBD/ia,

6076

1-14-19

DEPARTMENT OF SUPPLY
OFFICE QUARTERMASTER, BASE SECTION NO. 1.
INDONESIA.

January 10, 1919.

From: Base Quartermaster.


To: Chief, Graves Registration Service, A.P.C. 717, American E. F.

Subject: Grave Location.

1. Request information pertaining to death and burial of
Pvt. Eddie O. Anderson, Co. G., 58th Inf given
Mrs. A. M. Martin, R. F. D. #2, Wilbur, Washington, , direct.



By direction:-


Wm. R. R. R.,
Captain, Q. M. Corps,
Asst. to Base Quartermaster,
In Charge of the Effects Depot.
SEJ.

6076

SERVICE OF SUPPLY
OFFICE QUARTERMASTER, BASE SECTION NO. 1.
FIDELITY.

January 10, 1919.

From: Base Quartermaster.
To: Chief, Graves Registration Service, A.P.C. 717, American E. F.
Subject: Grave Location.

1. Request information pertaining to death and burial of
Pvt. Eddie O. Anderson, Co. G., 58th Inf^{be given}, direct.
Mrs. A. M. Martin, R. F. D. #2, Wilbur, Washington.



By direction:-

REF JRL

Wm. Korst,
Captain, Q. M. Corps,
Asst. to Base Quartermaster,
In Charge of the Effects Depct.

TO: - REGISTRATION BRANCH, C.R.S.

6076
File Number 6076

From: - *ARL*

Date: *1-14-19*

Please furnish information as indicated below regarding the following soldier:

NAME *ANDERSON, Eddie D.*

NUMBER 2868134

RANK *Pvt 1/c.* ORGANIZATION *Co G 58th Inf*

No.	Question	Reply
1	Do particulars of soldier given above agree with Records?	
✓ 2	Date of Death	2- 7-18-18
✓ 3	Cause and place of death	3- k/a.
4	Number of Casualty Cablegram	4- CC#207
5	Date buried	
✓ 6	Grave Location (a) Complete record required (b) Name of Cemetery or Commune only required	6- Grave 16, Amer. Cty. Cemetery <i>ST. GENOIS (Aisne.)</i> <i>CTV # 371</i>
7	Who reported burial	<i>NO</i>
✓ 8	Has report been confirmed by G.R.S.	
✓ 9	Report as to Grave Marker	9- Cross.
✓ 10	Report as to Identification Tags	10- One tag buried with body. One tag attached to gravemarker.
11	Who is nearest relative?	
✓ 12	Has N/R been notified? (Give date)	12- Yes. 10-26-18
13	Report the exact position of your inquiry on this case. (Reply on all cases if no information on record)	
14	What is Photograph No?	

IN REPLY, all PROPER names to be printed in PLAIN BLOCK LETTERS.

G.R.S. Form #114-B **CAUSE OF DEATH**

30

✓ FULL NAME..... Anderson, Eddie O. *OK*

✓ RANK..... Private First Class *OK* SERIAL..... 2268134 *OK*

✓ DIVISION & ORGANIZATION..... Company G - 58th Infantry *OK 42*

✓ DATE OF DEATH..... 7/18/18 *OK*

✓ STATE FROM WHICH HE CAME..... Washington *OK*

EDALS OR DECORATIONS AWARDED..... *none*

INITIAL GRAVE LOCATION..... 12/12/22 55 3 B
Date Grave Row Block

MAY 9 1927

WORLD WAR DIV.

24/292/EYS

1764 Cemetery *OK*

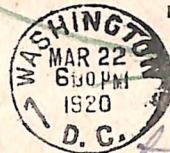
1393

5-14-27

WAR DEPARTMENT.

Cemeterial Division

OFFICIAL BUSINESS.



PENALTY FOR
PAYMENT OF POSTAGE

Gentlemen; I am not a
relative of the within named deceased
therefore we return to you this
communication

Albert Anderson

Very truly
Albert Anderson

Wiltur, Washington

FILE

Davenport

Peach

4/10/20
3/22/20