

G.R.S. Form #114 B

JUN 1 - 1926

DATE 9/27/21

1. NAME *Soldier's Sig* BROSCKI, Julius SERIAL No. 542894
 RANK *OR PVT* ~~Cook~~ *reduced fr. Cook 6-1-18* ORGANIZATION Co. L. 7th Inf. *3rd*
 GRAVE LOCATION Argonne Amer. Romagne-sous-Montfaucon 1232-Sec. 96
 CTY. NAME NUMBER

98 GRAVE Sec. 96 ROW 2 PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION *4 (Zeola) Chery le Grand, Meuse*
 GRAVE COMMUNE DEPT.

COORDINATES *25 7 E 310.8 E 287. 21*
 NOTHING OF RECORD.

CONCENTRATED TO _____
 DATE GRAVE ROW PLOT
 CEMETERY CTY. NUMBER

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

DATE OF DEATH *Oct 19-1918*

STATE FROM WHICH HE CAME *New York*

SUBSEQUENT REBURIALS MEDALS OR DECORATIONS AWARDED *ated 9022*
 DATE GRAVE ROW PLOT CEMETERY *3rd Div 7/8/19*

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *Wm M. Cline*

Wm M. CLINE
 CAPT. ~~Geo. W. Price,~~ Major, Infantry.

3. FINAL GRAVE LOCATION 9/27/21 15 37 E
 DATE GRAVE ROW Block PLOT

AUDITED BY *L. M. G. - 23*

Meuse Argonne American Cty # 1232 Romagne sous Montfaucon CEMETERY
 JUN 15 1926
 WORLD WAR DIV.

SEP 19 11 11 AM '41

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.



N. R. 600
3-11-18

BROSEKI **GRAVE LOCATION BLANK** **JULIUS**

LOCATION OF THE GRAVE OF

Broseki 542894 *Julius*
(Surname) (Number) (First Name and Initials).
Pvt *Co K* *7th Inf*
(Rank) (Organization).

PLACE OF DEATH: *Hill 299*

CAUSE OF DEATH: *Killed in action*

DATE OF BURIAL:

PLACE OF DEATH:

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

Forward crest Hill 299
square 16, Map, Dawn-Sun-Meuse

GRAVE NUMBER:

HOW MARKED: Name Peg?.....Cross?
not marked Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:
John W. Ischy, Chaplain, 35th Inf
(Signature and Rank of Reporting Officer).

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

BRICE, BROSEKI, Julius Pvt 542894

the morning of October 19, 1918
nce I noticed that Broseki's leg
ating I found that he had been
.I told him to go to the rear,
mans before they get me" He
achine gun bullet killed ~~him~~
ied him or where he was buried.

t: Pregowski, Walter Sgt 542850
Co L. 7th Infantry.,
4521 Hannore St Chicago Ill.,

W E Dunigan., 2nd Lt.
7th Division.

Co L.7th Infantry.
3rd Division.

~~BRICE~~, BROSEKI, Julius Pvt 542894

We were making an advance on the morning of October 19, 1918 through a small wood above CUNEL France I noticed that Broseki's leg was bleeding very much; upon investigating I found that he had been wounded twice by machine gun bullets. I told him to go to the rear, but he said "No I must get these germans before they get me" He continued to advance until, another machine gun bullet killed ~~him~~ him instantly, I do not know who buried him or where he was buried. He was a good soldier.

Informant: Pregowski, Walter Sgt 542850
Co L. 7th Infantry.,
Home: 4521 Hannore St Chicago Ill.,

Signed: W E Dunigan., 2nd Lt.
7th Division.

YS

REPORT OF DISINTERMENT AND REBURIAL.

Broscki, Julius

Remains of:

Name ~~BROCKI, Julius~~

Number: 542894

Rank Cook

Organization:

Co L 7th Inf

Disinterment and Reburial made by Group

Unit

France
Meuse-Argonne

Disinterred (Date)

From: (Give complete location)

17th June 1919

Grave Unknown

Reburied (Date)

in: (Give complete location)

17th June 1919

Grave 98 Sec 96 Plot 2

ARGONNE AMERICAN CITY 1232

ROMAGNE MEUSE.

1232

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

Burial good. Buried in uniform. Badly decomposed.

Was one identification tag found upon the body?

Yes

What other means of identification were found upon the body?

None

CONFIRMED No. D.

12408

RECEIVED

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by C.O. 170, G.H.C. 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 Hill

C.O. Group

Unit

RECEIVED BY [Name]

THIS IS TO CERTIFY THAT THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.



CONFIDENTIAL

THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.

THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.

THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.

THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.

NAME OF PARTY

ADDRESS OF PARTY

CITY AND STATE

REGISTERED (Date)

BY: (Name and Title)

NAME OF PARTY

ADDRESS OF PARTY

REGISTERED (Date)

BY: (Name and Title)

THE ABOVE NAMED PARTY HAS BEEN REGISTERED AS A MEMBER OF THE [Organization Name] IN THE CITY OF [City Name] ON THE [Date] INSTANT.

DATE

NAME

ADDRESS

REGISTERED (Date)

BY: (Name and Title)

NAME

ADDRESS

DATE

BY: (Name and Title)

REGISTERED (Date)

MEMBER OF THE [Organization Name]

DATE

BY: (Name and Title)

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Broscki</i>	3	<i>285</i>
	<i>Gulins</i>		
	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>13</i>	2	<i>13</i>
	ROW <i>37</i>	2	<i>37</i>
	BLOCK <i>E</i>	1	<i>5</i>
STATE	<i>n.y.</i>	2	<i>37</i>
RANK	<i>Pvt.</i>	1	<i>2</i>
DIVISION	<i>3</i>	2	<i>03</i>
ORGANIZATION	<i>7</i>	3	<i>007</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>NO</i>	1	<i>2</i>
NAME	<i>Broscki</i>	3	
	<i>anton</i>		
1180 E 10 St	STATE	2	
RESIDENCE	COUNTY	2	
<i>Eric Pa</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead (8-25-27)</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514/PJ.			

Father

Audited
 APR 14 1932
MB

la

m.l.H.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Broscki, Julius 1232-F

Mr. Anton Broscki
1180 E. 10th St.
Erie, Pa.

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?

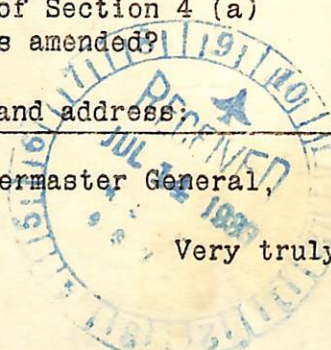
If so, give her name and address:

No. Died August-25-1927

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment


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

Ennis, Pa.

July 5-29

No. Q.M. 293 A-C

Dear Sirs,

I received your letter, notifying
me of the pilgrimage to the cemeteries
of Europe. I regret to say that the
Private Julius Broschi brother is
dead and also that Julius Broschi
was not married.

yours truly,

Wm. Anton Broschi



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QN 293 A-C

June 29, 1929.

Broski, Julius

Mrs. Anton Broski,
1180 East 10th St.,
Erie, Pa.

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 Private Julius Broski, Co. K, 7th 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 re-married 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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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

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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.

Broscki, Julius

542,894

(Surname.)

(Christian name in full.)

(Army serial number.)

Ck Co L 7th Inf

(Rank and organization.)

State your relationship to the deceased

mother + 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?

(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)

Anton Broscki

1100 East 10th St - Erie, Pa

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Drawn by PF

4-21-21

1232 - Sec 96 - 21

Checked
4/21/21
SP

October 10, 1923.

Mr. Anton Broscki,
1180 East 10th St.,
Erie, Pa.

Dear Sir:

The Quartermaster General desires you to be informed that the permanent grave of Private Julius Broscki, Company K, 7th Infantry, is located in Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

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

R.L. FOSTER

Assistant.

RD

WPK

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 26, 1921.

1. REMAINS OF BROSKI, JULIUS SERIAL NUMBER 542894
RANK Cook ORGANIZATION Co., L. 7th Inf.

2. Disinterred (date): Sept. 26, 1921. From (give complete location):
Gr. 98 sec 96 Pt 2, Meuse-Argonne Cem., #1232.
By: Group Maire Unit Sec. 1

3. Reburied (date): Sept. 27th 1921. In (give complete location):
Meuse Argonne Cemetery # 1232 Gr. 13 Block E Row 37
By: Group re-burial Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment:
Box, U.S. uniform wrapped in burlap.
disarticulated features unrecognizable.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks:
U.S. collar ornaments on overseas cap. crucifix and rosary found on body.

tag on peg in gr. " Julius, Brocski, Cook, Co., L. 7th Inf. U.S.A. 542894. tag on body checks.

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

(a) Height (actual measurement) Imp to det.

(b) Weight (estimated) Imp to det.

(c) Hair—Color None visible

Quantity None

Characteristics None

(d) Hair on face—Color None

Location None

Quantity None

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

(f) Wounds or missing parts (received at time of casualty) None visible

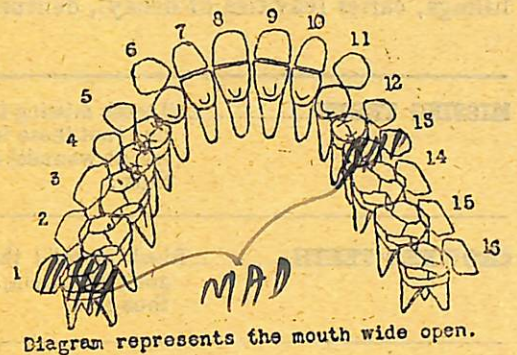
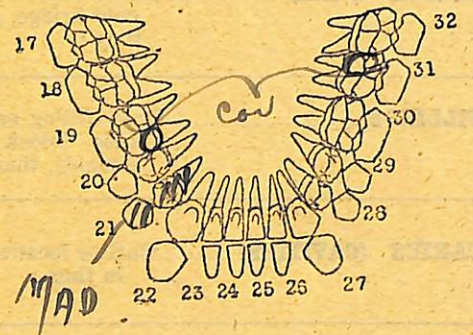


Diagram represents the mouth wide open.



7. Disinterment supervised by E. Maire S. E.

Approved: R. Richard 1st Lt. QMC

8. Reburial supervised by W. B. Shields

Approved: James W. Younger, Capt QMC

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

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

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

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



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



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



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



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



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

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

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



To be prepared in triplicate.

DATE Sept. 26, 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 BROSCKI, Julius
- 2. No. 542894
- 3. Rank Cook
- 4. Org. Co. I, 7th Inf.
- 5. D.D. Oct, 19th 1918
- 6. C.D. KIA
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 98 Sec. 96
- 8. Plot 2 Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. No desc.

- 18. Cemetery Argonne American
- 19. Commune or town Romagne-sous Montfaucon
- 20. Dept. or County Meuse
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. 1232-Sec.96
- 23. Disinterred (Date) 9-26-21 By Edmo Maire

24. Inscription on grave marker:

Name Julius Broscki Serial No. 582894
 Rank Cook Organization Co. I 7th Inf.

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

E. J. Maire
 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).

Crucifix and rosary beads found on body US collar ornament on Overseas Cap. Tag on peg in grave shows "XXXXXX" "Broscki"

27. Condition of body Badly decomposed Features unrecognizable.

28. Nature of burial US Uniform, burlap and pine box.

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

30. Body prepared and placed in casket: Date 9-26-21 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. **3556**

32. Designation of body: **1000**

Name **BROSKI, Julius** Serial No. **542894**

Rank **Cook** Organization **Co. 4, 7th Inf.**

33. Consigned to:
Name of Permanent Cemetery **Argonne Amer. Cty. #1232, Romagne-sous-Montfaucon**

34. Casket boxed and marked (Date) **9-26-21** 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 **R. Richards, 1st Lt. G.A.C.**

36. Remarks

Sept. 26, 1921

37. Shipped from point of Operation: (Date) **Sept. 26, 1921**
To point of Concentration **Meuse Argonne Cemetery #1232**

Convoyer _____ (Name) _____
Signature Shipping Officer **J. Gerald Cole**
J. GERALD COLE
Captain, G. A. C.

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

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____
Convoyer _____ (Name) _____
Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred **Meuse Argonne Cemetery # 1232** **Sept 27th 1921.**
(Date)

42. Grave No. **Gr 13** Section _____

43. Plot **E** Row **37**

G.R.S. Representative **James W. Younger**
James W. Younger, Capt. G.A.C.
jt.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #85575

I. LOCATION INDEX CARD:

(a) Name BROSCKI, Julius. Ser. No. 542894
(b) Rank Pvt. Organization Co. K. 7th Inf.
(c) Date of death 10/19/18 (d) Cause of death k/a

TYP. jek
CKR. CB

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

(a) Grave No. 96 Row --- Plot 2 Sec. 96 TYP. jek
(b) Emerg. Address Mrs. Mary Broscki, (Mother) Erie, Pa.

III. ~~Disposition of remains by other than the U.S. Army~~ CKR. CB

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Anton Broscki (b) Relationship parent
(c) Address 1180 - East 10 St, Erie 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 4-21-, 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 4-21-, 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 4-21-, 1920.

COUNTRY France. CEMETERY No. 1232-Sec. 96 SHEET No. 21

700

2

COMPILATION OF DISPOSITION OF REMAINS DATA

File #85575

I. LOCATION INDEX CARD:

(a) Name BROSKI, Julius. Ser. No. 542894
 (b) Rank Pvt. Organization Co. K. 7th Inf. } TYP. jek
 (c) Date of death 10/19/18 (d) Cause of death k/a } CB

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

(a) Grave No. 96 Row --- Plot 2 Sec: 96 TYP. jek
 (b) Emerg. Address Mrs. Mary Broski, (Mother) Erie, Pa.

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

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

.....

V. Following advice forwarded to Europe by { cable on _____, 192
 { letter of transmittal on 5/5/21, 192

Sec. 96
Par. 2. Not to be returned (EES)

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

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

ca
Mrs Mary Broecki (mother)
Erie, Pa.

FILE

85575



1st Burial - Cem.

Broacki, Julius # 542 894
~~Broacki, Julius~~

Int Co K 7 Inf.

R 2d

Cumme. Dur - Sur - Meuse,
Meuse (unc.)

B.C.

90447

85575

from

90447

Cost of author

Cost of preparation

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

BROCKI 542894 JULIUS

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

Cook, Co. L. 7th. Infantry.

(Rank). (Organization).

PLACE OF DEATH: Killed in Meuse-Argonne operations Oct. 25, 1918.

CAUSE OF DEATH: Machine gun bullets.

DATE OF BURIAL: Unknown

PLACE OF BURIAL: Unknown

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

TABLE

GRAVE NUMBER: Unknown

HOW MARKED: Name Peg? Cross?

Unknown.

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

NEAREST RELATIVE: S/R was sent to effects depot AEF. so nearest relative is unknown.

ADDRESS:

RELATIONSHIP:

REPORTED BY: L.S. Stickney,

1st Lieut. 7th Inf.

(Signature and Rank of Reporting Officer).

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



Communal List No. 2805
Daily Report No. _____

85575

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

2. Soldier's No. 542894

3. Broeski Julius
Surname (in block letters) First Name and Initials

4. Cook L 7th. Inf.
Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Isolated
Date of Burial Cemetery

7. Clery-la-Grand Meuse
Town or Commune (in block letters) Department

8. 1787
Grave No. Plot No. or Letter

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

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

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

CMME. Clery-la-Grand (Meuse)

(C-349) UNIT. 35NE COORD (E: 310.80) (N: 287) upk.

12. "A" sketch 92
Map reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

RBH
2021

GROUP No. 4 Signed Lt. Caswell
PROV. UNIT "A" G.R.S. Group..... Unit..... G. R. S.



90447

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Proski 542894 *Julius*
(Surname). (Number). (First Name and Initials).

Priv *Co K 7th Inf*
(Rank). (Organization).

PLACE OF DEATH: *Hill 299*

CAUSE OF DEATH: *killed in action*

DATE OF BURIAL:

PLACE OF BURIAL:

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

Forward crest Hill 299

square 16 map Dur-sur-Meuse

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?

not marked Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

CMME. Dur-sur-Meuse (Meuse)

274 NEAREST RELATIVE: *35 N.E. COORD E. 315.9*
71.289.8

ADDRESS:

RELATIONSHIP:

REPORTED BY:
John H. Sechy, Chaplain, 35th Inf
(Signature and Rank of Reporting Officer).

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

RECEIVED

5 NOV 1918

Communal List No. 274-1589
Daily Report No.

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL
TO : C.O., Co. L. 7th. Infantry
SUBJECT : Information for Burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves 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: ✓

No record in this office.

Relationship: _____

Address: _____



WAR DEPARTMENT.

Cemeterial Division

Washington, D.C.

OFFICIAL BUSINESS.

WASHINGTON
MAR 4
10 11 AM
1920
D.C.

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



1512
FILE

UNCLAIMED

RETURNED TO
OFFICE OF
DIRECTOR

Mrs Mary Broski
Erie Pa

Directory service given
Searcher No. 2109

3/14/20

ERIE
MAR 13
6:00 PM
420
PA.



TELETYPE
MAR 15 6
MAR 16
RECEIVED

O.D.P. & S.M. & R.E.R.
MAR 15
3-PM
1920

4/21/21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 96

FORM 115 Sheet No. 21

SPH
(Initials)