| - Inter-two- |                                    |              |            |                   |                           |       |
|--------------|------------------------------------|--------------|------------|-------------------|---------------------------|-------|
|              | CERTIFIED JEWISH KY                |              |            |                   | 56                        |       |
|              | 101-WeB                            | Ta The A. C. | . 0.       | 2.4               | 40                        | total |
| G.R          | .S. Form #114-B                    | 244,200      |            |                   |                           | Ping  |
|              | nem                                | MAR 10       | 192.0      | DATE 3/9/2        | 2                         |       |
| 7            | NAME AUSTRIAN, Seligman.           |              |            | SERIAL No.        | 1780257                   |       |
| 1.           |                                    | 1/           | 0 D        |                   |                           |       |
|              | RANK Cpl.                          | 1 4          |            | 313th Inf.        |                           |       |
|              | GRAVE LOCATION Meuse-Argonne Amer. |              | -Montfauc  | on, Meuse.        |                           |       |
|              |                                    | . NAME       |            |                   | NUMBER                    |       |
| **           |                                    | C.4.         |            |                   | 3                         |       |
|              | GRAVE                              | DAC 26       | ROW        | antilleis         | PLOT                      |       |
| 2.           | ORIGINAL BATTLE AREA GRAVE LOCATIO |              |            | COMMUNE           | Meuse                     |       |
|              | 25NF 290 25N 230                   |              |            | COMMONE           | DEPT.                     |       |
|              | COORDINATES 35NE 280,25N 310       |              |            |                   |                           |       |
|              | 2/07/20                            | 119          | ,          |                   |                           |       |
|              | CONCENTRATED TO 3/27/19            |              | 4          | ROW               | PLOT                      |       |
|              |                                    | Meuse Arg    |            |                   |                           |       |
|              | CEMETERY                           |              | 5-1110 220 |                   | NUMBER                    |       |
|              | Data concerning any identifi       | astion found | on romain  | a when sone       | ontrotod out              |       |
|              | collar insignias, letters, broken  |              |            |                   | entrated, such            | a     |
|              | Tag on body and cross. Letters en  | body read "C | Go.D, 313t | h Inf.            | data f-1/pf               | h     |
| V            | PATEOF DEATH ACT, 1,19             | 18           |            |                   |                           |       |
| 1            | 7.120. 22 (7.0)                    | 1. 1         |            |                   |                           |       |
| S            | TATE FROM WHICH HE CAME            | noc,         |            |                   |                           |       |
| d            | EDALS OF DECORATIONS AWARD         | DED N +100   | do         | and               | of other                  |       |
| (P)V         | SUBSEQUENT REBURIALS DATE          | CDAVE        | ROW        | PLOT              | CEMETERY                  |       |
|              | DAIL                               | GRAVE        | , ROW      | PLOT              | CEMETERY                  |       |
|              |                                    |              |            |                   |                           |       |
|              | DATE                               | GRAVE        | ROW        | PLOT              | CEMETERY                  |       |
|              |                                    |              |            | 22                | the same                  | *     |
|              | SIGNATURE, AREA SUPERVISOR         |              | Ist Y      | M. B.             | BIRDSEYE<br>ps, U.S. Army |       |
|              |                                    |              |            | - · , @ · m · OOP | ps, c.o. Atmy             |       |
| 7            | FINAL GRAVE LOCATION 3/9/22        | 40           |            | 15                | В                         |       |

DATE

\$UDITED 8/3 \$UB 2/17/23

Meuse-Argonne American Cemetery Romagne-sous-Montfaucon(Meuse)

CEMETERY 1232

GRAVE

CEMETERY

ROW

TOTAL Block

## 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, Head-quarters, 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, statment 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.



| GRAVE LOCATION BLANK                                                                       |
|--------------------------------------------------------------------------------------------|
| LOCATION OF THE GRAPE OF                                                                   |
| Austrian 1780267 Selfgning (Surname). (Number). (First Name and Initials).                 |
| ? Co O Jaknown                                                                             |
| (Rank). (Organization).                                                                    |
| PLACE OF DEATH:                                                                            |
| CAUSE OF DEATH: Killed in action                                                           |
| DATE OF BURIAL: 10/2/18.                                                                   |
| PLACE OF DEATH Montfaucon 1 Km due Nor                                                     |
| (Give Cemetery, Town and Department). Map reference must specify clearly what map is used. |
| Argonne Special Map 11.0-79.7                                                              |
| ``                                                                                         |
| GRAVE NUMBER:                                                                              |
| HOW MARKED: Name Peg3yesCross?                                                             |
| Headboard?, Bottle?                                                                        |
| IDENTIFICATION TAGS:                                                                       |
| Was one buried with body?yes                                                               |
| Was one fastened to name peg or stake used as a grave marker?                              |
| If name unknown and tags missing, description and marks should be given here:              |
|                                                                                            |
| NEAREST RELATIVE:                                                                          |
| ADDRESS:                                                                                   |
| RELATIONSHIP:                                                                              |
| REPORTED BY:                                                                               |
| F. F. Powell, Chaplain 313th Inf. (Signature and Rank of Reporting Officer).               |
| This portion to be forwarded to Central Records Office, A. G. O., A. E. F.                 |

| NEUFCHATEAU |
|-------------|
|             |

Date\_ 3rd, May 1919.

| REPORT OF DISINTERMENT AND REBURIAL.                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Remains of:                                                                                                                                                                                                                                                                         |
| SLEIG MAN                                                                                                                                                                                                                                                                           |
| Name: AUSTRIAN, Seligman G.)  Number: 1780261                                                                                                                                                                                                                                       |
| Rank: (Austrian, Seligman G.) Organization: Unknown Co. D. 3/3ch June Co. D. 3/3ch                                                                                                                                                                                                  |
| Disinterment and Reburial made by Group Unit                                                                                                                                                                                                                                        |
| Disinterred (Date) From: (Give complete location)                                                                                                                                                                                                                                   |
| 27th, March 1919. Amer. B/A Cemetery Grave #26                                                                                                                                                                                                                                      |
| NANTILLOIS, MEUSE.                                                                                                                                                                                                                                                                  |
| 35 NE. 280.25 N. 310.75 E.                                                                                                                                                                                                                                                          |
| Reburied (Date) in: (Give complete location) 1222                                                                                                                                                                                                                                   |
| 27th, March 1919. Grave #119 Sec. 4 Plot 3.                                                                                                                                                                                                                                         |
| Amer. B/A Cemetery #1232.                                                                                                                                                                                                                                                           |
| ROMAGNE, MEUSE. 35 NE. 285.0 N. 308.0 E.                                                                                                                                                                                                                                            |
| Report as to nature of original burial and condition of body upon disinterment:  Burial good. Body buried in uniform; badly decomposed.                                                                                                                                             |
| Was one identification tag found upon the body? Yes.                                                                                                                                                                                                                                |
| What other means of identification were found on the body? Letters to Co.D. 313 Inf                                                                                                                                                                                                 |
| CONFIRMED No. D 10946                                                                                                                                                                                                                                                               |
| Note:                                                                                                                                                                                                                                                                               |
| If upon disinterment, effects are found upon bedies, they will be promptly                                                                                                                                                                                                          |
| sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918.,  After being cardfully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.                                              |
| sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918.,  After being cardfully excuined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.  Supervised by: Lt. Gordon.  R. H. ROSENTHAL |
| After being cardfully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.                                                                                                                           |

|               |                                         | <u> </u> |                 |
|---------------|-----------------------------------------|----------|-----------------|
|               | S U B-                                  | NO. OF   |                 |
| HEADING       | HEADING                                 | COLS     | CODE            |
| - No          | 0                                       | 3        | 1120            |
| NAMEAUSTRIAN  | CEMETERY /232                           | 1        |                 |
| SLeigMAN B.   | GRAVE 40                                | 2        | 40              |
| BURLED        |                                         | 2        | 10              |
|               | ROW /3                                  | Δ        | 9.              |
|               | BLOCK 13                                | 1        | 2               |
| STATE         | ma                                      | 2        | 24              |
| RANK          | Che                                     | 11       | 2               |
| DIVISION      | 99                                      | 2        | 19              |
| ORGANI ZATION | 313                                     | 3        | 3/3             |
| ARM           | dry                                     | 11       |                 |
| _MARTIAL      | Tho                                     | 11       | 2               |
| NAME Gustrian | aus                                     | 3        | 1/200           |
| ma Beeca      | STATE MA                                | 2        | 24              |
| RESIDENCE     | COUNTY Baltimor                         | 2        | 83              |
| 1002232102    | CITY Bultimore                          | 3        | 002             |
|               | man the                                 | 1        | 1               |
| RELATION      | 11VE MAN                                |          |                 |
| OTHER         | 70.10                                   |          | 1               |
| ELIGIBILITY   | 180                                     | 1        | MOITER          |
| YTIVITAM      |                                         | 1        | DEC 11 1931 (M) |
| RACE          |                                         |          | DEC XI 100      |
| ENGLISH       | 4/3                                     |          |                 |
| ATTENDANT     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1        |                 |
| HEALTH        | Good                                    | 1-2-     | 1               |
| NO. OF SONS   |                                         | 11       |                 |
| DATE OF       | мо.                                     | 1        |                 |
| TRIP TRIP     | YR.                                     | 11       | 1               |
| ACCEPTANCE    | m                                       | 1.       | 13- (4)         |
| 20/514/PJ.    | age                                     | •        | 166.            |

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

Austrian Sleigman B (MA)

July 7, 1932

Mrs Belle Austrian 3621 Gleugyle Ave Baltimore Md

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,

Captain, Q. M. Corps,

Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933?\_

(Write answer here)

(Sign here) mrs. B. austran

OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO OM 293 A-M Austrian, Sleigman B. Cpl. (M-A) M

June 9, 1931.

Mrs. Belle Austrian, 3621 Gleugyle Ave., Baltimore, Md.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

truly yours

HUGHES, Captain, Q. M. Corps.

Assistant.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932?

Write answer here

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

Austrian, Sleigman B. Cpl., 1232-M

April 3, 1931.

Mrs. Belle Austrian, 3621 Gleugyle Ave., Baltimore, Md.

#### Dear Madam:

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.

The records of this office show that you are the mother of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

- 1. Do you desire to make this pilgrimage?
- 2. Do you desire to make the pilgrimage in the calendar year 1931?
- 3. Please give your age and state your health.
- 4. Do you speak English?
- 5. What other language do you speak?

For The Quartermaster General,

Very truly yours,

Age 66

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

Condition of Health fair

Enclosures:

Envelope Act Amendment

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 7, 1930.

Austrian, Sloigem B. -1282 M

Mrs. Bolle Austrian, 5621 Glauggle Ave., Baltimore, Ml.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? (Write answer here)

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

October 7 , 1929.

Austrian. Sleigman B. 1232 M

Mrs. Belle Austrian, 3621 Gleugle Ave., Baltimore, Md.

Dear Madam:

The Act of Congress which provides for pilgrimages to cemeteries in Europe by mothers and widows of members of the military or naval forces of the United States who died in the military or naval service at any time between April 5, 1917 and July 1, 1921, and whose remains are now interred in such cemeteries, all necessary expenses of which pilgrimages are to be paid by the United States Government, requires that the Secretary of War make an investigation and submit the results of such investigation in a report to Congress not later than December 15, 1929. The purpose of the investigation is to determine the total number of mothers and widows entitled to make the pilgrimages, the number of such mothers and widows who desire to make the pilgrimages, the number who desire to make the pilgrimages during the calendar year 1930 and the probable cost of the pilgrimages to be made.

In order that the report referred to may be made and plans completed for conducting the pilgrimages, it is requested that you answer the following questions by filling out the blanks left therefor and return the letter to this office by return mail in the enclosed envelope which requires no postage.

| 1. Do you desire to make this pilgrimage if eligible?                                                                                         | (Yes)                                    | (No)               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|
| 2. Do you desire to make the pilgrimage in the calendar year 1930?                                                                            | (Yes)                                    | (No)               |
| 3. Have you at any time made a previous visit to the grave of the deceased member of the military or naval forces in whom you are interested? | (Yes)                                    | (No)               |
| 4. Please give your age and state of health.                                                                                                  | Age / Healt<br>(Years)                   | h<br>(Good) (Poor) |
| 5. What language do you speak?                                                                                                                | English - (Y<br>Other langua<br>(Specify | · ·                |
| For The Quartermaster General; & ON. Very truly wourd                                                                                         |                                          |                    |

Encl.

Act

Envelope

JOHN T. HARRIS,

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Austrian, Seligman B. 1232

August 30, 1929.

Mrs. Belle Austrian, Glengl Ave., Arlington, Nd.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 27, 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: 110

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.

Mrs (delle Huskinans 36-21 Cheugyle Ave, Balkmore MA

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

No

For The Quartermaster General,

Very truly yours,

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

2 Inclass

Act of Congress Envelope

# WAR DEPARTMENT C. FICE OF THE QUARTERMASTER GENER...

Austrian, Seligman B.

June 27, 1929.

Mrs. Belle Austrian.
Glengl Ave. 3621 Selection Mar. 3621 Salto

Dear Madam:

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 mother of the late Corporal Sleigman B. Austrian. Co. D. 313th Inf., whose remains are now interred in the Meuse-Argonna Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

In the event your son was survived by a widow who has since remarried it is 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.

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REPER TO QM 293 A-M
Auntrian Sleigman B (MA)

July 7, 1932

Mrs Bollo Austrian 5621 Glougylo Avo Baltimoro Md

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ, Captain, Q. M. Corps, Assistant.

2 Encls.

| (Sign | here) |  |
|-------|-------|--|
| /     |       |  |

# 0357

#### WAR DEPARTMENT

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO OM 298 A-M
Austrian, Sleigman B. Cpl. (M-A) M

June 9, 1981.

Mrs. Belle Austrian, 8621 Gleugyle Ave., Baltimore. Md.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essent al.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General.

Very truly yours,

H

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? Write answer here

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

#### IN REPLY REFER TO QM 293 A-C

·Austrian, Sleigman B. Cpl., 1232-M

April 3, 1931.

Mrs. Belle Austrian, 3621 Gleugyle Ave., Baltimore, Md.

#### Dear Madam:

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.

The records of this office show that you are the of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

4. Do you speak English?

5. What other language do you speak?

For The Quartermaster General,

Very t

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES, Captain, Q. M. Corps, Assistant. Austrian, Sleigman B. Cpl 1232 M

Mrs. Belle Austrian 3621 Gleugyle Avenue Baltimore, Maryland

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the of the deceased veteran named above and in order that plansmay be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

| 1. | Do you desire to make this pilgrimage?                          | Branch School              |
|----|-----------------------------------------------------------------|----------------------------|
| 2. | Do you dosire to make the pilgrimage in the calendar year 1931? |                            |
| 3. | Please give your age and state your health.                     | Age<br>Condition of health |
| 4. | Do you speak English?                                           |                            |
| 5. | What other language do you speak?                               |                            |

For The Quartermaster General:

Very truly yours,

Captain, Q. M. Corps, Assistant.

Encls:
Act
Amendment

30/150

Envelope

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

Juno 7, 1930.

Austrian, Sleignan B. -1232 M

Mrs. Bolle Austrian. 3621 Gleugyle Ave., Baltimore, Ms.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

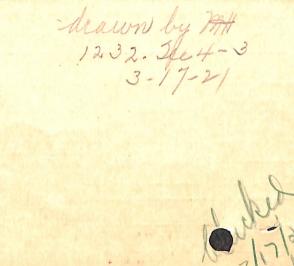
A. D. HUGHES, Captain, Q. M. Corps, Assistant.

| O YOU DESIRE TO MAKE THE | PILGRIMAGE DURING | THE YEAR 19 | 31? (Write answer here) |
|--------------------------|-------------------|-------------|-------------------------|
|                          |                   |             | (117700 001101101       |

| Austrian                       | Seligman B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.780.267                        |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| (Surnam                        | (Christian name in full.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Army serial ber.)               |
| Corp                           | Co D 313 inf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |
|                                | (Rank and organization.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| State your relationship to     | the deceased Mothe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·Y                               |
| Do you desire the remain       | s brought to the United Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tes?                             |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Yes or no.)                     |
|                                | the United States, do you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Yes or no.)                     |
| wish them interred in a        | s interred at the home of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the deceased, give full informa- |
| tion below as to where         | they should be sent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the deceased, give full informa- |
| A                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| (Name of person to receive rem | ains.) (Express off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ice.) (Telegraph office.)        |
|                                | The second secon |                                  |
| (Number and street.)           | (City gr to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wn/) (State.)                    |
|                                | h Wille Vilia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L.                               |
| (Sign here)                    | Mis. I will you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Guan 1)                          |
| Co Theresale                   | In Islina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ton Palto Mid                    |
| (Number and street or rura     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or post office.) (State.)        |
| Read car                       | refully the letter accompan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ving this card. 3-6713           |

make the state of

1701/04



## OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-C

October , 1929.

Austrian, Sleigman B. 1232 M

Mrs. Belle Austrian. 3621 Gleugle Ave.. Baltimore, Md. Dear Madam:

The Act of Congress which provides for pilgrimages to cemeteries in Europe by mothers and widows of members of the military or naval forces of the United States who died in the military or naval service at any time between April 5, 1917 and July 1, 1921, and whose remains are now interred in such cemeteries, all necessary expenses of which pilgrimages are to be paid by the United States Government, requires that the Secretary of War make an investigation and submit the results of such investigation in a report to Congress not later than December 15, 1929. The purpose of the investigation is to determine the total number of mothers and widows entitled to make the pilgrimages, the number of such mothers and widows who desire to make the pilgrimages, the number who desire to make the pilgrimages during the calendar year 1930 and the probable cost of the pilgrimages to be made.

In order that the report referred to may be made and plans completed for conducting the pilgrimages, it is requested that you answer the following questions by filling out the blanks left therefor and return the letter to this office by return mail in the enclosed envelope which requires no postage.

| 1. Do you desire to make this pilgrimage if eligible?                                                                                         | (Yes)                                        | (No)         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------|
| 2. Do you desire to make the pilgrimage in the calendar year 1930?                                                                            | (Yes)                                        | (No)         |
| 3. Have you at any time made a previous visit to the grave of the deceased member of the military or naval forces in whom you are interested? | (Yes)                                        | (No) .       |
| 4. Please give your age and state of health.                                                                                                  | Age Health<br>(Years)                        | (Good) (Poor |
| 5. What language do you speak?                                                                                                                | English - (Ye<br>Other languag<br>(Specify l |              |

For The Quartermaster General,

Very truly yours,

Encl. Act Envelope

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

Austrian, Seligman B. 1232

August 30, 1929.

Mrs. Belle Austrian, Glengl Ave., Arlington, Md.

#### Dear Madem:

The records of this office do not indicate that a reply has been received to our communication dated June 27, 1920 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:                                                                                                                                              | EAST, D. A                   |
| 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. |                              |
| 3. | If survived by a widow or mother does she desire to make the pilgrimage?                                                                                                                                                                        |                              |

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

## WAR DEPARTMENT FICE OF THE QUARTERMASTER GENE

IN REPLY RESERVED OM 293 A-C

June <sup>27</sup>, 1929.

Mrs. Belle Austrian, Glengl Ave., Arlington, Md.

Dear Madam:

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 mother of the late Corporal Sleigman B. Austrian, Co. D. 313th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

In the event your son was survived by a widow who has since remarried it is 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,

Yery truly yours,

2 incls.
Act of Congress.
Envelope.

In reply refer to: 293 C-R 69097

April 30,1923.

Mrs. Belle Austrian.
Glengyl Ave.,
Arlington, Md.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of Cpl. Seligman B. Austrian, Co. D. 313th

Infantry is No.40, Row 15, Block B. Meuse-Argonne American cemetery

Romagne-sous-Montgaucon (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. 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.

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.

APR 30 1924 C.E.B. Very truly yours,

|         | Place Romagne 1232.                                                                                                                                                                                                                                                                                                                                                |    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| G.      | R. S. FORM. NO. 16-A  REPORT OF DISINTERMENT AND REBURIAL  Date  Mar 6, 1922.                                                                                                                                                                                                                                                                                      |    |
| 0       |                                                                                                                                                                                                                                                                                                                                                                    |    |
| 1.      | Co. D. 315th Inf.                                                                                                                                                                                                                                                                                                                                                  |    |
| =       | RANK URGANIZATION                                                                                                                                                                                                                                                                                                                                                  |    |
| 2.      | Disinterred (date): From (give complete location):                                                                                                                                                                                                                                                                                                                 |    |
| ******* | Mar 6, 1922 gr 119, sec 4, plot 3. Cty. 1232.                                                                                                                                                                                                                                                                                                                      |    |
| =       | By: Group Frank. Unit sec 1                                                                                                                                                                                                                                                                                                                                        |    |
| 3.      | Reburied (date): In (give complete location):  Mch 9,1922, Meuse Argonne ty 1232, gr 40, bl B, row 15,                                                                                                                                                                                                                                                             |    |
|         | By: Group Reburial S Unit Nature of reburial ined casket                                                                                                                                                                                                                                                                                                           |    |
| 4.      | Report as to nature of original burial and condition of body upon disinterment:                                                                                                                                                                                                                                                                                    |    |
|         | wooden box and burlap and U.S. uniform. badly decomposed, unrecognizable.                                                                                                                                                                                                                                                                                          |    |
|         |                                                                                                                                                                                                                                                                                                                                                                    |    |
| 5.      | (a) Identification tags: Buried with body? yes. On grave marker? yes. peg.                                                                                                                                                                                                                                                                                         |    |
|         | (b) Other means of identification found upon disinterment, and general remarks:                                                                                                                                                                                                                                                                                    |    |
| 51      | disc on body partly corroded, reads:   Seligman)                                                                                                                                                                                                                                                                                                                   |    |
|         |                                                                                                                                                                                                                                                                                                                                                                    |    |
| 6.      | What does examination of body show as regards the following identifying items?  (a) Height (actual measurement) impossible to determine.  (b) Weight (estimated)  (c) Hair—Color  Quantity  do  M.B.Q.  4  M.B.Q.  4  Diagram represents the mouth wide open  Quantity  do  Quantity  do  Or missing parts)  do  SF  OF  OF  AND  AND  AND  AND  AND  AND  AND  AN | F. |
| 4//4    | none visible.                                                                                                                                                                                                                                                                                                                                                      |    |
|         | Disinterment supervised by F.J. Frank. Approved: Approved: Title (Title)                                                                                                                                                                                                                                                                                           |    |
| 8.      | Reburial Supervised by W.B. Sheild Approved: A.E. Dewey, 1st Lt, 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 wohm 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 jwas found.

| MISSING TEETH     | All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus: | TOOTH MISSING TOOTH MISSING                                           |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| CROWNED TEETH     | Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:                                          | GOLD CROWN GOLD CROWN                                                 |
| BRIDGE WORK       | Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thu:                                            | GOLD AND PORCELAIN BRIDGE GOLD BRIDGE                                 |
| FILLINGS          | Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:                                    | SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING GOLD FILLING    |
| CARIES (CAVITIES) | Outline location and size of cavity, shade in thus:                                                                              | DECAYED DECAYED DECAYED                                               |
| DENTURES (PLATES) | Draw diagram of relative size and sha<br>retaining clasps on natural teeth wit                                                   | pe of plate block in teeth attached and indicate h 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:

STATION Romagne 1232

To be prepared in triplicate.

DATE March 6 1922

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

| DISI                            | NTERMENT COMPARAT                                     | IVE REPORT                                                        |  |  |
|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| Records of G.R.S. Headquarters. |                                                       | Discrepancy found upon exhumation of body                         |  |  |
| 1.                              | Name AUSTRIAN, Seligman                               | 10. Name                                                          |  |  |
| 2.                              | No. 1780257                                           | 11. No.                                                           |  |  |
| 3.                              | Rank Cpl.                                             | 12. Rank                                                          |  |  |
| 4.                              | Org. Co. D. 313th Inf.                                | 13. Org.                                                          |  |  |
| 5.                              | D.D. Oct. 1st.                                        | 14. (a) D.D.                                                      |  |  |
| 6.                              | C.D. DOW                                              | (b) D.B.                                                          |  |  |
|                                 |                                                       | Discrepancy found upon disinterment                               |  |  |
| 7.                              | Grave No. Sec.                                        | 15. Grave No. Sec.                                                |  |  |
|                                 |                                                       | 16. Plot Row                                                      |  |  |
|                                 |                                                       | 17. none '                                                        |  |  |
| 18.                             | Cemetery Meuse-Argenne-Amer.                          | 19. Commune or town Romagne-sous-Montfa                           |  |  |
|                                 | Dept. or CountyMeuse.                                 | 21. Country France                                                |  |  |
| 22.                             | G.R.S. Hdqrs. Code No.                                | 324                                                               |  |  |
| 23.                             | Disinterred (Date) March 6 1922                       | By E J Frank                                                      |  |  |
| 24.                             | Inscription on grave marker:                          |                                                                   |  |  |
|                                 | Name Seligman Austrian                                | Serial No. 17 80257                                               |  |  |
|                                 | Rank Cpl                                              | Organization Go D 313th Inf                                       |  |  |
| 25.                             | Was identification disc found on grave                | marker? yes on poon body? yes                                     |  |  |
|                                 |                                                       | Signatura Tunion Tochnical Assistant                              |  |  |
|                                 | DA DA HITON                                           | Signature Junior Technical Assistant Ray Brown                    |  |  |
|                                 | PARATION                                              |                                                                   |  |  |
| 26.                             | identification on body, give descript                 | re on body? (If no disc or other means of ion of body in detail). |  |  |
|                                 | Disc on body partly corrode                           | d reade: Seligman                                                 |  |  |
| 27.                             | Condition of body Badly decompos                      | ed, features unrecognizable                                       |  |  |
|                                 |                                                       | p and wooden box                                                  |  |  |
| 29.                             | Any discrepancy noted upon examination quoted above?  | n of body, as compared with G.R.S. records                        |  |  |
| 30.                             | Body prepared and placed in casket: D                 | ate March 6 1922 By J Frank                                       |  |  |
| 31.                             | Casket sealed by                                      | Frank                                                             |  |  |
| ITEL                            | Casket sealed by BySignature of Embalmer, (Supervisor | ef Hrank                                                          |  |  |
|                                 |                                                       | H J Frank                                                         |  |  |

| SHIF | PMENT (Show actual marking of box ) Box No. C-24758                                                                                                     |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32.  | Designation of body:                                                                                                                                    |
|      | Name Seligman AUSTRIAN. Serial No. 1780257                                                                                                              |
|      | Rank Cpl. Organization Co. D. 313th Inf.                                                                                                                |
| 33.  | Consigned to:                                                                                                                                           |
|      | Name of Permanent Cemetery Meuse-Argonne Amer.Cty.1232, Romagne-sous-Montfaucon, Meuse.                                                                 |
| 34.  | Casket boxed and marked (Date) March 6 1922 By E J Frank                                                                                                |
| 35.  | I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. |
|      | Signature of G.R.S. Inspector                                                                                                                           |
| 36.  | Remarks Lit Joiffe, 1st Lt.QMC                                                                                                                          |
|      |                                                                                                                                                         |
|      | •                                                                                                                                                       |
| -    |                                                                                                                                                         |
| 37.  | Shipped from point of Operation: (Date) Norgue Roma cone                                                                                                |
|      | To point of Concentration March 6 1922 (Name                                                                                                            |
|      | Convoyer P H Doran Signature Shipping Officer / Joann                                                                                                   |
| 38.  | Received at Railhead or Point of Concentration: Date F Spann, Capt. QMC                                                                                 |
|      | 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                                                                                                                                          |
|      | G.R.S. Representative                                                                                                                                   |
| 41.  | Reinterred, Meuse Argonne Cty 1232, Mch 9,1922                                                                                                          |
| 42.  | Grave No. 40 (Date Section                                                                                                                              |
|      | Block B Row 15                                                                                                                                          |

G.R.S. Representative

A.E. Dewey, 1st Lt, QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA File #69097

| I. LOCATION INDEX CARD:                                                        |
|--------------------------------------------------------------------------------|
| Seligman B.  (a) Name AUSTRIAN, Sleigman Ser. No. 1780267                      |
| TYP. EK                                                                        |
| (b) Rank Corporal Organization Co.D. 313th Inf.  (4-25-12) Off. 7.  (CKR. 7)   |
| (c) Date of death 10/2/18 (d) Cause of death K/A                               |
| II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):       |
| (a) Grave No. 119 Row Plot 3 Sec. 4 TYP. EK                                    |
| (b) Emerg. Address Mrs. Belle Austrian(mother) Glengyl Ave., Arlington, Ma.    |
| III. Files of soldiers dying from contagious diseases CKR.                     |
| IV. A. G. O. Disposition Card:  Date of receipt                                |
| (a)-Name / 12. Willes William (b) Relationship                                 |
| (c) Address Illuste and artington Mr. (Ball)                                   |
| (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 3-17, 1920.                                           |
| V. A. G. O. Correspondence shows communication from                            |
| , dated,                                                                       |
| confirming request in Par. IV., item, above, or requesting that                |
| no ibriss onderse                                                              |
| WAH . ( 142)                                                                   |
| Examiner's Initials 2014 Date 3-/7 , 1920.                                     |
| VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: M. 3/19- Arrive B. Berner |
|                                                                                |
| and Called Bldg, Waltimore, Mas                                                |
| Clequest Jehotographs of graves                                                |
| (a) Cancellation memos referred to?                                            |
| Examiner's Initials MH Date 3/7 , 1920.                                        |
| COUNTRY France CEMETERY No. 1232 Sec. 4 SHEET No. 4 3                          |
| G. R. S. Form No. 115 Amended April 6 1990  CARDED  Make Form No. 114          |

| 000              | COR Fram No 114 made                    | 1020                   | APR 2 7 1921                          |
|------------------|-----------------------------------------|------------------------|---------------------------------------|
| GEMERAL DIVISION | Corn No 114 made, 1920.                 |                        | 1000                                  |
| RIAL             | Typed by, Checked by,                   |                        |                                       |
| VIII.            | Fix Mind GION:                          |                        |                                       |
| 댐                | Following advice forwarded to Europe by | cable on               | , 1920                                |
|                  |                                         | letter on MAR 2 4 1921 | , 1920                                |
|                  | Sec. #4                                 |                        |                                       |
|                  | P                                       | ar. 2 Not to be return | ed. (£.S.)                            |
|                  |                                         |                        |                                       |
| IX.              | COR                                     | RECTIONS               |                                       |
|                  | Change of advice.                       |                        | ACTION TAKEN.                         |
|                  | D : 1.1-1.                              |                        |                                       |
|                  | Desires body be                         |                        | · · · · · · · · · · · · · · · · · · · |
|                  |                                         |                        |                                       |
|                  | Body to be shipped to                   |                        | -                                     |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
| X.               | Suspension Remarks:                     |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         | 100                    |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        | 1. Y                                  |
|                  |                                         |                        | <u> </u>                              |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |
|                  |                                         |                        | A 1                                   |
|                  |                                         |                        | ·                                     |
|                  |                                         |                        |                                       |
|                  |                                         | · ·                    | *                                     |
|                  |                                         |                        |                                       |
|                  |                                         |                        |                                       |

| Location Index             |
|----------------------------|
| Discrepancies              |
| Name                       |
| Rank                       |
| Serial No.                 |
|                            |
| Org.<br>Remarks            |
|                            |
| ., ,                       |
| Hughed                     |
| A. G. O. Card & Corr. 3-/7 |
|                            |
| Discrepancies              |
| Name                       |
| Rank                       |
| Serial No.                 |
| Orc.                       |
| Remarks                    |
|                            |
|                            |
|                            |
| G. R. S. Corr.             |
| Discrepancies              |
| DIBOI GDAIG LOS            |
| Name                       |
| Ronk                       |
| Serial No.                 |
|                            |
| Org.                       |
| Remarks                    |
|                            |
|                            |
| Checkers                   |
| Discrepancies              |
|                            |
| Name                       |
| Renk                       |
| Serial No.                 |
| 3-                         |
| Org.                       |
| Remarks                    |
| M. R.                      |
| 6 1250 hrp                 |
| S-1357/MB                  |

# COMPILATION OF DISPOSITION OF REMAINS DATA File #69097

| I.   | (h-1-51) C                                                                                                                                                                             |                         |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
|      | Location Index Card:  Seligman B.                                                                                                                                                      |                         |
|      | (a) Name AUSTRIAN, Sleigmen Ser. No. 1780267                                                                                                                                           | TYP.EK                  |
|      | (b) Rank Corporal Organization Co.D. 313th Inf.                                                                                                                                        | TYP.                    |
|      | (b) Rank Corporal Organization Co.D. 313th Inf.  (4-25-22) 8/3.7.  (c) Date of death 10/2/18 (d) Cause of death K/A                                                                    |                         |
| тт   |                                                                                                                                                                                        |                         |
| 11.  | REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):                                                                                                                   |                         |
|      |                                                                                                                                                                                        | PEK                     |
|      | (b) Emerg. Address Mrs. Belle Austrian (mother) Glengyl Ave Arlington, MG.                                                                                                             | 0.                      |
| III. | Files of soldiers dying from contagious diseases                                                                                                                                       | CKR.                    |
|      | Information on which advice to Europe in letter of transmittal was based:  a. J. O. Card - Mrs. Belle Austrian (mod<br>Glengyle Ave., Arlington, Md.,<br>regulate body not returned to | ther)<br>(Balt)<br>1.2. |
|      | 1 m                                                                                                                                                                                    | 34-2-21                 |
| v.   | Following advice forwarded to Europe by { cable on                                                                                                                                     | , 192                   |
|      | Day O Not to be notioned 198.                                                                                                                                                          |                         |
| . 3  | Par. 2 Not to be returned. (L.S.)                                                                                                                                                      |                         |
| VI.  |                                                                                                                                                                                        |                         |
|      | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921                                                                                                                             |                         |
|      | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    |                         |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    |                         |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | , 192                   |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | , 192                   |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | , 192                   |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | , 192                   |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | , 192                   |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921  Supplementary Requests.                                                                                                    | ion taken.              |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J.,  APR 8 1921  Supplementary Requests.  Date of and source. Relationship and name. Desires. Actionship and name.                         | ion taken.              |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J.,  APR 8 1921  Supplementary Requests.  Date of and source. Relationship and name. Desires. Actionship and name.                         | ion taken.              |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J.,  SUPPLEMENTARY REQUESTS.  Date of and source. Relationship and name. Desires. Acti                                                     | ion taken.              |
| VII. | Form 115 forwarded to G. R. S., Hoboken, N. J.,  Supplementary Requests.  Date of and source. Relationship and name. Desires. Acti                                                     |                         |

1232 Sec. 4

# GRAVE LOCATION BLANK LOC. F THE GRAVE OF

| (Surname). (Number) (First Name and Initials).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Rank). (Organization).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PLACE OF DEATH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CAUSE OF DEATH Milled in action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10/2/18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DATE OF BURIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PLACE OF BURIAL MONT Caucon 1 m due Nor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Give Cemetery: Town and Department). Map reference must pecify clearly what map is used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Argonne Special Map 11.0-70.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - Substitution of the Control of the |
| RAVE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| IOW MARKED: Name Peg?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Headboard? Bottle?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DENTIFICATION TAGS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Vas one buried with body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Vas one fastened to name peg or TSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| stake used as a grave marker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| f name unknown and tags missing, description and marks should be given here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Montforcon (Minister)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| EAREST RELATIVE 35.0 L. COUNTY E. SHO 3409                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DDRESS: NANTILLOIS/Meuse 1280.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ELATIONSHIP: 35 NE. E 310.9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EPORTED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| F. F. Powell, Chaplain 313th Inf. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Signature and Rank of Reporting Officer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Chief of Course Project Course                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# 69097

|   |                        | WAR DEPAR                                                                           |                                                                         |
|---|------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|   | 1,                     | Office of the Quartermaster                                                         | General of the Army                                                     |
| 1 | Adus                   | ted 4/28/22 Washing                                                                 | ton                                                                     |
|   | GIR.S. Form            | S-W-A requested of A.G.O.                                                           | 4-20-22<br>Date                                                         |
|   | 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.                                                     |                                                                         |
|   | confirmation           | l. It is requested that the it of all information shown.                            | ems checked below be completed. Request                                 |
|   |                        | a. Surname AUSTRIAN Sleigman or                                                     | f. Date of death 10-2-18 10-1-18                                        |
|   | -                      | b. Christian name Seligman B.                                                       | g. Cause of death K/A                                                   |
|   |                        | c. Serial Number 1780267                                                            | h. Authority (C.O.#) 392 a. & 201                                       |
|   |                        | d. Organization Co. D. 313th I                                                      | ofi. Emergency address Mrs. Belle Austrian Glengyi, Ave., Arlington, Md |
|   |                        | e. Rank Cpl.                                                                        | j. Relationship Mother                                                  |
|   | BODY DESCRI            | PTION<br>2 of the Service Record)                                                   | DENTAL CHARTS (See Physical report of                                   |
|   |                        | a. Age of enlistment                                                                | examination prior to enlistment)                                        |
|   |                        | b. Color of eyes                                                                    | a. Strike out teeth missing                                             |
|   |                        | c. Color of hair                                                                    | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8<br>upper right upper left               |
|   |                        | d. Height                                                                           | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8<br>lower right lower left               |
|   |                        | e. Weight                                                                           |                                                                         |
|   |                        | f, Permanent marks and<br>physical defects at<br>enlistment (Old fractures or break | Donnelly Dms, 4/2/22 (4) (4) (5)                                        |
|   | Dispatch               | slip attached to file papers.                                                       | L. ROGERS,                                                              |
|   | CEMETERY NO:           | 1232<br>BY:                                                                         | Charles J. Comments                                                     |
|   | SHEET NO:<br>TYPED BY; | Cr                                                                                  | marles J. Wynne, aptain, Q.M.C., U.S.A.                                 |

2 APR 2 1 1922

s/3310/LML

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

> PLEASE EXPEDITE

WAR. DEPARTMENT

Office of the Quartermaster General of the Army

-Washington

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

Information requested of A.G.O.

3/17/21. Date

Requistration.

(SPECIAL)

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.

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

a. Surname Austria

Austrian

1074 Date of death

Christian name

Sleigman- (Seligman B.)

Cause of death g,

Authority (C.O.#)

1780267 Serial Number

BY:

d. Organization Co. D, 313th Inf.

Rank

Cpl.

DENTAL CHARTS

h.

Emergency address Mrs. Belle Austrian, Glengyl avenue, Arlington, Marylam. Refatfonship Mother.

BODY DESCRIPTION (See page #2 of the Service Record)

a. Age of enlistment

Color of eyes

Color of hair

Height d.

Weight f. Permanent marks and

physical defects at enlistment (Old fractures or breaks) examination prior to enlistment) Strike out teeth missing

(See Physical report of

8765432112345678 upper right upper left

8765432112345678 lower right lower left

D. 2-201 3-24-21

CW

1232 - Sec. 4.

SHEET NO: TYPED BY:

S/713/IML

CENTERY NO:

JBC

orld West Dive MAR 1.9.1921 H. L. ROGERS, Quartermaster General, U.S.A.

1st. Lieut. Q.M.C.

MAR 19 1921



## WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

December 29, 1920.

MEMORANDUM TO A.G.O. WORLD WAR DIVISION, CORRESP. SECTION, Miss Bright, Branch 1388.

Confirming telephonic conversation of December 29, 1920.

re, case of Cpl. Seligman B. Austrian, Co. D. 313th Infantry, Ser. 1780267, the records of this office show that Cpl. Seligman Austrian, Co. D. 313th Infantry, Ser. 1780267, is reburied in:

Grave #119, Section #4, Plot #3, Argonne American Cemetery #1232, Romagne-sous-Montfaucon, Meuse.

Original burial Grave #26, American Cemetery #1690, Nantillois, Meuse.

Date of original burial no record

Date of reburial 3/27/19

By authority of the Quartermaster General:

FING

MAILED DEC 3 O 1920 G.R.S. CHARLES C. PIERCE,
Major, U. S. Army,
Chief, Graves Registration Service.
By:

CHARLES J. WYNNE, Captain, Q.M.C., Graves Registration Service.

| G. R. S.<br>Infor | Form No. 101-A                                               |             |
|-------------------|--------------------------------------------------------------|-------------|
|                   |                                                              | File Number |
| TO:               | REGISTRATION BRANCH, G. R. S.                                | Date /2/    |
| FROM:             | INQUIRY BRANCH.                                              |             |
|                   | e furnish information as checked ( /) below regarding the fo |             |
| NAME:             | Austrian, Seligman B. Serial Number                          | 1780        |
| RANK:             | Austrian, Seligman B. Serial Number Opl, ORGANIZATION:       | P, 31       |
|                   |                                                              |             |
| No.               | QUESTION                                                     | REPLY       |
| 1. D              | oo particulars of soldiers given above agree with            | (Sleign     |

records?

3. Cause and place of death.

4. Number of casualty cablegram.

(a) Complete record required.

(c) Note reinterments.

(a) Buried with body?

(b) Attached to grave marker?

13. Report the exact position of your inquiry on this case. (Reply in all cases if no information on record.)

N. B .- All proper names to be typewritten, or printed

(b) Name of cemetery or commune only required.

2. Date of death.

5. Date buried.

6. Grave location.

7. Who reported burial?

S. Confirmed by G. R. S.?

10. Identification tags:

9. Report as to grave marker.

11. Gomplete emergency address?

12. Has been notified? (Give date.)

14. What is the photograph number?

in PLAIN BLOCK LETTERS.

Mess 15. Inquiry made by.

File Number 69097, Date 12/29/20.

1780267,

Co. P, 313th INF.

| REPLY                                                                          |
|--------------------------------------------------------------------------------|
| 41. No. (Sleigman Hustrian,)                                                   |
| 21. 10/2/18.0                                                                  |
| (3).1                                                                          |
| (4). #392,                                                                     |
| (5). No record.                                                                |
| (6). Grave 26,                                                                 |
| Re: 3/27/19 Mantillois, Meusq.)                                                |
| Re: 3/27/19, an 11/1018, (1/euse.)                                             |
| Grave 119, Sec. 4, Plot 3                                                      |
| Argonne- Amer-Cty, F1232<br>Tromagne- Sous-Montfaucon,<br>(10)-a yes, (Meuse,) |
| meuse,                                                                         |
| 119 -01 2400                                                                   |
| mi Mrs Delle Hustria                                                           |
| Glengy Ave,                                                                    |
| Frington, Wd.                                                                  |
| (2), 2/17/19 . 5/2/9/19.                                                       |
| 1/2/1/20,                                                                      |
| (4). D-4339/                                                                   |
| Released by Information Control Department. M. M. &                            |
| Confirmed.                                                                     |
| Unconfirmed.                                                                   |
|                                                                                |

August 15, 1919.

293.3 (Austrian, S. Bernel)-Graves Registration Service.

Chief, Graves Registration Service.

Mr. Louis B. Bernei, 1009 Calvert Building, Baltimere, Md.,

Photograph of grave.

1. Your request for photograph of grave of Corporal S. Bernei Austrian has been noted and will be attended to as soon as practicable by The American Red Cross, Washington, D. C.

Charles C. Pierce, Col. Q. M. C. Chief, G. R. S.

CCP/mk



LOUIS B. BERNI AND COUNSELLOR AT LAW 1009-21 CALVERT BUILDING August 13th.. Col. Chas. C. Pierce, Grave Registration Service. Washington, D. C., Dear Sir: -Upon the suggestion of William A. Schwab, recently of Tours I am taking the liberty of addressing you with the view of securing a photograph of the grave of my nephew S. Bernei Austrian, who was a corporal of Co. D, 313 Regiment of the 79th. Division, and who fell at Mont faucon and is buried, we have been advised a kilometer from Montfaucon. Thanking you in advance for your attention I am Respectfully yours

JAN 18 1919

TAYLOR, iram 0 Pvt 1/c Co E 23 Inf



38 FN TR 98 OB

NEUFCHATEAU JAN 15 1919

CHIEF GRAVES REGISTRATION SERVICE

TOURS

RETEL G 916 C AUSTRIAN ONE SEVEN EIGHT NAUGHT TWO SIX SEVEN SELIGMAN
BURIED GRAVE NUMBER TWENTY SIX LANCASTER CEMETERY COMMUNE NANTILLOIS
DEPARTMENT MEUSE LOCATED ABOUT TWO AND HALF KILOMETERS NORTH OF
MONTFAUCON HALF KILOMETRE SOUTHWEST NANTILLOIS AND ONE AND QUARTER KILOMETRE
NORTH OF CIERCESMONTFAUCON ROAD COMMA FIVE HUNDRED METRES OFF WEST SIDE
OF NANTILLOIS MONT FAUCON ROAD MAP VERDUN THIRTY FIVE NORTHEAST COMMA
EASR THREE TEN POINT NINE NORTH TWO EIGHTY POINT FIVE REPORTED BY GROUP
NUMBER ONE UNIT THREE NAUGHT SIX PERIOD G 392 R PERIOD

STATEN

437 PM

1025

069090

COPY.

Signal Corps, United States Army.

Telegram.

191

Received at

38FN FD TR 98 0B

NEUFCHATEAU JAN 15 1919

CHIEF GRAVES REGISTRATION SERVICE

TOURS

RETEL G 916 C AUSTRIAN ONE SEVEN EIGHT NAUGHT TWO SIX SEVEN SELIGMAN BURIED

GRAVE NUMBER TWENTY SIX LANCASTER CEMETERY COMMUNE NANTILLOIS DEPARTMENT

MEUSE COCATED ABOUT TWO AND HALF KILOMETERS NORTH OF MONTFAUCON HALF KILO
METRE SOUTHWEST NANTILLOIS AND ONE AND QUARTER KILOMETRES NORTH OF CIERGES

MONTFAUCON ROAD COMMA FIVE HUNDRED METRES OFF WEST SIDE OF NANTILLOIS MONT

-FAUCON ROAD MAP VERDUN THIRTY FIVE NORTHEAST COMMA EAST THREE TEN POINT

NINE NORTH TWO EIGHTY POINT FIVE REPORTED BY GROUP NUMBER ONE UNIT THREE

NAUGHT SIX PERIOD G 392 R PERIOD

STATEN

437PM

## Signa Corps, United State Army. Telegram.

Received at 26FN FH 42 OB

191

NEUFCHATEAU JAN 7 1919

CHIEF GRAVES REGISTRATION SERVICE

TOURS

RETEL G NINE ONE SIX C PERIOD NO INFORMATION YET RECEIVED THESE HEADQUARTERS CONCERNING GRAVE LOCATION AUSTRIAN NUMBER ONE SEVEN EIGHT NAUGHT TWO SIX SEVEN SELIGMAN PERIOD SEARCH BEING CONTINUED PERIOD G 344 R

633PM

1105/19



STATEN

69097

December 24th, 1918.

Capt. Staton Graves Registration Officer Neufchateau.

Confirm grave location Austrian 1780267 Seligman comma Cpl Co D. 313th Inf comma approximate location map 35 SE comma E 311 point 0 comma N 279 point 7 G 916 C

ROGERS

OFFICIAL

C.M. HOETZEL 2nd Mout. Q.M.C., U.S.A. CCH/pf. Copy to: T&C GRS/ Daly.

Original.

Suspend 28 TFR: 118

REGISTRATION BRANCH, G.R.S.

From:-

Date: /1

Please furnish information as indicated below regarding the following soldier:-

IME AUSTRIAN, SELLIGMANIMEER 1780267

| RANK CP1. ORGANIZATION 313 Inf. |     |                                                                                                          |                                                       |  |
|---------------------------------|-----|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
|                                 | No. | Question                                                                                                 | Reply                                                 |  |
|                                 | . 1 | Do particulars of soldierzgiven above agree with Records?                                                | N.B. All Proper names to be<br>printed in PLAIN BLOCK |  |
|                                 | 2   | Date of Death                                                                                            | G - O LETTERS                                         |  |
|                                 | 3   | Cause and place of death                                                                                 | (3) K/a                                               |  |
|                                 | 4   | Number of Casualty Cable gram                                                                            | 8-0                                                   |  |
|                                 | 5   | Date buried                                                                                              | 5 -10/2/18                                            |  |
|                                 | 6   | Grave location  (a) Complete record required  (b) Name of cemetery or commune  only required             | C 238 - SHT - 35 SE                                   |  |
|                                 | 7   | Who reported buriel?                                                                                     | E311. N 279.7                                         |  |
|                                 | 8   | Has report been confirmed by G.R.S.                                                                      | Chaplain, 313 Inf.                                    |  |
|                                 | 9   | Report as to grave marker                                                                                | (B) - 100                                             |  |
|                                 | 10  | Report as to identification tags                                                                         | (9-n.P.                                               |  |
|                                 | 11  | who is nearest relative?                                                                                 | O - One tag wich body one tag on marker.              |  |
|                                 | .12 | Has N/R been notified? (Give date)                                                                       | one tig on marker.                                    |  |
|                                 | 13  | Report the exact position of your inquiry on this case. (Reply in all cases if no information on record) | (B) -0                                                |  |
| ,                               | 14  | What is the photograph No.?                                                                              |                                                       |  |
|                                 |     | no Cardinfile.                                                                                           |                                                       |  |

File No 69097

Tours, December 22nd, 1919.

Adjutant General G. H. Q. Chaumont

Retel S D eight five eight five period Corporal Selligman Austrian one seven eight neight two naught seven three one three Infantry buried October second in Commune of Montfaucon Youse map reference one to fifty thousand scale nine point seven Gaste S H comma E three eleven comma W two seven

ROGERS

0. B.

C. M. HORTZAL 2nd Lt. QMG. ACL: JHG S;16 P M

Copy to T&C GRS Daly



FORM 125e 4-25-18

## Signal Corps, United States Army. Telegram.

Received at

B369A 27 OB HAEF 21

GRAVES REGISTRATION SERVICE HEADQUARTERS SERVICES OF SUPPLY

TOURS

S D EIGHT FIVE EIGHT FIVE PERIOD ADVISE PLACE OF BURIAL CORPORAL SELLIGMAN AUSTRIAN THREE ONE THREE INFANTRY

DAVIS.

R

1918 DEC 21 PM 8 33

File Number

6909

From:-

Date:

Please furnish information as indicated below regarding the following soldier:

WHE AUSTRIAN, SELIE MANNUER 1780269

RANK CL. ORGANIZATION Co. 19. 3 13 Jul.

|    | No. | Question                                                                                                 | Reply                                                 |
|----|-----|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
|    | 1   | Do particulars of soldiersgiven above agree with Records?                                                | N.B. All Proper names to be<br>printed in PLAIN BLOCK |
|    | 2   | Date of Death                                                                                            | IETTERS                                               |
|    | 3   | Cause and place of death                                                                                 |                                                       |
| 1  | 4   | Number of Casualty Cablegram                                                                             | D394                                                  |
|    | 5   | Date buried                                                                                              | 204 40 Card                                           |
|    | 6   | Grave location (a) Complete record required (b) Name of cemetery or commune only required                |                                                       |
|    | 7   | Who reported burial?                                                                                     |                                                       |
|    | 8   | Has report been confirmed by G.R.S.                                                                      |                                                       |
|    | 9   | Report as to grave marker                                                                                |                                                       |
|    | 10  | Report as to identification tags                                                                         | July 1                                                |
|    | 11  | Who is nearest relative?                                                                                 |                                                       |
|    | .12 | Has N/R been notified? (Give date)                                                                       |                                                       |
|    | 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.?                                                                              |                                                       |
| 0  | 24  | e-about 9/20                                                                                             | corfirmal                                             |
|    | +   |                                                                                                          | -                                                     |
| no | T   | 18                                                                                                       | chau                                                  |
| þ  | A   | Hounny-                                                                                                  | Wed Tong                                              |
|    |     | HELDER WITH                                                                                              | Man Andrews                                           |

OSPES Cty. No. 1232 Sec. 4. casa na 3

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