

INSTRUCTIONS.—When papers on a subject become numerous they will be numbered serially and brief entries made on this form.

Swedish Subject
ANDERSON, Ernest Godfrey

FULL NAME

Boatswain (Cw)

RANK.....

SERIAL.....

This boat was operated by shipping Bd. Auth. Carr 4-8-19
U.S. T. Rm. SS. Kjindylk

DIVISION & ORGANIZATION

DATE OF DEATH.....

Nov. 17-1918

STATE FROM WHICH HE CAME.....

MEDALS OR DECORATIONS AWARDED.

FINAL GRAVE LOCATION.....

Date

Grave

Row

Block

Suresnes, #34

Cemetery

23/306/ARK

No record as an enlisted man.

AUG 22 1924

If name unknown and tags missing, description and marks
should be given here:Buried at request of American
Consulate General

NEAREST RELATIVE:

ADDRESS: not known here

RELATIONSHIP:

REPORTED BY: William F. Hood
Chaplain, U.S.A.

(Signature and Rank of Reporting Officer)

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

2 R RLT 131

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON, Ernest Godfrey
(Surname). (Number). (First Name and Initials).

Boatswain, U.S.A.C.T. Ryndyk
(Rank). (Organization)

PLACE OF DEATH: on board ship

CAUSE OF DEATH: influenza

DATE OF BURIAL: Jan. 11, 1919

PLACE OF BURIAL: A.E.F. Cem. 513

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

Marseille, D. A. R.

GRAVE NUMBER: 671

HOW MARKED: Name Peg? Yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? no

Was one fastened to name peg or stake used as a grave marker? no

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

Buried at request of American Consulate General

NEAREST RELATIVE:

ADDRESS: not known here

RELATIONSHIP:

REPORTED BY: William F. Hood
Chaplain, U.S.A.

(Signature and Rank of Reporting Officer)

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

Place Marseille (B-du-R)

REPORT OF DISINTERMENT AND REBURIAL

Date March 19, 1921.1. REMAINS OF ANDERSON, Ernest Godfrey SERIAL NUMBER No ser.RANK Boatswain ORGANIZATION U.S.A.T. Ryndyk2. Disinterred (date): 3/19/21 From (give complete location):Grave #671, Cem. #513. Marseille (B-du-Rhone).By: Group 3 Unit Sec. 5

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

October 12th, 1921. - Suresnes Cemetery, - Plot A - Row 21 - Grave 5.By: Group Field Operations Branch Unit Blanket Nature of reburial Metallic
Casket

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

Wooden box - underwear - badly decomposed.5. (a) Identification tags: Buried with body? No On grave marker? No

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

None

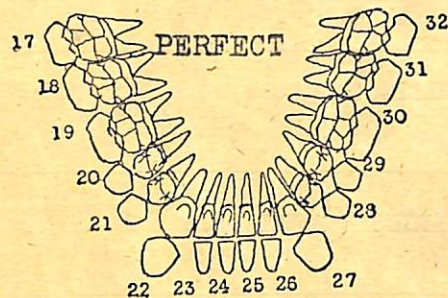
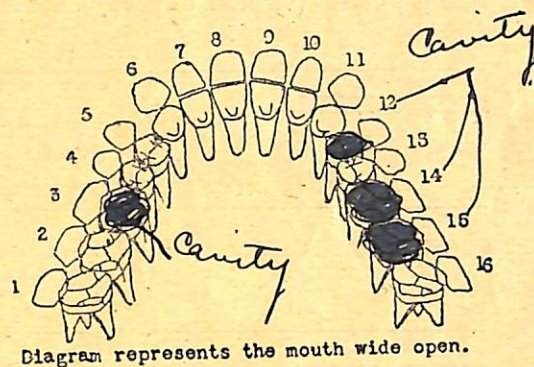
6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) 69 inches(b) Weight (estimated) 165 pounds(c) Hair—Color apparently brownQuantity Full headCharacteristics straight(d) Hair on face—Color NoneLocation "Quantity "

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

Tattooing on both arms and chest.

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

None discernable7. Disinterment supervised by W.G. DurisoeW.G. Durisoe
Sup. Emb.Approved: J. Gerald Cole
J. Gerald Cole, 1st Lt
(Title) C.A.C. Inspector.8. Reburial supervised by R. G. RICHARDS,1st Lieut. Q.M.C.Approved: H. P. HARBOLD,
(Title) Major, Q.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:



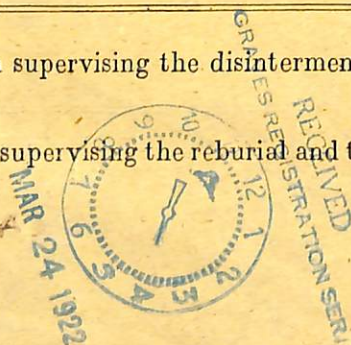
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE: 293.8 C-R

798618

SUBJECT: Permanent Grave Location of Boatswain, Anderson, Ernest Godfrey
U.S.A.C.T. Ryndyk.

TO:

Mr. Oscar Anderson, Warberg, Sweden.

1. The permanent grave of this Boatswain is No. 5, Row 21, Block A, Suresnes American Cemetery at Suresnes, Department of Seine, France.
2. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization and date of soldier's death. The 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.
3. In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

For the Quartermaster General:

MAILED

OCT 30 1922

G.R.S.

GEORGE H. PENROSE,

Assistant.

Executive

G.R.S.

EURO

UNIT

7. 1819

SHIPMENT (How actual marking of box.) Box No. 0-61

32. Designation of body:

Name **ANDERSON, Ernest Godfrey**

Serial No.

Rank **Boatswain**

Organization

U.S.A.T. Ryndyk

33. Consigned to:

Name of Permanent Cemetery

Suresnes American Cemetery #34.

34. Casket boxed and marked: Date **3/19/21**

By **W.G. Durisoe**

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

Signature of G.R.S. In

J. Gerald Cole

J. Gerald Cole

36. Remarks:

1st Lieut., C.A.C.

Tattooing on both arms and chest.

37. Shipped from point of Operation: Date **3-25-21**

to point of Concentration **Toulon (Var)**

NAME

Convoyer **Victor LeCann**

38. Received at Railhead or Point of Concentration: Date **3-26-21**

39 (a) RECEIVED AT POINT OF CONCENTRATION A.G.R.S., PARIS MORGUE, AUBERVILLIERS, APRIL 29TH, 1921, BY G.R.S. REPRESENTATIVE:

Edw. J. Targue
Edw. J. TARGUE
Captain C.A.C.

39 (b) SHIPPED FROM PARIS MORGUE, OCTOBER 12TH, 1921, TO PERMANENT CEMETERY No. 34, AMERICAN, SURESNES (SEINE) BY SHIPPING OFFICER:

Wm. G. Ball
Wm. G. BALL
Lieut. Col. C.A.C.

Convoyed by Arthur F. Lemon

41. Reinterred **Suresnes Cemetery.** **October 12th, 1921.**

DATE

42. Grave No. **5** Section

43. **Block** **A.** Row **21.**

G.R.S. Representative

R. G. Richards
R. G. RICHARDS, 1st Lieut

TO BE PREPARED IN TRIPLICATE.

SHIPMENT (Actual marking of box.) Box No. 0-51

32. Designation of body:

Name **ANDERSON, Ernest Godfrey**

Rank **Boatswain**

Serial No.

Organization

U.S.A.T. Ryndyk

33. Consigned to:

Name of Permanent Cemetery

Suresnes American Cemetery #34.

34. Casket boxed and marked: Date

3/19/21

By **W.G. Durisoe**

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

Signature of G.R.S. Inspector

J. Gerald Cole

J. Gerald Cole

1st Lieut., C.A.C.

36. Remarks:

Tattooing on both arms and chest.

37. Shipped from point of Operation: Date

3-25-21

to point of Concentration

Toulon (Var)

NAME

Convoyer

Victor LeCann

38. Received at Railhead or Point of Concentration: Date

3-26-21

by G.R.S. Representative

S. D. CAMPBELL

CAPT.

QMC.

Shipped from Railhead or Point of Concentration: Date

26 APR 1921

to Permanent Cemetery

Suresnes #34

NAME

Convoyer

Serge Paulange in charge

Received: Date

October 12th, 1921.

G.R.S. Representative

R. G. RICHARDS, 1st Lieut. Q.M.C.

Reinterred

Suresnes Cemetery.

October 12th, 1921.

DATE

Grave No.

5

Section

Block

A.

Row

21.

G.R.S. Representative

R. G. RICHARDS, 1st Lieut.

TO BE PREPARED IN TRIPLICATE.

STATION Marseille (Bouches-du-R)DATE March 19, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENTCOMPARATIVE REPORT

RECORDS OF G.R.S. HEADQUARTERS

DISCREPANCY FOUND UPON EXHUMATION OF BODY

1. Name ANDERSON, Ernest Godfrey
2. No. _____
3. Rank Boatswain,
4. Org. U.S.A.T. Ryndyk
5. D.D. _____
6. C.D. _____

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

DISCREPANCY FOUND UPON DISINTERMENT

7. Grave No. 671 Sect. _____
8. Plot _____ Row _____
9. _____

15. Grave No. _____ Sect. _____
16. Plot _____ Row _____
17. No discrepancy

18. Cemetery American (Le Canet)
19. Commune or town Marseille
20. Dept. or County Bouches-du-Rhone
21. Country France,

22. G.R.S. Hdqs. Code No. 51523. Disinterred Date 3/19/21 By W.G.Duriso

24. Inscription on Grave Marker:

Name Ernest Godfrey Anderson Serial No. No ser.Rank Boatswain Organization U.S.A.T. RyndykSignature of Junior Tec. Assistant Henry HoffmanPREPARATION25. Body prepared and placed in casket: Date 3/19/21 By W.G.Duriso26. Casket sealed by W.G.DurisoSignature of Embalmer Super. Preparations W. G. Duriso

AUDITED BY

Cab. Ref. #1.

C.B.K. 3/20/22

114 B Did not reach this office

C.B.K. 3/20/22

COMPILATION OF DISPOSITION OF REMAINS DATA file # 98618

1. LOCATION INDEX CARD:

(a) Name ANDERSON, Ernest Godfrey Ser. No. SS. Ryndyk TYP. VFM
 (b) Rank air-Boatswain Organization Ryndyk
 (c) Date of death 11/10/19 (d) Cause of death Influenza CKR. Let

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

(a) Grave No 671 Row - Plot - Sect. - TYP. HW

(b) Emerg. Address Anderson, Oscar (brother) Tverbo & this is evidently warberg, usually written warberg, Sweden.

111. Files of soldiers dying from contagious diseases: NO CARD CKR. Let

IV. A.G.O. DISPOSITION CARD:

Date of receipt No card in file - A.E.S. 8-10-20

(a) Name (b) Relationship

(c) Address

(d) Remains to be brought to U. S.?

(e) To be interred in National Cemetery in U. S.

(f) Shipping instructions upon arrival of body in U.S.

(g) Disposition instructions if not brought

Examiner's Initial Date 1920

V. A.G.O. CORRESPONDENCE shows communication

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

No Correspondence

Examiner's Initials PM Date 8-10 1920

VI. G.R.S. Files - Correspondence - shows as follows:

No request for disposition

(a) Cancelled referred to? yes HW

Examiner's Initials HW Date 8-11 1920

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 1/5/ 1920

Par. #4. Navy Case.

IX.

CORPORATIONS

CHANGE OF ADVICE

ACTION TAKEN

Desires body be

Body to be shipped to

X. SUSPENSION REMARKS:

No. 6. A in 5x8 card.

98618

from

80853

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON, Ernest Godfrey

(Surname). (Number). (First Name and Initials).

Boatswain, U.S.A.C.T. Ryndyk

(Rank). (Organization).

PLACE OF DEATH: on board ship

CAUSE OF DEATH: influenza

DATE OF BURIAL: Jan. 11, 1919

PLACE OF BURIAL: A.E.F. Cem. 513

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

Marseille, B d. R

GRAVE NUMBER: 671

HOW MARKED: Name Peg? yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? no

Was one fastened to name peg or stake used as a grave marker? no

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

Buried at request of American
Consulate General

NEAREST RELATIVE:

not known here

ADDRESS:

RELATIONSHIP:

REPORTED BY:

William F. Hood
Chaplain, U.S.A.

(Signature and Rank of Reporting Officer).

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

40063
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson, Vincent (Surname). (Number). (First Name and Initials).

Montevideo, U.S.A.C.T. (Rank). (Organization)

PLACE OF DEATH: on board ship

CAUSE OF DEATH: influenza

DATE OF BURIAL: Jan. 11, 1919

PLACE OF BURIAL: A.B.F. Cem. 513

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

Marseille, B. A. D.

GRAVE NUMBER: 671

HOW MARKED: Name Peg? yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? no

Was one fastened to name peg or stake used as a grave marker? no

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

Buried at request of American Consulate General

NEAREST RELATIVE:

ADDRESS: not known here

RELATIONSHIP:

REPORTED BY: William E. Hood
Chaplain, U.S.A.

(Signature and Rank of Reporting Officer).

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

98618

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson, Ernest Geoffrey
(Surname). (Number). (First Name and Initials).

Boatswain, U.S.A.C.T. Bandyk
(Rank). (Organization).

PLACE OF DEATH: on board ship

CAUSE OF DEATH: influenza

DATE OF BURIAL: Jan. 11, 1919

PLACE OF BURIAL: A.F. Cem. 515

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

Marseille, R.I., R.

GRAVE NUMBER: 671

HOW MARKED: Name Peg? yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? no

Was one fastened to name peg or stake used as a grave marker? no

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

Buried at request of American Consulate General

NEAREST RELATIVE:

ADDRESS: not known here

RELATIONSHIP:

REPORTED BY: William F. Hood
Chaplain, U.S.A.
(Signature and Rank of Reporting Officer).

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

April 21, 1922.

BAITINDRE

Capt. J.W. Hornsby,
Marine Superintendent.

Operating Department

Subj: Ernest Godfrey Anderson
Deceased.

The Graves Registration Service of the War Department is desirous of securing some information in regard to the death of the above named man.

This man is said to have been employed as bos'n, on the SS "RYNDIJK", which vessel sailed from Baltimore for Marseilles on December 1, 1918 and arrived Marseilles December 24, 1918 returning to Philadelphia on March 11, 1919.

If it is possible we would like to know the age, color, of hair, weight, height, date of death and cause, next of kin's address and relationship to the above named man also any other information which you may have on this case. This information is necessary to the War Department for identification purposes.

For your information the vessel referred to was under time charter to the Army and manned by the Board at the time in question. We would thank you to make every effort to obtain this data.

W. E. GRIFFITH,
Manager, Operating Department.

By:

R. E. HOCHER,
Head, Vessel Personnel Division.

lme/
CC: Mr. Maher
2444 Munitions Bldg.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Information requested of A.G.O.

Date April 21, 1922

File No. Registration.

From: The Quartermaster General, U. S. Army, *Graves Registration Service*
(Cemeterial Division)

To: United States Shipping Board.
~~The Adjutant General's Office, Department of the Army, 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 |
| b. Christian name Ernest Godfrey | ✓ g. Cause of death |
| c. Serial Number | ✓ h. Authority (C.O.#) |
| d. Organization U.S.A.C.T. Ryndyk | ✓ i. Emergency address |
| e. Rank Boatswain | ✓ 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)
- ✓ *Size Shoe*

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

Very Important

| |
|---------------------------------|
| ✓ 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 |

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

CEMETERY NO:

SHEET NO:

TYPED BY: *M. H. Hary*

BY:

Charles J. Wynne
Charles J. Wynne,
Captain, Q.M.C., U.S.A.

S/3310/LML

Ryind
 Baltimore 12-1-18
 12-2-18
 Philadelphia 3-11-19

Mar Dept.

11-18-18

3-20-19

S. B. Chen

Subject:

To:

From:

No:

WAR DEPARTMENT
 PURCHASE, STORAGE, AND TRAFFIC DIVISION
 OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
 WASHINGTON

Address reply to
 Division
 DIRECTOR OF STORAGE
 MUNITIONS BUILDING

1238748

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Information requested of A.G.O.

Date April 12, 1922

File No. 98618

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.

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> a. Surname ANDERSON | <input checked="" type="checkbox"/> f. <u>Date of death</u> |
| <input checked="" type="checkbox"/> b. Christian name Ernest Godfrey | <input checked="" type="checkbox"/> g. Cause of death Influenza |
| <input checked="" type="checkbox"/> c. <u>Serial Number</u> | <input checked="" type="checkbox"/> h. <u>Authority (C.O.#)</u> |
| <input checked="" type="checkbox"/> d. Organization U.S.A.C.T. Ryndyk | <input checked="" type="checkbox"/> i. <u>Emergency address</u> |
| <input checked="" type="checkbox"/> e. Rank Boatswain | <input checked="" type="checkbox"/> j. <u>Relationship</u> |

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 | | | | | | | |

Miss Knight- Adj. Branch
DTD

CEMETERY NO:

SHEET NO:

TYPED BY:

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

BY:

Charles J. Wynne,
Captain, Q.M.C., U.S.A.

S/3310/LML

Dispatch slip attached to File Papers

DUPLICATE

DEPARTMENT OF COMMERCE
NAVIGATION SERVICE

FILE

Re: ERNEST GODFREY ANDERSON, Deceased,
Swedish subject.

OFFICE OF U. S. SHIPPING COMMISSIONER

PHILADELPHIA, PA.

April 8, 1919.

Erik Brölin, Esq.,
c Acting Vice Consul of Sweden,
807 Spruce st., Philadelphia, Pa.

Dear sir:

It is my unfortunate duty to report the death of Ernest Godfrey Anderson, who, on November 17, 1918, was shipped as Boatswain on the steamer "RIJNDIJK", operated by the U. S. Shipping Board. Appended, please find transcript of report taken from the vessel's Log Book.

The said ANDERSON, at the time of his shipment at Baltimore, Md., gave his birthplace as Sweden, 25 years of age, 6 feet tall, nearest relative, brother, Oscar, residing at "Werba" (?), - (this is evidently Warberg, usually written Varberg, Sweden).

The balance of wages amounting to, inclusive of U. S. money in his possession, One hundred sixty-six 50-100 dollars, was, on March 29, last, received by me, and, on March 31, last, deposited in the United States District Court of this city, as required by law. His effects were deposited with me, and I enclose a list of the same, but please note that U. S. money thereon noted was deposited with the Court. The wages so deposited, without deduction, as I make no charges, and the effects are held for the benefit of the heirs of the deceased. His papers, etc., are available for your examination in locating his relatives.

I am, Sir,

Respectfully yours,

Commissioner.

From Official Log Book, S/S "RIJNDIJK":

E. G. Andersen reported sick, January 7, 1919, 8 A. M.; medical attention given immediately by Army Doctor. Died on board, Friday night, January 10, 1919; removed from ship and buried by U. S. Army. Report made to American Consul with inventory of personal effects.

(Signed) F. J. Wathey, Master.

(The foregoing report was made to the U. S. Consul at Marseilles, France, and copy thereof will doubtless later be received through State Department.)

I certify foregoing report from Log Book to be true copy of original on file in my office.

(Signed) A. R. Smith, U. S. Shipping Commissioner (Phila., Pa.)

* * * * *

Philadelphia, Pa., April 25, 1922.

I certify the foregoing to be a true copy of a report made by me. The said ANDERSON is described on the articles as 25 years of age, 6 feet, light hair and complexion.

WITNESS my hand and seal.

A. R. Smith
United States Shipping Commissioner.

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

FILE NUMBER 98618

FROM:-

DATE:

Please furnish information as indicated below regarding the following soldier:

NAME { ANDERSON, ERNEST. GODFREY
RANK { ANDERSON ORGANIZATION " g.

NUMBER

Civilian. /USACT. RANDYK

| NO. | QUESTION | REPLY |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. | Do particulars of soldier given above agree with Records? | ERNEST. GODFREY ANDERSON BOATSWAIN. USACT. RYNDYK |
| 2. | Date of Death. | 2) NO RECORD. |
| 3. | Cause and place of Death. | 3) INFLUENZA. |
| 4. | Number of Casualty Cablogram | 4) NO RECORD |
| 5. | Date buried. 1-11-18. } | 5) 1-11-19. |
| 6. | Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. | 6) GRAVE 671. AMER CTY. 513. MARSEILLES. BOUCHES-DU-RHONE. |
| 7. | Who reported burial. | 7) |
| 8. | Has report been confirmed by G.R.S. | 8) YES. F.I.A. |
| 9. | Report as to grave marker. | 9) CROSS |
| 10. | Report as to Identification Tags. | 10) NO TAGS |
| 11. | Who is nearest relative? | 11) NO RECORD |
| 12. | Has N/R been notified? (Give Date) | 12) |
| 13. | Report the exact position of your inquiry on this case. (Reply in all cases if no information on record) | |
| 14. | What is the Photograph No. ? | |
| N.B. All Proper names to be printed in PLAIN BLOCK LETTERS. | | |

REVIEWED
OSP SS.