

175

1305

FULL NAME ..... BRUBAKER, Elizabeth A .....

RANK..... Secy ..... SERIAL.....

DIVISION & ORGANIZATION ..... Y.M.C.A. ....

DATE OF DEATH. October 28, 1919 .....

STATE FROM WHICH HE CAME. Pennsylvania .....

MEDALS OR DECORATIONS AWARDED. none

FINAL GRAVE LOCATION..... 4 ..... 19 ..... B .....

Date Grave Row Block

Suresnes, #34

Cemetery

23/306/ARK

15 Received A. G. O SEP 3 1924

REC'D WORLD WAR DIV

SEP 3 24

FILE

8/1/22 - OS

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

July 31, 1922.

FILE: 293.8 C-R #113083

SUBJECT: Permanent Grave Location of Elizabeth A. Brubaker, Secty., Y.M.C.A.

TO: Mr. Waldo T. Brubaker, Windsor Hotel, Philadelphia, Pa.

Employee

Y.M.C.A./ 4, 19,

1. The permanent grave of this is No. Row  
Block B, The American Cemetery of Suresnes, Department of Seine, France.

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

3. 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.

For the Quartermaster General:

rk

MAILED

AUG 2 1922

GEORGE H. PENROSE,  
Assistant.

C.R.S.

DATE \_\_\_\_\_

1. NAME Brubaker, Elizabeth A SERIAL No. \_\_\_\_\_

RANK Secretary ORGANIZATION Y.M.C.A.

GRAVE LOCATION Suresnes American Cty CTY. NAME \_\_\_\_\_ NUMBER 34

869 GRAVE ROW PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 869 SURESNES Seine.  
GRAVE COMMUNE DEPT.

COORDINATES Amer. Cty. #34.

CONCENTRATED TO Original burial.  
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.

Original burial.

SUBSEQUENT REBURIALS None.  
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.V.S. QUACKENBUSH.  
Lieut.-Col., Q.M.C. Chief, Operations Div.

3. FINAL GRAVE LOCATION 8-23-21. 4. 19. Block B.  
DATE GRAVE ROW ~~XXXX~~

SURESNES AMERICAN CEMETERY #34 (Seine) SURESNES.  
CEMETERY

FR AUDITED BY  
C/T 8.3.22



To be prepared in triplicate.

DATE August 23/21

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 Brubaker, Elizabeth A  
 2. No. \_\_\_\_\_  
 3. Rank Sec'y  
 4. Org. Y.M.C.A.  
 5. D. X 10.30.19  
bur.  
 6. C.D. \_\_\_\_\_

10. Name Elizabeth Brudaker  
(On metal plaque)  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 869 Sec. \_\_\_\_\_  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. No discrepancy

18. Cemetery American  
 20. Dept. or County Seine  
 22. G.R.S. Hdqrs. Code No. 34  
 23. Disinterred (Date) 8/23/21  
 24. Inscription on grave marker:

19. Commune or town Suresnes  
 21. Country France  
 By F.G. Kelly

Name Elizabeth A. Brubaker  
 Rank Sec 'y.

Serial No. ---  
 Organization Y.M.C.A.

25. Was identification disc found on grave marker? No On body? Casket not Opened.

*F.G. Kelly*  
 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).

Metal plaque reading "Elizabeth Brudaker, Died at Neuilly sur-Seine, Oct. 28 1919, Age 41 years. In the service of the Y.M.C.A."

27. Condition of body Casket not opened

28. Nature of burial Hermetically sealed casket.

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

30. Body prepared and placed in casket: Date -- By --

31. Casket sealed by -----

Signature of Embalmer, (Supervisor)

*F.G. Kelly*

SHIPMENT. (Show actual marking of box.) Box No. **C-5015**

32. Designation of body:

Name **Brubaker, Elizabeth A** Serial No. \_\_\_\_\_

Rank **Secty.** Organization **Y.M.C.A.**

33. Consigned to:

Name of Permanent Cemetery **Suresnes American Cty. #34**

34. Casket boxed and marked (Date) **8/23/21** By **F.G. Kelly**

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.F. O'Leary*  
R.F. O'Leary  
1st Lieut., Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) **8/23/21**

To point of Concentration **Suresnes, (Seine)**

(Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer

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

(Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred **August 23/21**

(Date)

42. Grave No. **4**

Section

43. Plot **BLOCK B** Row **19** (Cem. 34)

FR

G.R.S. Representative

*R.F. O'Leary*  
R.F. O'Leary  
1st Lieut., Q.M.C.



Place Suresnes (Seine)  
Date August 23/21

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BRUBAKER, Elizabeth A. SERIAL NUMBER ---

RANK Sec'y ORGANIZATION Y.M.C.A.

2. Disinterred (date): 8/23/21 From (give complete location):  
Gr. 869 Cem. 34. Suresnes.

By: Group 3 Unit Sec. 6

3. Reburied (date): 8/23/21 In (give complete location): Block B  
Gr. 4, Row 19. Cem 34. Suresnes.

By: Group 3 Unit Sec. 6 Nature of reburial Same Casket, Hermetically sealed.

4. Report as to nature of original burial and condition of body upon disinterment:  
Impossible to determine. Body in hermetically sealed casket which was not opened.

5. (a) Identification tags: Buried with body? See Par. 4 On grave marker? No

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

Metal plaque on casket reading "Elizabeth Brudaker, died at Neuilly sur-Seine, October 28, 1919. Age 41 years. In the service of the YMCA.

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

(a) Height (actual measurement) Casket not opened.

(b) Weight (estimated) "

(c) Hair—Color "

Quantity "

Characteristics "

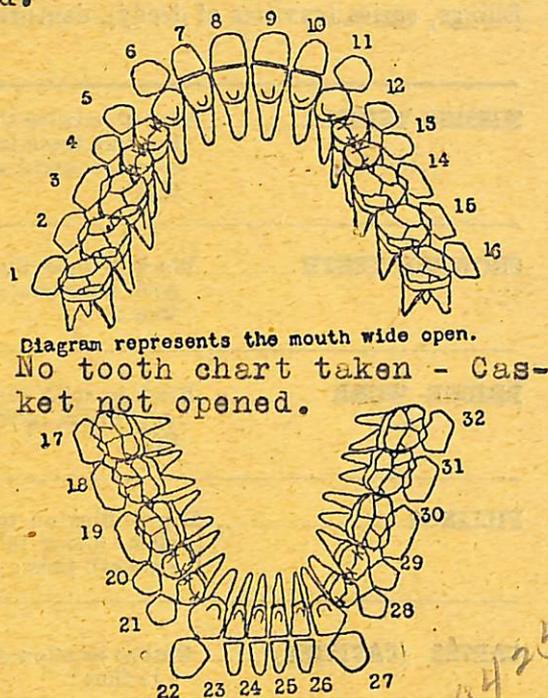
(d) Hair on face—Color "

Location "

Quantity "

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Casket not opened

(f) Wounds or missing parts (received at time of casualty) Casket not opened.



*Handwritten number: 2-30425*

7. Disinterment supervised by F. G. Kelly, S.E.

Approved: R. F. O'Leary  
(Title) 1st Lieut., Q.M.C.

8. Reburial supervised by F. G. Kelly, S.E.

Approved: R. F. O'Leary  
(Title) 1st Lieut., Q.M.C.

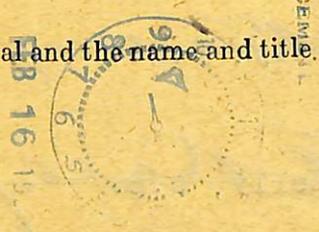
**INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A**

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.

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

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



# COMPILATION OF DISPOSITION OF REMAINS DATA

File # 113083

I. LOCATION INDEX CARD:

(a) Name BRUBAKER, Elizabeth A. Ser. No. ---  
 (b) Rank Secty Organization Y.M.C.A. } TYP. DB  
 (c) Date of death 10-28-19 (d) Cause of death Heart failure following operation } CKR. B.J.

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

(a) Grave No. 869 Row -- Plot -- Sec. -- TYP. db  
 (b) Emerg. Address Mr. Waldo T. Brubaker, Brother, Windsor Hotel, Philadelphia, Pa.

III. Files of soldiers dying from contagious diseases ----- CKR. B.J.

IV. A. G. O. DISPOSITION CARD:

*no card in file MMS 7/18/21*  
 Date of receipt -----

(a) Name ----- (b) Relationship -----  
 (c) Address -----  
 (d) Remains to be brought to U. S.? -----  
 (e) To be interred in National Cemetery in U. S. at -----  
-----  
 (f) Shipping instructions upon arrival of body in U. S. -----  
-----  
-----  
 (g) Disposition instructions if not brought to U. S. -----  
-----  
-----

Examiner's Initials ----- Date -----, 192

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

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

Examiner's Initials ----- Date -----, 192

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

*Irving Squire, Demobilized Personnel Bureau, 247 Madison Ave, N.Y. 6/27/21*  
*encloses 8-W-A giving E.A. as follows:*

(a) Cancellation memos referred to? Waldo T Brubaker (Brother)  
over

Examiner's Initials ----- Date -----, 192

COUNTRY -----

CEMETERY No. 34

SHEET No. 1015

*Checked MMS 8-4-21*

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 192

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter on \_\_\_\_\_, 192

*9/13/21 Additional advice Body not to be returned PF - 9/18/21*

IX. **REMARKS**

*Windsor Hotel, Phila., Pa. MMS 7-18-21*

File #113083  
34-1015.

54 Reg. Br., Cem. Div.

August 13, 1921.

The Quartermaster General, U. S. Army (Cemeterial Division).

Chief, American Graves Registration Service, Q.M.C., in Europe.

Additional advice on American Cemetery, #34, Suresnes, Seine, France.

1. The remains of the following American Dead, buried in American Cemetery, #34, Suresnes, Seine, France, are not to be returned to the United States:

Cable  
Ref. No.

1015. Brubaker, Elisabeth A., Secretary, Y.M.C.A.

By authority of the Quartermaster General:

OSPS  
C & C Dept.

CHARLES J. WYNNE,  
Captain, Q.M. Corps.

# COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 113083

(a) Name BRUBAKER, Elizabeth A. Ser. No. ---  
 (b) Rank Soc'y Organization Y.M.C.A. } TYP. DB  
 (c) Date of death 10-28-19 (d) Cause of death operation, heart failure following } B. J.

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

(a) Grave No. 369 Row --- Plot --- Sec. --- TYP. db

(b) Emerg. Address Mr. Waldo T. Brubaker, Brother, Windsor Hotel, Philadelphia, Pa.

III. Files of soldiers dying from contagious diseases ----- CKR. B. J. Pa.

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 -----, 192

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.
-----	-----	-----	<i>11/3/21 Europe advised additional advice Body not to be returned P.F. 11/8/21</i>
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

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

COUNTRY ----- CEMETERY No. 34 SHEET No. -----

TRUSTEES

LEWIS A. CROSSETT  
ROBERT GARRETT  
JAMES LOGAN  
ALFRED E. MARI  
CYRUS H. MCCORMACK  
JOHN R. MOTT  
HAROLD I. PRATT  
JOHN L. SEVERANCE  
WILLIAM SLOANE

TRUSTEES OF THE WAR FUND

OF THE

YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES

LIQUIDATION COMMITTEE



347 MADISON AVENUE  
NEW YORK

LIQUIDATION COMMITTEE

WILLIAM H. CROSBY  
JOHN SHERMAN HOYT  
CHARLES W. MCALPIN  
LUCIEN T. WARNER  
ROGER H. WILLIAMS

Recorded, Cemeterial Div., O. O. M. G.  
File # 223-8 #113083

*Stu*

June 27, 1921.

Quartermaster General,  
Washington, D.C.  
#113083  
Inv. and Adj.  
Cemeterial Division.

Dear Sir:-

In accordance with your request for information regarding Miss Elizabeth A. Brubaker, deceased Y.M.C.A. war worker, we are enclosing the G.R.S. Form 8-W-A., which we have filled in according to our records.

Very truly yours,  
DEMOBILIZED PERSONNEL BUREAU  
(Irving Squire)

*Irving Squire*

Sq\*D.

*C*

*Brubaker Elizabeth C*

FILE.

✓



JUN 28 1921  
RECEIVED



RECEIVED



JUN 29 1921  
G. R. S.

RECEIVED BY  
MAIL UNIT

JUL 5 1921

General Division  
Congress Project Sub-Section

LIFE

DEPARTMENT OF POSTS  
WASHINGTON, D. C.

RECEIVED BY MAIL UNIT  
JUL 5 1921  
GENERAL DIVISION  
CONGRESS PROJECT SUB-SECTION

DEPT. POSTS  
WASHINGTON, D. C.  
JUL 5 1921

JUL 5 1921

NEW YORK  
242 MADISON AVENUE



LIQUIDATION COMMITTEE

YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES

OF THE

TRUSTEES OF THE Y.M.C.A. FUND

MILLIAM STOVINE  
JOHN F. BELLEVILLE  
MORRIS G. BRYAN  
JOHN B. HOLT  
SAMUEL H. HODGSON  
WALTER E. HUNT  
YOUNG LLOYD  
ROBERT C. MERRILL  
LEWIS V. CROSSLEY

TRUSTEES

ROBERT H. MERRILL  
FRANCIS J. MERRILL  
LEWIS V. CROSSLEY  
YOUNG LLOYD  
MORRIS G. BRYAN

COMMITTEE  
LIQUIDATION

Vertical text on the right edge of the page, possibly a library or archival stamp.

FILE

June 17, 1921.

File No. 296.8 Cem. Div. - #113083 - (BRUBAKER, Elizabeth A.)  
 From: The Quartermaster General, U. S. Army (Cemeterial Division.)  
 To: Secretary of the Y. M. C. A., 347 Madison Avenue, New York City.  
 Subject: Emergency Address.

1. It is requested that you complete the items checked on attached G. R. S. Form 8-W-A giving all the information you may be able to furnish relative to the date of death and especially the name of the person, whom Secretary Elizabeth A. Brubaker, Y. M. C. A., who is buried in Grave #869, American Cemetery at Paris, Suresnes, (Seine), wished to be notified in case of emergency.

2. The information requested is desired in order that this office may ascertain what disposition to make of the remains of Secretary Brubaker and will be greatly appreciated by this office. Please use the enclosed envelope, which requires no postage, for your reply.

By authority of the Quartermaster General :

BG

*THOS. G. HANSON, Jr.*  
 THOS. G. HANSON, Jr.,  
 Captain, Q. M. Corps.

*FVW*  
 FVW

2 incls  
 1 penalty envelope.  
 1 Form 8-W-A

Inv & Adj

SUSPENDED FOR

7-17-21

MAILED  
 JUN 18 1921

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

File No. \_\_\_\_\_ Registration. \_\_\_\_\_ Date \_\_\_\_\_

From: The Quartermaster General, U. S. Army (Cemeterial Division).

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. *Brubaker*  f. Date of death. - 10/28/19
- b. Christian name. *Elizabeth A.*  g. Cause of death. - Heart failure following operation.
- c. Serial number.  h. Authority (C. C. No.) - Statement of Medical Director
- d. Organization. *Y. M. C. A.*  i. Emergency address. - Dept. Dr. Imlay Benet - Y. M. C. A. Paris, Fr. 11/5/19
- e. Rank. - Secretary  j. Relationship. - Brother. *Windsor Hotel, Philadelphia, Pa.*

**BODY DESCRIPTION.**

(See page 2 of the Service Record.)

- a. Age at 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.)

**DENTAL CHARTS.**

(See physical report of examination prior to enlistment.)

- a. Strike out teeth missing:

8 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.

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

By

H. J. CONNER,  
Captain, Q. M. C.

RECEIVED



RECEIVED BY  
MAIL UNIT  
JUN 29 1921  
G. H.  
JUL 5 1921  
H. G. BOGERT  
Cemeterial Division  
Cavalry Project Sub-Section

1. Name of person  
2. Date of birth (DD)  
3. Regiment, unit and branch

4. Height

5. Hair

6. Color of hair

7. Color of eyes

8. Age at enrollment

9. (See page 2 of the service record)

BODY DESCRIPTION

10. Rank - present

11. Organization

12. Service number

13. Christian name

14. Residence

15. Date of birth

16. If it appears that the name should refer to another person, please explain in detail.

17. Subject information required for D. S. S.

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

From: The Quartermaster General, U. S. Army (Cemeterial Division)

REG NO. Registration

Date

WASHINGTON

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WAR DEPARTMENT

U. S. GOVERNMENT PRINTING OFFICE