

206

G.R.S. Form #114-B

7404

DATE 2/28/22

1. NAME *OK* BURKE, Edward J. SERIAL No. 1901921 *OK*
 RANK *OK* Pvt. ORGANIZATION Co.G. 326th Inf. *OK 82 Div*
 GRAVE LOCATION Meuse Argonne American **2 DIVISION** / Montfaucon, Meuse, 1232, Sect. 15
 CTY. NAME NUMBER

83 GRAVE Sect. 15 ROW 2 PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION *23 B 23 Pac* St. Juvin (Ardennes) *City 672*
 GRAVE COMMUNE DEPT.

COORDINATES 35NW 285.3N 297.1E.

CONCENTRATED TO 4.11.19. 83 GRAVE 15 ROW 2 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.

Tag on body and cross.

DATE OF DEATH Oct. 11, 1918

F 1 STATE FROM WHICH HE CAME New York.

hd SUBSEQUENT REBURIALS MEDALS OR DECORATIONS AWARDED none noted

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

[Signature]
M. B. BIRDSEYE
 1st Lt., C.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 2/28/22 4 GRAVE 2 ROW Block E. PLOT

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

CEMETERY

APPROVED BY
 Robert C. Davis,
 Major General,
 The Adjutant General
 By *[Signature]*
 JUN 1 2 1922

RECEIVED
AMERICAN GRAVES REGISTRATION SERVICE
JUN 14 1948

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.



C° G. 326th Inf.
82nd Div.

BURKE, Edward J. Pvt I90I92I
H.:500 East 23rd St. N.Y. N.Y.

I did not see Burke killed but saw him afterwards. He was dead then and had a wound in the right side of the head which was caused by a machine gun bullet. He was killed Oct. IIth when we were advancing on the town of St Juvin, in the Argonne Forest. He was buried in the American grave yard at St Juvin.

Informant : ~~GARNER~~, E. Susza, Adam, Pvt I902088
C° G. 326th Inf.

Home : III5 Manhattan Ave. Bklyn.N.Y.

Signed : Garner G, Ist Lt 326th Inf.
Comdg Officer.

Emerg. add.:
Mr M. Martin (Uncle)
449 Lexington Ave.
N.Y. N.Y.

HC

RECEIVED
MARCH 29 1919

✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bruke</i>	<i>Bru</i>	3	<i>2128°</i>
BURIED <i>J.</i>	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>2</i>	2	<i>02</i>
	BLOCK <i>E</i>	1	<i>5-</i>
STATE	<i>ny</i>	2	<i>87</i>
RANK	<i>Plt</i>	1	<i>2</i>
DIVISION	<i>82</i>	2	<i>82</i>
ORGANIZATION	<i>326</i>	3	<i>326</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL (<i>Uncle</i>)	<i>no</i>	1	<i>2</i> <i>RM</i>
NAME <i>MARTIN</i>		3	
<i>Michael</i> RESIDENCE <i>2423 Fairfield Ave.,</i> <i>Bridgeport, Conn.</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>mother</i>	1	<i>1</i>
OTHER	<i>no fm</i>	1	
ELIGIBILITY	<i>no loco</i>	1	
	<i>dead - 1917</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	<i>APR 14 1932</i>
TRIP	YR.	1	<i>RS</i>
ACCEPTANCE 29/514		1	<i>LA</i>

AUDITED

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Edward J 1232-U

July 7, 1930

Mr. Michael Martin,
2423 Fairfield Ave.,
Bridgeport, Conn

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Burke, Edward J.

Mr. Michael Martin,
254 E. 35th St.,
New York City.

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 ^{uncle of the} late Private Edward J. Burke, Co. G, 326th 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 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

Burke, Edward J 1232-U

July 7, 1930

Mr. Michael Martin,
2423 Fairfield Ave.,
Bridgeport, Conn

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

Burke, Edward J.
1232

Sept. 4, 1929

Mr. Michael Martin,
234 E. 35th St.,
New York City.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 29, 1929** making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

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

Burke, Edward J.

June 29, 1929.

Mr. Michael Martin,
234 E. 35th St.,
New York City.

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 uncle of the late Private Edward J. Burke, Co. G, 326th 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 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.

63019

In reply refer to:
293 C-R

June 6, 1923.

Mr. Michael Martin,
234 East 35th St.,
New York City, N.Y.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private Edward J. Burke, Company G, 326th Infantry, is Grave 4, Row 2, 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. 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 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.

Very truly yours,

H. J. Conner,
Assistant.

MD
KDR

23/236/ARK

Central Mail Files
11 12
1923
JUN 6 1923

Concentration.

G. R. S. Form. No. 16-A

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Feb 27, 1922.

1. REMAINS OF BURKE, Edward J. SERIAL NUMBER 1901921.
RANK Pvt. ORGANIZATION Co. G. 326th Inf.

2. Disinterred (date): Feb 27, 1922 From (give complete location): gr 83, sec 15, plot 2. Cty. 1232.
By: Group Foster. Unit sec 1

3. Reburied (date): Feb. 28, 1922, Meuse Argonne Cty 1232, gr 4, bl E, row 2 In (give complete location):
By: Group Reburial S Unit _____ Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment:
wooden box and burlap and U.S. uniform. body decomposed, unrecognizable.

5. (a) Identification tags: Buried with body? yes. On grave marker? no

(b) Other means of identification found upon disinterment, and general remarks:
tag on body entirely corroded. body identified by marker and regularity of row.

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color xo

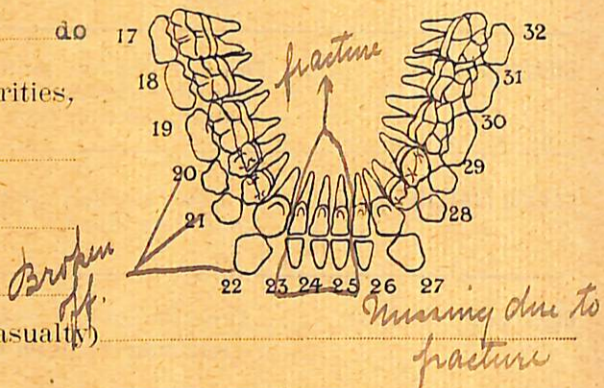
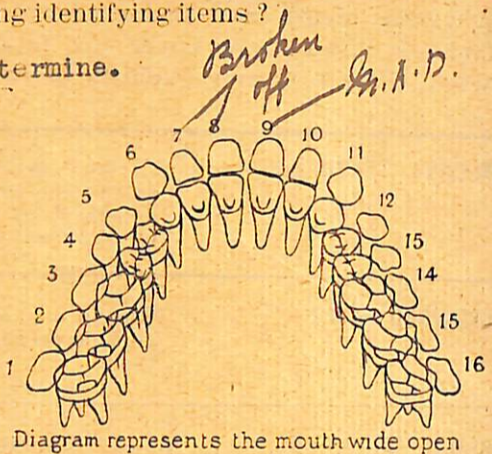
Location do

Quantity do

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

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

right humerus and lower jaw fractured.



7. Disinterment supervised by H.H. Foster.

Approved: F. Overheiser, Capt. Q.M.C.
(Title)






8. Reburial supervised by W.B. Sheild

Approved: A.E. Dewey, 1st Lt, QMC.
(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.

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 Feb. 27, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

rms.

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BURKE, Edward J.

10. Name _____

2. No. 1901921

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co.G. 326th Inf.

13. Org. _____

5. D.D. 10-11

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 83 Sec. 15

15. Grave No. _____ Sec. _____

8. Plot 2 Row _____

16. Plot _____ Row _____

9. _____

17. None

18. Cemetery Meuse Argonne American.

19. Commune or town Romagne/s/Montsaucon,

20. Dept. or County Meuse,

21. Country France.

22. G.R.S. Hdqrs. Code No. 1232, Sec. 15

23. Disinterred (Date) Feb. 27, 1922

By H.H. Foster

24. Inscription on grave marker:

Name BURKE, Edward, J.

Serial No. 1901921

Rank Pvt.

Organization Co.G. 326th Inf.

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

Rex M. Moody
Signature Junior Technical Assistant
Rex M. Moody

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).

Tag on body entirely corroded. Body identified by marker and regularity of row.

27. Condition of body Badly decomposed.

28. Nature of burial U.S. Uniform, Burlap.

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 Feb. 27, 1922 By H.H. Foster

31. Casket sealed by H.H. Foster

Signature of Embalmer, (Supervisor H.H. Foster)
H.H. Foster

AUDITED BY

SHIPMENT. (Show actual marking of box.)

Box No.



C-21361.

1901921

32. Designation of body:

Name Edward J. BURKE

Rank Pvt.

Organization

Co. G. 326th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne American, 1232, Romagne/s/ Montfaucon, Meuse.

34. Casket boxed and marked (Date) Feb. 27, 1922

By H.H. Foster

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

F. Overheiser, Capt. QMC.

36. Remarks

None

37. Shipped from point of Operation: (Date) Feb. 27, 1922

To point of Concentration Romagne Morgue

Convoyer T.T. Wynn

Signature Shipping Officer

(Name)

G.F. Spann, Capt. QMC.

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

Signature Shipping Officer

(Name)

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cty 1232, Feb. 28, 1922

4

(Date)

42. Grave No.

Section

43. BLOCK Plot

E

Row

2

G.R.S. Representative

A.E. Dewey, 1st Lt, QMC.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: BURKE, Edward J.

Number: 1901921

Rank: Unkn

Organization:

Unkn

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

11th., April, 1919

Grave #E-23 B.A.Cty. ST. JUVIN. ARDENNES

Map. 35 N.W. E. 297.1 N. 285.3

Reburied (Date)

in: (Give complete location)

1232

11th., April, 1919.

Grave #83 Section #15 Plot #2

Amer. B.A.Cty. #1232 ROMAGNE. MEUSE

Map. 35 N. E. E. 308.16 N. 284.87

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

Burial good. Body buried in Uniform. Body badly decomposed.

Was one identification tag found upon the body? Yes

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

CONFIRMED No. D 10325
10325

Note:

If upon disinterment, effects are found upon 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 to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: 2nd. Lt. Armitage.

R. H. ROSENTHAL
2nd Lieut. Q.M.G.U.S.A.
C.O. Group _____ Unit _____

63019

COPY

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Burke, Edward J., Pvt.

1232-Sec.15 - 17

3/29/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

1901921

Co. G, 326th Inf.

10/11/18.

Original Attached to

Form 115

WAR RISK INSURANCE INFORMATION

Date 6-24-21 PF

DATE

Michael Martin

Uncle

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

234 - East 35th St, N.Y. City

ADDRESS

Adjustment Made

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

ADDRESS

17 1922
File No. 63819

DATE: _____
TIME: _____



... ..
... ..
... ..

Note:

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REPORT OF DISAPPEARANCE AND RECOVERY

Date: _____

Place: _____

Case No. _____

1000

63019

2. Soldier's No.

1901921

3. BURKE EDWARD J.

Surname (in block letters) First Name and Initials

4. Rank UNKNOWN Company 326th Inf

Rank

Company

Regt. or Corps

5. UNKNOWN

Date of Death

Cause, if known

6. UNKNOWN ST JUVIN

Date of Burial

Cemetery

7. ST JUVIN ARDENNES

Town or Commune (in block letters) Department

8. 24 E

Grave No.

Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking10. Buried with Body? Attached to Grave Marker?
Identification Tags

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

12. VERDUN N.W. 35

Map Reference, if interment is outside of cemetery

285-4 IV. 297E

13. Give name of Chaplain or Burial Officer

Signed *Thomas L. Maeder* Q. M. Sgt. Sr. Jr.Group *4* Unit *305* G. R. S.

NC 63019

C° G. 326th Inf.
82nd Div.

BURKE, Edward J. Pvt I90I92I
H.:500 East 23rd St. N.Y. N.Y.

I did not see Burke killed but saw him afterwards. He was dead then and had a wound in the right side of the head which was caused by a machine gun bullet. He was killed Oct. IIth when we were advancing on the town of St Juvin, in the Argonne Forest. He was buried in the American grave yard at St Juvin.

AMERICAN RED CROSS (PARIS)

Informant : Garner, E. Suga, Adam, Pvt I902088
C° I. 326th Inf.

Home : III5 Manhattan Ave. Bklyn, N.Y.

Signed : Garner G, Ist L 326th Inf.
Comdg Officer.

Emerg. add.:
Mr M. Martin (Uncle)
449 Lexington Ave.
N.Y. N.Y.

Marh 29/19

HC

FILE

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

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

PLEASE
EXPEDITE

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

File No. 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.

(SPECIAL)

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

- a. Surname Burke *MC*
- b. Christian name Edward J. *MC*
- c. Serial Number 1901921 *OK*
- d. Organization Co. G, 326th Inf. *MC*
- e. Rank Pvt. *OK*
- f. Date of death 10/11/18. *OK*
- g. Cause of death K/A. *MC*
- h. Authority (C.O.#) Mr. M. Martin
- i. Emergency address 449 Lexington Ave. New York
- j. Relationship uncle *NY*

NOTED FORM 115
DATE 4/4/21
msc

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)

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								
								lower right								

Adjustment Made

APR 14 1921

63019
J

File No.

FILE

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

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

C.W. 1232-Sec.15.
CEMETERY NO:
SHEET NO: 17
TYPED BY: I.W.

Donnelly, H
Enl. Sec. Sec
log. 8 3/3/21.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 3/29/21.

File No. Requisition

(SPECIAL)

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.

NOTED FORM 115
DATE 4/4/21
WEB

a. Surname ~~_____~~ Burke *MC*

f. Date of death 10/11/18. *OK*

b. Christian name Edward J. *MC*

g. Cause of death *K/A. MC*

c. Serial Number 1901921 *OK*

h. Authority (C.O.#)

d. Organization Co. G, 326th Inf. *MC*

~~i. Emergency address~~
*Mr. M. Martin
449 Lexington Ave. New York*

e. Rank Pvt. *OK*

~~j. Relationship~~ *uncle N.Y.*

BODY DESCRIPTION
(See page #2 of the Service Record)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Age of enlistment

a. Strike out teeth missing

b. Color of eyes

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

c. Color of hair

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

Adjustment Made

APR 14 1921

File No. 63019

FILE

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

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1232-Sec.15.

SHEET NO: 17
TYPED BY: I.W.

S/713/LML

World War DV
Date MAR 30 1921

*Donnelly H
Enl. Rec. Sec
log. 8 3/31/21*
Rec'd S & S
MAR 30 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

U.S. Form 8-2-A-H
Information requested of A.G.O.

Date

RECEIVED

Title No. requisition

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

To: The Adjutant General of the Army, 6th & 5th Sts., N.W., Washington, D.C.

Subject: Information requested for G.R.S.

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

1. Date of death

2. Cause of death

3. Authority (C.O.S.)

4. Emergency address

5. Relationship

DENTAL CHARTS

(See physical report of

examination prior to enlistment)

a. Strike out teeth missing

8 7 6 5 4 3 2 1

upper jaw

8 7 6 5 4 3 2 1

lower jaw

MAR 31 1924

RECEIVED

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)

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

H. J. COOPER
Adj. Gen.

CHECKERY NO. 1234-5678

FILE NO. 1234

DATE

MOILED FORM 12

OSPSE CTY. NO. 1252
Sec. 15 case no 17

JM



COMPILATION OF DISPOSITION OF REMAINS DATA

File 63019

I. LOCATION INDEX CARD:

(a) Name BURKE, Edward J. Ser. No. 1901921
(b) Rank Pvt. Organization Co. G, 326th Inf.
(c) Date of death 10-11-18 (d) Cause of death K/A
TYP. B
CKR. 30

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

(a) Grave No. 83 Row Plot 2 Sec. 15 TYP. B
(b) Emerg. Address, M. M. Martin (uncle) 449 Lexington Ave., New York City.

III. Files of soldiers dying from contagious diseases / / / / / / / / / / CKR. 30

no entry in file - MH 3-28-21

IV. A. G. O. DISPOSITION CARD:

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, 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 MH Date 3/28, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials MH Date 3/28, 1920.

COUNTRY FRANCE

CEMETERY No. 1232-Sec. 15

SHEET No. 17

DP. 6-28-21

Check 100 6-28-21

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 4/6/21, 1920

*Section # 15
par # 2 - Not to be returned - AD*

IX. CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	_____
Body to be shipped to _____	_____
_____	_____
_____	_____

X. SUSPENSION REMARKS: *U. R. B. A. Michael Martin
(Uncle) 234 - East 35th St. N. Y. PF-6-24-21*

3-7723

Location Index

Discrepancies

Name

Rank

Location Index

.....
..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
A.G.O. Card & Corr.

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
G. R. S. Corr.

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
Checkers

..... Discrepancies

Name

Rank

Serial No. *7, 8, W. sent,*

Org. *3-28-21,*

Remarks *M. P. G. Co*

checked off

OSP-SS
Form No. 1009

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.

*Please
mail*

Harlow C.W.
NAME OF DECEASED SOLDIER CEMETERY NO. DATE

Burke, Edward J., Pvt. 1232-Sec.15 - 17 3/29/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1901921 Co. G, 526th Inf. 10/11/18.

Copy forwarded to
Adjustment Department
Date 6-24-21 *PF*

WAR RISK INSURANCE INFORMATION

DATE C-111492

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

Michael Martin *Uncle*

ADDRESS

234 East 35th St., N. Y. City

PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

no record.

ADDRESS

COMPILATION OF DISPOSITION OF REMAINS DATA

File 63019

I. LOCATION INDEX CARD:

(a) Name BURKE, Edward J. Ser. No. 1901921
(b) Rank Pvt. Organization Co. G, 326th Inf.
(c) Date of death 10-11-18 (d) Cause of death K/A
TYP. B

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

(a) Grave No. 83 Row - Plot 2 Sec. 15 TYP. B
(b) Emerg. Address M. M. Martin (uncle) 449 Lexington Ave., New York City.

III. Files of soldiers dying from contagious diseases CKR.

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 4/6/21 , 192

Section # 15
par # 2 - Not to be returned - AD

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. 6-28-21

LIST OF PAPERS

File under No. -----

3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS

INSTRUCTIONS.—When papers on a subject become numerous they will be numbered serially and brief entries made on this form.