

MAR 10 1926

DATE Feb. 28th, 1922.

1. NAME BREEN, Fred J. SERIAL No. 1735795

RANK Pvt. ORGANIZATION Co.M., 309th Inf.

GRAVE LOCATION Meuse-Arg.Amer.Cty.Romagne-sous-Montfaucon Meuse. 1232.Sec.12
CTY. NAME NUMBER

68 Sec.12 2
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 11 St. Juvin (Ardennes)
GRAVE COMMUNE DEPT.

COORDINATES 35 NW 286.5N 296.7E

CONCENTRATED TO 4.10.19 68 12 2
DATE GRAVE ROW PLOT

Meuse Argonne 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 and cross

DATE OF DEATH Oct 16/18

STATE FROM WHICH HE CAME n.y.

MEALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS
duF 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 Feb. 28th, 1922. #36 29 "B"
DATE GRAVE ROW PLOT Block

Meuse-Argonne American Cty. #1232, ROMAGNE-SOUS-MONTFAUCON, (MEUSE)-
CEMETERY

AUDITED BY
S.M.C.
3-16-23

A.G.O.
MAR 11 1926
WAR DIV.

By The Adjutant General
MAR 15 1926

RECEIVED
AMERICAN GRAVES REGISTRATION SERVICE
AUG 1922

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.



B

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Breen **1 735 795** **Fred J.**
.....
(Surname). (Number). (First Name and Initials).

Private **Co.M. 309th Inf.**
.....
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

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

PLACE OF BURIAL: **296.2 - 286.2**

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

Buzancy Map 1/50,000
.....
.....

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:
.....
.....

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain Friedman, 77th Division
.....

(Signature and Rank of Reporting Officer).

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Brown	3	285
7nd J.	CEMETERY 1232	1	1
BURIED	GRAVE 36	2	36
	ROW 29	2	29
	BLOCK B	1	2
STATE	n.y.	2	37
RANK	Priv.	1	2
DIVISION	78	2	78
ORGANIZATION	309	3	309
ARM	Inf	1	1
MARTIAL	mb	1	2
NAME	Brown,	3	
Edward	STATE	2	
RESIDENCE RFD # 2	COUNTY	2	
Copenhagen ny	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

APR 1 8 1932

m.p.w.

 29/514/PJ.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

L

IN REPLY REFER TO QM 293 A-C

Breen, Fred J. 1232 F

July 8, 1930

Mr. Edward Breen
R. F. D. #2,
Copenhage, N. Y.

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? *No*

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried? *No*

If so, give her name and address:

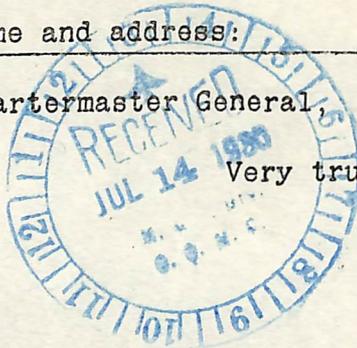
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? *No*

If so, give her name and address:

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

Breen, Fred J.
1232

August 30, 1929.

Mr. Edward Breen,
RFD #2,
Copenhagen, N. Y.

Dear Sir:

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:

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.

*He is not survived
by a mother*

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

For The Quartermaster General,

Very truly yours,

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 27, 1929.

Breen, Fred J.

Mr. Edward Breen,
RFD #2,
Copenhagen, N.Y.

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 Private Fred J. Breen, Co. M, 309th 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 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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Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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.

Breen,

(Surname.)

Fred John

(Christian name in full.)

1,735,795

(Army serial number.)

Pvt Co M 9th Inf.

(Rank and organization.)

State your relationship to the deceased. *father*

Do you desire the remains brought to the United States? *no*

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? } *no*

(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)

Edward Breen

197 D # 2
(Number and street or rural route.)

Copenhagen
(City, town, or post office.)

N. Y.
(State.)

Read carefully the letter accompanying this card.

Drawn by R checked by 710

1232 SW 12-13 3-24-21

3-24-21

In reply refer to: OFFICE OF THE QUARTERMASTER GENERAL
293 C-R WASHINGTON

WAR DEPARTMENT

41732

March 22, 1923

Mr. Edward Breen,
RFD #2, Copenhagen, N.Y.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Pvt. Fred J. Breen, Co. H, 309th Inf., is No. 36, Row 29, Block B, Meuse-Argonne American cemetery, Romagnon-s-Montfaucon (Meuse) France.

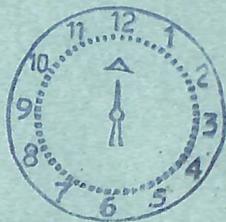
This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be 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.

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

Very truly yours,

H. J. Conner,
Assistant.



23/236/ARK

MAR 22 1923

H. B.

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Feb 28, 1922.

1. REMAINS OF BREEN, Fred J. SERIAL NUMBER 1735795

RANK Pvt. ORGANIZATION Co. M. 309th Inf.

2. Disinterred (date): Feb 28, 1922 From (give complete location): gr 68, sec 12, plot 2. Cty. 1232.

By: Group Maire. Unit sec 1

3. Reburied (date): Feb. 28, 1922, Meuse Argonne Cty 1232, gr 36, bl B, row 29 In (give complete location):

By: Group Reburial S Unit unlined casket Nature of reburial unlined casket

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

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

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

body tag agrees.

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

(a) Height (actual measurement) impossible to determine. M. A. D.

(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)

skull shattered.

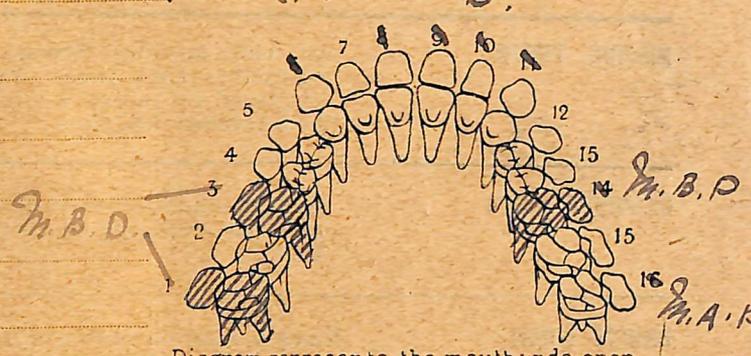
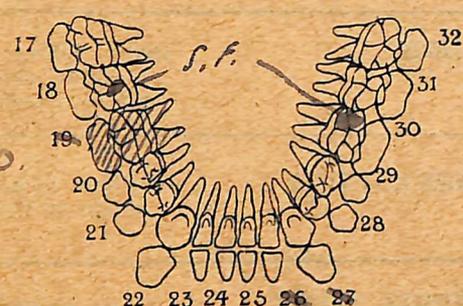


Diagram represents the mouth wide open



7. Disinterment supervised by E. Maire.

Approved: R. Richards, 1st Lt. Q.M.C.
(Title)

8. Reburial Supervised by W.B. Sheild

Approved: A.E. Dewey, 1st Lt, QMC.
(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.

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.



Romagne 1232

To be prepared in triplicate.

DATE Feb 28 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

50

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BREEN, Fred J. 10. Name _____
 2. No. 1735795 11. No. _____
 3. Rank Pvt. 12. Rank _____
 4. Org. Co. M., 309th Inf. 13. Org. _____
 5. D.D. Oct. 16th. 1919 14. (a) D.D. _____
 6. C.D. KIA (b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 68 Sec. 12 15. Grave No. _____ Sec. _____
 8. Plot 2 Row _____ 16. Plot _____ Row _____
 9. _____ 17. none
 18. Cemetery Meuse-Arg.Amer. 19. Commune or town Romagne-sous-Montfaucon
 20. Dept. or County Meuse 21. Country France.
 22. G.R.S. Hdqrs. Code No. 1232, Sec. 12
 23. Disinterred (Date) Feb 28 1922 By Edmo Maire.

24. Inscription on grave marker:

Name Fred J Breen Serial No. 1735795
 Rank Pvt Organization Co M 309th Inf

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

Signature Junior Technical Assistant

C Smyth O'Meara

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).

none

27. Condition of body Badly decomposed, features unrecognizable

28. Nature of burial US Uniform burlesp and 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 Feb 28 1922 By Edmo Maire.

31. Casket sealed by Edmo Maire.

Signature of Embalmer, (Supervisor

Edmo Maire.

AUDITED BY



SHIPMENT. (Show actual marking of box. Box No. **C-21988**)

32. Designation of body:

Name **Fred J. BREEN** Serial No. **1735795**

Rank **Pvt.** Organization **Co. M., 509th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Arg. Amer. Cty. #1232, Romagne-sous-Montfaucon, Meuse.**

34. Casket boxed and marked (Date) **Feb 28 1922** By **Edmo Maire.**

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 *[Signature]*
R Richards 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **Feb 28 1922**

To point of Concentration **Morgue Romagne (Name)**

Convoyer **T T Wynn** Signature Shipping Officer *[Signature]*

38. Received at Railhead or Point of Concentration: Date **G 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, Feb. 28, 1922** (Date)

42. Grave No. **36** Section

43. Plot, Block, **B** Row **29**

G.R.S. Representative *[Signature]*
A.E. Dewey, 1st Lt, QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #41732

(a) Name BREEN, Fred J. Ser. No. 1735795

(b) Rank Pvt. Organization Co. M, 309th Infantry

(c) Date of death 10/16/18 (d) Cause of death K/A

TYP. DMA

CKR. *D73*

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

(a) Grave No. 68 Row - Plot 2 Sec. 12 TYP. DMA

(b) Emerg. Address Mr. Edward Breen (father) RFD #2, Copenhagen, N.Y.

III. Files of soldiers dying from contagious diseases /

CKR. *D73*

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Edward Breen (b) Relationship father

(c) Address R. F. D. #2, Copenhagen, N. Y.

(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 HR Date 8-24, 1920.

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

dated

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

no correspondence

Examiner's Initials HR Date 8-24, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes HR

Examiner's Initials HR Date 8-24, 1920.

COUNTRY FRANCE

CEMETERY No. 1232-Sec. 12

SHEET No. 13

G. R. S. Form No. 115
Amended April 6, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

AP 4-6-21

INDEXED

*checked
9.M.M.-3-30-21*

Name.....

Rank.....

Serial No.

Org.

Remarks

Rosenbusch

A. G. O. Card & Corr. *3-24-21*

Discrepancies.....

Name

Rank.....

Serial No.

Org.

Remarks

G. R. S. Corr.

Discrepancies.....

Name.....

Rank.....

Serial No.

Org.

Remarks

Checkers

Discrepancies.....

Name.....

Rank.....

Serial No. *7, 8, 9, sent,*

Org. *3-25-21*

Remarks

*checked
7-10-3-24-21*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD: <sup>OK 12-30-24
12-30-24</sup> File #41732

(a) Name BREEN, Fred J. Ser. No. 1735795

(b) Rank Pvt. Organization Co.M, 309th Infantry } TYP. IBIA

(c) Date of death 10/16/18 (d) Cause of death K/A } RTD

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

(a) Grave No. 68 Row - Plot 2 Sec. 12 TYP. DMA

(b) Emerg. Address <sup>OK 12-30-24
12-30-24</sup> Mr. Edward Breen (father) RFD #2, Copenhagen, N.Y.

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

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

A.G.O. Card: Edward Breen, father, Rt 2, Copenhagen, N.Y., desires body to remain in France.

H.S. 4-6-21

V. Following advice forwarded to Europe by ^{see 12} { cable on _____, 192

{ letter of transmittal on APR 1 1921, 192

Par 2 not to be returned L.P.W.

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 11 1921, 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. _____

AP 4/6/21

41732

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: BREEN Fred J.

Number: 1735795

Rank: Unknown

Organization: Co M 309 Inf

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

10th April 1919.

Grave #11 Battle Area Cemetery

ST JUVIN, ARDENNES 35 NW 296.7 E 286.5 N

Reburied (Date)

in: (Give complete location)

10th April 1919.

Grave #68 Sec #12 Plot #2

Amer. B/A Cemetery #1232

ROMAGNE, MEUSE 35 NE 308.16 E 284.87 N

1232

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

Buried in good condition, buried in uniform, body badly decomposed.

Was one identification tag found upon the body? Yes

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

CONFIRMED No. D.....

10738

10738

Note:

If upon disinterment, effects are found upon 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 to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt Armitage.

R. H. ROSENTHAL

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

C.O. Group _____ Unit _____

Received by: [illegible]
[illegible]
[illegible]



[illegible]
[illegible]
[illegible]

[illegible]

[illegible]
[illegible]

CONFIDENTIAL

[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE
EXPEDITE

WAR. DEPARTMENT
Office of the Quartermaster General of
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 3/25/21.

(SPECIAL)

File No. Requisition.
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.

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

- a. Surname Breen *OK*
- b. Christian name Fred John
or (Fred J.) *OK*
- c. Serial Number 1735795 *OK*
- d. Organization Co. M, 309th Inf. *OK*
- e. Rank Pvt. *OK*
- f. Date of death 10/16/18. *OK*
- g. Cause of death K/A. *OK*
- h. Authority (C.O.#) Edward Breen
- i. Emergency address R. F. D. #2
Copenhagen, N.Y.
- j. Relationship Father.

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

Adjustment Made	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	upper right								upper left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	lower right								lower left							

NOTED FORM 115
DATE 3-30-21 9 AM

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

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

File No.

Donnelly (7.2.21)
Per. Sec. Dept.
W.G.S.

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

BY:

H. J. CONNER
1st. Lieut. Q.M.G.

CEMETERY NO: C.W. 1232-Sec .12.

SHEET NO: 13
TYPE BY: I.W.

Rec'd World War Div.
Date...MAR. 25. 1921

MAR 26 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-O
Information requested of A.G.O.

Date 3/25/21.

(SPECIAL)

File No. Requisition.

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.

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

a. Surname Breen *OK* f. Date of death 10/16/18 *OK*

~~b. Christian name Fred John~~
~~or (Fred J.)~~ *OK* g. Cause of death K/A *OK*

c. Serial Number 1735995 *OK* h. Authority (C.O.#)

d. Organization Co. M, 309th Inf. *OK* ~~i. Emergency address~~ *Edward Breen*

e. Rank Pvt. *OK* ~~j. Relationship~~ *R. F. D. #2*
Copenhagen, N.Y.

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

a. Strike out teeth missing
7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

Adjustment Made
APR 4 1921 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Lower right Lower left

File No.

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

CEMETERY NO: C.W. 1232-Sec .12.

SHEET NO: 13
TYPED BY: *[Signature]* I.W.

BY:

[Signature]
H. J. SENNER,
1st. Lieut. Q.M.C.

Rec'd World War Div.
Date... MAR. 26. 1921.

MAR 26 1921

S/713/LML

NOTED FORM 115
DATE 3-30-21 - 9. M. M.

Office of the Quartermaster General
Washington

Information requested of A.R.O.
Form 8-7-40

Case 8741

12-23-19

Registration

The No.

The Quartermaster General, U. S. Army, (Consent to)

From:

The Adjutant General of the Army, Office B 210, War Department

To:

Information required for G.I.S.

Subject:

It is requested that the items checked below be completed for
examination of all information shown.

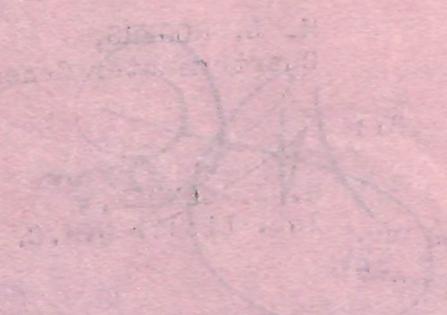
- 1. Date of birth
- 2. Social Security No.
- 3. Address (State)
- 4. Previous service
- 5. Religion
- 6. Rank
- 7. Service No.
- 8. Component
- 9. Component No.
- 10. Component Name
- 11. Component Address
- 12. Component City
- 13. Component State
- 14. Component Zip
- 15. Component Phone
- 16. Component Fax
- 17. Component E-mail
- 18. Component Website
- 19. Component Other
- 20. Component Notes

MAR 28 1921

RECEIVED

ADVISED BY MAIL
MOILED LOMBY 112

Adjustment Made 7 2 2 2 1 1 2 2 2 2
Apr 4 1921



12-23-19

12-23-19

41732

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Breen **1 735 795** **Fred J.**
(Surname). (Number). (First Name and Initials).

Private **Co. M, 309th Inf.**
(Rank). (Organization).

PLACE OF DEATH:.....

CAUSE OF DEATH:.....

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

PLACE OF BURIAL:..... **296.9 - 286.2**.....

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

Buzancy Map 1/50,000

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain Friedman, 77th Division

(Signature and Rank of Reporting Officer).

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



41732



OSPSS CtY. NO. 1232
Sec 12 case no 13

7D

41727
G.R.S. FORM NO 1

HO GRS FILE

CONFIRMED

SOLDIERS NO. 735795

3 BREEN, FRED J.
SURNAME FIRST NAME AND INITIALS

4 PRV UNKNOWN
RANK COMPANY REGT OR CORPS

5 UNKNOWN
DATE OF DEATH CAUSE IF KNOWN BATTLE

6 UNKNOWN FRONT N° 2
DATE OF BURIAL CEMETERY

7 NEAR ST JULIEN ARDENNES
TOWN OR COMMUNE DEPARTMENT

8 11 A (SKETCH N° 4)
GRAVE NO PLOT NO OR LETTER

9 NAME PEG CROSS HEADBOARD BOTTLE

10 BURIED WITH BODY ATTACHED TO GRAVE MARKER X
IDENTIFICATION TAGS

11 IF NAME UNKNOWN AND TAGS MISSING GIVE MARKS AND DESCRIPTION

CONFIRMED

12 VERDUN N.W. 35
MAP REFERENCE INTERMENTS IS OUTS; CEMETERY

286-6-N 297-3-E

13 GIVE NAME OF CHAPLAIN OR BURIAL OFFICER

Hermon L. Mader
SIGNED Q. M. Sgt Sr Gr.

GROUP No. 4 U.R.S. 305 Unit

RPSK
llc



41733

BREEN, Fred J. #1735795

North Row.

See: R.B. Sketch Nos. 97, 98.

St. Juvin, (Ardennes) C-250

35NW: E297.1. N286.7

C 250

B 674