

G.R.S. Form #114-B

Apr 27 1945

4883

793

mg

DATE 12/19/21

1. NAME BARBE, Pierre

SERIAL No. 556936

RANK

Pvt. 1/c

ORGANIZATION

Co.G. 39th Inf.

& DIVISION

4th

GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, #1232, Sec. 37

CTY. NAME

Meuse

NUMBER

144

Sec. 37

3

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION #10, Nantillois,

Meuse

G.R.S. Form 16

GRAVE

COMMUNE

DEPT.

COORDINATES Verdun 35 NE 280.7 N 312.6 E

CONCENTRATED TO

6/9/19

144

Sec 37

3

DATE

GRAVE

ROW

PLOT

Meuse Argonne Cemetery

1232

CEMETERY

CTY. NUMBER

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

Tag on cross.

DATE OF DEATH

Oct 3, 1918

STATE FROM WHICH HE CAME

Calif.

MEDALS OR DECORATIONS AWARDED

data F-1.

none of record

SUBSEQUENT REBURIALS

ccg.

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE

1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 12/19/21

3

31

Block C.

DATE

GRAVE

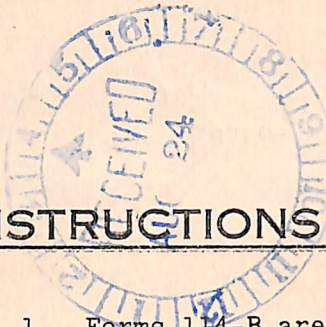
ROW

XBLK

Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, Meuse.

APR 30 1945
WORLD WAR DIV.

514
8/13
AUDITED BY
15744-23



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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

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

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

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



Mia 10/3 CC 323 RLT 12/10

GRAVES LOCATION.

Barbe, 556936, Pierro.

Pvt. 39th. Inf.

Grave marker. No tag on marker.

Tag on body.

(THIS TAG FOUND NEAR BODY AND BELONGE
WE PRESUNED, TO THIS BODY.)

Grave No. 10.

Dun Sur Meuse G26-045.

Andrew C. Aston

1st. Lt. & Chaplain.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Barbe</i>	<i>B A R</i>	3	<i>2 1 8</i>
BURIED <i>Pierre</i>	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>3</i>	2	<i>03</i>
	ROW <i>31</i>	2	<i>3 1</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>Calif</i>	2	<i>04</i>
BANK	<i>Pnt 1c</i>	1	<i>2</i>
DIVISION	<i>4</i>	2	<i>04</i>
ORGANIZATION	<i>39</i>	3	<i>039</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>Brother</i>	<i>No 6</i>	1	<i>2</i>
NAME <i>Barbe</i>		3	
<i>Mr. Joseph</i> RESIDENCE <i>1863 O'Farrell St</i> <i>San Francisco Calif</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Head</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	MAR 31 1932
TRIP	YR.	1	<i>at</i>
ACCEPTANCE		1	
29/514/PJ			

AUDITED

MAR 31 1932

at

am

X

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 3, 1930.

Barbe, Pierre 1232 B

Mr. Joseph Barbe,
1863 O'Farrell St.,
San Francisco, Calif.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

NO

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

If so, give her name and address:

NO

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

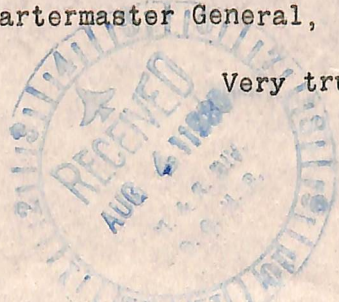
NO

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Barbe, Pierre
1232

September 4, 1929.

Mr. Joseph Barbe,
1863 O'Farrell St.,
San Francisco, Calif

Closest Relation

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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:

No.

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.

No.

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

*Not Survived by
Widow or Mother*

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Barbe, Pierre

June 29, 1929.

Mr. Joseph Barbe,
1863 O'Farrell St.,
San Francisco, Calif.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the brother of the late Pvt. 1st Cl. Pierre Barbe, Co. G, 39th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:

Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO OM 293 A-C
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1232

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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?

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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

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

2 incls.

Act of Congress.

Envelope.

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

Barbe,

(Surname.)

Pierre

(Christian name in full.)

556, 936

(Army serial number.)

Pvt 1st c

Co G 39 Inf.

(Rank and organization.)

State your relationship to the deceased

Brother

Do you desire the remains brought to the United States?

No.

(Yes or no.)

If remains are brought to the United States, do you
wish them interred in a national cemetery?

Yes.

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Joseph Barbe

1863 O'Farrell St. San Francisco, Cal.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by P.F.

4-29-21

1232 - Dec 37 - 9

Checked
4/29/21
SH

In reply refer to:
QM - 293 C-R

July 18, 1923.

Mr. Joseph Barbe,
1863 O'Farrell St.,
San Francisco, Calif.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private 1/c Pierre Barbe, Company G, 39th Infantry, is Grave 3, Row 31, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by 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.

Very truly yours,

H. J. Conner,
Assistant.



JUL 18 1923
C.E.H.

RD

L

23/494/ATV

COMPILATION OF DISPOSITION OF REMAINS DATA

File #86982

I. LOCATION INDEX CARD:

(a) Name BARBE, Pierre Ser. No. 556936
 (b) Rank Pvt. 1/cl Organization Co. G, 39th Inf.
 (c) Date of death 10-3-18 (d) Cause of death K/A

TYP. als

CKR. CB

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

(a) Grave No. 144 Row -- Plot 3 Sec. 37 TYP. as

(b) Emerg. Address Mrs. Nettie Mesta, (Sister) San Mateo, Calif.

III. ~~Files of soldiers dying from contagious diseases~~ CKR. CB

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Joseph B. Barbel (b) Relationship Brother

(c) Address 1863 - 19th Ave. St. San Francisco, Cal.

(d) Remains to be brought to U. S.? No

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

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

(g) Disposition instructions if not brought to U. S. _____

Examiner's Initials PF Date 4-29-, 1920.

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

_____, dated _____

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

Examiner's Initials PF Date 4-29-, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 4-29-, 1920.

COUNTRY FRANCE CEMETERY No. 1232-Sec. 37 SHEET No. 9

checked
MRH 8/10/21

COMPILATION OF DISPOSITION OF REMAINS DATA

File #86982

I. LOCATION INDEX CARD:

(a) Name BARBE, Pierre Ser. No. 556936
 (b) Rank Pvt. 1/cl Organization Co. G, 39th Inf.
 (c) Date of death 10-3-18 (d) Cause of death K/A
 TYP. als
 CKR. CB

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CKR. CB

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 (c) Address 1863 - 19 Farrell St. San Francisco, Cal.
 (d) Remains to be brought to U. S.? No
 (e) To be interred in National Cemetery in U. S. at Yes
 (f) Shipping instructions upon arrival of body in U. S. _____
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_____, dated _____
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(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 4-29-, 1920.

COUNTRY FRANCE CEMETERY No. 1232-Sec. 37 SHEET No. 9

checked
MCH 8/18/21 C

REPORT OF DISINTERMENT AND REBURIAL

Date Dec 19, 1921.

1. REMAINS OF BARBE, Pierre SERIAL NUMBER 556936
 RANK Pvt. 1/c ORGANIZATION Co. G. 39th Inf.

2. Disinterred (date) : Dec 19, 1921 From (give complete location) : gr 144, sec 37, plot 3. Cty. 1232.

By : Group Russell. Unit Sec 1.

3. Reburied (date) : Dec. 19, 1921, grave 3, Block C, Row 31, Cemetery 1232. In (give complete location) :

By : Group Reburial Sec. Unit Unlined casket. Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :
wooden box and burlap and uniform. Badly decomposed, unrecognizable.

5. (a) Identification tags : Buried with body ? no On grave marker ? yes.

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

cross tag reads? Barbe, Pierre, Pvt. Co. G. 39th Inf. 556936.

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

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated) do

(c) Hair—Color no

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) head and jaws shattered, impossible to take tooth chart.

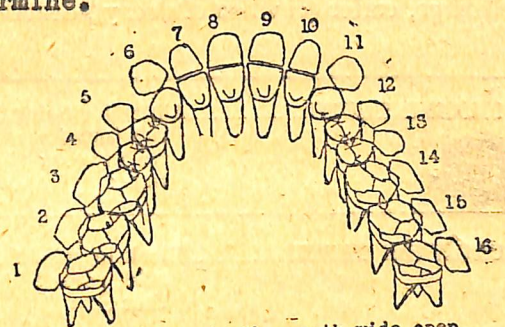
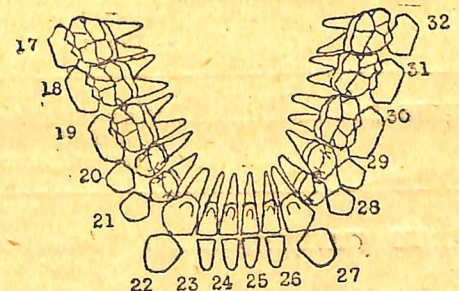


Diagram represents the mouth wide open.
shattered.



7. Disinterment supervised by C.V. Russell. Approved : A.E. Dewey 1st Lt. Q.M.C.
 (Title)

8. Reburial supervised by A.U. Dufault Approved : James W. Yeunger,
 PFB (Title) Captain, Q.M.C.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



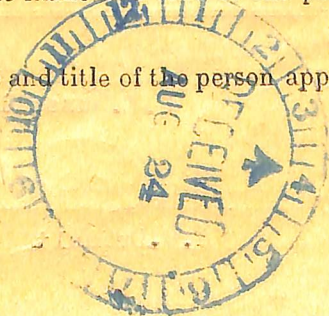
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



To be prepared in triplicate.

DATE Dec 19 1921

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

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BARBE, Pierre

10. Name _____

2. No. 556936

11. No. _____

3. Rank Pvt. 1/c

12. Rank _____

4. Org. Co.G. 39th Inf.

13. Org. _____

5. D.D. Oct. 3rd.

14. (a) D.D. _____

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

Discrepancy found upon disinterment

7. Grave No. 144 Sec. 37

15. Grave No. _____ Sec. _____

8. Plot 3 Row _____

16. Plot _____ Row _____

9. _____

17. None18. Cemetery Meuse-Argonne Amer.19. Commune or town Romagne-sous-Montfaucon20. Dept. or County Meuse21. Country France22. G.R.S. Hdqrs. Code No. 1232, Sec. 3723. Disinterred (Date) Dec 19 1921By C V Russell

24. Inscription on grave marker:

Name Pierre BarbeSerial No. 556936Rank Pvt.Organization Co G 39 Inf25. Was identification disc found on grave marker? Yes On body? NoSignature J L White Junior Technical Assistant

J L White

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Cross tag reads "Barbe Pierro Pvt. Co G 39th Inf 556936"27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial US Uniform, burlap pine box29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None30. Body prepared and placed in casket: Date Dec 19 1921 By C V Russell31. Casket sealed by C V RussellSignature of Embalmer, (Supervisor) C V Russell



SHIPMENT. (Show actual marking of box.) Box No. C-18592

32. Designation of body:

Name Pierre BARBE Serial No. 556936

Rank Pvt. Organization Co.G. 39th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer.#1232,
Romagne-sous-Montfaucon, Meuse

34. Casket boxed and marked (Date) Dec 19 1921 By C V Russell

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 A E Dewey
A E Dewey 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Dec 19 1921 cc

To point of Concentration Morgue Romagne

Convoyer W. J. Royed (Name J. Gerald Cole
Signature Shipping Officer J. GERALD COLE
Captain, C. A. C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer (Name
Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred, Meuse-Argonne Cemetery 1232, Dec. 19, 1921.

(Date

42. Grave No. 3 Section

43. ~~Box~~ Block C Row 31

G.R.S. Representative James W. Yeunger
James W. Yeunger,
Captain, Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #86982

I. LOCATION INDEX CARD:

(a) Name BARBE, Pierre Ser. No. 556936
 (b) Rank Pvt.1/cl Organization Co.G, 39th Inf. } TYP. als
 (c) Date of death 10-3-18 (d) Cause of death K/A } OB

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

(a) Grave No. 144 Row -- Plot 3 Sec. 37 TYP. as
 (b) Emerg. Address Mrs. Nettie Mesta, (Sister) San Mateo, Calif.

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

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

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAY 10 1921, 192
Sec. #37 Par. # 2 Not To Be Returned
mcH

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

VII. SUPPLEMENTARY REQUESTS.

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

VIII. Form 115 received from G. R. S., Hoboken, N. J., _____, 192

COUNTRY

CEMETERY No.

SHEET No.

G. R. S. Form 115-A
August, 1920

3-5020

FRANCE

1232-Sec.37

9

Date 21, JUNE 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of :

NAME: ~~PIERRO~~ Barbe, Pierre
(Unidentified American)

NUMBER: 556936

RANK: Unkn

ORGANIZATION: Unkn

UNIT:

DISINTERMENT AND REBURIAL MADE BY GROUP:

DISINTERMENT (Date)

FROM: (Give complete location)

9, JUNE 1919

Grave# 10 B/A CTY. NANTILLOIS, MEUSE

T

Map 35 NE E 312.6 N 280.7

REBURIED (Date)

IN: (Give complete location)

9, JUNE 1919

Grave# 144 Section 37 Plot 3

ARGONNE AMERICAN CEMETERY #1232

ROMAGNE, MEUSE.

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

Burial good. Body buried in uniform and badly decomposed.

Was one identification tag found upon the body ? Yes

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

10203

10203

Note:

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

Supervised by: Lt. Grubb.

aew

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

GRAVES LOCATION.

Barbe, 556936, Pierre.

Pvt. 39th. Inf.

Grave marker. No tag on marker.

Tag on body.

(THIS TAG FOUND NEAR BODY AND BELONGED
WE PRESUMED, TO THIS BODY.)

Grave No. 10.

Dun Sur Meuse G26-045.

Andrew C. Aston

1st. Lt. & Chaplain.

FILE

E

CE

CMME. Breulles (Meuse)
(C-230) SIIT. 35 WE COORD E. 312
h 284

appoy

26 OCT 1944

Communal List No. 230-1308

Daily Report No. _____

ON ACTIVE SERVICE
WITH THE
AMERICAN EXPEDITIONARY FORCES

April 30

1919

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

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

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: *Barbe.*
() Number: 556936
() First Name: Pierre
() Rank: Pvt. 1/c.
() Company: G.
() Organization: 39th Inf.
() Date of Death: Oct. 3 1918
() Cause:
() Place:

Location of hospital:

- Number " "
Class " "
() Relative: Mrs. Nettie Mesta
() Relationship: sister
() Address: San Mateo, Calif.
() Authority: *mateo. calif*
Cablegram No.:
Telegram from:

dated:

- () Reported to Washington:
C.C. Nos: 391 subpar. 27

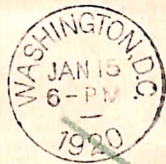
(Underscore the "official" C.C.)

- () Remarks:
() Show present status on reverse side.
Burial notification returned, advise correct
address of N.R. CHARLES C. PIERCE,
Lieut.-Colonel, C.M.C., U.S.A.

Initials of Reporter:

WAR DEPARTMENT
REGISTRATION SERVICE,
WASHINGTON, D. C.

132



PENALTY FOR PRIVATE USE \$300

OFFICIAL BUSINESS



Mrs. Nettie Mesta,

San Matte, Calif.

Form 107
1/16/20

86982

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WAR DEPARTMENT.

GRAVES REGISTRATION SERVICE
American Expeditionary Forces

OFFICIAL BUSINESS.

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

Mrs. Nettie Costa,
San Mateo, Calif.
U. S. A.

UNCLAIMED
RETURNED TO
C. W. RITER



3-123

4/29/21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 37

FORM 115 Sheet No. 9

[Signature]
(Initials)

OSP-SS
Form No. 1011.

S/2053/LML