

G.R.S. Form #114-B

CAUSE OF DEATH

T.T.A.

*Soldier's sig. illegible
ago records carried as*

FULL NAME.....

CENATO, Antonio

RANK.....

Pvt.

SERIAL.....

51486

OK

DIVISION & ORGANIZATION.....

Co.I. 23rd Inf.

2nd.

DATE OF DEATH.....

6-25-18

OK

STATE FROM WHICH HE CAME.....

Mass. OK

EDALS OR DECORATIONS AWARDED.....

none

FINAL GRAVE LOCATION.....

11-2-1922

272

11

A

Date

Grave

Row

Block

1764

Cemetery

24/392/EYS

972

**A.S.C.
MAY 9 1927
WORLD WAR DIV.**

AUDITED BY

272

GRAVE LOCATION BLANK. Rep

LOCATION OF THE GRAVE OF

CEM.ATO. 51486 ANTONIO.....
(Surname.) (Number.) (First Name and Initials.)

PRIVATE Co. "I," 23RD INFANTRY.....
(Rank.) (Organization.)

DATE OF BURIAL June 25, 1918.....

PLACE OF BURIAL On the Town of Boursoches France.....
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buried on left of road entering the town in the corner of the road and first street entering the town.

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? unknown.....

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

REPORTED BY: Robert W. [Signature]

1st Lieut. 23rd Infantry
(Signature and Rank of Reporting Officer.)

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

Entered on list

Cemato, Antonio.

Pvt Co I 23d Inf

Killed in action June 25, 1918

E. A.- Louise Cemata, Naples, Italy.

A. G. O. 7/13/18

RECD.

JUL 16 1918

O. Q. M. G.

Write nothing below this line.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Cemato</i>	<i>Cem</i>	3	353
<i>Antonio</i>	CEMETERY <i>1764</i>	1	4
BURIED	GRAVE <i>72</i>	2	72
	ROW <i>11</i>	2	11
	BLOCK <i>A</i>	1	1
STATE	<i>Mass.</i>	2	25
RANK	<i>Priv.</i>	1	2
DIVISION	<i>2</i>	2	02
ORGANIZATION	<i>23</i>	3	023
ARM	<i>Inf.</i>	1	1
MARITAL	<i>No</i>	1	2
NAME <i>Cemato</i>	<i>Cem</i>	3	353
<i>Mrs. Louise</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Italy</i>	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER <i>unable to</i>		1	
ELIGIBILITY <i>locate</i>	<i>Foreign</i>	1	4
NATIVITY <i>any relative</i>		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
<i>29/514 Country</i>	<i>Italy</i>	2	01

Quality
 MAR 17 1932
10

00

(1764)

C 23 112 Cemato , Antonio

Mother

Louise Cemato - Italy
unable to locate m-

~~WIDOW~~

Single

latest mail 8-5-30 - awaiting info
from Italy.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE Feb. 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CEMATO, Antonio	Pvt.	51486	Co. I 23rd Inf.	6/25/18.

STATE Mass.	CTY. NO.	1764	GRAVE 72	ROW 11	BLOCK A
-------------	----------	------	----------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>
NAME AND ADDRESS	MOTHER →	albanio Cematò has never been located - Royal Italian Embassy reports that extensive researches have failed to locate mother or other relatives of soldier
	STEPMOTHER (For the year prior to com- mencement of service)	
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	File 2-28-30
	WIDOW (Who has not remarried)	no record of wife nephew kin ju 190. Mass Louise Cematò Naples, Italy -

Veterans Bureau Claim Number C - 23112
29/156

29 7/13 / Naples, Italy -

To be prepared in triplicate.

DATE November 2, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

lrk

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CEMATO, Antonio

10. Name

2. No. 51486

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. I. 23rd Inf.

13. Org.

5. D.D. June 25th. 1918

14. (a) D.D.

6. C.D. KIA

(b) D.B. no discrepancy

Discrepancy found upon disinterment

7. Grave No. 154 Sec. A

15. Grave No. Sec.

8. Plot 3 Row

16. Plot Row

9.

17. no discrepancy

18. Cemetery Aisne-Marne Amer. Cty.

19. Commune or town Belleau

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. 1764

23. Disinterred (Date) November 2, 1922. By C.W. Dodge

24. Inscription on grave marker:

Name Antonio Cemato

Serial No. -

Rank Pvt.

Organization Co. I. 23rd Inf.

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

Signature J.C. Annabel
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).

Bottle record agrees.

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Wooden box and 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 Nov. 2, 1922. By C.W. Dodge

31. Casket sealed by C.W. Dodge

Signature of Embalmer, (Supervisor)

C.W. Dodge
C.W. Dodge

SHIPMENT. (Show actual marking of box.) Box No. **C-31243**

32. Designation of body:

Name **Antonio CEMATO**

Serial No. **51486**

R nk **Pvt.**

Organization **Co. I. 23rd Inf.**

33. Consigned to:

Name of Permanent Cemetery **Aisne-Marne Amer. Cty. #1764 Belleau, Aisne.**

34. Casket boxed and marked (Date) **November 2, 1922.** By **C.W. Dodge**

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

O.E. Davis
O.E. DAVIS, 1st Lt. QMC.

36. Remarks

none

37. Shipped from point of Operation: (Date)

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 **November 2, 1922.**

To Permanent Cemetery **Aisne-Marne Amer. Cem. 1764, Belleau (Aisne)**

(Name)

Convoyer

Signature Shipping Officer

O.E. Davis
O.E. DAVIS, 1st Lt. QMC.

40. Received: Date

G.R.S. Representative

41. Reinterred **Nov. 2, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)**

(Date)

42. Grave No. **72**

Section

43. Prot-BLOCK **A**

Row

11

G.R.S. Representative

W.D. Cleary
W.D. Cleary
Lt., Chaplain, USA.

Place Belle (Aisne)

REPORT OF DISINTERMENT AND REBURIAL

Date November 2, 1922

1. REMAINS OF CENATO, Antonio SERIAL NUMBER 51486
RANK Pvt. ORGANIZATION Co. I, 23rd Inf.

2. Disinterred (date) : Nov. 2, 1922 From (give complete location):
Gr. 154, Sec. A, Pl. 3, Aisne-Marne Cem. 1764.

By : Group 1 Unit P.S. #1, Aisne-Marne Cem.

3. Reburied (date) Nov. 2, 1922 In (give complete location) : Gr. 72, Block A,
Row 11, Aisne-Marne Cem. 1764, Belleau (Aisne)

By : Group re-burial group Unit _____ Nature of reburial Lined casket

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

Wooden box and burlap.

Badly decomposed, features unrecognizable.

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

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

Bottle record agrees.

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 do

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)

Fractures: Left humerous. Lower jaw.

Missing: 1 radius and ulna.

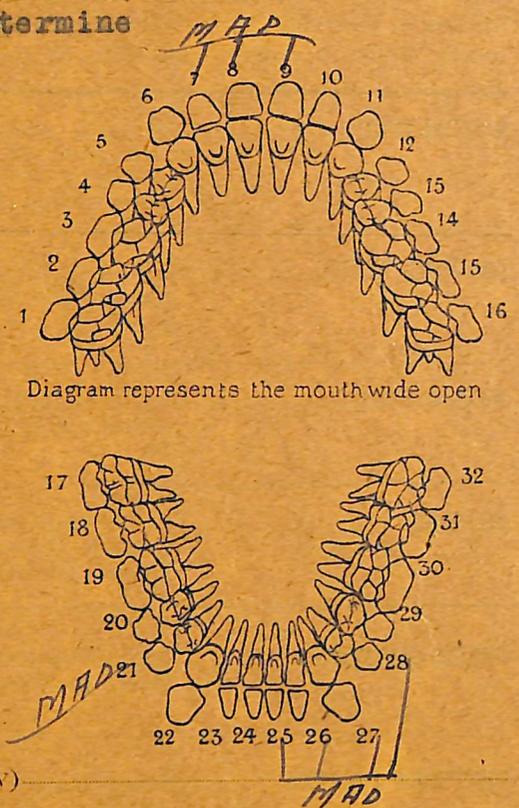
Checker: J.C. Annabel

7. Disinterment supervised by C.W. Dodge

Approved : O.E. Davis
(Title) 1st. Lt., GMC.

8. Reburial supervised by L.D. Hays

Approved : W.D. Cleary
(Title) Lt., Chaplain, USA.



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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4525

I. LOCATION INDEX CARD: *OK (3-10-21)*

(a) Name CEMATO, Antonio Ser. No. 50486
(b) Rank Pvt. Organization Co. I, 23rd Inf.
(c) Date of death 6-25-18 (d) Cause of death K/A

TYP. aeW
CKR. g/a

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

(a) Grave No. 154 Row - Plot 3 Sec. A TYP. aeW
(4-7-21) m.
(b) Emerg. Address Louisa Cematto, Mother, Naples, Italy. *(over)*

III. Files of soldiers dying from contagious diseases - CKR. *g/a*

IV. A. G. O. DISPOSITION CARD:

no card in file A.R. 2-21-21

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

Examiner's Initials _____ Date _____, 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 A.R. Date 2-21, 1920.

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

*no request for disposition
C.A. same.*

(a) Cancellation memos referred to? _____

EM

Examiner's Initials A.R. Date 2-21, 1920.

COUNTRY France

CEMETERY No. 1764

SHEET No. 348

FORM 115 - A COMPLETED

4-21-21

FILE
red
1/19/20

*checked by WTH
4-6-21*

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 **MAR 10 1921**, 1920

Par. 2 Not to be returned.

(EEU)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *B.A. WR. Mrs. Albano Cerrato.
(Mother) Em. Address. 22 - Forehall -
Naples, Italy.*

4-6-21-H

Location Index

Discrepancies

Name

Location Index

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Rosenbusch

A. G. O. Card & Corr.

8-21-21

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

E. A.

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Chackers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

**F. S. W. auf,
2-21-21*

S-1357/MB

*M. R. 2-21-21
Chick
mmmm*

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

Please read

Harlow C.W.

NAME OF DECEASED SOLDIER
Cemato or (Cemanto), Antonio, Pvt.

CEMETERY NO. 1764 - 348 DATE 2/21/21.

SERIAL NUMBER 51486 ORGANIZATION Co. I, 23rd Inf.

Date of death - 6/25/18.

C 23112

WAR RISK INSURANCE INFORMATION

Copy forwarded to
Adjustment Department
Date 4-6-21-H

DATE _____

NAME OF BENEFICIARY Mrs. Albano Cemato RELATIONSHIP (Mother) Em address

Address 22 - Forehalle - Naples, Italy

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4525

I. LOCATION INDEX CARD: ⁽³⁻¹⁰⁻²¹⁾

(a) Name CRMATO, Antonio Ser. No. 52486
 (b) Rank Pvt. Organization Co. I, 23rd Inf. } TYP. ow
 (c) Date of death 6-25-18 (d) Cause of death K/A } BP

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

(a) Grave No. 154 Row (4-7-21) 'm' Plot 3 Sec. A TYP. ow
 (b) Emerg. Address Louisa Cremato, Mother, Naples, Italy.

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

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

No card in file ^(#A 2-21-21)
No request for disposition H.S. 4-21-21

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 10 1921, 192
Par. 2 Not to be returned. (EW)

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. _____

JP
4-21-21

Place Bouresches.

Date June 5, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Number: **51486**

Name **Cemato, Antonio.**

Rank:

Organization: **Co. I, 23rd Inf.**

Unit **"B"**

Disinterment and Reburial made by Group

Disinterred (Date)

June 4, 1919

From: (Give complete location)

Plot-67 Myers, Bouresches station

Coord. 261.5N - - 177.3E

Grave 88

Reburied (Date)

June 4, 1919.

in: (Give complete location)

National Cemetery at Belleau Woods, Aisne.

Coord. 262.60N - - 176.04E

Plot-3, Sec. A, Grave 154.

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

Body in fair condition.

Was one identification tag found upon the body? **no**

What other means of identification were found upon the body? **none.**

Note:

If upon disinterment, effects are found upon the 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:

Cpl. W. W. Brown

A. C. W. Cameron

C.O. Group

Unit

Prov. Unit B. G.R.S.

1764

CONFIRMED N. D. 20278

RECEIVED
JUN 1979
P. M.

19
O.C. &
G.R.S.

Prov. Lab. B. G.R.S.

Place Belleau Aisne

REPORT OF DISINTERMENT AND REBURIAL

Date July 1/21

1. REMAINS OF ^E CAMETO, ANTONIO

SERIAL NUMBER 51486

RANK Pvt.

ORGANIZATION Co., I. 23rd Inf.

2. Disinterred (date) : July 1/21

From (give complete location) :

Amer. Cty., #1764, Belleau Aisne, Gr. 154-A-3.

By : Group McGourty

Unit Sec. 6

3. Reburied (date) : July 1/21

In (give complete location) :

Amer. Cty., #1764, Belleau Aisne, Gr. 154-A-3.

By : Group McGourty

Unit Sec. 6

Nature of reburial Box & burlap

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

5ft. earthen grave, Uniform and burlap. No box.

Decomposed unrecognizable.

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

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

Religious medal found on body.

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

(a) Height (actual measurement) undeterminable

(b) Weight (estimated) undeterminable

(c) Hair—Color undeterminable

Quantity undeterminable

Characteristics undeterminable

(d) Hair on face—Color undeterminable

Location undeterminable

Quantity undeterminable

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

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

Left arm and several ribs shattered. Left side of lower jaw broken.

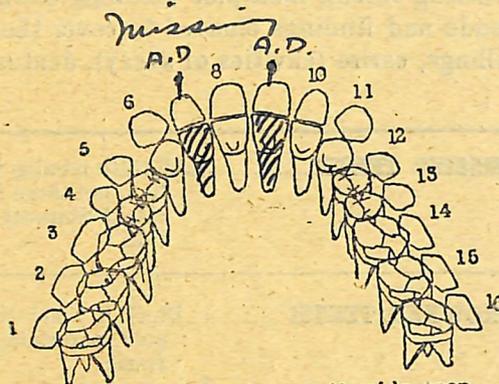
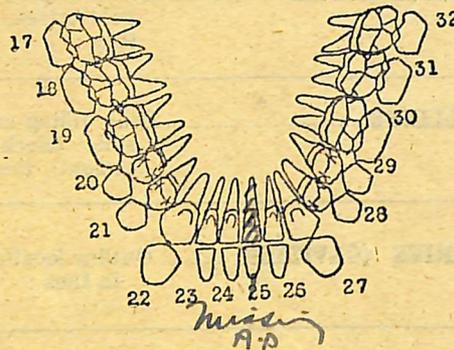


Diagram represents the mouth wide open.



10-51213

7. Disinterment supervised by

James McGourty
James McGourty S. E.

Approved :

R. C. Worthington, 1st. Lt. QMC.
(Title)

8. Reburial supervised by

James McGourty
James McGourty S. E.

Approved :

R. C. Worthington, 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 (c) 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>	

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.



4525

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

CEMATO, 51486 Antonio
(Surname.) (Number.) (First Name and Initials.)

Private, Co. I, 23rd. Infantry
(Rank.) (Organization.)

DATE OF BURIAL June 25, 1918

PLACE OF BURIAL In the town of Bourresches - grave
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buried on left of road entering the town, in the corner of the road and first street entering the town.

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? unknown

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

Com. C 21. Bourresches Aisne.
Map 49 N. E.
E. 177 N. 260.8

REPORTED BY: Robert Wade
1st Lieut 23rd Infantry
(Signature and Rank of Reporting Officer.)

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

28 AUG 1918

Communal List No. 21-257
Daily Report No. _____

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 2/21/21.

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.

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

men

a. Surname <u>Cemato or (Cemanto)</u> ✓	f. Date of death <u>6/25/18.</u> ✓
b. Christian name <u>Antonio</u> ✓	g. Cause of death <u>K/A.</u> ✓
c. Serial Number <u>51486</u> ✓	h. Authority (C.O.#)
d. Organization <u>Co. I, 23rd Inf.</u> ✓	i. Emergency address <u>Louisa Cemato (mother)</u> <u>Naples Italy</u>
e. Rank <u>Pvt.</u> ✓	j. Relationship

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)

FILE

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

Adjustment Made

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 No. *4525*

Donnelly - Lt - CPD
2-25-21

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

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

Rec'd World War Div.
Date FEB 24 1921

C.W.
CEMETERY NO: 1764
SHEET NO: 348
TYPED BY: I.W.

Rec'd S & S Div., A.G.O.

W

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.
Date 2/21/21.
Registration
File No.

From: The Quartermaster General, U. S. Army, (Cometariat 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 (Gente or (Gente))
- b. Christian name Antonio
- c. Serial Number 5188
- d. Organization Co. 1, 23rd Inf.
- e. Rank Pvt.
- f. Relationship
- g. Emergency address
- h. Authority (G.O.)
- i. Cause of death
- j. Date of death 2/21/21

FILE

BODY DESCRIPTION
(See page 2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Adjustment Made 8 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
lower right lower left

FEB 26 1921

RECEIVED
1. Payment made this No.
phys. records at
enlistment (Old fractures or breaks)

W. J. ROBERTS
Quartermaster General, U. S. Army

[Handwritten signature]

CHECK NO: 1706
DATE: 2/21/21
BY: I. W.

FEB 22 1921

2/21/21

Classification _____

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 6-4-20

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					

O.K. Alphabetical Files N.E.S. 6-9-20

~~O.K. Organization Files~~

~~O.K. State Files.~~

Card Department
Cemetery Audit Department
Investigation & Adjustment Dept.
By A. W. Saffer

1 Card attached.

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE

4525
6 DEC 6 DEC 1918

~~no~~
~~envelope returned off~~

FROM : Chief, Graves Registration Service, American E. F.
TO : Mrs. Lousia Cemanto. Naples. Italy.
SUBJECT: Place of Burial:

Pvt. Antonio. Cemato. Co. I. 23rd Inf.
Died 6.25.18.
American battle area Cemetery. Bouresches. Aisne.

I am sure that you will pardon the use of a form letter such as we are sending to-day, when you try to realize under what great stress this office is working in order to give as prompt advice as possible concerning facts which are of such very vital importance to our sorrowing friends, whose brave men have suffered martyrdom on battle-fields within our sphere of European operation.

It is with great sorrow that I am writing you, and only the urgency of your desire to know, prompts me to push forward this notification when my note is required to be so formal because of the great number to which my name has to be signed.

You have probably already received official advice concerning the death of the one whom you gave to your country and the world for the saving of civilization.

You will be comforted in knowing that his body has been recovered, that it lies buried in a spot which is under our care and control, and that there will be no danger of its loss or neglect.

We are sending you, herewith, a note which gives general answers to a number of questions which our bereaved friends are often asking, and it will probably give information concerning some of the things you are anxious to understand.

Please be sure of our earnest desire to guard your interests in every possible way, and our satisfaction in being able to care for the resting places of our dead.

CCP-

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

4525

4524

1. G. O. Form No. 1.

Hq. G.R.S. File

2. Soldier's No.

3. Cemato, 51486, Antonio,
Surname First Name and Initials

4. I, 23rd Inf.
Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Date of Burial Cemetery

7. Town or Commune Department

8. 88 67 G. MYERS
Grave No. Plot No. or Letter

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

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

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

~~Exhumed~~
Previously repton. in Plot 36.

12. Map Reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

GROUP No. 1 Signed

Unit 303. G. R. S. Group Unit G.R.S.

SEP 27 1918

No. G.R. 110

1. Form No. 1

2. Soldier's No.

3. Name, Rank, Grade, Status, etc.

First Name and Initial

Signature

4. Date of Issue

Post or Office

Company

Rank

5. Date of Issue

Date of Issue

6. Post or Office

Date of Issue

7. Post or Office

Time of Issue

8. Post or Office

Rank

9. Name Post

Grade, etc. Headquarters

9. Name Post

Grade, etc. Headquarters

10. Attached with Post

Headquarters

10. Attached with Post

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

Exhibit

Previously held in Plot 30



G. R. S.

Name Demato, 51486 Antonio 4575

Rank Pvt. Co. I {Corps} 23rd. Inf.
Regt. 23rd. Inf.

Date of Death

Place

Cause

Date of Burial 6/25/18

Grave No. C-7

Cemetery 36

Identified by { Tag
Papers
Clothing }

List of Effects

Field Record Made by I. G. MYERS,
2nd. LIEUT., Q. M. CORPS, N. A.

Group 1/303 Company....., Graves Registration Service

For additional data use reverse side

AUG 7 1918

7 AOU Rcu

File 4525

Reg. Card.

March 31 1919

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:

H 525
() Surname: **Cemato**
() Number: **51486**
() First name: **Antonio**
() Rank: **Pvt**
() Company: **Co I,**
() Organization: **23rd Inf**
() Date of death: **6/25/18**
() Cause:
() Place:

Location of hospital:

Number " "
Class " "
() Relative: **Louisa Cemanto**
() Relationship: **mother**
() Address: **Naples, Italy.** *OK.*

() Authority:
Cablogram No:
Telegram from:

dated:

() Reported to Washington:
C.C. Nos: **183**

() (Underscore the "official" C.C.)

() Remarks:

() Show present status on reverse side.

Burial notification was sent to this address
and returned, **advise correct address.**
CHARLES C. PIERCE
Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter: *[Signature]*

Case 111

6000

111

6000

111

111

111

111

111

111

111

111



6000

WAR DEPARTMENT

Cemeterial Division

Washington, D.C.

OFFICIAL BUSINESS

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



RETOURN A L'ENVOYEUR
Louise Lemaitre
Naples, Italy

File form 107
185 Rtd

Overseas
no address

Returned 10/4/20

(Améric)

Washington

FILE

O.D.P.E. S.M.&P. BR.
OCT 1
11-AM
1920

RECEIVED
NOV 1 1920
D. G. WELLS
MATERIAL DIVISION
OCT - 4 1920

OCT - 2 1920

RECEIVED
OCT 1 1920
MATERIAL DIVISION

NAPOLI
OCT 1 1920
PORTALETTI

WAR DEPARTMENT.

O.Q.M., Hdqrs. B.S. No. 3, S.O.S.,

American E.F., Goring Hotel, London, S.W.1.

OFFICIAL BUSINESS.

File 4525



Chief Graves Registration Service,
American E.F.,
A.P.O. 717,
FRANCE





RECEIVED

A.M. 25 Mar 19 P.M.

O. C. C. III.

G. R. S.