

G.R.S. Form #114-B

JAN 21 1926

4939

rme.

DATE

1. NAME ANTCZAK, Louis F.SERIAL No. 261857RANK Sgt.ORGANIZATION Co. C. 125th Inf.

& DIVISION

32nd.

GRAVE LOCATION American Cty., Juvigny, Aisne.

598

CTY. NAME

NUMBER

155

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 192 Amer. Cem. #598, JUVIGNY (Aisne)

GRAVE

COMMUNE

DEPT.

COORDINATES

CONCENTRATED TO

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Exhumed from W of RR.

Information in paragraph 2 taken from Form 1.

SUBSEQUENT REBURIALS

DATE OF DEATH

Aug. 29, '18

DATE

155

GRAVE

ROW

PLOT

#598,

JUVIGNY

CEMETERY

STATE FROM WHICH HE CAME Nich.MEDALS OR DECORATIONS AWARDED none

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Stuart D. Campbell
Stuart D. Campbell, Capt. Q.M.C., Supervisor, Area No. 2.

3. FINAL GRAVE LOCATION Aug. 5, 1922.

DATE

33

GRAVE

16

ROW

Block D

PLOT

Oise-Aisne Amer. #608, Seringes-et-Nesles (Aisne).

CEMETERY

AUDITED BY

Km
9/3

JAN 22 1926

WORLD WAR DIV

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



Co."C"125th.Infantry.
32nd.Division

29318

ANTCZAK, Louis F. Sgt. 261857.

Killed in action on Aug. 29th 1918 near Juvigny, France. Killed instantly by direct hit of one pound shell buried on field south west of Juvigny.

Informant: Wilson, Hazen P. Pvt. 261723.
Co. C. 125th. Infantry.

Signed: James M. Surtzer, 2nd. Lt. 125th
U.S. Infantry.

P.S.

548-192

file 21W 1076/31

CODE SLIP

HEADING	SUE- HEADING	NO. OF COLS	CODE
NAME <i>Antczak</i>	<i>ANT</i>	3	<i>140</i>
<i>Louis 7</i>	CEMETERY <i>608</i>	1	<i>2</i>
BURIED	GRAVE <i>33</i>	2	<i>33</i>
	ROW <i>16</i>	2	<i>16</i>
	BLOCK <i>D</i>	1	<i>4</i>
STATE	<i>Mich</i>	2	<i>26</i>
RANK	<i>Sgt</i>	1	<i>2</i>
DIVISION	<i>32</i>	2	<i>32</i>
ORGANIZATION	<i>125</i>	3	<i>125-</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>Father</i>	<i>Mr</i>	1	<i>2</i>
NAME <i>Antczak</i>		3	<i>1012</i>
<i>John</i>	STATE <i>Mich</i>	2	<i>26</i>
<i>4938 Wesson Ave</i>	COUNTY <i>Wayne</i>	2	<i>82</i>
<i>Detroit, Mich</i>	CITY <i>Detroit</i>	3	<i>022</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Father</i>	1	<i>1</i>
ELIGIBILITY	<i>Head</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	

AUDITED
MAR 30 1932
A

la

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Antczak, Louis F. 6D8 F

July 7, 1930

Mr. John Antczak
4938 Wesson Avenue
Detroit, Mich.

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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Antczak, Louis F.

June 20, 1929.

Mr. John Antczak,
4938 Wesson Avenue,
Detroit, Mich.

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 father of the late Sergeant Louis F. Antczak, Co.C, 125th Inf. whose remains are now interred in the Oise Aisne American Cemetery, Seringes-et-Nesles, 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,

*His mother
is dead*
John Antczak

2 incls.
Act of Congress.
Envelope.



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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Antezak, Louis F. 608 P

July 7, 1930

Mr. John Antezak
4988 Wesson Avenue
Detroit, Mich.

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.

REPORT OF DISINTERMENT AND REBURIAL

Place

Date

Juvigny, Aisne
Dec 13, 1920

1. REMAINS OF ANTCZAK, LOUIS F. SERIAL NUMBER 261857
 RANK SGT. ORGANIZATION Co. C, 125TH Inf

2. Disinterred (date): Dec 13, 1920 From (give complete location): Grave 192
Juvigny Aisne Amer Bldg Cty 598

By: Group Jones Unit _____

3. Reburied (date): Same date In (give complete location): Grave 155
Same Cty

By: Group Jones Unit _____ Nature of reburial Box & Blanket

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

5 ft earthen grave, No box or blanket, U.S. Uniform
Body badly disintegrated, features not capable of recognition

5. (a) Identification tags: Buried with body? Yes On grave marker? No

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

Collar ornament "31 Inf C". Six months service
stripe. Crucifix and Rosary in pocket.

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

(a) Height (actual measurement) 5 ft. 9 in.

(b) Weight (estimated) Impossible to determine

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

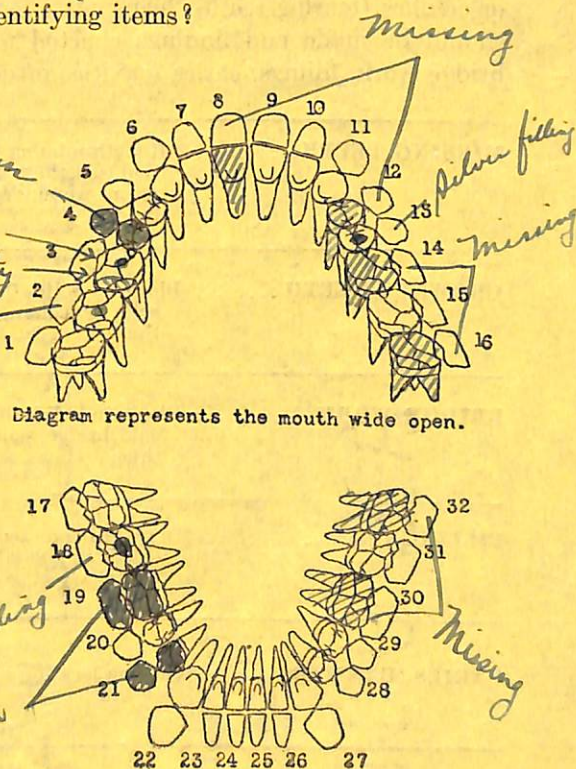
Quantity do

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

missing parts) do

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

Impossible to determine



7. Disinterment supervised by _____

Approved: _____

(Title) _____

8. Reburial supervised by _____

Approved: _____

(Title) _____

D-30230

Hale
800

17/14/31

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
FILLINGSDraw 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."

3-7532

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.



Antczak,

(Surname.)

Sgt.

Louis Frank

(Christian name in full.)

Co. C 125 Inf.

(Rank and organization.)

598-10
261,857

(Army serial number.)

State your relationship to the deceased. *father*

Do you desire the remains brought to the United States? *No.*

(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:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Ed. Antczak

738 Wesson Ave

Detroit

Mich

(Number and street or rural route.)

(City, town, or post office.)

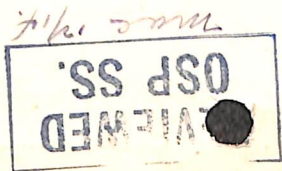
(State.)

Read carefully the letter accompanying this card.

Drawn by J¹⁰

598 - 10

12-14



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Antosak, Louis F.

June 20 1929.

Mr. John Antosak,
4938 Wesson Avenue,
Detroit, Mich.

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 father of the late **Sergeant Louis F. Antosak, Co. C, 125th Inf.** whose remains are now interred in the **Oise Aisne American Cemetery, Seringes-et-Nesles, 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,

2 incls.
Act of Congress.
Envelope.

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

DISPATCHED
1929 JUN 20 PM 5 04
C. M. G. M. C. R. T. M.

QM 293 A-C

May 20, 1924

ANTOZAK, Louis F., Sgt.

Mr. John Antozak,
4938 Wesson Ave.,
Detroit, Mich.

Dear Sir:

The 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.

Q.M.G.
Central Mail & Files Bk.

R. P. HAROLD
Assistant.



MAY 20 24

MPK

20K

COMPILATION OF DISPOSITION OF REMAINS DATA

File #17208

1. LOCATION INDEX CARD:

(a) Name ANTCZAK, Louis F. Ser. No. 261857)
 (b) Rank Sgt. Organization Co. C. 125th Inf.) TYP. JDB
 (d) Cause) CKR.
 (c) Date of death 8/29/18 of death K/A)

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

(a) Grave No. 192 Row - Plot - Sect. -) TYP. DB
 (b) Emerg. Address Mr. John Antczak, 738 Wesson Ave., Detroit, Mich.

111. Files of soldiers dying from contagious diseases: **NO CARD**) CKR. L.S.

IV. A.G.O. DISPOSITION CARD:

Date of receipt none

(a) Name Fav Antczak (b) Relationship Father
 (c) Address 738 Wesson Ave., Detroit, Mich.
 (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 E.P. Date 8-23-1920

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

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

no correspondence

Examiner's Initials E.P. Date 8-23-1920

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

No correspondence in file

(a) Cancellation memos referred to? yes

Examiner's Initials HK Date 8-23-1920

COUNTRY FRANCE

CEMETERY NO. 598

SHEET NO. 10

G.R.S. Form #115

Amended April 6, 1920.

Make Form #114

10

Ch mac 17/22

4/14/22
 12/22
 for Concentration
 Dis - Airline 608
 at 5/21/22

OK
 AH

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 8/27 1920

Par. #2 Not to be returned (M.D.)

IX. CORRECTIONS

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

X. SUSPENSION REMARKS:

*Form 120 - 9-3-20 from Fisher n/k conforms
instructions on Form 115 - Remain in Europe
9-16-20 - P*

To be prepared in triplicate.

DATE Dec. 19, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

rme.

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ANTCZAK, Louis F.
 2. No. 261857
 3. Rank Sgt.
 4. Org. Co. C. 125th Inf.
 5. D.D. 8-29-18
 6. C.D. KIA

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

Discrepancy found upon disinterment

7. Grave No. 155 Sec. _____
 8. Plot _____ Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. No discp

18. Cemetery American Cty.,
 20. Dept. or County Aisne,
 22. G.R.S. Hdqrs. Code No. 598.

19. Commune or town Juwigy.
 21. Country France.

23. Disinterred (Date) 12-19-21
 24. Inscription on grave marker:

By O. J. Osgood

Name Louis F. Antczak
 Rank Sgt.

Serial No. 261857
 Organization Co. C. 125th Inf.

25. Was identification disc found on grave marker? No On body? yesSignature J. C. Stark 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).
Formerly reburied by field section Tag on blanket which checks. Form 16-A found on body attached.

27. Condition of body Badly decomposed features unrecognizable28. Nature of burial Wooden box uniform and blanket.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None30. Body prepared and placed in casket: Date 12-19-21 By C. J. Osgood31. Casket sealed by C. J. OsgoodAUDITED BY Signature of Embalmer, (Supervisor C. J. Osgood)

202 2-18-21.

SHIPMENT. (Show actual marking of box.) Box No. C-25968.

32. Designation of body:

Name Louis F. ANTCZAK. Serial No. 261857

Rank Sgt. Organization Co. C. 125th Inf.

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer.Cty., 608, Seringes-et-Nesles, Aisne.

34. Casket boxed and marked (Date) 12-19-21 By C.J. Osgood

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 O.E. Davis, 1st Lt. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date)

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 Oise Aisne, Am.Cty 608 seringes et Nesles, Aisne.

(Name)

Convoyer Signature Shipping Officer S.D. CAMPBELL, Capt. Q.M.C.

40. Received: Date 21 DEC 1921

G.R.S. Representative G.F. WAUGH

41. Reinterred Aug. 5, 1922. Oise-Aisne Cty. 608, Seringes et Nesles (Aisne)
(Date)

42. Grave No. 33 Section ----

43. BLOCK D Row 16

G.R.S. Representative C.J. Blake

Capt., Q.M.C.

REPORT OF DISINTERMENT AND REBURIAL

Place **Juvigny, Cem. 598**Date **Dec. 19th, 1921**1. REMAINS OF **ANTCZAK, Louis P.**SERIAL NUMBER **261857**RANK **Sgt.**

ORGANIZATION

Co. C. 125th Inf.

2. Disinterred (date):

From (give complete location):

Dec. 19th, 1921**Gr. 155, Cem. 598**

By: Group

3

Unit

Sec. 73. Reburied (date): **Aug. 5, 1922**In (give complete location): **Gr. 33, Block D,****Row 16, Oise-Aisne Cty. 608, Seringes et Nesles (Aisne)**

By: Group

Reburial group

Unit

Nature of Reburial

Lined casket

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

Badly decomposed, features not recognizable. Wooden box and uniform and blanket.

5. (a) Identification tags: Buried with body?

Yes

On grave marker?

No

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

Formerly reburied by Field Section. Tag on blanket which checks.**Form 16-A found on body attached.**

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

(a) Height (actual measurement)

Indiscernable due

(b) Weight (estimated)

to decomposition.

(c) Hair—Color

None

Quantity

Characteristics

(d) Hair on face—Color

None

Location

Quantity

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

or missing parts) **Indiscernable**

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

Right side of head shattered.**F. C. Stark, checker.**

7. Disinterment

supervised by

C. J. Osgood, Sup. Emb.

Approved:

O. E. Davis, 1st Lt., QMC.

(Title)

8. Reburial

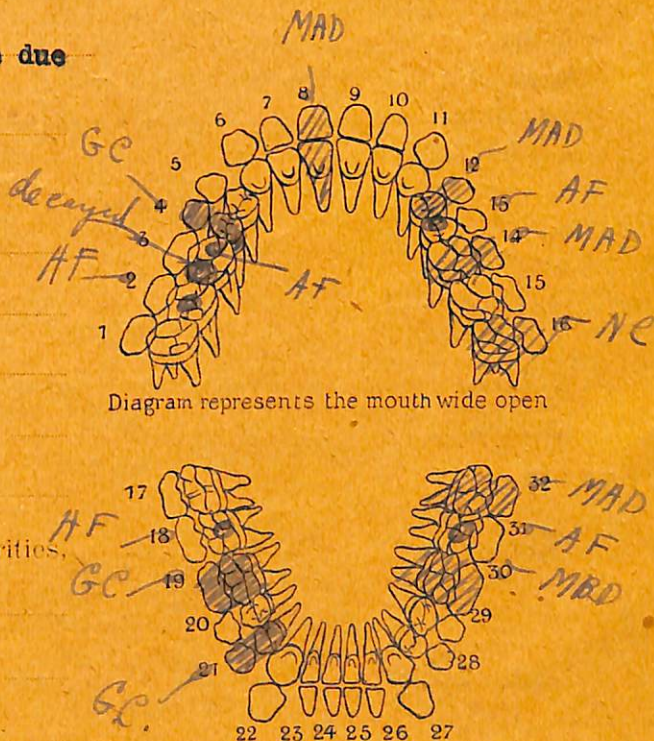
supervised by

L. D. Hays

Approved:

C. J. Blake

(Title)

Capt., QMC.

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.

7115-

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

January 18 1922

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. C. 125th Inf.
ORGANIZATION (Old)ANTCZAK 261857 Louis E., Sgt.
(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

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st. Reb.	12/13/20	598	D- 30230
2nd Reb.			D-
3rd Reb.			D-

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

BY: Miss LannonCard.,
(Department)5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By AB
S/3324/LML

293. Antczak, Louis

1st Ind.

HH.bc.

Hqrs. American G.R.S., QMC in Europe, 8 Avenue d'Iena, Paris, Jan. 14, 1921
To: Quartermaster General, Munitions Building, Washington, D.C.

1. Returned. The records of this office and inscription on the cross agree with information contained in attached communication.

2. Reburial records in this case show the correct grave designation to be grave 155.

H. F. Rethers
H. F. RETHERS,
Colonel, Q.M.C.
Chief.

FILE

Antczak, Louis

Recorded Cemetery Division
#17208

293. Antezak, Louis F.

1st Ind.

HH.be.

Agts. American G.R.S., QMC in Europe, 8 Avenue d'Iena, Paris, Jan. 14. 1921
To: Quartermaster General, Munitions Building, Washington, D.C.

1. Returned. The records of this office and inscription on the cross agree with information contained in attached communication.

2. Reburial records in this case show the correct grave designation to be grave 155.

A. J. DAVIS

H. F. RETHERS,
Colonel, Q.M.C.
Chief.



G.R.S. Form No. 122.
Change of Inscription.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER, GENERAL OF THE ARMY
WASHINGTON



RECORDED, A.G.R.S., Q.M.C., IN EUROPE
FILE NO. 293. ANTCHAK. LOUIS F.

File No. 17208 Registration. December 28, 1920.

From: Office of the Quartermaster General, Chief, Cemeterial Division, (GRS)
Munitions Building, 19th & B Streets, N.W., Washington, D.C.

To: Chief, American Graves Registration Service, Q.M.C., in Europe,
8 Avenue d'Iena, Paris, France.

Subject: Change of Inscription on Grave Marker.

1. It is requested that the inscription on the marker erected
over grave # 192-155, plot _____, section _____, Cty. # 598,
American Cemetery, Juvigny, Aisne.

be corrected to correspond with the records of this office which show

Sergeant Louis F. Antczak, #261857

Company C, 125th Infantry Date of death 8/29/18

2. When this has been done, advise the Red Cross Photographic
Section in order that another photograph may be taken of the grave with
the correct inscription.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U.S. Army,
Chief, Cemeterial Division.

CMN/ms
Inv.S.S.
Inv. & Adj. Dept.
mkm

17218

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE, Q.M.C., IN EUROPE
8, AVENUE D'IENTA, PARIS

January 12, 1921

File No.

FILE

From: Chief,

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

Subject: Acknowledgment of Correspondence.

Receipt this date is acknowledged of the following
correspondence from your office:

Letter)

dated: December 28, 1920

~~Inclosure~~)

File No. 17208 Registration (Form 122)

Subject: Change of Inscription on Grave Marker

Name: Sergeant Louis F. Antczak

H. F. BETHERS,
Colonel, Q.M.C.

DMK.

Rec'd, Cemeterial Div., O. G. M. G.
File # 2938-17208

Antczak, Louis F.

FILES.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

File No. **17208** Registration. **December 28, 1920.**

From: Office of the Quartermaster General, Chief, Cemeterial Division, (GRS)
Munitions Building, 19th & B Streets, N.W., Washington, D. C.

To: Chief, American Graves Registration Service, Q.M.C., in Europe,
8 Avenue d'Iena, Paris, France.

Subject: Change of Inscription on Grave Marker.

1. It is requested that the inscription on the marker erected
over grave # **192**, plot _____, section _____, Cty. # **590**,

American Cemetery, Juvigny, Aisne.

be corrected to correspond with the records of this office which show

Sergeant Louis F. Antosak, #261857

Company C, 125th Infantry

Date of death 8/29/18

2. When this has been done, advise the Red Cross Photographic
Section in order that another photograph may be taken of the grave with
the correct inscription.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U.S. Army,
Chief, Cemeterial Division.

MAILED
DEC 30 1920
G.R.S.

CMH/ms
Inv.S.S.
Inv. & Adj. Dept.

ms

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE

Date December 20, 1920.

File No. 17208

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. **ANTCZAK** *OK* ✓f. Date of death. **8/29/18** *OK*
 ✓b. Christian name. **Louis F. ~~or Louis Frank~~** *OK* Cause of death. **K/A** *OK*
 ✓c. Serial number. **261857** *OK* ✓h. Authority (C. C. No.) **254** *OK*
 ✓d. Organization. **Co. C, 125th Inf.** *OK* ✓i. Emergency address. **Mr. John Antczak,** *OK*
738 Wesson Ave., Detroit, Mich. *OK*
 ✓e. Rank. **Sgt.** *OK* ✓j. Relationship. **Father** *OK*

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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.							

Donnelly, S. D. Enl. Rec. Div.
 Reg 8, 12-23-20

By

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

H. J. Conner
 H. J. CONNER,
 1st Lieut. *Captain, Q. M. C.*

Rec'd World War Div.
 12 23 20
 Date

mkw
 M. P. Wilson

21-20.

7-10-20

Date

From: Graves Photography Bureau, A.R.C.

To: Graves Registration Service, War Department.

Subject: Correction in Stenciling on Grave Marker.

FILE*No papers in
file for this man*

Kindly make the following correction of error in stenciling on
grave marker and see that retake on grave photograph is ordered:

File No. 17708Photograph No. E-14374Name of ~~City~~ Cty. #598Grave No. 19vParticulars on Cross

- no c/o*
1. Name Antzah, Louis F.
 2. Rank _____
 3. Number _____
 4. Organization _____
 5. Date of Death _____

Correct Particulars

1. Antczak, Louis F. ✓
2. _____
3. _____
4. _____
5. _____

OK

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

Phoebe Rush

Harlow

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

C 76320

Cierniak, Joseph, Cook

92 - 49

Dec. 16, 1920

SERIAL NUMBER

ORGANIZATION

130884

Bty. E. 15th F. A.

Date of death - 10-4-18

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mr. William Cierniak

Father

Address

5517 Maryland Ave., Chicago, Ill.

S-709/MB

WAR DEPARTMENT

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

AUG 30 1920

FROM: Chief, Graves Registration Service, Q. M. C.

To: **Per Antarak, 738 Weston Ave., Detroit, Mich.**

SUBJECT: Remains of **Sergeant Louis F. Antarak, Co. C. 125th Inf.**
Ser. No. 261857

The records of this office show that you have requested that his body ~~be not returned to~~
the United States.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. (Name oldest first.)	1.		
	2.		
	3.		
Father			
Mother			
Brothers. (Name oldest first.)	1.		
	2.		
	3.		
Sisters. (Name oldest first.)	1.		
	2.		
	3.		

Date

Signature

Address

Relationship

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

....., 1920.

I, the undersigned, am the and nearest living relative of the within-named
(Relationship.)
soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to
(Name.)

.....
(R. R. station.)

.....
(State.)

3. To be returned to the U. S. and buried in National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.

4. 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.

5. 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.

6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

7. 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.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

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

AUG 30 1920

Push Answer

FROM: Chief, Graves Registration Service, Q. M. C.
To: **Far Anterak, 738 Wesson Ave., Detroit, Mich.**
SUBJECT: Remains of **Sergeant Louis F. Antezak, Co. C. 125th Inf.**
Ser. No. 261857

no change ent

The records of this office show that you have requested that his body be not returned to
the United States.

noted on Form 10

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a **SERIOUS DELAY** in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	CITY AND STATE.	STATE.
Soldier's widow	<i>none</i>		
Soldier's children. (Name oldest first.)	1 <i>none</i>		
	2		
	3		
Father	<i>John Antezak</i>	<i>4938 Wesson Ave</i>	<i>Detroit Mich</i>
Mother	<i>Dead</i>		
Brothers. (Name oldest first.)	1 <i>Frank Antezak</i>	<i>4903 N. Campbell</i>	<i>" "</i>
	2 <i>Ignatz " "</i>	<i>264 - 30th St</i>	<i>" "</i>
	3 <i>Stanley " "</i>	<i>4938 Wesson Ave</i>	<i>" "</i>
Sisters. (Name oldest first.)	1 <i>Mrs. L. Antezak</i>	<i>1500 Junction Ave.</i>	<i>" "</i>
	2 <i>Teresa Antezak</i>	<i>4938 Wesson Ave.</i>	<i>" "</i>
	3 <i>Eileen Antezak</i>	<i>4938 Wesson Ave.</i>	<i>" "</i>



Date *September 3, 1920*

Signature *John Antezak*

Address *4938 Wesson Ave.*

Relationship *Father*

IMPORTANT.—CAREFULLY read instructions before filling out this paper.



_____, 1920.

I, the undersigned, am the _____ and nearest living relative of the within-named
(Relationship.)
soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____
(Name.)

(R. R. station.)

(State.)

3. To be returned to the U. S. and buried in _____ National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature _____

INSTRUCTIONS FOR FILLING OUT.

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6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

7. 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.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.