

MAR 10 1926

DATE 11/25/21

1. NAME BURCZYK, Frank J. SERIAL No. 2039361

RANK Pvt. ORGANIZATION Co. C. 16th Infantry.

GRAVE LOCATION Meuse-Argonne Amer. Cty. Romagne-sous-Montfaucon, Meuse. 1232 - 31

CTY. NAME NUMBER

65 Sec. 31. 2

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION # 21 Epermont (Ardennes) city 1010

GRAVE COMMUNE DEPT.

COORDINATES 35 NE 282.9N 301.8E.

CONCENTRATED TO 6.5.19. 65 31 2. DATE GRAVE ROW PLOT

Meuse Argonne 1232.

CEMETERY CTY. NUMBER

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

DATE OF DEATH Oct 8 / 1918 Tag on body and cross.

STATE FROM WHICH HE CAME Misc

MEDALS OR DECORATIONS AWARDED Cited in 2011 2nd Div Jan 1/20

SUBSEQUENT REBURIALS DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR M. B. BIRDSEYE 1st Lt., Q.M. Corps, U.S. Army.

3. FINAL GRAVE LOCATION 11/25/21 23 37 Block B. DATE GRAVE ROW PLOT

Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon Meuse.

CEMETERY Major General.

The Adjutant General. By Ewa

MAR 17 1926

AUDITED BY 2023-29-23

MAR 17 A.G.O. WORLD WAR DIV

GRAVES REGISTRATION SERVICE
MAR 18 1921

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



02311 @ 12/12
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Burczyk **2038331** **Frank**
(Surname.) (Number.) (First Name and Initials.)

Pvt. 16th Infantry
(Rank.) (Organization.)

DATE OF BURIAL **October 19th 1918.**

PLACE OF BURIAL.....

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

Burial plot 200 metres south, 400

metres from western extremity hill

272. Dept. Meuse. Two kilo. North
of Exermont.

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**

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

Chaplain H.C. Stuntz.
160th Infantry
REPORTED BY:

H.C. Stuntz
(Signature and Rank of Reporting Officer.)

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

Co C. 16th Inf antry

BURCZYK Frank J. Pvt 203836I

Missing in action October 8th 1918

Killed in action and buried by Chaplain 166th Infantry

Informant: W.R. Fay, Searcher.
1st division searcher.
March 25th 1919

M..B.

CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Burczyk, Bur	3	2-1 ² -9
	Frank J.		
BURIED	CEMETERY 1232	1	1
	GRAVE 23	2	23
	ROW 37	2	37
	BLOCK B	1	2
STATE	Wis.	2	58
RANK	Priv.	1	2
DIVISION	1	2	01
ORGANIZATION	16	3	016
ARM	Inf	1	1
MARTIAL	no	1	2
NAME	Burczyk, Vincent (Father)	3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER	no SM	1	
	no loco	1	
ELIGIBILITY	Dead 12-16-16	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	RS
	YR.	1	
ACCEPTANCE	Dead	1	

AUDITED

APR 14 1932

da

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burczyk Frank J 1232-F

July 7, 1930

Mr. Vincent Burczyk,
949 Bremen Street,
Milwaukee, Wisconsin

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

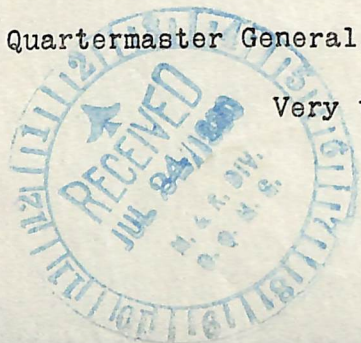
No

No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

949 Bremen St

494 Bremen St.
Milwaukee, Wis.

July 5, 1929

Maj. John T. Harris
Office of the Quartermaster
War Department
Washington, D. C.

Dear Sir:

Re: Frank Burezyk

Your letter of June 29, 1929 received and I hereby wish to thank you for your invitation to make the pilgrimage to Europe to visit the grave of my son Frank Burezyk.

The following information is given you upon your request: My son Frank was never married therefore is not survived by a widow. His mother died *16 day of Dec. 1916.*

Yours very truly,



V

Vincent Burezyk

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO ~~BUROZYK, FRANK J.~~ QM 293 A-C

June 29, 1929.

Mr. Vincent Burozyk,
949 Bremen St.,
Milwaukee, Wisc.

Dear Sir:

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

The records of this office show that you are the father of the late Private Frank J. Burozyk, Co. C, 16th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burozyk Frank J 1232-F

July 7, 1930

Mr. Vincent Burozyk,
949 Bremen Street,
Milwaukee, Wisconsin

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
Burczyk, Frank J.

June 29 , 1929.

Mr. Vincent Burczyk,
949 Bremen St.,
Milwaukee, Wisc.

Dear Sir:

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Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

In reply refer to:
293 C-R

June 30, 1923.

Mr. Vincent Burozyk,
949 Bremen St.,
Milwaukee, Wisc.

Dear Sir:

The Quartermaster General desires that you be informed that
Private Frank J. Burozyk, Company C, 16th
the permanent grave of
Infantry, is Grave 23, Row 37, Block B, 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. The headstones will be placed at all graves in
connection with the improvement work now in progress, as soon as
possible and without waiting for special action or request on the
part of relatives.

In effecting removal, the utmost care and reverence were
exacte^d and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

RD

L

Very truly yours,

H. J. Conner,
Assistant.



JUL 12 1923

B. O. C.

23/236/ARK

Burczyk

(Surname.)

Frank J.

(Christian name in full.)

2,038,361

(Army serial number.)

Pvt

Co C 16th Inf.

(Rank and organization.)

State your relationship to the deceased

Father Vincent Burczyk

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)

Vincent Burczyk

949 Bremen St

(Number and street or rural route.)

Milwaukee

(City, town, or post office.)

Wis.

(State.)

Read carefully the letter accompanying this card.

Drawn Pm

1232 Sec 31 - 24

4-26-21

Checked by

pm. 4-28-21

COMPILATION OF DISPOSITION OF REMAINS DATA

File # ~~90300~~ **84539**

I. LOCATION INDEX CARD:

(a) Name BURCZYK, Frank J. Ser. No. 2038361 }
 (b) Rank Pvt. Organization Co. C, 16th Inf. } TYP DB
 (c) Date of death 10/8/18 (d) Cause of death K/A } CKR. OB

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

(a) Grave No. 65 Row - Plot 2 Sec. 31 TYP. DB
 (b) Emerg. Address Mr. Vincent Burczyk, 949 Bremen St., Milwaukee, Wis.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Vincent Burczyk (b) Relationship Father
 (c) Address 949 Bremen St., Milwaukee, Wis.
 (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 Om Date 4-26-21, 1920.

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

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

Examiner's Initials _____ Date _____, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials Om Date 4-28-21, 1920.

COUNTRY France CEMETERY No. 1232- Sec. 31 SHEET No. 24

DP 5-14-21

check
27.77.4-28-21

COMPILATION OF DISPOSITION OF REMAINS DATA

File # ~~90300~~
84539
2014721

I. LOCATION INDEX CARD:

(a) Name BURCZYK, Frank J. Ser. No. 2038361
 (b) Rank Pvt. Organization Co. C, 16th Inf. } DB
 (c) Date of death 10/8/18 (d) Cause of death K/A } TYP
 } CB

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

(a) Grave No. 65 Row - Plot 2 Sec. 31 21 TYP. DB
 (b) Emerg. Address Mr. Vincent Burczyk, 949 Bremen St., Milwaukee, Wis.

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

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

Sec. 31
 V. Following advice forwarded to Europe by { cable on _____, 192
 { letter of transmittal on MAY 7 1921, 192

PARAGRAPH 2 - NOT TO BE RETURNED *- ap*

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. _____

AP 5-14-21.

Place Romagne Sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 25, 1921.

1. REMAINS OF BURCZYK FRANK J. SERIAL NUMBER 2038361

RANK Pvt. ORGANIZATION Co., C., 16th Inf.

2. Disinterred (date): Nov, 26, 1921. From (give complete location):
Gr. 65 sec 31 pt 2 C.M., #1232.

By: Group 4 Unit Sec. 1

3. Reburied (date): Nov. 25th, 1921. In (give complete location):
Grave 23, Row 37, Block B, Cemetery 1232.

By: Group Reburial S Unit Nature of reburial Unlined Casket

4. Report as to nature of original burial and condition of body upon disinterment:
U. S. uniform burlap and box, decomposed 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:
Body tag check with record.

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

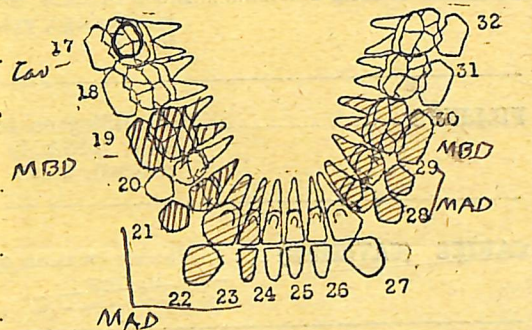
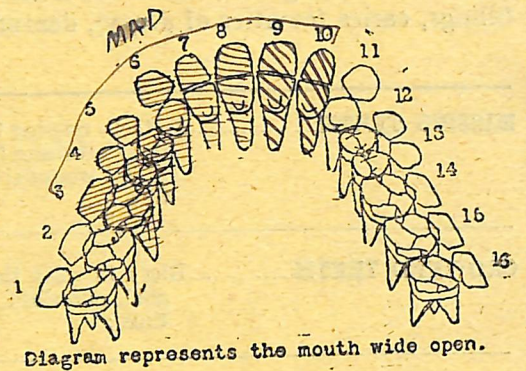
Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Imp to det.

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

Imp to det.



7. Disinterment supervised by E. d Lavele

Approved: A. E. Dewey
A. E. Dewey 1st Lt. QMC
(Title)

8. Reburial supervised by A. U. Dufault



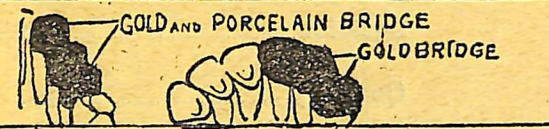


Approved: James W. Younger
James W. Younger
Captain Q. M. C.
(Title)

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

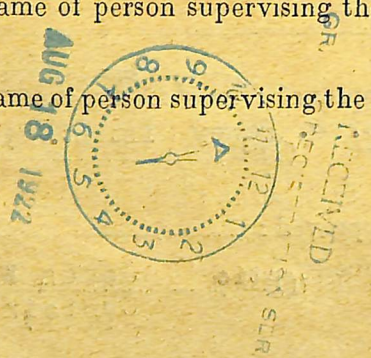
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</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 Nov 25 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

new

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BURCZYK, Frank J.
 2. No. 2038361
 3. Rank Pvt.
 4. Org. Co. C. 16th Inf.
 5. D.D. 10-8-1918
 6. C.D. X.F.A.

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

Discrepancy found upon disinterment

7. Grave No. 65 Sec. 31
 8. Plot 2 Row _____
 9. _____

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

18. Cemetery Meuse-Argonne Amer.
 20. Dept. or County Meuse.
 22. G.R.S. Hdqrs. Code No. _____

19. Commune or town Romagne-sous-Montfaucon
 21. Country France
 1232 - 31

23. Disinterred (Date) Nov 25 1921

By Ed Lavelle

24. Inscription on grave marker:

Name Frank Burczyk
 Rank Pvt.

Serial No. 2038361
 Organization Co C 16th Inf

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

Signature J L White Junior Technical Assistant

PREPARATION

J L White

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

None

27. Condition of body Badly decomposed, features decomposed,

28. Nature of burial US Uniform, burlap box

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

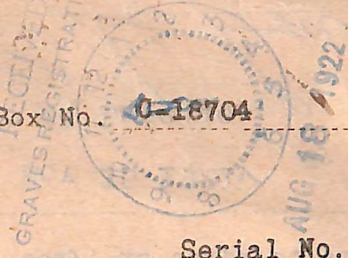
30. Body prepared and placed in casket: Date Nov 25 1921 By Ed Lavelle

31. Casket sealed by Ed Lavelle.

Signature of Embalmer, (Supervisor) Ed Lavelle

SHIPMENT. (Show actual marking of box.)

Box No. C-18704



32. Designation of body:

Name Frank BURCZYK.

Serial No. 2038361

Rank Pvt.

Organization

Co. C. 16th Infantry.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon Meuse.

34. Casket boxed and marked (Date) Nov 25 1921

By Ed Lavelle

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 A. E. Dewey, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Nov 25 1921

CC

To point of Concentration Morgue Romagne

(Name)

Convoyer W J Royed

Signature Shipping Officer

J. Gerald Cole
J. GERALD COLE
Captain, C. 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

(Name)

Convoyer

Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred. Meuse Argonne Cemetery 1232, Nov. 25th, 1921.
(Date)

42. Grave No. 23

Section

Block

43. ~~BOOK~~ B

Row 37

G.R.S. Representative

James W. Younger,
Captain Q.M.C.

JEL

29
98300

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

FILE NUMBER

FROM:-

DATE: Sept. 9, 1919.

Please furnish information as indicated below regarding the following soldier:

NAME Burezyk, Frank J.

NUMBER 2038361

RANK Private

ORGANIZATION Co. C. 16th Inf.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records.	Yes
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.	<i>Disinterred & Reburied</i> Grave #65, Sec. #31, Plot #2, Cty#1232. ✓ Argonne mer. Cemetery, Romagne-sous-Montfaucon, Meuse.
7.	Who reported burial,	
8.	Has report been confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags. (a). Buried with body? (b). Attached to grave marker?	
11.	Who is nearest relative? (Name and address)	
12.	Has N/R 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>J.C.</i> Information Control - - - - -
14.	<u>What is the Photograph No.?</u> N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.	
15.	Inquiry made by?	

Date 17th., June, 1919

REPORT OF DISINTERMENT AND REBURIAL

84539

Remains of:

Name: BURCZYK, Frank J.

Number 2038361

Rank: Unkn

Organization Unkn

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (Give complete location)

6 5th., June, 1919

Grave #21 B.A. Cty. EXEMONT. ARDENNES

Map. 35 N. E. E. 301.8 N. 282.9

Reburied (Date)

In: (Give complete location)

1232

5th., June, 1919

Grave #65 Sec. #31 Plot # 2

ARGONNE AMERICAN CEMETERY. #1232

ROMAGNE. MEUSE

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

Burial good. Buired in uniform. Badly decomposed.

Was one identification tag found upon the body? No

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

CONFIRMED No. 0
10822
10822

Note:

If upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues of identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Stern

R. H. ROSENTHAL

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

C.O. Group Unit

612

TO: SAC, NEW YORK



1000

10

RE: [Illegible] [Illegible] [Illegible]

RE: [Illegible] [Illegible]

RE: [Illegible] [Illegible]

RE: [Illegible] [Illegible]

RE: [Illegible] [Illegible]

RE: [Illegible] [Illegible]

RE: [Illegible]

RE: [Illegible] [Illegible]

PLC

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

12/7

1921

MEMO FOR:

Cards Department.

1.

CASE OF:

ORGANIZATION (Old)

Bivrezyh, Frank J.

(Name)

Handwritten blue stamp with illegible text.

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.	Date	Place	F-1A No.
SURNAME	Orig.		D-
SERIAL NUMBER	1st. Reb.		D-
FIRST NAME AND INITIALS	2nd Reb.		D-
RANK	3rd Reb.		D-

DATE OF DEATH

B/C case of Bivrezyh, Frank J., File #84539, cancelled to W/C case of Burezyk, Frank J., Same file number.

CAUSE OF DEATH

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

BY: Ethel C. Cawley

Inv. & Adj.

(Department)

5 x 8 card was sent to file.

Corrections made on Organization File Card:

By SNC
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:

DATE OF ORDER

QUANTITY ORDERED

UNIT

ITEM DESCRIPTION

UNIT PRICE

TOTAL

DATE

CAPTION (IF ANY)

APPROVED BY (NAME)

APPROVED BY (TITLE)

APPROVED BY (SIGNATURE)

APPROVED BY (SIGNATURE)

APPROVED BY (SIGNATURE)

DATE

APPROVED BY (NAME)

DATE



CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

12/71921

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. C, 16th Inf.

ORGANIZATION (Old)

Burczyk, Frank J.

(Name)

FILE

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. 84539

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.	10/19/18	Cty. 1010	D-3676
1st Reb.			D-
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: Ethel C. Cawley

Inv. & Adj. Dept.,

(Department)5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By MC
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
Muntlone Building

No:
From:
To:
Subject:

TYPE OF ORDER

DATE OF ORDER

TYPE

ITEM NUMBER AND DESCRIPTION

QUANTITY

UNIT PRICE

TOTAL

REMARKS (IF ANY)

CALL ON THE ORGANIZATION FOR THE PURCHASE OF THE ABOVE DESCRIBED MATERIAL AND TO BE RECEIVED BY THE ORGANIZATION FOR THE COLLECTION OF THE ABOVE DESCRIBED MATERIAL TO BE RECEIVED BY THE ORGANIZATION

(100)

TYPE OF

DATE OF ORDER

TYPE

WASHINGTON, D.C.

1942 100 1000

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 2442

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF
WASHINGTON

PLEASE
EXPEDITE

FILE 84539

File No. ~~90300~~ 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. Burczyk *Q.R.* ✓ f. Date of death. *Oct. 8/18*
- ✓ b. Christian name. Frank J. *Q.R.* ✓ g. Cause of death. *K.I.A.*
- ✓ c. Serial number. 2038361 *Q.R.* ✓ h. Authority (C. C. No.) *CC 22 par. 40*
- ✓ d. Organization. Co. C, 16th Inf. *Q.R.* ✓ i. Emergency address. Mr. Vincent Burczyk, *Q.R.*
949 Bremen St., Milwaukee, Wisc.
- ✓ e. Rank. Pvt. *Q.R.* ✓ j. Relationship. Father. *Q.R.*

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. | | | | | | | |

Miss Knight
ECC

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

By

H. J. Conner

H. J. CONNER,
Captain, Q. M. C.
1st Lt.

Rec'd World War Division.

NOV 30 1921

P.C. Harris
The Adjutant General
per (2073)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE 84539

Date 11/26/21

File No. 90300 Registration.

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. Burczyk *Q.K.* f. Date of death. Oct. 8/18
- b. Christian name. Frank J. *Q.K.* g. Cause of death. K.I.A.
- c. Serial number. 2038361 *Q.K.* h. Authority (C. C. No.) CC 22 par. 40
- d. Organization. Co. C, 16th Inf. *Q.K.* i. Emergency address. Mr. Vincent Burczyk, *Q.K.*
949 Bremen St., Milwaukee, Wisc.
- e. Rank. Pvt. *Q.K.* j. Relationship. Father. *Q.K.*

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. | | | | | | | |

Miss Knight
ECC

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

By

H. J. Conner

H. J. CONNER,
Captain, Q. M. C.
1st Lt.

Rec'd World War Division.

NOV 30 1921

P. C. Harris
The Adjutant General
per (2013)

Address Reply To
QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE & STORAGE
Munitions Building

Investigation and Adjustment Department.
WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

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

FILE

Date 5/22/20

Misc

File No. 84539 Registration.

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.

- | | | |
|---|-----------------|--|
| <input checked="" type="checkbox"/> a. Surname | BIVREZYH | <input checked="" type="checkbox"/> f. Date of death |
| <input checked="" type="checkbox"/> b. Christian name | Frank J. | <input checked="" type="checkbox"/> g. Cause of death |
| <input checked="" type="checkbox"/> c. Serial number | 2038361 | <input checked="" type="checkbox"/> h. Authority (C.C.#) |
| <input checked="" type="checkbox"/> d. Organization | | <input checked="" type="checkbox"/> i. Emergency address |
| <input checked="" type="checkbox"/> e. Rank | | <input checked="" type="checkbox"/> j. Relationship |

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 CHART

(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.,
Director of Purchase & Storage.

By:

H. J. Conner

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

REC'D S. & S. DIV., A. G. O. MAY 24 1920

Rec'd World War Div.
Date 5 25 '20

Verified
M. J. [unclear]

Cannot identify
Donnelly per Division

5-25-20 (8) 5-26-20

Classification _____

Adjustment _____

CEMETERIAL DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 5/22/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		
Rank			Nearest Relative		
Organization			Notified Nearest Relative		
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablegram Number			Remarks		✓

O.K. Alphabetical Files ACN 5-24-20

O.K. Organization Files _____

O.K. State Files _____

Cemetery Audit Department
 Investigation & Adjustment Dept.
 By Helen K Myers

1 Cards attached.

98300

A.G.201 (Burezyk, Frank J.) OD

2nd Ind.

The A.G.O., War Department, May 29, 1919. To: The Commanding General,
American Expeditionary Force, for date and cause of death of this soldier
if available.

By order of the Secretary of War:

VTB

Adjutant General.

Received
A.G.O.
11 JUN 1919
RECEIVED

✓

9030

2nd Ind.

A.G.S.O. (Bureau, Frank J.) CD

The A.G.O. War Department, May 22, 1919. To: The Commanding General, American Expeditionary Force, for date and cause of death of this soldier if available.

By order of the Secretary of War:

Adjutant General.

YTB



90300

May 19, 1919.

(Burezyk, Frank J.)
AGCD(201

From: The Adjutant General.

To: The Surgeon General.

Subject: Death of Private Frank J. Burezyk, 2,038,361, Co. C, 16th Infantry.

Name	Number	Orgn.
------	--------	-------

1. The Commanding General, ~~4th~~ American Expeditionary Forces, has reported in Casualty Cablegram No. _____ death of above named man, date and cause to be determined.

2. Please furnish this office any information concerning the date and cause of his death available from the records of your office.

By order of the Secretary of War:

MIN

Adjutant General.



G.R.S. FORM #105 - Reply to Casualty Div., A.G.O.

963.00
File

WAR DEPARTMENT

The Office of Director Purchase & Storage.
Washington, D.C.

MEMORANDUM TO: Casualty Division, Adjutant General's Office
6th & B Streets, n.w., Washington, D.C.

Attached papers are returned with the information that the files of the Graves Registration Service show that:

Burezyk, Frank J. #2038361 Pvt. Co. C, 16th Inf.
is buried// was disinterred and reburied in grave #65,

Sec. #31, Plot #2, Cty. #1232 Argonne Amer. Cemetery

Romagne-sous-Montfaucon (Meuse)

By authority of the Quartermaster General,
Director of Purchase and Storage.

Charles C. Pierce,
Colonel, Q.M.C.
Chief, Graves Registration Service.

G.R.S. FILE NO.

CCP/

NS-2849-ad

EW

✓

G.R.S. Form No. 8: Central Records Liaison.

Memo. For: G.R.S. representative, C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:
- () Surname: BIVREZYH
 - () Number: 2038361
 - () First Name: Frank J.
 - () Rank:
 - () Company:
 - () Organization:
 - () Date of Death:
 - () Cause:
 - () Place:

9/18/19
nr
file

Location of hospital: Over.

- () Number " "
- () Class " "
- () Relative:
- () Relationship:
- () Address:
- () Authority:
- () Cablegram No.:
- () Telegram from:

dated:

- () Reported to Washington:
- () C.C. Nos:

(Underscore the "official" C.C.)

- () Remarks:
- () Show present status on reverse side.

CHARLES C. PIERCE,
 Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter:

No record found.
Pierce W8-3
1/28/20

101.

Grave #21 Amer. B/A Cty, Exermont, Ardennes.

Reported by G.R.S.

90300

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Burczyk 2038361 Frank
(Surname.) (Number.) (First Name and Initials.)

Pvt. 16th Infantry
(Rank.) (Organization.)

DATE OF BURIAL October 19th 1918.

PLACE OF BURIAL

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

Burial plot 200 metres south, 400 metres from western extremity hill

272. Dept. Meuse. Two kilo. North of Exermont.

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

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

CMME. EXERMONT (ARDENNES)
(C209) SHT 35NE COORD E30k
N280

Chaplain H.C. Stuntz.

REPORTED BY: 16th Infantry

H.C. Stuntz
(Signature and Rank of Reporting Officer.)

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

INDEX FILE

NOV 9 1918



Annual List No.

209-889

Daily Report No. _____

84539

G. R. S. Form No. 1.

Hq. G. R. S. File

2. Soldier's No. 2038361

3. ^{W a k} Bivrozyn Frank J.
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Date of Burial Cemetery
B.A.C.

7. Exermont Ardennes
Town or Commune (in block letters) Department

8. 21 Grave No. Plot No. or Letter

9. Name Peg? Cross? 1 Headboard? Bottle? Check Method of Marking

10. Buried with Body? Attached to Grave Marker? 1 Identification Tags

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

1010

12. "A" sketch 94
Map reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed Sgt. Horsley

GROUP No. 2
PROV. UNIT "A" G.R.S. Group. Unit. G. R. S.



84539

From

90300