

1. NAME **Brethorst, Peter V** DATE **11/1/21**
 RANK **Capt.** ORGANIZATION **Co.F.350th Inf.** SERIAL No. **Officer**
 GRAVE LOCATION **French Mil.Cty Traubach-le-Haut (Alsace)** CTY. NAME **526** NUMBER

GRAVE **7** ROW PLOT
 2. ORIGINAL BATTLE AREA GRAVE LOCATION **39** **Traubach le Haut** **Alsace** **cty # 526**
 GRAVE COMMUNE DEPT.

COORDINATES **E.452.38 N.96.61 Map Mulhouse S.W. 101**

CONCENTRATED TO **Dec.7,1920** **7**
 DATE GRAVE ROW PLOT
French Mil.Cty. Traubach le Haut **526**
 CEMETERY CTY. NUMBER

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

Collar insignia of 350th Inf. and Capatin's bars on uniform blouse.

Brass strip reading "Peter V.Brethorst " Capt. 350th Inf. Co.F.

Ident. Tag. on grave marker Per GRS Form 16-A Dec.7,1920, Traubach le Haut.

Alsace.

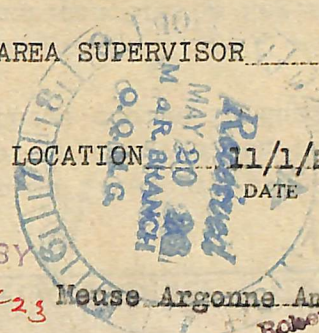
DATE OF DEATH *Oct 15/18*
None
STATE FROM WHICH HE CAME *S.D.*

SUBSEQUENT REBURIALS
 DATE GRAVE ROW PLOT CEMETERY
MEDALS OR DECORATIONS AWARDED

SIGNATURE, AREA SUPERVISOR *Stanley J. Grogan*
STANLEY J. GROGAN, Capt.Inf.USA.

3. FINAL GRAVE LOCATION **11/1/21** **22** **46** **D**
 DATE GRAVE ROW Block PLOT

AUDITED BY *LD 5-18-23*



Meuse Argonne American Cemetery # 1232, ROMAGNE SOUS MONTFAUCON
 CEMETERY

Robert
Major General,
The Adjutant General.

MAY 19 1926

A. G. O.
MAY 15 1926
WORLD WAR DIV.

AUG 11 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 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

Brethorst Peter V.
(Surname) (Number) (First Name and Initials)

Captain Co "F" 350th Inf.
(Rank) (Organization)

PLACE OF DEATH: Bellemagny, Haute-Alsace

CAUSE OF DEATH: Shell fire

DATE OF BURIAL: October 16, 1918

PLACE OF BURIAL: Traubach le Haute, Haute Alsace

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

GRAVE NUMBER: 39

HOW MARKED: Name Peg? Yes Cross? No
Headboard? No Bottle? No

IDENTIFICATION TAGS: None
Brass plate with name buried with body
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: Mrs J Brethorst

ADDRESS: Lemox, South Dakota

RELATIONSHIP: Mother

REPORTED BY: Luther Malmberg

Luther Malmberg 1st Lt & Chaplain
(Signature and Rank of Reporting Officer) 350th Inf

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

Luther Malmberg 1st Lt & Chaplain
(Signature and Rank of Reporting Officer) 350th Inf

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

Peter V., Captain,

HOME: LENNIX, S. Da.,

h. 1918 at Balschwiller, Alsace. he died at 10.45 A.M. October
"Take good care of my boys"
la-Haute, Alsace. The captain
t the result of his own miscon-
working party.

HE.

ishmeyer,

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Brethorst **Peter V.**
(Surname). (Number). (First Name and Initials).

Captain **Co. "F" 350th Inf.**
(Rank). (Organization).

PLACE OF DEATH: **Bellemagay, Haute-Alsace**

CAUSE OF DEATH: **Shell fire**

DATE OF BURIAL: **October 16, 1918**

PLACE OF BURIAL: **Traubach le Haute, Haute**
Alsace

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

GRAVE NUMBER: **39**

HOW MARKED: Name Peg? **Yes** Cross? **No**

Headboard? **No** Bottle? **No**

IDENTIFICATION TAGS: **None**

Brass plate with name buried with body
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: **Mrs J Brethorst**

ADDRESS: **Lemox, South Dakota**

RELATIONSHIP: **Mother**

REPORTED BY: *Luther Malmberg*

Luther Malmberg 1st Lt. & Chaplain
(Signature and Rank of Reporting Officer) **350th Inf**

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

T, Peter V., Captain.,
HOME: LENNIX, S. Da.,

h. 1918 at Balschwiller, Alsace.
he died at 10.45 A.M. October
Take good care of my boys"
la-Haute, Alsace. The captain
t the result of his own miscon-
working party.

HE.
ashmeyer,

Co. "F"
88th

le was
14th. I

net hi
luct, d

Next
Miss M
LENNIX.

1.11/

Co. "F" 850th. Infantry.
88th. Division.

BRETHORST, Peter V., Captain.,

HOME: LENNIX, S. Da.,

Severely wounded October 12th. 1918 at Balschwiller, Alsace.
He was taken to the 349 Field Hospital where he died at 10.45 A.M. October
14th. 1918. His last words at Hospital were " Take good care of my boys"

Buried $\frac{1}{2}$ mile from Traubach-la-Haute, Alsace. The captain
met his death in the line of duty and was not the result of his own miscon-
duct, during a bombardment while commanding a working party.

INFORMANT: NONE.

SEARCHER: J.H. Cushman,

Next of Kin:
Miss Marie Brothorst.
LENNIX, S. Da.,

Traboule-Haut, France
Place

Date Dec 7, 1920

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Peter V. Brethorst SERIAL NUMBER _____
RANK Capt. ORGANIZATION Co.F. 350th Inf.

2. Disinterred (date): Dec. 7, 1920 From (give complete location): Grave #39, Cem. #526
By: Group #2 Unit #1

3. Reburied (date): Dec. 7, 1920 In (give complete location): Grave #7, Cem. #526
By: Group #6 Unit #3 Nature of reburial O.D. Blanket and pine box.

4. Report as to nature of original burial and condition of body upon disinterment:
Buried in uniform., body wrapped in blanket. Body badly decomposed.
Features not recognizable.

5. (a) Identification tags: Buried with body? No On grave marker? Yes.
(b) Other means of identification found upon disinterment, and general remarks:

Collar insignia of 350th Inf. and Capt's bars on uniform blouse.
Brass strip reading "Peter V. Brethorst" Capt. 350th Inf. Co.F."

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

(a) Height (actual measurement) 5 ft. 10 inches.

(b) Weight (estimated) 175 lbs.

(c) Hair—Color Apparently light brown

Quantity Moderate

Characteristics Straight.

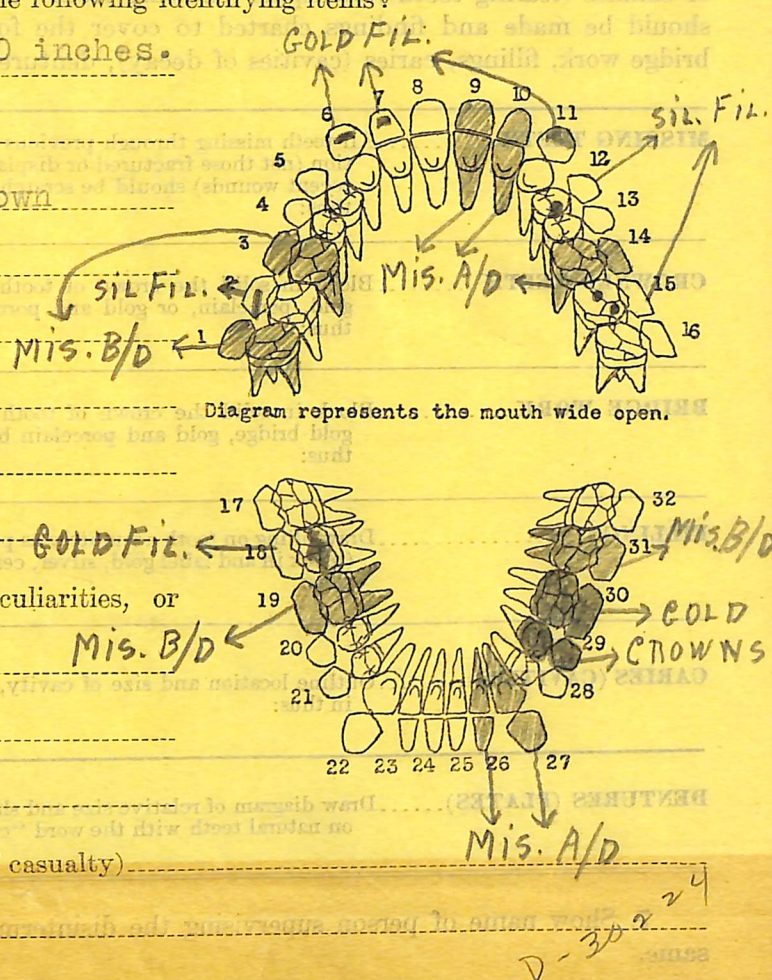
(d) Hair on face—Color _____

Location _____

Quantity _____

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

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



7. Disinterment supervised by _____ Approved: O B Balaang
(Title) Major M.E.

8. Reburial supervised by Harry E. Strouy Approved: O B Balaang
(Title) Major M.E.

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

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.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Brethorst	3	285
	Peter V.		
BURIED	CEMETERY 1232	1	1
	GRAVE 22	2	22
	ROW 46	2	46
	BLOCK 2	1	4
STATE	S. D.	2	47
RANK	Capt	1	1
DIVISION	88	2	88
ORGANIZATION	350	3	350
ARM	Inf	1	1
MARTIAL	no	1	2
NAME	Stephen W.	5	295
	Brethorst		
RESIDENCE	5555 - 33 rd Ave N.E.		
	Seattle, Wash		
STATE	Wash	2	36
COUNTY	King	2	17
CITY	Seattle	3	026
RELATION	Mother	1	1
OTHER		1	2
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

Brother

Audited
APR 18 1932

MB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brethorst, Peter V. 1232 B

July 8, 1930

Mr. Stephen W. Brethorst
5555 33rd Avenue N. W.
Seattle, Washington

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

No.

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

If so, give her name and address:

No

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

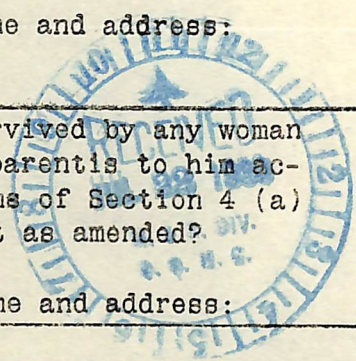
If so, give her name and address:

No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment


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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Brethorst, Peter V.

Mrs. G. Brethorst,
5555 33rd Ave. N.E.,
Seattle, Wash.

Dear Madam:

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

The records of this office show that you are the mother of the late Capt. Peter V. Brethorst, Co.F. 350th 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

Mrs. Brethorst, the mother is deceased and there was no widow.

*Sincerely
Stephen W Brethorst - (Brother)*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brethorst, Peter V. 1232 B

July 8, 1930

Mr. Stephen W. Brethorst
5555 35rd Avenue N. E.
Seattle, Washington

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Brethorst, Peter V.

Mrs. G. Brethorst,
5555 35rd Ave. N.E.,
Seattle, Wash.

Dear Madam:

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

The records of this office show that you are the mother of the late Capt. Peter V. Brethorst, Co.F. 350th 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

Briethorst

(Surname.)

Peter V.

(Christian name in full.)

(Army serial number.)



Capt.

Co. F, 350th Infantry

(Rank and organization.)

State your relationship to the deceased mother

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)

Mrs. G. Briethorst

Lennox, So. Dak.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

APR 12 1919

over

Out # 526

I would appreciate hearing
again after permanent cemeteries
have been established in France
and to know the exact place of
burial.

Drawn by M/S
526L
10-11-20

Mrs. G. Brethorah.
checked APL 10-11-20

QM 293 A-C

BRETHORST, Peter V. - Capt.

January 19, 1924

Mrs. G. Brethorst,
5555 33rd Ave., N.E.,
Seattle, Washington.

Dear Madam:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

✓
1- Incl.
Record card.

✓
Q.M.G.
Central Mail & Files Bldg

✓
RAL. FOSTER
Assistant.

RD
402



JAN 19, 1924

LLB

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 6, 1921.

1. REMAINS OF BRETHORST, Peter W. SERIAL NUMBER -----

RANK Capt. ORGANIZATION Co. F, 350th. Inf.

2. Disinterred (date): Sept. 6, 1921. From (give complete location) Gr. No. 7

French Military Cemetery # 526 Traubach-le-Haut (Alsace)

By: Group 1. Unit Sect. No. 4

3. Reburied (date): _____ In (give complete location): _____

Nov. 1, 1921. Row 46. Block D. Grave 22, Cem. 1232.

By: Group Reburial S. Unit _____ Nature of reburial Unlined

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

Buried in wooden box in blanket and complete officers uniform. Body badly decomposed, recognition impossible.

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

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

No effects found.

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

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

(b) Weight (estimated) Unable to determine.

(c) Hair—Color Unable to determine.

Quantity Unable to determine.

Characteristics Unable to determine.

(d) Hair on face—Color None.

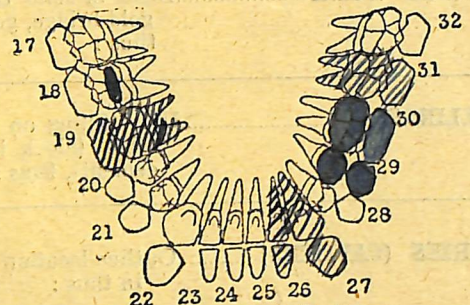
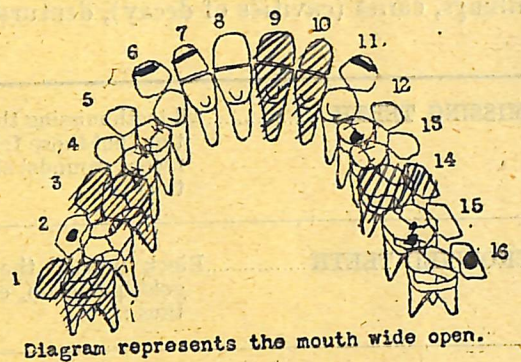
Location None.

Quantity None.

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None discernible.

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

None discernible.



No. 1, 3, 14, 19, 31, M.B.D.
 No. 9, 10, 26, 27, M.A.D.
 No. 29, 30, Gold crown, No. 2, 12,
 15, 18, S. F. No. 6, 7, gold F.
 No. 16, cavities.

7. Disinterment supervised by W. R. Tomlinson

Approved: C. J. Blake
 (Title) Capt. Q.M.C. bjm.






8. Reburial supervised by A. U. Dufault

Approved: James W. Younger
 (Title) Captain, Q.M.C.

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

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

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

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



To be prepared in triplicate.

DATE Sept. 6, 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 Brethorst, Peter V
 2. No. _____
 3. Rank Capt.
 4. Org. Co. F. 350th Inf
 5. D.D. Oct. 15, 1918
 6. C.D. DOW

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. None.

Discrepancy found upon disinterment

7. Grave No. 7 Sec. _____
 8. Plot _____ Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None.

18. Cemetery French Military
 20. Dept. or County Alsace
 22. G.R.S. Hdqrs. Code No. 526
 23. Disinterred (Date) Sept. 6, 1921.

19. Commune or town Traubach-le-Haut
 21. Country France
 By W. R. Tomlinson.

24. Inscription on grave marker:

Name Brethorst, Peter V.
 Rank Capt.

Serial No. _____
 Organization Co. F, 350th Inf. Gr. 7

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

Thos. A. Pace
 Signature Junior Technical Assistant

THOS A PACE.

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).
No effects found. Form 16a accomplished. Brass name plate on inside of wooden box reads (Peter V. Brethorst Brethorst Captain Co. F, 350th Inf.) Reburial record on body.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial Buried in blanket, and complete officers uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.

30. Body prepared and placed in casket: Date Sept. 6, 1921. By W. R. Tomlinson.

31. Casket sealed by W. R. Tomlinson.

Signature of Embalmer, (Supervisor)

W. R. Tomlinson
 W. R. TOMLINSON.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. **C-4823**

32. Designation of body:

Name **Brethorst, Peter V** Serial No. _____

Rank **Capt.** Organization **Co. F. 350th Inf**

33. Consigned to:

Name of Permanent Cemetery **Argonne Amer. Cty #1232 Romagne-sous-Montfaucon**

34. Casket boxed and marked (Date) **Sept. 6, 1921.** By **W. R. Tomlinson.**

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 *C. J. Blake*
C. J. BLAKE, Capt. Q.M.C. bjm.

36. Remarks **Captains Bars and collar ornament of (350th. Inf.) on uniform.**

37. Shipped from point of Operation: (Date) **Sept. 6, 1921.**

To point of Concentration **Belfort (Terr. de Belfort)**
(Name)

Convoyer _____ Signature Shipping Officer **Capt. Q.M.C.**

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date **Sept. 17, 1921.**

To Permanent Cemetery **Romagne-sous-Montfaucon (Meuse)**
(Name)

Convoyer **RAY HALL,** Signature Shipping Officer *W. R. Buckley*

40. Received: Date *Sept. 21/1921* **W. R. BUCKLEY, Capt. Q.M.C.**

G.R.S. Representative *Richard M. Morgan Supt*

41. Reinterred **Meuse Arg. Cemetary, 1232** Nov. 1, 1921.
(Date)

42. Grave No. **22.** Section _____

43. ~~From~~ **Block D.** Row **46.**

FR

G.R.S. Representative *James W. Younger*
James W. Younger, Capt., Q.M.C.

36999

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

BRETHORST, (None) PETER V.
(Surname). (Number). (First Name and Initials).
Capt. Co. "F" 350th. Inf.
(Rank). (Organization).

PLACE OF DEATH: 349th Field Hosp

CAUSE OF DEATH: Schrapnel Wounds

DATE OF BURIAL: October 15, 1918

PLACE OF BURIAL: 1/4 Mile from Traubach-
Le-Haute, Alsace
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross? Yes
Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes

Was one fastened to name peg or stake used as a grave marker? Yes (Alsace)

If name unknown and tags missing, description and marks should be given here?
1034 101 SW COORD

NEAREST RELATIVE: Miss Marie Brethorst

ADDRESS: Lennix, S. D.

RELATIONSHIP: Sister

REPORTED BY: J H RUSTEMEYER
Captain 350th, Infantry
Commanding
(Signature and Rank of Reporting Officer).



G.R.S. FORM NO. 12.

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.
TO : C.O.Co. "F" 350th. Inf.
SUBJECT : Information for burial Register

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:



In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship:

Address:



WAR DEPARTMENT
OFFICE OF THE DIRECTOR OF PURCHASE
WASHINGTON

Memorandum for

Capt. Brethorst

350 Inf

Killed in action
Sept 1918

1676
Stewart

36999

10/21

10/21

File

10/21

10/21

WASHINGTON

OFFICE OF THE DIRECTOR OF PURCHASE
NAVY DEPARTMENT

6/19

FILE

CEMETERIAL DIVISION
REGISTRATION SECTION

File No. 36999

January 18 1922

MEMO FOR:

Cards Department.

1.

,CASE OF:

Co. F., 350th Inf.,

ORGANIZATION (Old)

BRETHORST , Peter V., Capt.,

(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st. Reb.	12/7/20	526	D- 30224
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Cannon

Card.,
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By B
S/3324/LML

Address reply to

WAR DEPARTMENT
PURCHASE, STORAGE, AND TRAFFIC DIVISION
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

Division

DIRECTOR OF PURCHASE

Munitions Building

No:
From:
To:
Subject:

929
COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File No. 36999

(a) Name BRETHORST, Peter V. Ser. No. _____
(b) Rank Capt. Organization Co. F, 350th Inf.
(c) Date of death 10-15-18 (d) Cause of death DWRIA.

TYP. als.
CKR.

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

(a) Grave No. 39 Row _____ Plot _____ Sec. _____ TYP. als.
(b) Emerg. Address Miss Margaret Brethorst, (sister) Lennox, S. D.

III. Files of soldiers dying from contagious diseases — NO CARD

CKR. *JB*

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. G. Brethorst (b) Relationship Mother
(c) Address Lennox, S. D.
(d) Remains to be brought to U. S.? no
(e) To be interred in National Cemetery in U. S. at *see suspension*
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials *mes* Date 10-11, 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 *mes* Date 10-11, 1920.

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

No request for disposition

(a) Cancellation memos referred to? *yes HRR*
Examiner's Initials *HRR* Date 10-11, 1920.

COUNTRY France.

CEMETERY No. *XPS 526*

SHEET No. 7

*Checked
ack 10-11-21*

*10-1-21
Miss Argonne 1237
10-26-21*

VII. G. R. S. Form No. 114 made

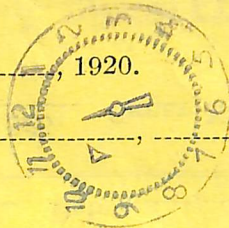


Typed by

Checked by

, 1920.

RECEIVED



DEC 16 1920
G. R. S.

VIII. FINAL ACTION:

NOV 5 20

Following advice forwarded to Europe by

cable on _____, 1920

letter on 11-1-_____, 1920

Par 2. Not to be returned MB. 11-2-20
ACT.

IX.

CORRECTIONS

CHANGE OF ADVICE.

Desires body be

Body to be shipped to

GENERAL DIVISION
OVERSEAS PROTECTION SECTION



DEC 16 1920
RECEIVED

X. SUSPENSION REMARKS:

11-18-20 Form # 120 Mother's R.
changed address to 5555-33rd Ave N.E.
Seattle Wash. Wishes body left in Europe.
11-27-20 ECL

FORM 115 RETURNED BY HOBOKEN - BODY
TO REMAIN IN EUROPE. C.M.

DEC 16 1920

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

NOV 8 1920

FROM: Chief, Graves Registration Service, Q. M. C.
To: Mrs. G. Brethorst, ^{5555-33rd Ave N. E. Seattle Wash.} ~~Denver, South Dakota.~~
SUBJECT: Remains of Capt. Peter V. Brethorst, Ser. No. - - -
Co. F. 350th Inf.

The records of this office show that you have requested that his body remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.
The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.
By authority of the Quartermaster General.

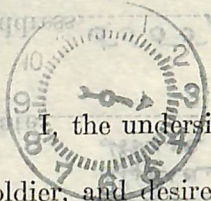
CHARLES C. PIERCE,
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married? <u>No-</u>			
Soldier's widow			
Soldier's children. (Name oldest first.)			
1			
2			
3			
Father <u>deceased</u>			
Mother <u>Mrs. Gerty Brethorst</u>	<u>5555, 33rd. Av. N. E.</u>	<u>Seattle,</u>	<u>Wash.</u>
Brothers. (Name oldest first.)			
1 <u>Captain P. W. Brethorst</u>	<u>457, Mass. Av.</u>	<u>Boston,</u>	<u>Mass.</u>
2			
3			
Sisters. (Name oldest first.)			
1 <u>Alise Brethorst</u>	<u>5555, 33rd. Av. N. E.</u>	<u>Seattle,</u>	<u>Wash.</u>
2 <u>Marie</u>	<u>"</u>	<u>"</u>	<u>"</u>
3 <u>Helen Brethorst Omond</u>	<u>150, Sudder Road</u>	<u>Jubulpore,</u>	<u>India.</u>
<u>Marguerite Brethorst</u>	<u>5555, 33rd. Av. N. E.</u>	<u>Seattle,</u>	<u>Wash.</u>
<u>Rafia</u>	<u>757, B. St. N. E.</u>	<u>Washington,</u>	<u>D. C.</u>
<u>Blaise</u>	<u>5555, 33rd. Av. N. E.</u>	<u>Seattle,</u>	<u>Wash.</u>
Date <u>Nov. 18th '20.</u>	Signature <u>Mrs. G. Brethorst</u>		

Address 5555, 33rd. Av. N. E. Relationship mother.

Nov. 18th, 1920.



I, the undersigned, am the mother and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz: (Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.
2. To be returned to the U. S. and shipped to _____ (Name.)

(R. R. station.) _____ (State.)
3. To be returned to the U. S. and buried in _____ National Cemetery.
4. To remain in Europe, for burial in a permanent American Cemetery.

Signature Mrs. G. Brethorst

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

WASHINGTON
SERVICES REGISTRATION SERVICE
OFFICE OF THE GOVERNMENT GENERAL OF THE ARMY
WAR DEPARTMENT

December 14, 1920.

FROM: Graves Registration Service, Hoboken, N. J.
TO: The Quartermaster General (Cometerial Division - Overseas Project Subsection), Washington, D. C.
SUBJECT: Return of U.S.P. Records - Cemetery #526.

1. The enclosed records covering the following case are returned herewith, it having been definitely determined that the body is to remain in Europe:

REFERENCE NO.

7 ✓ Brethorst, Peter V., Capt., Co. F, 350th Infantry.

R. E. SHANNON,
Captain, Quartermaster Corps,
Officer in Charge.

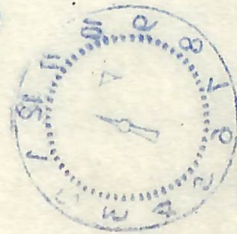
By:

F. C. PALLAS,
Executive Assistant.

1 Incl.



RECEIVED

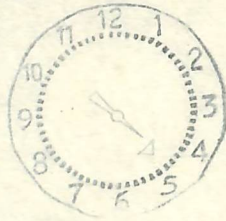


DEC 19 1920
G. M. S.

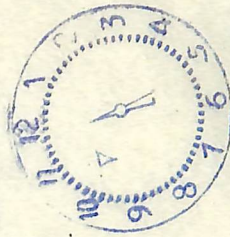
QUARTERMASTER GENERAL
WASHINGTON

Recd 12/17 11

CEMETERY DIVISION
OVERSEAS PROJECT SECTION



RECEIVED



DEC 16 1950
G. H. S.

DEC 16 1950
RECEIVED

OFFICE OF THE
DIRECTOR

PA:

OFFICE IN CHARGE
SUBJECT: [illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

December 16, 1950

