

10597

G.R.S. Form #114-B

DATE Dec 29th, 1921.

1. NAME **CHIALIAS, Louis** SERIAL No. 1763498

RANK **Pvt.** ORGANIZATION **Co.L., 309th Inf. 78 Div.**

GRAVE LOCATION **Meuse-Arg. Amer. Cty. Romagne-sous-Montfaucon (Meuse) 1232. Sec. 28**
CTY. NAME NUMBER

161 Sec. 28 4
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION; **28 #2 of sketch #27 2K. N. of St. Juvin Ardennes**
GRAVE COMMUNE DEPT.

COORDINATES **287.2N 295.7E Verdun 35NW 10 yards S.E. of crossroads**

CONCENTRATED TO **4/17/19 161 Sec. 28 4**
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.

Tag on body **DATE OF DEATH Nov. 1, 1918**

STATE FROM WHICH HE CAME New Jersey

Data from Form 1 **MEDALS OR DECORATIONS AWARDED none**

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

ejr/tm

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR **Wm M. CLINE Captain Q.M.C.**

3. FINAL GRAVE LOCATION **Dec 29th, 1921. 1 Block F. 40.**
DATE GRAVE ROW PLOT

Meuse-Argonne Amer. Cty # 1232. Romagne-sous-Montfaucon (Meuse).
Robert O. Davis, The Adjutant General.

AUDITED BY
R.W. 3-28-23

8. A.G.O.
AUG 11 1926
WORLD WAR DIV.

APR 4 1928
World War Div.

AUG 1 6 1926

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.



W 24 14

C E 350 RLT 12/12

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chialas 1763498

Louis

(Surname). (Number). (First Name and Initials).

Private

Co. L. 309 Inf.

(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: **Nov. 6 1918**

PLACE OF DEATH: **87.4 - 96.3**

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

Buzancy Map No. 79

GRAVE NUMBER:

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

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain Friedman, 77th Division

(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

C O D E S L I P

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Chialias</i>	3	389
	<i>Louis</i>		
	CEMETERY <i>1332</i>	1	1
BURIED	GRAVE <i>1</i>	2	01
	ROW <i>40</i>	2	40
	BLOCK <i>3</i>	1	6
STATE	<i>N.J.</i>	2	35
RANK	<i>Plut.</i>	1	2
DIVISION	<i>78</i>	2	78
ORGANIZATION	<i>309</i>	3	309
AFM	<i>Inf</i>	1	1
MARITAL	<i>No</i>	1	2
NAME	<i>Ciaglia</i>	3	391
	<i>Mrs. Cattarina Meda</i>		
	<i>in</i>		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>all rel. foreign</i>	1	1
OTHER	<i>Mother</i>	1	
ELIGIBILITY	<i>Foreign</i>	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514	<i>Country Italy</i>	2	01

AUDITED

FEB 17 1934 *Rtm*

MA

Chialias Louis
Pvt
Co L 309th Inf

XC-129992

m - camp.

Catrina Merla in Ciaglia
Italy

Single - all ul. foreign

1-14-33

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Chialias, Louis
1232.

Sept. 4, 1929

Mr. Adonio Meola,
125 Van Winkle Ave.,
Jersey City, N. J.

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

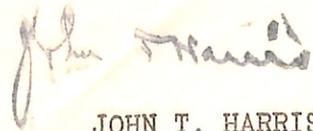
1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

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,



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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

129992

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Chialias, Louis

Single

Mr. Adonio Meola,
125 Van Winkle Ave.,
Jersey City, N. J.

(uncle)

*Paquale Ciaglia Ex Lorenzo (F) mother's
Via Ferreria San Lupo
Prov. di Benevento Italy.*

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 Louis Chialias, Co. L, 309th 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,

C-129-992

2 incls.
Act of Congress.
Envelope.

9-21-2

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Chialias, Louis
1232.

Sept. 4, 1929

Mr. Adonio Meola,
125 Van Winkle Ave.,
Jersey City, N. J.

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

June 29 , 1929. 75

Ghialias, Louis

Mr. Adonio Meola,
125 Van Winkle Ave.,
Jersey City, N. J.

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 Louis Ghialias, Co. L, 309th 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.

In reply refer to:
293 C-R

June 28, 1923.

Mrs. Caterina Meola Ciaglia,
via Ferreria, San Lupo,
Prov. Benevento, Italy.

Dear Madam:

The Quartermaster General desires that you be informed that
^{Private Louis Ghialias, Company I, 309th}
Infantry, is Grave L, Row 40, Block F, Meuse-Argonne American Cemetery,
the permanent grave of
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.

ED
L
23/236/ARK

Place ROMAGNE 1232

REPORT OF DISINTERMENT AND REBURIAL

Date Dec 28th 1921

1. REMAINS OF CHIARIAS, Louis SERIAL NUMBER 1763498

RANK Pvt ORGANIZATION Co L. 309th Inf.

2. Disinterred (date) : Dec 28th 1921 From (give complete location) :
Gr. 161 Sec 28 Plot 4 Cem 1232

By : Group Maire Unit Section 1

3. Reburied (date) : Dec. 29, 1921, grave 1, block F, row 40, Cem, 1232
In (give complete location) :

By : Group Reburial Sec Unit _____ Nature of reburial unlined casket

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

US. Uniform, burlap and pine box.

Body badly decomposed, features unrecognizable.

5. (a) Identification tags : Buried with body ? Yes On grave marker ? Yes
Body tag agrees

(b) Other means of identification found upon disinterment, and general remarks :
None

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to determine

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

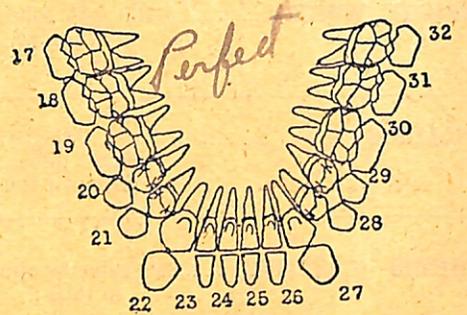
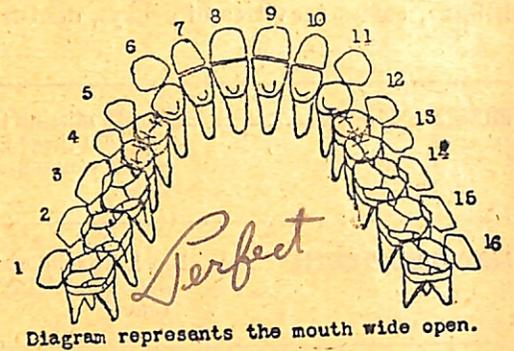
Location do

Quantity do

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

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

Skull shattered.



7. Disinterment supervised by Edmo Maire

Approved : F. Overheiser
Capt. QMC.
(Title)

8. Reburial supervised by A. U. Dufault
pfb

Approved : James W. Younger
(Title) Captain QMC.

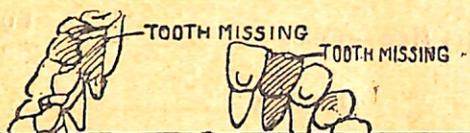
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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

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

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

MISSING 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:



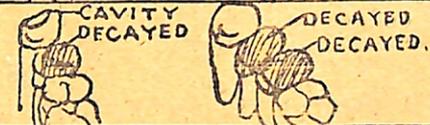
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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 Dec 28 1921

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 CHIALIAS, Louis
 2. No. 1763498
 3. Rank Pvt.
 4. Org. Co. L., 309th Inf.
 5. D.D. Nov. 1st. - 18
 6. C.D. KIA

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

Discrepancy found upon disinterment

7. Grave No. 161 Sec. 28
 8. Plot 4 Row _____
 9. _____

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

18. Cemetery Mausse-Arg. Amor.
 20. Dept. or County Mausse
 22. G.R.S. Hdqrs. Code No. 1232, Sec. 28.

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

23. Disinterred (Date) Dec 28 1921By Edmo Maire

24. Inscription on grave marker:

Name Louis Chialias
 Rank Pvt.

Serial No. 1763498
 Organization Co. L. 309th Inf

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

C Smyth O'Meara
 Signature Junior Technical Assistant

PREPARATION

C Smyth O'Meara

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).

None27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial Uniform burlap and box

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above?

None30. Body prepared and placed in casket: Date Dec 28 1921 By Edmo Maire31. Casket sealed by Edmo Maire

Signature of Embalmer, (Supervisor

Edmo Maire
Edmo Maire.

RECEIVED
GRAVE REGISTRATION



JUL 10 1922

SHIPMENT. (Show actual marking of box) Box No. **C-21302**

32. Designation of body:
Name **Louis CHIALIAS** Serial No. **1763498**
Rank **Pvt.** Organization **Co.L., 309th Inf.**

33. Consigned to:
Name of Permanent Cemetery **Meuse-Arg.Amer.Cty.#1232.Romagne-sous-Montfaucon.Meuse.**

34. Casket boxed and marked (Date) **Dec 28 1921** By **Edmo Maire**

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. Overhiser*
F. Overhiser, Capt. MC.

36. Remarks

37. Shipped from point of Operation: (Date) **Dec 28 1921**

To point of Concentration **Morgue Romagne**
Convoyer **W. J. Royed** Signature Shipping Officer *G. F. Spann*
(Name **G. F. Spann, Capt. MC**)

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 Cemetery 1232, Dec. 29, 1921**
(Date)

42. Grave No. **1** Section

43. Plot, Block, **F** Row **40**

G.R.S. Representative *James W. Younger*
James W. Younger
Captain MC.

ofb

COMPILATION OF DISPOSITION OF REMAINS DATA

File #65368

I. LOCATION INDEX CARD:

(a) Name CHIALIAS, Louis Ser. No. 1763498
(b) Rank Pvt. Organization Co. L, 309th Infantry
(c) Date of death 11/1/18 (d) Cause of death K/A

TYP. DMA
CKR. 13. J.

3/27/22 Examined
22 Concentration
for Museum - Argonne 1232
att 4/11/22

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

(a) Grave No. 161 Row - Plot 4 Sec. 28 TYP. DMA
(b) Emerg. Address Adonio Meola (Uncle) 125 Van Winkle Ave., Jersey City, N.J.

III. Files of soldiers dying from contagious diseases CKR. 13. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt no card in file - CKR - 4-11-21

(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 BBR Date 4-11-1920.

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

no request for disposition

(a) Cancellation memos referred to? yes

Examiner's Initials BBR Date 4-11-1920.

COUNTRY FRANCE CEMETERY No. 1232-sec. 28 SHEET No. 38 37

BBR 5-27-21

4-11-21

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 **MAY 20 1921** 1920

See 28

PARAGRAPH 2 - NOT TO BE RETURNED (H.A.S.)

IX. CORRECTIONS

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

X. SUSPENSION REMARKS:

W.P.E.A. - Pasquale Liaglia, (Father)
5-11-21,
w/ Mrs. Caterina Meola Liaglia, (Mother),
via Ferreria, San Lupo,
Prov. Benevento,
Italy.

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 SW, sent,*

Org. *4-16-21,*

Remarks

ea

S/1783/LML

*checked
4/11/21*

OSP-SS
Form No. 1009

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

Boese
129992

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Chialias, Louis, Pvt.

SERIAL NUMBER

ORGANIZATION

1232-Sec.28 - 37

4/16/21.

DATE OF DEATH

1763498

Co. L, 309th Inf.

11/1/18.

WAR RISK INSURANCE INFORMATION

Copy forwarded to
Adjustment Department

DATE

Date 5/11/21-W.

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

~~FIFTEEN DOLLARS ONLY~~
ADDRESS

\$15.00

PASQUALE CIAGLIA

C-129992

~~VIA FERRERIA~~
PERSON RECEIVING DEATH COMPENSATION
SAN LUPO

RELATIONSHIP

PROV BENEVENTO ITALY

(over)

S/1868/LML

POSTAL TELEGRAPHIC BANK OF ITALY
RISERVA GARANTITA
RISERVA GARANTITA

8000

FIFTEEN DOLLARS ONLY

\$15.00

MRS CATERINA MEOLA CIAGLIA

C-129992

VIA FERRERIA

SAN LUPO

PROV BENEVENTO ITALY

POSTAL TELEGRAPHIC BANK OF ITALY

POST

POSTAL TELEGRAPHIC BANK OF ITALY

POSTAL TELEGRAPHIC BANK OF ITALY

8000

COMPILATION OF DISPOSITION OF REMAINS DATA

File #65368

See Form 115
att 4/11/22

I. LOCATION INDEX CARD:

(a) Name CHIALIAS, Louis Ser. No. 1763498
(b) Rank Pvt. Organization Co. I, 309th Infantry
(c) Date of death 11/1/18 (d) Cause of death K/A
DMA
TYP.
B. J.

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

(a) Grave No. 161 Row - Plot 4 Sec. 28 TYP. DMA
(b) Emerg. Address Adonio Meola (Uncle) 125 Van Winkle Ave., Jersey City, N.J.
off (4-26-21) E. 14.

III. Files of soldiers dying from contagious diseases. CKR. B. J.

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 MAY 20 1921, 192

Sec 28 **PARAGRAPH 2 - NOT TO BE RETURNED** (H.A.S.)

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. _____

act. 5-27-21

REPORT OF DISINTERMENT AND REBURIAL.

65368

Remains of:

Name: GHIALIAS, Louis

Number: 1763498

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date) _____ From: (Give complete location) _____

17th, April 1919.

Grave #28 B/A Cemetery

CHAMPIGNEULLE. ARDENNES.

35 NW 295.7 E 287.2 N

Reburied (Date) _____ in: (Give complete location) _____

17th, April 1919.

Grave #161 Section #28. Plot #4.

1232

Amer. B/A Cemetery #1232. ROMAGNE, MEUSE.

35 NE 308.16 E 284.87 N.

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

Burial good. 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...

10757

10757

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: Lt. Armitage.

R. H. ROSENTHAL
2nd Lieut. G.M.C.U.S.A.

C.O. Group _____ Unit _____

Date: May 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: CHILLAS, Louis

Number: 1762498

Rank: Unknown

Organization: Unknown

Unit

Disinterment and Reburial made by Group

Disinterred (Date)

From: (Give complete location)

17th April 1919

Grave 128 B/A Cemetery

CHAMBERSVILLE, ARIZONA

33 W 255.7 N 207.3 W

Reburied (Date)

To: (Give complete location)

17th April 1919

Grave 121 Section 128, Plot 4

Amer. B. Cemetery 128S, ROMANA, MISSOURI

35 W 308.16 N 284.67 W

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

Burial good. Buried in uniform; body badly decomposed.

Was any identification tag found upon the body? Yes

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

CONTINUED ON REVERSE



Note:

If upon disinterment, effects and remains are found... sent to the Electric Post office as in report... after being carefully examined for signs of identification... what will be made and reported to Chief, Graves Department, War Department.

Supervised by: Lt. Amstutz

G.O. Group Unit

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made

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

Date 4/16/21.

File No. 65368 Requisition
File No.

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

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 4-16-21

a. Surname Chialias ✓

b. Christian name Louis ✓

c. Serial Number 1763498 ✓

d. Organization Co. L, 309th Inf. ✓

e. Rank Pvt. ✓

f. Date of death 11/1/18. ✓

g. Cause of death K/A. ✓

h. Authority (C.O.#)

i. Emergency address Adonis Meola
125 Van Winkle Ave., Jersey City, NJ

j. Relationship Uncle

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 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.

BY: H. J. CONNER
1st. Lieut. Q.M.C. & S Div., A.G.O.

CEMETERY NO: C.W. 1232-Sec.28

SHEET NO: 37
TYPED BY: I.W.

3/713/LWL

Connelly, Eme. G.P.S.
4/19/21

APR 30 1921 6

APR 19 1921

THE DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment made

Date 4/26/21

S.R. Form 27-A-4
in form of A.C.O.

Registration

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

To: The Adjutant General of the Army, 6th & 8th Sts., N.W., Washington, D.C.

Subject: Information required for U.S.A.

If so requested that the items checked below be completed. Request
of all information shown.

1. Date of death 11/1/18.

2. Cause of death H.A.

3. Authority (C.O.)

4. Pharmacy address

5. Relationship

6. 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

APR 20 1921

RECEIVED

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Form of nose and

cheekbones

enlistment (Old fractures or breaks)

M. E. ROGERS

Quartermaster General, U.S.A.

BY:

M. E. ROY

1st Lt. Col. O.M. ...

Adj. Gen.

O.W.

121-200.28

BY

J.W.

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

PLEASE
EXPEDITE

65368

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chialas 1763498

Louis

(Surname). (Number). (First Name and Initials).

Private

Co. L. 309 Inf.

(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: **Nov. 6 1918**

PLACE OF BURIAL: **87.4 - 96.3**

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

Buzancy Map No. 79

GRAVE NUMBER:

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

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:

OMME. Quatre-Champs (Ardennes)

623 NEAREST RELATIVE: **35 NW** COORD: **E 287.4**
N 296.3

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain Friedman, 77th Division

(Signature and Rank of Reporting Officer).



673-552

Communal List No. _____

Daily Report No. _____

2. SOLDIERS NO 1763498
63568

3. ~~CIAL~~ AS LOUIS
SURNAME FIRST NAME

4. UNKNOWN
RANK COMPANY, REGT. OR CROSS
5. UNKNOWN IN ACTION

6. UNKNOWN CAUSE
DATE OF DEATH BATTLE FRONT No 3

7. UNKNOWN CEMETERY
NEAR ST JOVIN ARDENNES

TOWN, OR COMMUNE DEPARTMENT
8. 28 SKETCH No 21

GRAVE NO PLOT NO. OR LETTER
9. NAME PEG, CROSS, HEADBOARD, BOTTLE

10. BURIED WITH BODY ATTACHED TO MARKER

11. IF NAME UNKNOWN TAGS MISSING GIVE
MARKS, AND DESCRIPTION

12. VERDUN NW 35
MAP REFERENCE
287-2-N 295-7E

13. GIVE NAME OF CHAPLAIN
SIGNED *James L. Maeder & M. J. L. S.*

GROUP No. 4
UNIT-305 GR S
1110

