

G.R.S. Form #114-B

9188

*Bolkowski*

FULL NAME ..... **BOŁOWSKI, Edward**

RANK ..... **Pvt.** SERIAL ..... **107209**

DIVISION & ORGANIZATION ..... **Co.B, 5th MG Bn, 2 Div**

DATE OF DEATH ..... **Nov 4 - 1918**

STATE FROM WHICH HE CAME ..... **Ohio**

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION.....  
Date Grave Row Block

**Meuse-Argonne, #1232**

Cemetery

World War Div.

APR 4 1928

Robert C. Davis  
Major General  
The Adjutant General  
By

*Ernst*

23/306/ARK

**AUG 16 1926**

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

*ASC 4-12-28*

# GRAVE LOCATION BLANK

R

LOCATION OF THE GRAVE OF

*Bolkowski* *107200* *Edward*  
(Surname.) (Number.) (First Name and Initials.)

*Pvt* *5th Ia G.*  
(Rank.) (Organization.)

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

PLACE OF BURIAL... *La Tulerie Ferme*

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

*Map Henry 120000*  
*3057 3054 2nd of Beaumont*

GRAVE NUMBER... *11*

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

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

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

Was one fastened to name peg or stake used as a grave marker? *Yes*

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

south of Beaumont, which is south  
rier was instantly killed by a high  
bank of road running north to  
as the fourth day of the Argonne  
t of this soldier when he was killed

nant. Baylson, Isidore- 1st Lt.  
5030 Kingsessing Ave.;  
Philadelphia, Pa.

Not signed.

REPORTED BY:  
*Joseph A. McCaffrey, Chaplain*  
(Signature and Rank of Reporting Officer)

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

Co. B., 5th M. G. Bn.,  
2nd Division.

Bolkowski, Edward - Pvt. 107209  
Home:

On November 4, 1918 about 2 miles south of Beaumont, which is south of Mouzon on the Meuse River, this soldier was instantly killed by a high explosive shell. He was buried on left bank of road running north to Beaumont near Tuilleries Farm. This was the fourth day of the Argonne-Meuse Battle and I was within a few feet of this soldier when he was killed

Informant. Baylson, Isidore - 1st Lt.

Home: 5030 Kingsessing Ave.;  
Philadelphia, Pa.

Emergency address:  
Frank Bolkowski, ( Rakhax  
3675 East 51st St.,  
Cleveland; Ohio.

Not signed.

G.C.

LOCO PARENTES

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Bolkowski	3	2 5 2
	Edward		
BURIED	CEMETERY	1	1
	GRAVE	2	32
	ROW	2	04
	BLOCK	1	6
STATE	Ohio	2	41
RANK	Port.	1	2
DIVISION	2	2	02
ORGANIZATION	5	3	005
ARM	M B Bw	1	2
MARTIAL	no	1	2
NAME	Bolkowski	3	2 5 2
	Mrs. Mary		
RESIDENCE	STATE	2	41
	COUNTY	2	18
	CITY	3	025
RELATION	Lois parents	1	4
OTHER		1	
ELIGIBILITY	No	1	2
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

**AUDITED**  
 APR 25 1932  
 [Signature]

*M*

*2* *da*

*1445*

Cleveland Ohio.  
Jan 22, 1931.

2 M 293 AM  
Bolkowski, Edward 1232 L. P.

Dear Sir:

In reply to your letter. That Private Edward Bolkowski's, Natural Mother. Does Not live for she had died in the year of 1912 and from that time he had lived with Me.

Tell he had joined the Army.

Wg  
131

Your truly  
Mrs. Mary Bolkowski  
3695 E. 55 St

Cleveland  
Ohio.



January 15, 1931

QM 293 A-M  
Bolkowski, Edward 1232 LP

Mrs. Mary Bolkowski  
3695 E. 55th Street,  
Cleveland, Ohio.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Edward Bolkowski is survived by his natural mother, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

Enclosure:  
Envelope.  
RE

ETK

QM 293 A-M  
Bolkowski, Edward 1232 LP

Mrs. Mary Bolkowski,  
3695 E. 55th Street,  
Cleveland, Ohio.

Dear Madam:

Information has been furnished this office which indicates that you may be eligible to make the pilgrimage to the grave of the late Edward Bolkowski, under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

You are informed that section 4 (a) of the Act has been amended to read in part as follows: "or any woman who stood in loco parentis to the deceased member of the military or naval forces for a period of not less than five years at any time prior to the soldier, sailor, or marine becoming eighteen years of age."

In order to satisfy the legal requirements, it will be necessary for you to furnish as proof of the relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you believe yourself eligible, under this provision of the law, to make the pilgrimage, it is requested that the enclosed form be completed and returned to this office in order that your eligibility under the act may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

KL

Enclosures:  
Act-Amendment.  
Aff. Forms.  
Envelope.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bolkowski, Edward  
1232

September 10, 1929.

Mr. Frank Bolkowski,  
3695 - E. 55th St.,  
Cleveland, Ohio.

19<sup>10</sup>/<sub>12</sub> year  
Encl 9-2-17

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated Aug. 13, 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.

Survived by Sister-in-law who stood in loco parentis to the deceased.

Mrs. Mary Bolkowski  
3695 E 55<sup>th</sup> Street  
Cleveland Ohio

Sister-in-law

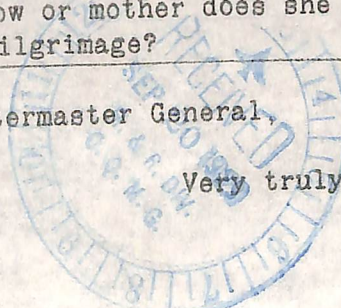
3. If survived by a widow or mother does she desire to make the pilgrimage?

No

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

**Bolkowski, Edward**

Aug. 13, 1929.

**Mr. Frank Bolkowski,  
3695 - E. 55th St.,  
Cleveland, Ohio.**

Dear Sir:

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

The records of this office show that you are the father of the late **Pvt. Edward Bolkowski, Co. B, 5th M.C.Bu., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.**

Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?
2. If so, give her complete address.
3. 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.
4. 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, D. C.

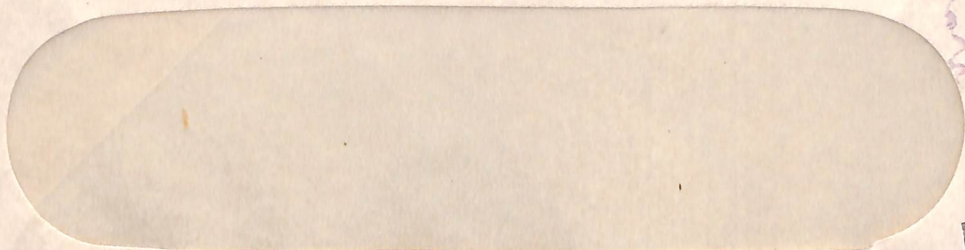
OFFICIAL BUSINESS

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



OR  
INSURE  
VALUABLE MAIL

*Not at #515*



RETURNED  
TO  
WRITER  
Insufficient  
address  
Name Not in Directory



CLEVELAND, OHIO, STA. D  
JUL 6  
12 - M  
70-9



WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

*Father*

*Mr. Frank Bolkowski*

*3695 - E. 55th St*

*Cleveland Ohio*

June 29 1929.

IN REPLY REFER TO QM 293 A-C

Bolkowski, Edward

Mr. Frank Bolkowski,  
3675 E. 61st St.,  
Cleveland, Ohio.

*XC-141 462*

*7-29-Bm*

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".

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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*

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



January 15, 1931

QM 293 A-M  
Bolkowski, Edward 1232 LP

Mrs. Mary Bolkowski  
3695 E. 55th Street,  
Cleveland, Ohio.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Edward Bolkowski is survived by his natural mother, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

Enclosure:  
Envelope.

RE

1931 JAN 15 AM 11 29  
DISTRICT OFFICE  
QUARTERMASTER GENERAL  
WASHINGTON, D. C.

QM 293 A-M  
Bolkowski, Edward 1232 LP

Mrs. Mary Bolkowski,  
3695 E. 55th Street,  
Cleveland, Ohio.

Dear Madam:

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In order to satisfy the legal requirements, it will be necessary for you to furnish as proof of the relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you believe yourself eligible, under this provision of the law, to make the pilgrimage, it is requested that the enclosed form be completed and returned to this office in order that your eligibility under the act may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

EL  
Enclosures:  
Act-Amendment,  
Aff. Forms.  
Envelope.

DISPATCHED  
JUL 1 1930  
DIV. 1  
49

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bolkowski, Edward  
1232

September 10, 1929.

Mr. Frank Bolkowski,  
3695 - E. 55th St.,  
Cleveland, Ohio.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **Aug. 13, 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:

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

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

**Bolkowski, Edward**

Aug. 13, 1929.

**Mr. Frank Bolkowski,  
3695 - E. 55th St.,  
Cleveland, Ohio.**

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".

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Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?
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4. 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

IN REPLY REFER TO QM 293 A-C

June 29 1929.

Bolkowski, Edward

Mr. Bronk Bolkowski,  
3675 E. 61st St.,  
Cleveland, Ohio.

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".

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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.

In reply refer to:  
293.8 C-R

#56304

December 21, 1922.

Mr. Frank Bolkowski,  
3675 E. 61st St.,  
Cleveland, Ohio.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Edward Bolkowski, Company B, 5th M. G. Battalion, is Grave 32, Row 4, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of 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, 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.

MAILED

Very truly yours,

DEC 22 1922

H. J. Connor,  
Assistant.

G.R.S.

rk

22/1201/ANK

DATE 11/3/21

1. NAME **BOLKOWSKI, Edward** SERIAL No. **107209**

RANK **Wag** ORGANIZATION **Hq. Co. 5th M.G. Bn.**

GRAVE LOCATION **Sedan American, Letanne, Ardennes** **1203**  
CTY. NAME NUMBER

**1** **Sec.3** **1**  
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION **No. 11, SK 23 Edwards Near Beaumont Ard.**  
GRAVE COMMUNE DEPT.

COORDINATES **Mezeires 24SE E 305.33 N 305.85.**

CONCENTRATED TO **3/7/19** **43** **Sec 3** **2**  
DATE GRAVE ROW PLOT

**A. E.F. No.1 Beaumont Ardennes.** (*Sedan Amer Cty #1203, Letanne, Ardennes*)  
CEMETERY CTY. NUMBER

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

**mezeires 24 Se. E 307.5 - N 308.5.**

SUBSEQUENT REBURIALS **Jan. 11, 21.** **1** **Sec 3** **1** **1203**  
DATE GRAVE ROW PLOT CEMETERY

**data taken from form 16-A.**

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

*Wm M. Cline*

**Wm M. CLINE**  
**Captain Q.M.C.**

3. FINAL GRAVE LOCATION **11/3/21** **32** **4** **F**  
DATE GRAVE ROW PLOT  
**Block**

**Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.**  
CEMETERY

*548 12/4/22*

*MR*

*Dup.*



## 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 I6, 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.

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BOLKOWSKI, Edward. SERIAL NUMBER 107209  
 RANK Wagoner ORGANIZATION Hq. Co. 5th M.C. Bn.

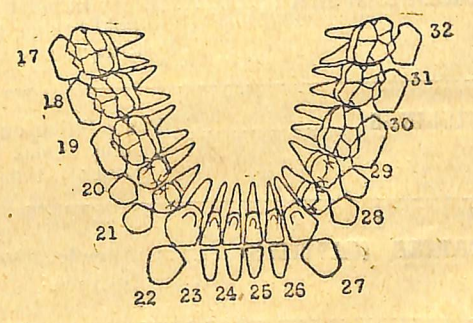
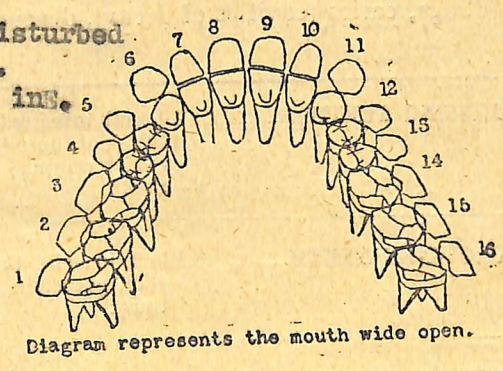
2. Disinterred (date): Sept. 7th 1921. From (give complete location): Grave 1, Sec. 3, Pl. 1, Com. 1203.  
 By: Group TWO Unit F.S.#3.

3. Reburied (date): Nov. 3, 1921 In (give complete location): Meuse-Argonne Cem. 1232 Gr. 32, Row 4, Block F  
 By: Group Re-burial S Unit  Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment:  
Blanket and pine box, see par 6.

5. (a) Identification tags: Buried with body? no On grave marker? yes  
 (b) Other means of identification found upon disinterment, and general remarks:  
Bottle record dated 1-11-21 signed JJ Powers, shows no tag on body tag on grave marker.

6. What does examination of body show as regards the following identifying items?  
 (a) Height (actual measurement) Package intact, not disturbed.  
 (b) Weight (estimated) per auth letter dated 8-29-21.  
 (c) Hair—Color Operations Division AGRS OMC ins.  
 Quantity   
 Characteristics   
 (d) Hair on face—Color   
 Location   
 Quantity   
 (e) Permanent marks on body (old scars, peculiarities, or missing parts)   
 (f) Wounds or missing parts (received at time of casualty)



60435

7. Disinterment supervised by H. L. Murlbut Approved: Wm. H. Roach  
 (Title) 1st Lt., M.C.

8. Reburial supervised by A. U. Dufault Approved: James W. Younger  
 (Title) Captain, OMC

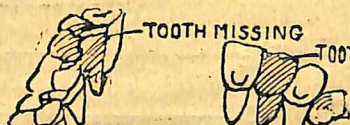




File 278 1079124

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<b>MISSING TEETH</b> .....	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
<b>CROWNED TEETH</b> .....	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN</p>
<b>BRIDGE WORK</b> .....	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
<b>FILLINGS</b> .....	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING</p>
<b>CARIES (CAVITIES)</b> .....	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">CAVITY DECAYED      DECAYED</p>
<b>DENTURES (PLATES)</b> .....	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 Sept 7th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BOLKOWSKI, Edward

10. Name

2. No. 107209

11. No.

3. Rank Wag.

12. Rank

4. Org. Hq. Co. 5th M.G. Bn.

13. Org.

5. D.D. 11-4-18.

14. (a) D.D.

6. C.D. K.I.A.

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 1 Sec. 3

15. Grave No. Sec.

8. Plot 1 Row

16. Plot Row

9.

17. None.

18. Cemetery Sedan American

19. Commune or town Letanne

20. Dept. or County Ardennes

21. Country France

22. G.R.S. Hdqrs. Code No. 1203

23. Disinterred (Date) Sept 7th 1921

By H.L. Hurlbut

24. Inscription on grave marker:

Name Edward Bolkowski

Serial No.

Rank Wag.

Organization Hq. Co. 5th M.G. Bn.

25. Was identification disc found on grave marker? Yes On body? No.

S.I. Talmage  
Signature Junior Technical Assistant

PREPARATION

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

Body record found on body dated 1-11-21 signed J.J. Powers shows No tag on body tag on grave marker.

27. Condition of body See Par. 36.

28. Nature of burial Blanket and pine box.

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

30. Body prepared and placed in casket: Date Sept 7th 1921 By H.L. Hurlbut

31. Casket sealed by H.L. Hurlbut

Signature of Embalmer, (Supervisor H.L. Hurlbut)

SHIPMENT. (Show actual marking of box.) Box No. C-4597

32. Designation of body:

Name BOLKOWSKI, Edward Serial No. 107209

Rank Wag. Organization Hq. Co. 5th M. G. Bn.

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Argonne American #1232, Romagne-sous-Montfaucon  
Sept 7th 1921. H.L. Hurlbut

34. Casket boxed and marked (Date) \_\_\_\_\_ By \_\_\_\_\_

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

W.H. Roach, 1st Lt. QMC.

Signature of G.R.S. Inspector  
Package intact body not disturbed authority letter  
Operations Div. dated Aug 29th 1921.

36. Remarks \_\_\_\_\_

Sept 7th 1921

37. Shipped from point of Operation: (Date) \_\_\_\_\_

Romagne sous Montfaucon, Meuse.

To point of Concentration \_\_\_\_\_

James Flynn (Name) \_\_\_\_\_

Convoyer \_\_\_\_\_ Signature Shipping Officer Capt. QMC.

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 Sept 8, 1921

G.R.S. Representative James W. Younger

41. Reinterred Meuse-Argonne Cem. 1232 Nov. 3, 1921

(Date)

42. Grave No. 32 Section \_\_\_\_\_

43. ~~Plot~~ Block F Row 4

G.R.S. Representative James W. Younger

James W. Younger  
Captain, QMC

mr



Effects

Place Letanne, Ardennes

REPORT OF DISINTERMENT AND REBURIAL

Date Jan. 11, 1921

1. REMAINS OF BOLKOWSKI, EDWARD SERIAL NUMBER 107209  
RANK WAG ORGANIZATION HQ. Co. 5 M.G. BN.

2. Disinterred (date): Jan. 11, 1921 From (give complete location): In 43, Sec. 3. Pt. 2. Sedan Amer. Cty. # 1203, Letanne, Ardennes

By: Group Jones Unit \_\_\_\_\_

3. Reburied (date) Same date In (give complete location): In 1, Sec 3, Pt. 1, Same Cty.

By: Group Jones Unit \_\_\_\_\_ Nature of reburial Box + blanket

4. Report as to nature of original burial and condition of body upon disinterment:  
5ft earthen grave, Box, Burial + U.S. Uniform  
Body badly disintegrated, features unrecognizable

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

(b) Other means of identification found upon disinterment, and general remarks:  
"Lucky Grant" watch found on body.

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

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

(b) Weight (estimated) Impossible to determine

(c) Hair—Color do

Quantity do Decayed

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

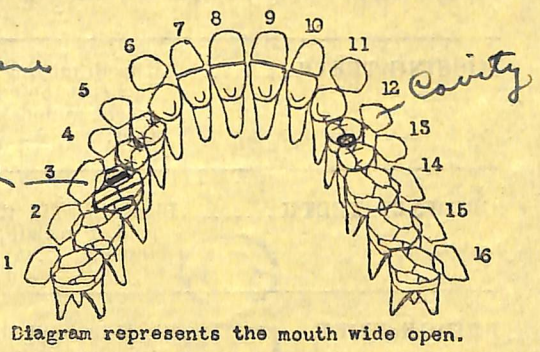
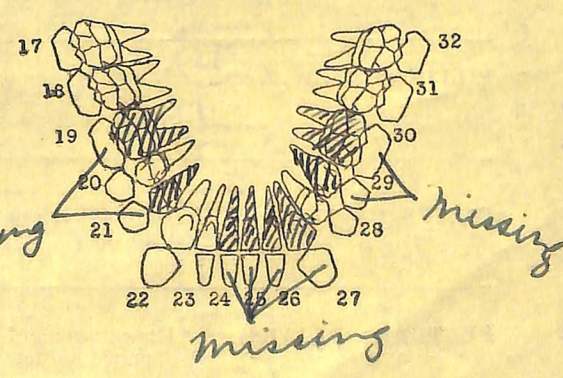


Diagram represents the mouth wide open.



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

Small hole in top of skull.

D-30157

7. Disinterment supervised by Hovers

Approved: \_\_\_\_\_ (Title) \_\_\_\_\_






8. Reburial supervised by 2nd Lt G.M.S.

Approved: \_\_\_\_\_ (Title) \_\_\_\_\_

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

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

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

<b>MISSING TEETH</b> .....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
<b>CROWNED TEETH</b> .....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
<b>BRIDGE WORK</b> .....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
<b>FILLINGS</b> .....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
<b>CARIES (CAVITIES)</b> .....Outline location and size of cavity, shade in thus:	
<b>DENTURES (PLATES)</b> .....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

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

# COMPILATION OF DISPOSITION OF REMAINS DATA

*10/8/21 - In transit to  
Newse Chgo - 12.32  
EPW - 10/17/21*

### I. LOCATION INDEX CARD:

(a) Name BOLKOWSKI, Edward Ser. No. 107209  
 (b) Rank Private Organization Co. B, 5th M.G. Bn.  
 (c) Date of death 11-4-18 (d) Cause of death K/A

TYP. vbb  
CKR. \_\_\_\_\_

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

(a) Grave No. 43 Row -- Plot 2 Sec. 3 TYP. vbb  
 (b) Emerg. Address Frank Bolkowski (father) 3675 E. 61st St., Cleveland, Ohio.

III. Files of soldiers dying from contagious diseases --- CKR. NB

### IV. A. G. O. DISPOSITION CARD:

(a) Name no card found Date of receipt no card in file (b) Relationship \_\_\_\_\_  
 (c) Address when asked  
 (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. \_\_\_\_\_

*at 7-27-20*

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 1920.

### V. A. G. G. CORRESPONDENCE shows communication from \_\_\_\_\_

\_\_\_\_\_, dated \_\_\_\_\_  
 confirming request in Par. IV., item \_\_\_\_\_, above, or requesting that \_\_\_\_\_  
no correspondence

Examiner's Initials ES Date 9/27, 1920.

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

no request for disposition

(a) Cancellation memos referred to? yes  
 Examiner's Initials mom Date 9-27, 1920.

COUNTRY FRANCE CEMETERY No. 1203 SHEET No. 72

**FORM 115 - A COMPLETED**

*11-10-20*

*WIC  
all  
9-27-20*

*2*



COMPILATION OF DISPOSITION OF REMAINS DATA

per 115  
APW-10/27/24

I. LOCATION INDEX CARD:

(a) Name **BOLKOWSKI, Edward** Ser. No. **107209** } TYP **vbb**  
 (b) Rank **Private** Organization **Co. B, 5th M.G. Bn.** }  
 (c) Date of death **11-4-18** Cause of death **K/A**

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

#S

(a) Grave No. **43** Row **--** Plot **2** Sect. **3** TYP **vbb**  
 (b) Emerg. Address **Frank Bolkowski (father) 3675 E. 61st St., Cleveland, Ohio.**

III. Files of soldiers dying from contagious diseases

CKR

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

*No request for disposition. RLE-4-20*

V. Following advice forwarded to Europe by (cable on..... 192 (letter of transmittal on 11-4-1920

*Part not to be returned.*

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

NOV 15 1920

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
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VIII. Form 115 received from G.R.S. Hoboken, N.J. .... 192

COUNTRY  
G.R.S. FORM 115-A  
August, 1920

CEMETERY NO.

SHEET NO.

S-666/MB **FRANCE**

**1203**

**72**

*11-10-20*

56304

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Bolkowski* *107200* *Edward*  
(Surname). (Number). (First Name and Initials).

*Priv* *5th M.G.*  
(Rank). (Organization).

PLACE OF DEATH: *La Tulerie Ferme*

CAUSE OF DEATH: *Kill a*

DATE OF BURIAL: *Nov 5th 1918*

PLACE OF BURIAL: *La Tulerie Ferme*

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

*Map Henry 20000*

*305.7305 + 2 km of Beaumont*

GRAVE NUMBER: *11*

HOW MARKED: Name Peg?  Cross?

Headboard?  Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

Was one fastened to name peg or stake used as a grave marker? *Yes*

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

~~*CMME. BEAUMONT LA FLEURS*~~

NEAREST RELATIVE: *(521) SHT 24 SE 8000 E 305.7*

ADDRESS: *N 305.4*

RELATIONSHIP:

REPORTED BY: *Joseph A. McLaughlin, Chaplain*  
(Signature and Rank of Reporting Officer).

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

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

(Rank), (Organization)



PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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: 24-125

Communal List No. 24-125

Report No. \_\_\_\_\_

REPORTED BY:

(Signature and Rank of Reporting Officer)

1. G. R. S. Form No. 1. ~~107209~~ Hq. G. R. S. File

2. Soldier's No. 107209

3. Surname (in block letters) BOLKOWSKI First Name and Initials Edward

4. Wagoner Hq. 5th M G Bn

Rank Company Regt. or Corps

5. Date of Death Cause, if known K.I.A.

6. Date of Burial Cemetery *St. Edwards #5*

7. La Tuilerie Ferme, near Beaumont, Ardennes

8. Town or Commune (in block letters) Department

9. Name Peg?  Cross?  Headboard?  Bottle?  Grave No. 11 Plot No. or Letter

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

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

12. Mezieres S. E. #24 N 305.90 E 305.135

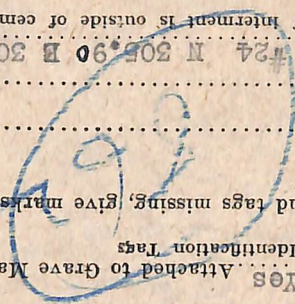
13. Map reference, if interment is outside of cemetery

Give name of Chaplain or Burial Officer

Signed

Group Unit E. R. S.

*107209*



*56504*

*Cont...*