

Dup.



Chauvin, Raoul  
(Surname.) (Christian name in full.) (Army serial number.)

Sec'y YMCA  
(Rank and organization.)

State your relationship to the deceased \_\_\_\_\_

*husband*

Do you desire the remains brought to the United States? ~~yes~~ *no*  
(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? } (Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

\_\_\_\_\_  
(Name of person to receive remains.) (Express office.) (Telegraph office.)

\_\_\_\_\_  
(Number and street.) (City or town.) (State.)

(Sign here) *Mrs R Chauvin*

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

Read carefully the letter accompanying this card.

12-30-20

34-146

Drawn by E.S.

Y. M. C. A. Overseas Casuals  
547 Madison Ave.,  
New York, N. Y.

REVIEWED  
OSP SS.

7111 B 1-3-21

1367

230

G.R.S. Form #114-B

FULL NAME ..... CHAUVIN, Raoul .....

RANK ..... Sery ..... SERIAL .....

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

DATE OF DEATH... November 17, 1918 .....

STATE FROM WHICH HE CAME.. New York .....

**MEDALS OR DECORATIONS AWARDED;**

None

FINAL GRAVE LOCATION..... 4 ..... 23 ..... B.....  
Date Grave Row Block

Suresnes, #34

Cemetery

23/306/ARK

7/10 12 70

**GRAVE LOCATION BLANK.**

LOCATION OF THE GRAVE OF

**Chauvin** ..... **Racal** .....  
(Surname.) (Number.) (First Name and Initials.)

**Secretary** ..... **Y. M. C. A.** .....  
(Rank.) (Organization.)

DATE OF BURIAL... **Nov. 19th, 1918** .....

PLACE OF BURIAL. **Suresnes, Seine** .....

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

**American Cemetery, Suresnes, Seine** .....

GRAVE NUMBER... **109** .....

HOW MARKED : Name Peg? ... **yes** ... Cross? .....

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS :

Was one buried with body? .....

Was one fastened to name peg or stake used as a grave marker? .....

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

REPORTED BY :

**John T.D. Blackburn, Personnel Div. Y.M.C.A.** .....

(Signature and Rank of Reporting Officer.)

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

716

WAR DEPARTMENT.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE

ADDRESS  
YOUR MAIL  
TO  
STREET AND  
NUMBER



*Aug*  
Mrs. R. Chauvin,

347 Madison Ave.,

New York City,

N.Y.

*6*  
AUG 8 1922



*not paid*  
*Mr. C.*  
N. D.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON Aug. 1, 1922.

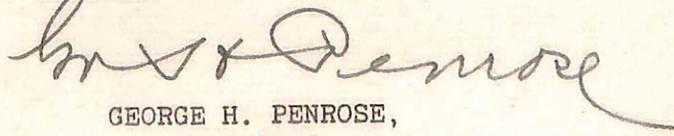
FILE: 293.8 C-R - #62280  
SUBJECT: Permanent Grave Location of Raoul Chauvin, Secty.  
Y.M.C.A.  
TO: Mrs. R. Chauvin, 347 Madison Ave., New York City.

1. The permanent grave of this civilian is No. 4 Row 23  
Block B, The American Cemetery of Suresnes, Department of Seine, France.

2. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization and date of soldier's death. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

For the Quartermaster General:

  
GEORGE H. PENROSE,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON Aug. 1, 1922.

FILE  
8/2/22 - DS

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For the Quartermaster General:

MAILED

AUG 3 1922

G.R.S.

GEORGE H. PENROSE,  
Assistant.

DATE \_\_\_\_\_

1. NAME Chauvin, Raoul SERIAL No. \_\_\_\_\_

RANK Secretary ORGANIZATION Y.M.C.A.

GRAVE LOCATION Suresnes American Cty. 34  
CTY. NAME NUMBER

109

GRAVE

ROW

PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 109 SURESNES Seine.  
GRAVE COMMUNE DEPT.

COORDINATES Amer. Cty. #34.

CONCENTRATED TO Original burial.

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

Original burial.

SUBSEQUENT REBURIALS None.  
DATE GRAVE ROW PLOT CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

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

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

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

AUDITED BY  
C.A.K. 3-3-22

9  
11

## INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

62280

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CHAUVIN ..... R. aoul  
(Surname). (Number). (First Name and Initials).

Y. U. C. A. ..... Secretary  
(Rank). (Organization).

PLACE OF DEATH: ..... Paris

CAUSE OF DEATH: ..... Pneumonia

DATE OF BURIAL: Nov. 19th. 1918

PLACE OF BURIAL: Suresnes-sur-Seine

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

American Cemetery, Y. U. C. A. Plot

**FILE**

GRAVE NUMBER: 109

HOW MARKED: Name Peg? ..... Cross?  
Temporary peg. permanent metal cross

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? .....

Was one fastened to name peg or stake used as a grave marker? .....

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

Y. U. C. A.

NEAREST RELATIVE: Mrs Raoul Chauvin

ADDRESS: 250 West 22d Street New York

RELATIONSHIP: wife

REPORTED BY: Personnel Div.

**REVIEWED  
OSP SS.**

(Signature and Rank of Reporting Officer).

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



602280

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chauvin ..... Raoul .....  
(Surname.) (Number.) (First Name and Initials.)  
Secretary ..... Y.M.C.A. ....  
(Rank.) (Organization.)

DATE OF BURIAL Nov. 19th, 1918 .....

PLACE OF BURIAL Suresnes, Seine .....

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

American Cemetery, Suresnes, Seine .....

GRAVE NUMBER 109 .....

HOW MARKED: Name Peg? ... yes ... Cross? .....

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? .....

Was one fastened to name peg or stake used as a grave marker? .....

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

34

REPORTED BY:

John T.D. Blackburn, Personnel Div. Y.M.C.A. ....

(Signature and Rank of Reporting Officer.)

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

RECEIVED  
NOV 30 1873  
M. C. B. & C.

TO:- REGISTRATION BRANCH R.S.

FILE NUMBER 62280

FROM:-

DATE: 7/24/19

Please furnish information as indicated below regarding the following soldier:

NAME Chauvin, Raoul

NUMBER

RANK

ORGANIZATION

*Ymea Secy*

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	① yes
2.	Date of Death.	② 11-17-18
3.	Cause and place of death.	③ 0
4.	Number of Casualty Cablegram.	④ Ymea Hq. Rpt. 12/24/18
5.	Date buried.	⑤ 11-19-18
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	⑥ Cty 34 Grave 109 Cty Amer. Suresnes
7.	Who reported burial.	⑦ John D. (Seine) Blackburn Personnel. Div 4200 A
8.	Has report been confirmed by G.R.S.	⑧ - NO
9.	Report as to Grave Marker.	⑨ N.P.
10.	Report as to Identification Tags.	⑩ No Tags.
11.	Who is nearest relative?	⑪ 0
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)	
14.	What is the Photograph No.?	

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

*[Handwritten signature]*

REVIEWED  
OSP SS.

*RN  
7/24*

To be prepared in triplicate.

DATE Aug. 23 /21

## REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

## DISINTERMENT

## COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name Chauvin, Raoul 10. Name (None)  
 2. No. \_\_\_\_\_ 11. No. \_\_\_\_\_  
 3. Rank Secretary 12. Rank \_\_\_\_\_  
 4. Org. Y.M.C.A. 13. Org. \_\_\_\_\_  
 5. D.D. Nov. 17 14. (a) D.D. \_\_\_\_\_  
 6. C.D. DOD (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 109 Sec. \_\_\_\_\_ 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_ 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_ 17. No discrepancy  
 18. Cemetery American 19. Commune or town Suresnes  
 20. Dept. or County Seine 21. Country France  
 22. G.R.S. Hdqrs. Code No. 34  
 23. Disinterred (Date) 8/23/21 By A.W. Taggart  
 24. Inscription on grave marker:  
 Name Raoul Chauvin Serial No. None  
 Rank Sec'y. Organization Y.M.C.A.  
 25. Was identification disc found on grave marker? No On body? Yes (Corroded)  
*S. D. Hays*  
 Signature Junior Technical Assistant

## PREPARATION

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

No effects.

27. Condition of body Badly decomposed - features unrecognizable.  
 28. Nature of burial Wooden box and under wear  
 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 8/23/21 By A.W. Taggart  
 31. Casket sealed by A.W. Taggart

Signature of Embalmer, (Supervisor)

A. W. Taggart

SHIPMENT. (Show actual marking of box.) Box No. **C-5033**



32. Designation of body:

Name **Chauvin, Raoul** Serial No. \_\_\_\_\_

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

33. Consigned to:

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

34. Casket boxed and marked (Date) **8/23/21** By **A.W. Taggart**

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 *E.J. Riordan*  
**E.J. Riordan**  
**Capt., Q.M.C.**

36. Remarks **Metal plaque found on box cover, reads: "Raoul Chauvin, died November 17th, 1918. Aged 43 years, Y.M.C.A."**

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

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

Convoyer \_\_\_\_\_ Signature Shipping Officer \_\_\_\_\_  
(Name)

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  **August 23/21** (Date)

42. Grave No. **4** Section --

43. Plot **--- BLOCK B** Row **23** (Cem. #34)

FR

G.R.S. Representative *E.J. Riordan*  
**E.J. Riordan**  
**Capt., Q.M.C.**

Place Suresnes (Seine)

# REPORT OF DISINTERMENT AND REBURIAL

Date August 23/21

1. REMAINS OF CHAUVIN Raoul SERIAL NUMBER None

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

2. Disinterred (date): 8/23/21 From (give complete location):  
Gr. 109, Cem. 34 - Suresnes (Seine)

By: Group 1 Unit Sec. 6

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

By: Group 1 Unit Sec. 6 Nature of reburial Metal casket, bottle & strips

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

Wooden box and underwear - badly decomposed - features unrecognizable

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

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

Metal plaque found on box cover reads: "Raoul Chauvin, died November 17th, 1918. Aged 43 years, Y.M.C.A."

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

(a) Height <sup>Estimated</sup> ~~(actual measurement)~~ 68 inches

(b) Weight (estimated) 180 lbs.

(c) Hair—Color Apparently dark brown

Quantity Medium head

Characteristics Apparently straight

(d) Hair on face—Color None visible

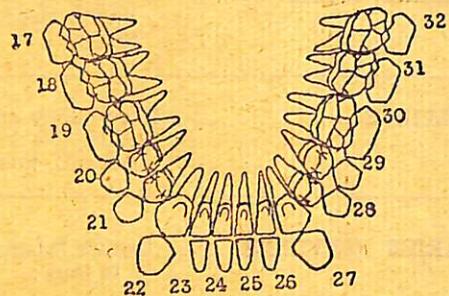
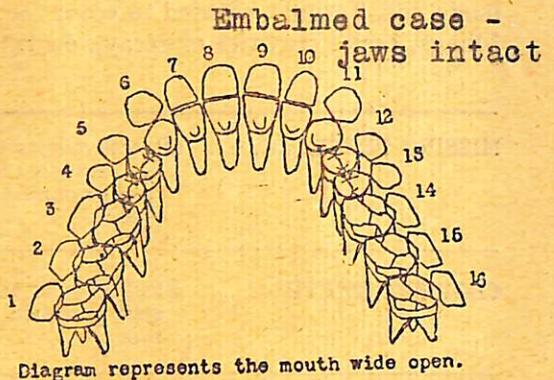
Location None visible

Quantity None visible

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Imp. to determine - See Pp.4

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

None visible - See Pp.4



L.D. Hoys

7. Disinterment supervised by A.W. Taggart, Sup. Emb.

Approved: E.J. Riordan  
Capt., Q.M.C.  
(Title)

8. Reburial supervised by A.W. Taggart, Sup. Emb.

Approved: E.J. Riordan  
Capt., Q.M.C.  
(Title)

*Handwritten:* 1-30427

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

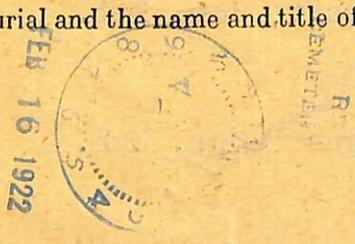
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

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

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



# COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #62280 ✓

(a) Name CHAUVIN, Raoul Ser. No. ---  
 (b) Rank Secty. Organization Y M C A  
 (c) Date of death 11/17/18 (d) Cause of death Pneumonia

TYP. SH  
 CKR. PA

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

(a) Grave No. 109 Row - Plot - Sec. - TYP. SH

(b) Emerg. Address Mrs. R. Chauvin (wife) 347 Madison Ave. New York, N.Y.  
*(J.S. 1/3/22)*

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. R. Chauvin (b) Relationship wife

(c) Address Y.M.C.A. Overseas Casuals 347 Madison Ave., NYC

(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 E.S. Date 12-30, 1920.

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

---, dated ---

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

no correspondence

Examiner's Initials E.S. Date 12-30, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: No request for

Disposition -

(a) Cancellation memos referred to? yes M.B.

Examiner's Initials M.B. Date 1-3-21, 1920.

COUNTRY France CEMETERY No. 34 SHEET No. 148

Checked by  
 Mrs. B. 1-3-21



COMPILATION OF DISPOSITION OF REMAINS DA.

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File #62280

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 (b) Emerg. Address Mrs. R. Chauvin (wife) 347 Madison Ave., New York U.S.

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

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

A.G.O. Card Mrs. R. Chauvin, wife,  
Y.M.C.A. Overseas Casuals, 347 Madison Ave.,  
N.Y.C. (Reverse of card) desires body remain  
in Europe. ABR-2/24/21

V. Following advice forwarded to Europe by - (cable on ..... 192  
 (letter of transmittal on 1-21-1921)

Par. # 2, not to be returned

Chauvin, Raoul MAR 10 1921

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. .... 192

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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

COUNTRY France CEMETERY NO. 34 SHEET NO. 148  
 G.R.S. FORM 115-A  
 August , 1920  
 S-666/MB

Concentrated into P.A.C. 34

FEB 25 1921 H.S.