

G.R.S. Form #114-B

9459

anselmo
FULL NAME ANSEIMO, Pace

RANK Pvt. SERIAL 542673

DIVISION & ORGANIZATION Co. K, 7th Inf. *3rd Div.*

DATE OF DEATH 10-20-18

STATE FROM WHICH HE CAME *Penn*

MEDALS OR DECORATIONS AWARDED *None shown*

FINAL GRAVE LOCATION	Date	Grave	Row	Block
	10-21-21	23	11	F

Rec'd World War Div 1232 - Meuse-Argonne Cemetery
APR 4 1928

WS 4-11-28
23/306/ARK

A. G. O.
AUG 11 1926
WORLD WAR DIV.

Robert C. Davis,
Major General,
The Adjutant General.
By *ccc* 8/3 AUG 16 1926

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anselme, **543873** **Pace**
.....
(Surname.) (Number.) (First Name and Initials.)

.....
(Rank.) (Organization.)

DATE OF BURIAL **Nov. 5, 1918.**

PLACE OF BURIAL.....

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

Dun-Sur-Meuse **Map 85.05**
.....
.....

GRAVE NUMBER. **Four**

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

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

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:
.....
.....
.....

REPORTED BY:

Chaplain J.F. Mulligan, 61st Inf.

.....
(Signature and Rank)

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name ANSELMO, Pace

Number: 542673

Rank ~~Unkn~~ Pvt

Organization: 7th., Inf. Co K

Disinterment and Reburial made by Group _____

Unit _____

Disinterred (Date)

From: (Give complete location)

11th., June, 1919

Grave 12 B.A.Cty. GUNEL. MEUSE

Map. 35 N. E. E. 309.8 N. 286.3

Reburied (Date)

in: (Give complete location)

11th., June, 1919

Grave 11 Sec. 101 Plot 1

ARGONNE AMERICAN CEMETERY. #1232

ROMAGNE. MEUSE

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

Burial good Buried in unifom Badly decomposed.

Was one identification tag found upon the body? Yes

What other means of identification were found upon the body? None

CONFIRMED No. D

12265

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by C.O. 170, G.H.Q. 11918., 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 Lt. Hanes.

R. H. ROSENTHAL
C.O. Group _____ Unit _____
2nd Lieut. Q.M.C.U.S.A

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Anselmo		
	A N S	3	149
	Pace		
BURIED	CEMETERY 1232	1	1
	GRAVE 23.	2	23
	ROW 11.	2	11
	BLOCK 7 :	1	6
STATE	Pa	2	44
RANK	Pvt -	1	2
DIVISION	3	2	03
ORGANIZATION	7	3	007
ARM	Inf	1	1
MARITAL	Not	1	2
NAME	Pace		
	P A C	3	613
RESIDENCE	Giuseppa Librino	2	
	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	All rel. foreign	1	1
OTHER	mother	1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	
29/514	Italy	2	01

RECEIVED
 THE
 DEPT. OF THE ARMY
 WASHINGTON, D. C.
 1957

Em

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/14/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
ANSELMO, Pace	Pvt	542673	Co K, 7th Inf	10/20/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	23	11	F

NAME AND ADDRESS	Check relationship	Living	Deceased
	MOTHER	<i>com</i>	<input checked="" type="checkbox"/>
STEMOTHER (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
MOTHER THRU ADOPTION (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
WIDOW (Who has not remarried)		<input type="checkbox"/>	<input type="checkbox"/>

all rel foreign
(m) 1-18-33
Giuseppa Libriana in Pace
Bassanello
Prov. di Viterbo
Italy

Single man
Veterans Bureau Claim Number C 96746
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>Anselmo, Pace</u>	<u>Pvt.</u>	<u>542673</u>	<u>Co. K. 7th. Inf.</u>	<u>10-20-18</u>

STATE	CTY. NO.	GRAVE	ROW	BLOCK	F
	<u>1232</u>	<u>23</u>	<u>11</u>		

7-26-30

m

96746

ceased

C-96746

*Giuseppa Libriana in Pace,
Bassanello,
Prov. di Viterbo, Italy.*

(Who has not remarried)

: :
: :
: :

Veterans Bureau Claim Number _____

29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>Anselmo, Pace</u>	<u>Pvt.</u>	<u>542673</u>	<u>Co. K. 7th. Inf.</u>	<u>10-20-18</u>

STATE	CTY. NO.	1232	GRAVE 23	ROW 11	BLOCK F

7-26-29

<u>Check relationship</u>	<u>Living - Deceased</u>		
MOTHER	:	:	:
STEPMOTHER (For the year prior to commencement of service)	:	:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:
WIDOW (Who has not remarried)	:	:	:

C-96746

RECOVERIES - R. O. 19 Regional Office

Veterans Bureau Claim Number _____
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

October 16, 1923.

Mrs. Josephine Anselmo,
Bercenillo,
Italy.

Dear Madam:

The Quartermaster General desires you to be informed that the permanent grave of Private Pace Anselmo, Company K, 7th Infantry, is ~~Grave 23, Row 11, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.~~

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, 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.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed 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.

Very truly yours,



R.L. FOSTER
Assistant.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

OFFICIAL BUSINESS

WASHINGTON, D. C.

return



PENALTY FOR PRIVATE USE \$300

PENALTY FOR PRIVATE USE,

TO AVOID PAYMENT OF POSTAGE, \$300.

VALUABLE MAIL



Mrs. Josephine Anselmo,

Bercenillo, *on 9*

Italy.

October 16, 1923.

Mrs. Josephine Anselmo,
Bercenillo,
Italy.

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Very truly yours,

O. Q. M. G.
CENTRAL MAIL ROOM R. L. FOSTER

Assistant.



OCT 16 1923
B. O. C.

RD
YAK

COMPILATION OF DISPOSITION OF REMAINS DATA

File #43496

I. LOCATION INDEX CARD:

(a) Name ANSELMO, Pace. Ser. No. 542673
(b) Rank Pvt. Organization Co. K, 7th Inf.
(c) Date of death 10-20-18 (d) Cause of death k/a.
TYP. HWL.
CKR.

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

(a) Grave No. 11 Row Plot 1 Sec. 101 TYP. HWL.
(b) Emerg. Address Mrs. Josephine Anselmo (Mother) Bercherillo, Italy

III. Files of soldiers dying from contagious diseases / CKR.

No card in file - (A.R. 5-13-21)

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name (b) Relationship
(c) Address
(d) Remains to be brought to U. S.?
(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 Date, 1920.

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

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

Examiner's Initials Date, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes, P.L.

Examiner's Initials P.L. Date 5-13-21, 1920.

COUNTRY France CEMETERY No. 1232, Sec. 101 SHEET No. 7

JUN 10 1921

Handwritten notes and signatures at bottom right.

To be prepared in triplicate.

DATE Sept. 9, 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 ANSELMO, Pace

10. Name

2. No. 542673

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co.K. 7th. Inf.

13. Org.

5. D.D. Oct. 20th. /18

14. (a) D.D.

6. C.D. kia

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 11 Sec. 101

15. Grave No. Sec.

8. Plot 1 Row

16. Plot Row

9.

17. no discrep.

18. Cemetery Argonne Amer.

19. Commune or town Romagne/s/Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 1232 Sec. 101

23. Disinterred (Date) Sept. 9, 1921

By Elza Holmes

24. Inscription on grave marker:

Name Anseeimo, Pace

Serial No. 542673

Rank Pvt.

Organization Co. K. 7th Inf.

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

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).

Col. Orns' "U S" and "y-cross rifles-K".

27. Condition of body badly decomposed features unrecognizable

28. Nature of burial in U. S. Uniform overcoat burlap and in a wooden box

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none

30. Body prepared and placed in casket: Date Sept. 9, 1921 By Elza Holmes

31. Casket sealed by Elza Holmes

Signature of Embalmer, (Supervisor)

AUDITED BY M.J.D. 5/3/23

Elza Holmes



SHIPMENT. (Show actual marking of box.) Box No. G. 5508

32. Designation of body

Name ANSELMO Serial No. 542673

Rank Pvt. Organization Co. K. 7th. Inf.

33. Consigned to:
Name of Permanent Cemetery Argonne Amer. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Sept. 9, 1921 By Elza Holmes

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 [Signature]
S. D. Archer, 1st Lt. QMC.

36. Remarks

37. Shipped from point of Operation: (Date) Sept. 9, 1921

To point of Concentration Morgue Cem. 1232.
(Name)

Convoyer [Signature] Signature Shipping Officer J. Gerald Cole

J. GERALD COLE

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 (Name)

Convoyer Signature Shipping Officer

40. Received: Date Sept 9 1921

G.R.S. Representative [Signature]

41. Reinterred Moose Argonne Cemetery # 1232 (Date) Oct 21st 1921

42. Grave No. 23 Section

43. Plot xxxxx block F Row 11

G.R.S. Representative [Signature]
James W. Younger, Capt QMC.
jt.

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF ANSILMO, PACE SERIAL NUMBER 542673
RANK pvt. ORGANIZATION Co., K. 7th Inf.

2. Disinterred (date): Sept. 9, 1921. From (give complete location):
Gr. 11 Sec. 101 Pt. Meuse-Argonne Cem., #1232.

By: Group Holmes Unit Sec. 1

3. Reburied (date): Oct 21st 1921 MeuseArgonne Cemetery #1232 Gr. 23 block F row 11
In (give complete location): unlined casket

By: Group re-burial S Unit Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
In un iform, and raincoat wrapped in blanket and buried in a wooden box. Body badly decomposed. features unrecognizable.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes

(b) Other means of identification found upon disinterment, and general remarks:
Collar ornament U. S. and 7th -Cross rifles -K"

6. What does examination of body show as regards the following identifying items?
(a) Height (actual measurement) impossible to determine *old bridge over No 7, 8 and 9 with tubercles over 7 and 9*

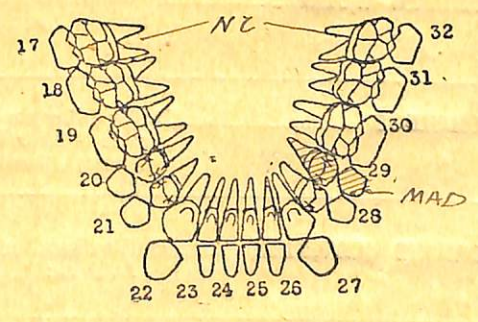
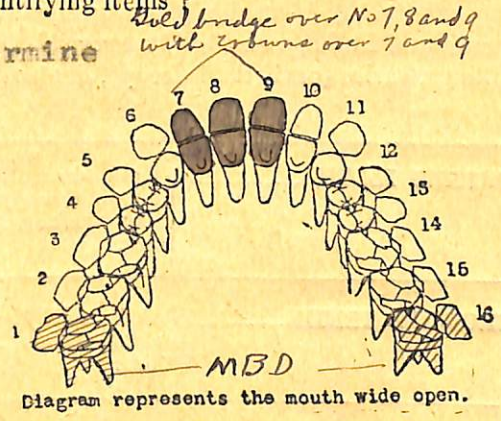
(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None remaining
Quantity None
Characteristics None

(d) Hair on face—Color None
Location None
Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to determine

(f) Wounds or missing parts (received at time of casualty) Forehead of skull shattered.








7. Disinterment supervised by [Signature] Approved: [Signature]
S. Holmes S. 4. S. D. Archer 1st. Lt. QMC.
(Title)

8. Reburial supervised by [Signature] Approved: [Signature]
A. U. Dufault James W. Younger, Capt QMC.
(Title)

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

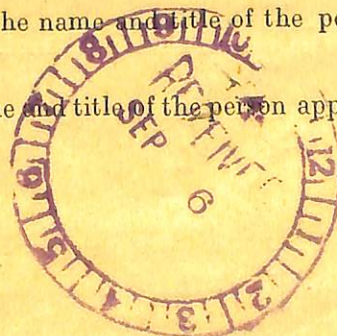
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.



COMPILATION OF DISPOSITION OF REMAINS DATA

File #43496

I. LOCATION INDEX CARD:

(a) Name ANSELMO, Pace. Ser. No. 542673
(b) Rank Pvt. Organization Co. K, 7th Inf.
(c) Date of death 10-20-18 (d) Cause of death k/a.
TYHWL.

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

(a) Grave No 11 Row Plot 1 Sec. 101 TYP. HWL.
(b) Emerg. Address Mrs. Josephine Anselmo (Mother) Bercerillo, Italy

III. Files of soldiers dying from contagious diseases CKR.

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

V. Following advice forwarded to Europe by { cable on , 192
letter of transmittal on JUN 4 1921 , 192

Par. 2 Not To Be Returned

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., mcn , 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. , 192

COUNTRY CEMETERY No. SHEET No.

43496
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anselmo,

543673

Pace

(Surname.)

(Number.)

(First Name and Initials.)

(Rank.)

(Organization.)

DATE OF BURIAL.. Nov. 5, 1918.

PLACE OF BURIAL:

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

Dun-Sur-Meuse Map ^{N. E} 85.05

GRAVE NUMBER... Four

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

Headboard? Bottle?

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:

(Meuse)

CMMI Romagne-sous-Montfaucon

(C 280) SIT. 35 7.8 COORD { E 305.0 }

{ N-285.0 }

REPORTED BY:

Chaplain J.F. Mulligan, 61st Inf.

(Signature and Rank of Reporting Officer.)

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



280-925

Communal List No. _____
Daily Report No. _____

1. G. R. S. F. No. 1. Hq. G. R. S. File

2. Soldier's No. 542673

3. Anselmo Pace
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. B.A.C.
Date of Burial Cemetery

7. Cunel Meuse
Town or Commune (in block letters) Department

8. 12
Grave No. Plot No. or Letter

9. Name Peg? ¹ Cross? Headboard? Bottle? Check Method of Marking

10. Buried with Body? Attached to Grave Marker? ¹ Identification Tags

11. If name unknown and tags missing, give marks and description.

1329 R.B. Sketch

12. "A" sketch 78
Map reference, if interment is outside of cemetery 2266

13. Give name of Chaplain or Burial Officer

GROUP No. 4 Signed Lt. Caswell

PROV. UNIT "A" Group Unit G. R. S.

5/14/19

File #

43496 X

G.R.S. Form No. 8 Central Records Liaison.

Memo. For: G.R.S. representative. C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- Anselmo Pace*
- () Surname: ~~HANSELMAN~~
- () Number: 542673 *OK*
- () First Name: Pace
- () Rank: ? *Pvt.*
- () Company: ? *K.*
- () Organization: ? *7th Inf.*
- () Date of Death: ? *Oct 20, 1918.*
- () Cause: ? *Killed in action*
- () Place: *Battle of the Argonne*

Location of hospital:

- Number " "
- Class " "
- () Relative: *Mrs. Josephine Anselmo.*
- () Relationship: *Mother*
- () Address: *Barcenillo, Italy*
- () Authority: *Master Card + Inv. of Effects*
- Cablegram No.: *CC 303*
- Telegram from: _____

dated:

- () Reported to Washington:
- C.C. Nos:

(Underscore the "official" C.C.)

- () Remarks:
- () Show present status on reverse side.

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

Initials of Reporter:

Vockel
2-5-20

Cty. #1329

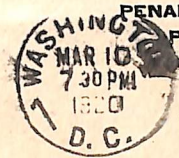
Grave #12

Amer. B/A Cty., Cunel, (Meuse)

WAR DEPARTMENT.

Cemeterial Division

OFFICIAL BUSINESS.



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.--

Mrs Josephine Anselmo
Bergerillo, Italy

42496

FILE

~~Postmaster N.Y.~~

Handwritten: Anselmo
Handwritten: L. M. A
Handwritten: 3/19/17

WAR DEPARTMENT.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$ 300.

GRAVES REGISTRATION SERVICE
American Expeditionary Forces

OFFICIAL BUSINESS



Mrs. Josephine Anselmo,
Bercherillo, Italy.

[Handwritten signature]



[Handwritten orange scribble]
FILE

43496

5-16-21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 101

FORM 115 Sheet No. 7

②
(Initials)

FILE

OSP-SS
Form No. 1011.