

FULL NAME BRUDER, Emil ✓

RANK Pvt. 1/c ✓ SERIAL 50263 ✓

DIVISION & ORGANIZATION Co. D, 23rd. Inf. ✓ 2 Div.

DATE OF DEATH June 8/18

STATE FROM WHICH HE CAME Mass

MEDALS OR DECORATIONS AWARDED: ✓

FINAL GRAVE LOCATION 5 15 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

Bruder

Emil

50,263 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Private 1cl.

Company D, 23rd 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? } (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 Marie Bruder
596 Bridge St.

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

North York, Mass.

Drawn G. H. P.
34 - 113
12/30/20

Handwritten notes in the top left corner, including "12-30-20" and "G. H. P.", which appear to be a date and initials.

Entered on list

France

Bruder, Emil.

Pvt 1st class Co D 23d Inf.

Died June 8, 1918, of wounds
received in action.

Emergency address: Mrs. Lucy Collins
sister, 569 Bridge St., Holyoke,
Mass.

T BS-26

A.G.O. 6/28/18

REC'D

JUN 28 1918

O.Q.M.G.

Write nothing below this line.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bruder, none Enil.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. G. 23rd. Inf.
(Rank.) (Organization.)

DATE OF BURIAL. 10th. June, 1918.

PLACE OF BURIAL. A. E. F. Cemetery No 34.

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

Map of A. E. F. Cemetery No 34.

Suresnes, (Paris) Seine France.

GRAVE NUMBER. 50.

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.

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

REPORTED BY:

F. J. Langdon Chaplain
(Signature and Rank of Reporting Officer.)

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

Place Suresnes Seine

REPORT OF DISINTERMENT AND REBURIAL

Date 8/24/21

1. REMAINS OF Bruder Emil SERIAL NUMBER 50263

RANK 1st Lt ORGANIZATION Co D/23rd Inf.

2. Disinterred (date): 8/24/21 From (give complete location): Grave #50
Amer Cem #34 Suresnes.

By: Group #3 Unit Sec #6

3. Reburied (date): 8/24/21 In (give complete location): Grave 5 Row 15
Amer Cem #34 Suresnes. BLOCK B

By: Group #3 Unit Sec #6 Nature of reburial Shipping case metallic casket and blanket.

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

Badly decomposed features unrecognizable. Hospital shroud and pine box.

5. (a) Identification tags: Buried with body? Yes (2) On grave marker? No

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

Two tags found on body checking OK. One tag attached to front #II #114 A.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) " 8 "

(c) Hair—Color " "

Quantity " "

Characteristics " "

(d) Hair on face—Color None visible

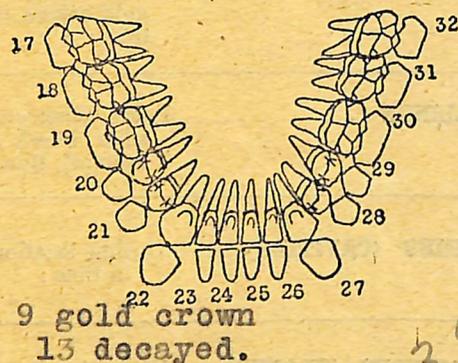
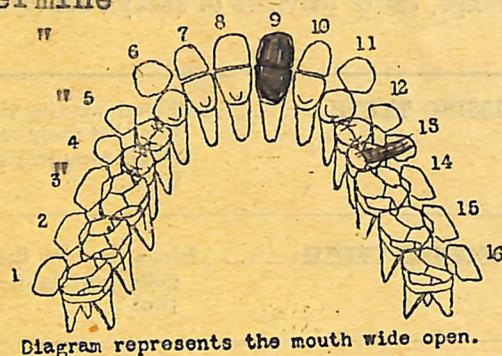
Location " "

Quantity " "

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to determine

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

Amputation right leg femur upper third.



7. Disinterment supervised by [Signature]

Approved: R. F. O'Leary
1st Lt QMC.
(Title)

8. Reburial supervised by [Signature]

Approved: R. F. O'Leary
1st Lt QMC
(Title)

20 30420

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGSDraw 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.

FEB 16 1922



RECEIVED
CENTRAL DIVISION

Co D. 23rd Infantry
2nd Division

BRUDER , Emil ; Pvt. 50263

" Pv . Pfeifer states that he saw Pvt. Bruder who was wounded in the left leg from Machine Gun Bullet , crawling back towards the rear This at Bpis des Clerembauts June 6th 1918 . A report was received at this office from the American Red Cross Military Hospital No 5 Paris stating that Pvt. Bruder died from wounds received in action . e

Informant : Pfeifer , Adolph , Pvt. 50239
Co D. 23rd Infantry
Home ::Main St. Edward ville , Ill.

Signed : Adolph Pfeifer .

C.F.

*File
7/7/20*

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bruder, **2030** **1511**
(Surname.) (Number.) (First Name and Initials.)

Pvt. **Co. C. 23rd. Inf.**
(Rank.) (Organization.)

DATE OF BURIAL. **10th. June, 1918.**

PLACE OF BURIAL. **A. E. F. Cemetery No 34.**

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

Map of A. E. F. Cemetery No 34.

Suresnes, (Paris) Seine France.

GRAVE NUMBER. **50.**

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.**

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

REPORTED BY:

T. A. F. Luagan Captain
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l, G. H. Q., A. E. F.

16 JUL 1918

(X)

Bruder, Emil

No. "G." 23rd Inf.

aid 9/18.

Buried in grave # 50

Suresnes

Rept from Capt Jolken
4/15

1554

To be prepared in triplicate.

DATE 8/24/21

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 Bruder, Emil
- 2. No. 50263
- 3. Rank Pvt. 1st. cl
- 4. Org. Co. D. 23rd Inf
- 5. D.D. June 8
- 6. C.D. DOW

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

Discrepancy found upon disinterment

- 7. Grave No. 50 Sec. _____
- 8. Plot _____ Row _____
- 9. _____

- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. _____

No discrepancies.

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

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

Name Emil Bruder

Rank Pvt 1/c

Serial No. 50263

Organization Co D 23rd inf.

25. Was identification disc found on grave marker? No On body? Yes (2)

Signature F. G. Kelly 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).

No effects.

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial line box hospital shroud.

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 8/24/21 By F. G. Kelly

31. Casket sealed by F. G. Kelly Sup Emb/

Signature of Embalmer, (Supervisor)

SHIPMENT. (Show actual marking of box.) Box No. C-5016

32. Designation of body: _____

Name Bruder, Emil Serial No. 50263

Rank Pvt. 1st. cl Organization Co. D. 23rd Inf

33. Consigned to: _____

Name of Permanent Cemetery Suresnes American Cty. #34

34. Casket boxed and marked (Date) 8/24/21 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. P. O'Leary
1st Lt CMC.

36. Remarks _____

37. Shipped from point of origin: (Date) 8/24/21 Suresnes

To point of Concentration _____ (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 _____ (Date)

42. Grave No. #5 8/24/21 tion

43. Plot BLOCK B Row 15

G.R.S. Representative R. P. O'Leary
1st Lt CMC.



[Handwritten signature]

[Handwritten signature]

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #3754

(a) Name BRUDER, Emil Ser. No. 50263 *ok (1-10-21)* TYP. IMA
 (b) Rank Pvt. 1/c1 Organization Co. D, 23rd Infantry
 (c) Date of death 6/8/18 Cause of death DWARIA

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

(a) Grave No. 50 Row --- Plot --- Sect. --- TYP. IMA
 (b) Emerg. Address Lucy Collins (sister) 569 Bridge St., Holyoke, Mass.

III. Files of soldiers dying from contagious diseases NO CARD OKR *AD*

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

*A.G.O. Card Mrs. Marie Bruder, mother,
 596 Bridge St., Holyoke, Mass., desires
 body remain in Europe
 A.B.R. - 2/23/21*

V. Following advice forwarded to Europe by - (cable on 192
 (letter of transmittal on JAN 21 1921)

Par. 2 Not to be returned. (MEX)

MAR 10 1921

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
 G.R.S. FORM 115-A
 August , 1920

CEMETERY NO.

SHEET NO.

S-666/MB **FRANCE**

34

113

FEB 25 1921 H.S.

Concentrated into P. A. C. 34

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #3754

(a) Name BRUDER, Emil Ser. No. 50263 *ok (1-10-21)* ✓
(b) Rank Pvt. 1/c1 Organization Co. D, 23rd Infantry TYP. DMA
(c) Date of death 6/8/18 (d) Cause of death DWRIA CKR. SA

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

(a) Grave No. 50 Row --- Plot --- Sec. --- TYP. DMA
(b) Emerg. Address Lucy Collins (sister) 569 Bridge St., Holyoke, Mass.

III. Files of soldiers dying from contagious diseases NO CARD CKR. SA

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. Marie Bruder (b) Relationship mother
(c) Address 596 Bridge St., Holyoke, Mass.
(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 H.R. Date 12/30, 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 H.R. Date 12/30, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes S.M.

Examiner's Initials S.M. Date 1-3-, 1920.

COUNTRY FRANCE

CEMETERY No. 34

SHEET No. 113

G. R. S. Form No. 115
Amended Apr. 16, 1920

3-7729

CARDED FORM NO. 114

FORM 115 - A COMPLETED

FEB 25 1921 7-5

Concentrated into P. A. C. 34

*checked m
1-10-21*

DATE _____

1. NAME Bruder, Emil SERIAL 50263

RANK Pvt.1st.cl ORGANIZATION Co.D.23rd Inf

GRAVE LOCATION Suresnes American Cty 34
CTY. NAME NUMBER

50
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 50 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 8-2-21. 5. 15. Block B.
DATE GRAVE ROW ~~PLOT~~

SURESNES AMERICAN CEMETERY #34. (Seine) SURESNES.
CEMETERY

RECEIVED
GENERAL DIVISION
FEB 16 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

July 6, 1922.

WASHINGTON
#3754-(Bruder, Emil, Pvt. 1/cl.)

FILE: 293.8 C-R

SUBJECT: Permanent Grave Location of
Company "D" 28th Infantry.
Pvt. 1/cl. Emil Bruder,

Mrs. Marie Bruder, 596 Bridge St., Holyoke, Mass.

TO:

FILE

1. The permanent grave of this soldier is No. 5, Row 15,
B, The American Cemetery of Suresnes, Department of Seine, France.

Block

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:

MAILED

GEORGE H. PENROSE,
Assistant.

JUL 7 1922

G.R.S.

G.R.S. Form No. 113
Reply to G. L. Inquiry.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
GRAVES REGISTRATION SERVICE
WASHINGTON, D. C.

October 24, 1919

FILED
W

Mrs. Marie Bruder,
569 So. Bridge St.,
Holyoke, Mass.

1. In reply to your inquiry we beg to say that the records of the Graves Registration Service contain the following information as to grave location:

Case of: **Private Emil Bruder,
Co. D. 23rd Infantry.**

Place of burial: **Buried - American Cemetery, Suresne,
Department of Seine, Grave 50.**

2. The grave has been registered and suitably marked for present purposes, pending the adoption of a more permanent monument by the National Fine Arts Commission, which now has the matter under consideration.

3. While it is a sad duty on our part to convey information concerning the burial of men who were our valient comrades, it is a satisfaction to answer the queries of those who suffer so grievously by the casualties of War.

By authority of the Quartermaster General:

G. R. S. MAILED

OCT 25 1919

CHARLES C. PIERCE,
Colonel, Q. M. Corps,
Chief, Graves Registration Service.

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 1/4/21.

File No. *3754* 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 **Bruder** *OK*
- b. Christian name **Emil** *OK*
- c. Serial Number **50263** *OK*
or (-----)
- d. Organization **Co. D, 23rd Inf.** *OK*
- e. Rank **Pvt. 1/c.** *OK*
- f. Date of death **6/8/18.** *OK*
- g. Cause of death **DWRIA.** *OK*
- h. Authority (C.O.#) **#166**
- i. Emergency address *Miss Lucy Collins (Cute)*
- j. Relationship *#369 Bridget St., Holyoke, Mass's*

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)
- 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

FILE

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

BY: *H. J. Conner*
H. J. CONNER,
1st. Lieut., Q.M.C.

CEMETERY NO: 34

SHEET NO: 113

TYPED BY: I.W.

S/713/LML

Rec'd World War Div.

Date..... 1 5 '21

JAN 5 1921 8

5

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.O.P. Form 5-W-4-0
Information requested of A.G.O.

Date 1/2/21

Title No. Registration

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

To: The Adjutant General of the Army, 5th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

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

- a. Name First
- b. Christian name Initial
- c. Serial Number 30825
- d. Organization Co. D, 37th Inf.
- e. Rank Pvt. 1st
- f. Relationship
- g. Emergency address
- h. Authority (C.O.)
- i. Cause of death DWIA
- j. Date of death 4/6/18

DENTAL CHARTS

(See physical report of examination prior to enlistment)

- a. Strikethrough
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Lower right
- g. Lower left
- h. Upper right
- i. Upper left

BOY DESCRIPTION (See page 2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight

1. Permanent marks and physical defects (Old fractures or breaks)

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

BY:

H. J. COOPER,
1st Lt., U.S.A.

RECEIVED

JAN 6 1921

REGIMENT NO. 3
SERIAL NO. 118
FILED BY: I.W.

RECEIVED

TO:- REGISTRATION BRANCH, G.R.S.

Date 10/20/19

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME *Brunder, Emil*

Serial Number

RANK *Pvt.*

ORGANIZATION *Co. D, 23rd Inf.*

NO.	QUESTION	REPLY
1.	Do particulars of soldier: given above agree with Records?	<i>No. 50263</i>
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	<i>gr. 50, Aur. Cty. #34, Sturmes, Maine, ✓</i>
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	<i>Lucy Collins (Sister) 569 Bridge St., Holyoke, Mass.</i>
14.	What is the Photograph No.?	
15.	Inquiry made by?	

Released by Information Control
 Dept. Directory
 Cards 5 x 8
 Cards 4 x 6

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

D. M. 293 A-C.

Bruder, Emil

17 Munroe St.
Holyoke, Mass
May 18, 1929

John T. Harris
Major, A. M. Corps.

Replying to your
letter of May 6, 1929 to tell
you Mrs. Marie Bruder died
March 17, 1929. and that
Emil Bruder was single

Yours truly
Mrs. Emily Bruder Service



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Emily Vernier
17 Monroe St
Holyoke

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Bruder, Emil 34-S

Mrs. Emily B. Vernier
17 Monroe St.
Holyoke, Mass.

7

Dear Madam:

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,
Captain, Q. M. Corps,
Assistant.

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME <i>Bruder, Emil</i>	<i>Brn</i>	3	<i>2 8 12</i>
	CEMETERY <i>34</i>	1	<i>6</i>
BURIED	GRAVE <i>5</i>	2	<i>0 5</i>
	ROW <i>15</i>	2	<i>1 5</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Mass.</i>	2	<i>2 5</i>
RANK	<i>Priv 1/cl.</i>	1	<i>2</i>
DIVISION	<i>2</i>	2	<i>0 2</i>
ORGANIZATION	<i>23</i>	3	<i>0 2 3</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL <i>(sister)</i>	<i>No</i>	1	<i>2</i>
NAME <i>Vernier, Mrs</i>		3	
<i>Emily Bruder</i>	STATE	2	
<i>17 Monroe St.</i>	COUNTY	2	
RESIDENCE <i>Holyoke, Mass.</i>	CITY	3	
RELATION <i>no fm</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>no fm</i>		1	
ELIGIBILITY <i>no fm</i>	<i>Dead 3-17-29</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	
29/514/EAB			

AUDITED

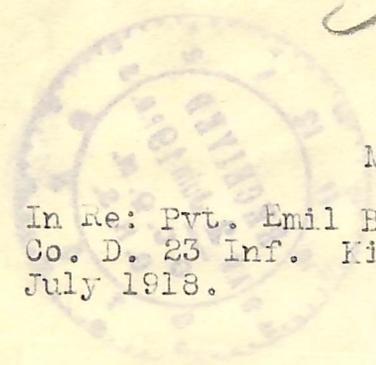
SEP 22 1932

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3754



May 17, 1919.

Chief of the Grave Registration Service
A. E. F.

In Re: Pvt. Emil Bruder,
Co. D. 23 Inf. Killed in Action.
July 1918.

My dear Sir:

My son the above named soldier was killed in action and we ask your assistance in locating his grave.

We shall be very glad for anything you may be able to tell us.

Very sincerely yours,
Marie Bruder
Mrs. Marie Bruder,
569 So. Bridge St.,
Holyoke, Mass..

V



Chief of the Grave Registration Service
A. S. F.

My dear Sir:

I am very glad to hear that the soldier was killed in action and we ask your assistance in locating his grave.

We shall be very glad for anything you may be able to tell us.

Very sincerely yours,
[Signature]
The Adjutant General
1000 So. Bridge St.
Chicago, Ill.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bruder, Emil

May 6, 1929.

Mrs. Marie Bruder,
596 Bridge Street,
Holyoke, Mass.

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, first-class, Emil Bruder, Company D, 23rd Infantry, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Bruder, Emil 34-8

Mrs. Emily B. Vernier
17 Monroe St.
Holyoke, Mass.

Dear Madam:

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
Bruder, Emil

May 6, 1929.

Mrs. Marie Bruder,
596 Bridge Street,
Holyoke, Mass.

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, first-class, Emil Bruder, Company D, 23rd Infantry, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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.