

60540
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Borawski..... 3109890..... Peo.do
(Surname). (Number). (First Name and Initials).

Pvt.,..... Co E 315th Infantry
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: November 21st, 1918.....

PLACE OF BURIAL: Vicinity E-Molleville. Fr..
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

Montfaucon-Etain map 1/50000 26.2-31.5.....

GRAVE NUMBER:

HOW MARKED: Name Peg? yes..... 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?

Consenroye (Meuse)
285 SHI 35 NE {E. 326.2
N. 281.5}

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

W. T. Willis, Chaplain 315th Infantry
(Signature and Rank of Reporting Officer).

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

60540
1. S. Form No. 1. Hq. G. A. F.

2. Soldier's No. 3709890

3. BOROWSKI PEODOR
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Date of Burial Cemetery
B/A

7. CONSENROYE MEUSE
Town or Commune (in block letters) Department

8. 10
Grave No. Plot No. or Letter

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

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

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

Sketch No. 73 P.P. 1167

12. Map Verdun NE 35
Map reference, if interment is outside of cemetery
E326.2-N281.65 837

13. Give name of Chaplain or Burial Officer

Signed Philip M. Ferro

Group 3 Unit 311 G. R. S.

RECEIVED
14 Dec 18
O. C. S. M.
G. R. S. M.

RECEIVED
15 Feb 19
O. C. S. M.
G. R. S. M.

Comm. List No. C 385-1852
Daily Report No. _____

Registration Card File

Sec. 2. "B"

File #60540

20 FÉV 1919

MEMO FOR : G.R.S. representative, C.R.O.

SUBJECT : Information required for G.R.S.

I. Items checked are to be completed :

- Surname : Borowski, (Borawski)
- Number : 3109890
- First name : Theodore
- Rank : Pvt
- Company : E
- Organization : 315 Inf.
- Date of death : 11/7/18
- Cause : k/a
- Place :

Location of hospital :

Number » »

Class » »

Relative :

Relationship :

Address :

Authority :

Cablegram No :

Telegram from :

dated : 12/12/18 (12/17/18)

Reported to Washington :

C.C. Nos CC332 (CC354)

(Underscore the "official" C.C.)

Remarks :

Official Report? 332

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

Initials of reporter :

DHM

RECEIVED
24 JUN 1919
Q.M.
G.R.S.

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

Harlow G.W.

NAME OF DECEASED SOLDIER		CEMETERY NO.	DATE
Borowski, Theodore, Pvt.		1232-Sec.83 - 19	4/21/21.
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH	
3109890	Co. E, 315th Inf.	11/7/18.	

Original Attached to
Form 115
Date _____

WAR RISK INSURANCE INFORMATION

DATE _____

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

ADDRESS

PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

S/1868/LML

Borowski, Theodore 3,109,890 Duplicate.

(Surname.) (Christian name in full.) (Army serial number.)
Pvt. Co. E, 315th. Infantry.
(Rank and organization.)

State your relationship to the deceased *Body stays in France*
Do you desire the remains brought to the United States? *no*
(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? }
(Yes or no.)

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

(Name of person to receive remains.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here) *Geopold Barchert*

2636 Almond St. Philadelphia Pa
(Number and street or rural route.) (City, town, or post office.) (State.)

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

Please mail!
11/881

Harlow C.W.

*adjustment made
10-18-21*

NAME OF DECEASED SOLDIER

file No. 60540

CEMETERY NO.

DATE

Borowski, Theodore, Pvt.

SERIAL NUMBER

ORGANIZATION

1232-Sec. 83 - 19

4/21/21

DATE OF DEATH

3109890

Co. E. 315th Inf.

11/7/18

WAR RISK INSURANCE INFORMATION

DATE

Mr. John Berowski

Father

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

Kalinowo, Gov. of ~~NO PLATE~~ Lomza, Poland,

ADDRESS

No address

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

S/1868/LML

WKM-10-18-21

60540

*checked - BKR
4-19-21*

*trans by PF
4-19-21*

1232 - Sec 83 - 19

RECEIVED



SEP 17 1921

G. R. S.

ef

G.R.S. Form #114 B

To The A. G. O.

12621

148

293

OCT 6 - 1926

DATE 10/8/21

1. NAME BOROWSKI, Theodore

SERIAL No. 3109890

RANK Pvt.

ORGANIZATION Co. E, 315th Inf.

& DIVISION

GRAVE LOCATION Argonne Amer. Romagne/s/Montfaucon

1232 sec 83

CTY. NAME

NUMBER

33

sec 83

1

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

Bac 10 Consenvoye (Meuse).
GRAVE COMMUNE DEPT.

COORDINATES

35-N.E.

281.65-N.

326.2-E.

CONCENTRATED TO

6.2.191

33.

83.

1.

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 body.

DATE OF DEATH

Nov 7/18

STATE FROM WHICH HE CAME

Pa

Data from 1.
SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

MEDALS OR DECORATIONS AWARDED

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

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

3. FINAL GRAVE LOCATION 10/8/21

DATE

33

GRAVE

ROW

Block

PLOT

Meuse Argonne American Cty # 1232

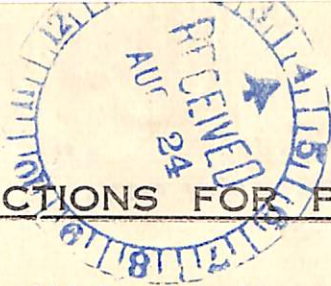
CEMETERY

Robert C. Davis
Major General
Adjutant General

OCT 7 1926

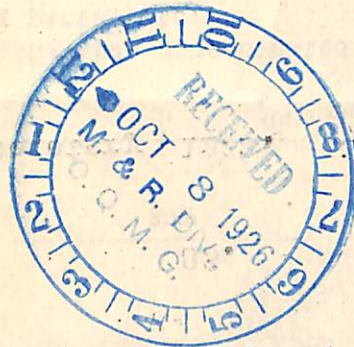
OCT 6 1926
WAR DIV.

AUDITED BY
B.W. 4-24-23



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 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.



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bo (Surname) (Number) (First Name and Initials).
Sewers 3109890 Fed do

Pvt. (Rank) Co E 315th Infantry (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

November 21st, 1918

PLACE OF BURIAL:

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

Montfaucon-Etain map 1/50000 26.2-31.5

GRAVE NUMBER:

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

yes

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

IDENTIFICATION TAGS:

Was one buried with body?.....

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? yes

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

W. T. (Signature and Rank of Reporting Officer) 315th Infantry

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: BOROWSKI Feodor

Number 3109890

Rank: Unkn

Organization

Unkn

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

from (give complete location)

6 2nd June 1919.

Grave ~~#33~~ ^{#10} B/A CEMETERY

CONSENVOYE, MEUSE, 35 NE 526.2 E 281.65 N

Reburied (Date)

To: (Give complete location)

2nd June 1919.

Grave #33 Sec #83 Plot #1

1232

ARGONNE AMERICAN CEMETERY #1232

ROMAGNE, MEUSE.

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

Burial good, buried in uniform, body in bad condition.

Was one identification tag found upon the body?

Yes.

What other means of identification were found on the body?

None.

10959

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. 2, 1918., after being carefully examined for clues of identity in doubtful cases, notation thereon will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Rubsamen.

cmf.

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A.

C.O. Group

Unit

3169890

11-7-18

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	BOROWSKI		
	Theodore		
BURIED			
	Cemetery 1232	1	1
	GRAVE 33	2	33
	ROW 6	2	06
	BLOCK H	1	8
STATE	Pa	2	44
RANK	Pvt	1	2
DIVISION	79	2	79
ORGANIZATION	315	3	315
ARM	Inf	1	1
MARITAL	Mar	1	2
NAME	Borowski		
	Maryanna		
RESIDENCE	No Docs		
	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Poland	1	
29/514		2	10

RECEIVED
FEB 17 1919
R. M. M.

EM

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-20-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Borowski, Theodore	Pvt.	3109890	315th Inf.	11-7-18

STATE	CTY. NO. 1232	GRAVE 33	ROW 6	BLOCK H
-------	---------------	----------	-------	---------

	Check relationship	Living - Deceased
NAME	MOTHER	Living - Deceased
AND	STEPMOTHER (For the year prior to commencement of service)	
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	
	WIDOW (Who has not remarried)	

camp + ins

m
Marjanna Borowski
Weis Kalinowo
Gmina Drozdowo
powiat Lomza,
woj. Bialostockie
Poland.

Single man

Veterans Bureau Claim Number KC 111881
29/156

2-1-30

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Borowski, Theodore.

June 29, 1929.

Mr. Leopold Barchert,
2636 Almond St.,
Philadelphia, Pa.

Mother
Mrs. Maryanna Borowski,
Meis Kalinowski, Zmiana
Drozdowno,
Powiat Lomza, woj.
Bialostockie, Poland.

XC-111.881

7-29-29

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 cousin of the late Private Theodore Borowski, Co. E, 315th 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.

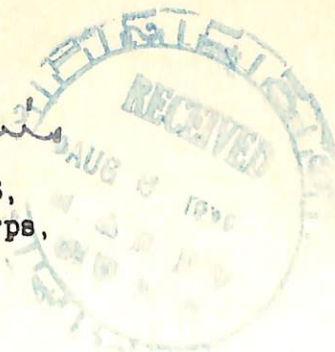
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

John T. Harris
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.

Borowski, Theodore.

Mr. Leopold Barchert,
2636 Almond St.,
Philadelphia, Pa.

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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.

QM 293 C-R

September 20, 1923.

Mr. John Berowski,
Kalinowo,
Gov. of Lomza, Poland.

Dear Sir:

The Quartermaster General desires you to be informed that ~~Private Theodore Berowski, Company E, 51st Infantry,~~
is Grave 23, Row B, Block H, Meuse-Argonne American Cemetery, Romagne-sous-
permanent grave of ~~Montfaucon (Meuse), France.~~

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H.H. CHEAL

Assistant.

O.Q.M.G.
Central Mail & File Bldg



SEP 21 1923
H.H.

RD
23/592/ARK

COMPILATION OF DISPOSITION OF REMAINS DATA

File #60540

I. LOCATION INDEX CARD:

(a) Name BOROWSKI, Theodore. Ser. No. 3109890
(b) Rank Private Organization Co. E. 315th Inf.
(c) Date of death 11/7/18 (d) Cause of death k/a
TYP. jek
CKR. [initials]

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

(a) Grave No. 33 Row --- Plot 1 Sec. 83 TYP. jek
(b) Emerg. Address Leopold Barchert (Cousin.) 268 Almond St. Philadelphia, Pa.

III. ~~Files of soldiers dying from contagious diseases~~ CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Leopold Barchert (b) Relationship omitted
(c) Address 2636 - Almond St, Philadelphia, Pa
(d) Remains to be brought to U. S.? No
(e) To be interred in National Cemetery in U. S. at

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

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

Examiner's Initials PF Date 4-19-1920

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

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

Examiner's Initials PF Date 4-19-1920

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 4-19-1920

COUNTRY France. CEMETERY No. 1252-Sec. 83 SHEET No. 19

Sl 7/12/21 checked 7-9-21

No card

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
 letter on 4/28/21, 1920
Sic. #83
Par. 2 - not to be returned

 _____ *L.H.S.*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *B. A. W. R. Mr. John Berowski (Father)*
(10-18-21) *Kalinowol, Gov. of Lomza, Poland.*
MKM

To be prepared in triplicate.

DATE Oct.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 BOROWSKI, Theodore 10. Name BOROWSKI, Feodo
 2. No. 3109890 11. No. _____
 3. Rank Pvt. 12. Rank _____
 4. Org. Co. E, 315th Inf. 13. Org. _____
 5. D.D. Nov. 7th - 18 14. (a) D.D. _____
 6. C.D. KIA (b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 33 Sec. 83 15. Grave No. _____ Sec. _____
 8. Plot 1 Row _____ 16. Plot _____ Row _____
 9. _____ 17. No discrepancy.
 18. Cemetery Argonne Amer. 19. Commune or town Romagne/s/Montfaucon
 20. Dept. or County Meuse 21. Country France
 22. G.R.S. Hdqrs. Code No. 1232 sec 83
 23. Disinterred (Date) Oct.7th 1921 By J.L.Haky

24. Inscription on grave marker:

Name Theodore Borowski Serial No. 3109890
 Rank Pvt. Organization Co.E. 315 Inf.

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

L.B.AYERS?

L.B. Ayers
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). Collar ornament "Co.E.315 Inf." G.R.S. plaque on box reads, "Feodor Borowski 3109890"

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Uniform and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See par 10

30. Body prepared and placed in casket: Date Oct. 7th 1921 By J.L.HAKY

31. Casket sealed by J.L.HAKY

Signature of Embalmer, (Supervisor)

J.L.HAKY

C-8214

SHIPMENT. (Show actual marking of box.) Box No. _____

32. Designation of body: _____

Name **BOROWSKI, Theodore** Serial No. **3109890**

Rank **Pvt.** Organization **Co; E, 315th Inf.**

33. Consigned to: _____

Name of Permanent Cemetery **Argonne Amer. 1232 Romagne/s/Montfaucon**

34. Casket boxed and marked (Date) **Oct. 7th 1921** By **J.L. CRAY**

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 **J. B. Daniel**

36. Remarks _____

37. Shipped from point of Operation: (Date) **Oct. 7th 1921**

To point of Concentration **Argonne Romagne.**

Convoyer **J. ROYER** Signature Shipping Officer **Alber Macken**

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 _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred **Meuse Argonne Cem. #1232. Oct. 8, 1921.**

42. Grave No. **Row 6 Block H Gr. 33** Section _____

43. Plot **3109890** Row _____

G.R.S. Representative **JAMES W. YOUNGER, CAPT., QMC.**

lrz

AUDITED BY

REPORT OF DISINTERMENT AND REBURIAL

Date October 7, 1921.

1. REMAINS OF BOROWSKI, Theodore SERIAL NUMBER 3109890

RANK Pvt. ORGANIZATION Co. E, 315th Inf.

2. Disinterred (date): Oct. 7, 1921 From (give complete location): Gr. 33, Sec. 83, Plot 1.

By: Group 5 Unit Sec. 2.

3. Reburied (date): Oct. 8, 1921. Meuse Argonne Cem. #1232. Row 6 Block H Gr. 33 In (give complete location): Unlined Casket.

By: Group Reburial Sec. Unit Nature of reburial

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

Badly decomposed; features not recognizable.

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

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

Collar ornament "Co E 315 Inf". GRS plaque on box reads "Feodor Borowski 3109890".

6. What does examination of body show as regards the following identifying items? 3-14-30 MBD 7-25 MAD 1-16 not cut

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

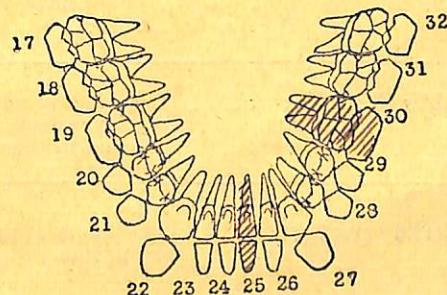
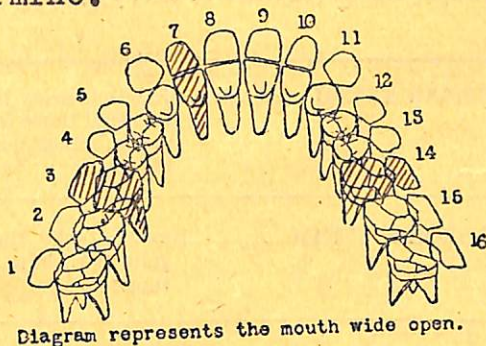
Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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



(f) Wounds or missing parts (received at time of casualty) Both legs below knee shattered; both feet missing.

7. Disinterment supervised by J. L. Haky

Approved: F. B. Daniel, Captain, C.A.C.






8. Reburial supervised by W. B. SHIELD

Approved: JAMES W. YOUNGER, CAPT., G.M.C.

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

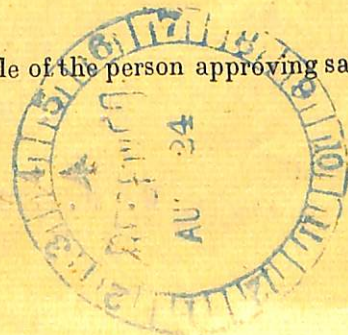
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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), 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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	
<p>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."</p>	

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

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



COMPILATION OF DISPOSITION OF REMAINS DATA

File #60540

I. LOCATION INDEX CARD:

(a) Name BOBOWSKI, Theodore. Ser. No. 3109890
 (b) Rank Private Organization Co. E. 315th Inf.
 (c) Date of death 11/7/18 (d) Cause of death k/a

} TYP. jak
[Handwritten initials]

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

(a) Grave No. 33 Row --- Plot 1 Sec. 83 TYP. jak
Barclay
 (b) Emerg. Address Leopold Buckit. (Cousin.) 268³⁶ Almond St. Philadelphia, Pa.
(7-9-21) 836

III. ~~Files of soldiers dying from contagious diseases~~ CKR. *[Handwritten initials]*

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

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V. Following advice forwarded to Europe by { cable on, 192
Sec. #83 letter of transmittal on 4/28/21, 192
Par. 2 - not to be returned

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

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 _____ CEMETERY No. _____ SHEET No. _____

Sl 7/12/21