

Gr.

To The A. G. O.

242

G.R.S. Form #114-B

FEB 18 1928

DATE 11/3/21.

1. NAME CHIESA, Carmelo

SERIAL No. 52763

RANK Pvt. /c.

ORGANIZATION Co B. 26th Inf. & DIVISION

GRAVE LOCATION Meuse-Argonne American Cty., Romagne-sous-Montfaucon (Meuse). CTY. NAME Montfaucon (Meuse). NUMBER

54

Sec. 57

2

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

Isolated, Exermont, Ardennes

GRAVE

COMMUNE

DEPT.

COORDINATES

35NE 280.9N 303.1E

CONCENTRATED TO

6/12/19

54

57

2

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232

CEMETERY

CTY. NUMBER

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

Tag on body and cross

data f-1/pfb

DATE OF DEATH

Oct 7-18

STATE FROM WHICH HE CAME

Calif.

MEDALS OR DECORATIONS AWARDED

acted in P.O. 1st Div Jan 1920.

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

W. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S.

3. FINAL GRAVE LOCATION 11/3/21.

4

15

A.

DATE

GRAVE

ROW

Block

Meuse-Argonne Amer. Cty. #1232 Romagne-sous-Montfaucon. (Meuse)

Rec'd World War Div. CEMETERY

FEB 19 1928
WORLD WAR DIV.

MAR 30 1928

Robert O. Davis,
The Adjutant General

By Eva J. J. hd
2-24-26
JOC

AUDITED BY
M.J.S. 4-76-23



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.



No. 1712/18 1670

P. L. 304

GRAVE LOCATION BLANK

Chicago LOCATION OF THE GRAVE OF *Camels*

~~Camels~~ 5276 40 ~~Camels~~
(Surname.) (Number.) (First Name and Initials.)

Priv *Co. B, 26 Inf*
(Rank.) (Organization.)

DATE OF BURIAL

PLACE OF BURIAL *In Bois de Nancy*
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Maps Krinhold
Stilling

GRAVE NUMBER *5*

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

IDENTIFICATION TAGS:

Was one buried with body? *no*
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:

Emergency address unknown

REPORTED BY: *W. B. Rott*
Chap 165 Inf
(Signature and Rank of Reporting Officer.)

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

C° B. 26th Inf.
1st Div.

CHIESA, Carmelo, Pvt 52763

Pvt Chiesa, 52763, Carmelo was with me on Oct. 3, 1918, at the Argonne and was wounded on the morning of Oct. 3, 1918 several inches above the heart by a machine gun bullet. I gave him help to a little shelter and all the first aid possible and later during the morning he was hit by a shell splinter from our own artillery barrage and killed.

Informant : Hansirodos, Thelophilos, Cpl 52721
C° B. 26th Inf.

Home : New-York. N.Y.

Signed : Lewis, Brown, Capt. 26th Inf.

4x6

Date 26th June 1919

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name CARMELO Chiesa. Number: 52763.
(Arnelo) Chiesa
Rank Ukn Organization: Co B 26th Inf.

Disinterment and Reburial made by Group _____ Unit _____

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

12th June 1919 Grave ISOLATED

EXERMONT ARDENNES.

35 NE E 303.1. 280.9 N

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

12th June 1919 Grave 54 sec 57 plot 2.

ARGONNE AMERICAN CEMETERY. # 1232.

ROMAGNE MEUSE.

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

Burial poor Buried in uniform badly decomposed.

1232

Was one identification tag found upon the body? yes.

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

Notation No. D. 2062

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.Q. 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. Rippen.

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

LPB.

C.O. Group _____ Unit _____

✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Chiesa</i>	<i>CHI</i>	3	389
<i>Carmelo</i>	CEMETERY <i>1232</i>	1	1
BURIED	GRAVE <i>4</i>	2	04
	ROW <i>15</i>	2	15
	BLOCK <i>a</i>	1	1
STATE	<i>Calif</i>	2	04
RANK	<i>P.F.C.</i>	1	2
DIVISION	<i>1</i>	2	01
ORGANIZATION	<i>26</i>	3	026
ARM	<i>Inf</i>	1	1
MARITAL	<i>no</i>	1	2
NAME <i>Chiesa</i>	<i>CHI</i>	3	389
<i>(Signora)</i>	STATE	2	
RESIDENCE <i>Angela Bava</i>	COUNTY	2	
<i>vedova</i>	CITY	3	
<i>No loco</i>			
RELATION	<i>mother</i>	1	1
OTHER		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	
<i>29/514 Country</i>	<i>Italy</i>	2	01

RECEIVED
FEB 12 1948
P.M.

987

Adm

MA
Chiesa Carmelo
Co B 26th Inf
Pvt 1 cl

XC-130574

M - Camp
Angela Bara vedova Chiesa
Italy

no loco - 8 inq. 2-10-33

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chiesa, Carmelo
1232

August 30, 1929.

Mr. Luigi Chiesa,
1530 12th Ave.,
San Francisco, Calif.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 27, 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:

He was not married.

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.

*His mother lives in Italy.
Her address is:
Signora Chiesa
Rue*

*Pro. Aless. Italia
(Italy)*

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

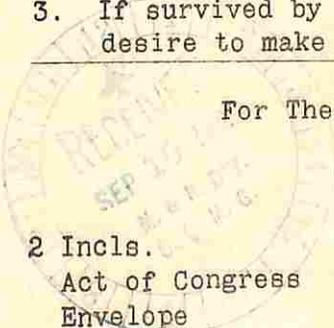
I do not know.

For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 27, 1929.

Chiesa, Carmelo

**Mr. Luigi Chiesa,
1530 12th Ave.,
San Francisco, Calif.**

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 brother of the late Private 1/cl. Carmelo Chiesa, Co. B, 26th 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,

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

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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1232

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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 27, 1929.

Chiesa, Carmelo

**Mr. Luigi Chiesa,
1850 12th Ave.,
San Francisco, Calif.**

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

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

Chiesa, Carmelo

1232-57

52763

~~Carmelo~~

~~Chiesa~~

~~32763~~

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. 1e

Co. B, 26th Inf

(Rank and organization.)

State your relationship to the deceased

brother

Do you desire the remains brought to the United States?

no

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

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

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Luigi Chiesa

1530. 12th Avenue

San Francisco

Calif.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

drawn by M.H.
1232 - 20057 - 33
6/13/21

In reply refer to:
QM - 293 C-R

August 15, 1923.

Mr. Luigi Chiesa,
1530 12th Ave.,
San Francisco, Calif.

Dear Sir:

The Quartermaster General desires that you be informed that
Private 1/c Carmelo Chiesa, Company B, 26th
Infantry, is buried in Grave 4, Row 15, Block A, 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 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.

O.Q.M.G.
Central Mail & Files Bk.



AUG 15 1923
H. B.

RD
L

*File 20/145
9/1/26
SAB*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File 83536

(a) Name CHIESA, Carmelo Ser. No. 52763
(b) Rank Pvt. Organization Co. B, 26th Inf.
(c) Date of death 10-7-18 (d) Cause of death k/a

TYP. b
CKR.

7/29/22 Exhumed
for Concentration
Munich-Argonne 1232
att 3/13/22

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

(a) Grave No. 54 Row Plot 2 Sec. 57 TYP. b
(b) Emerg. Address Luigi Chiesa (brother) 5030 12th Ave., Sunset, San Francisco, Calif.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Luigi Chiesa (b) Relationship brother
(c) Address 1530 12th Ave, San Francisco, Calif
(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.

Card located
file released
6/13/21

Examiner's Initials M.H. Date 6/13, 1920

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

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

Examiner's Initials Date, 1920.

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

no request for disposition

(a) Cancellation memos referred to? yes

Examiner's Initials H.P. Date 5-3, 1920

COUNTRY FRANCE CEMETERY No. 1232-DEC.57 SHEET No. 33

ap 6/23/21

Checked 6/21/21

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 5-19-21, 1920

Sec. 57
Par. 2. Not to be returned (EES)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*A. Y. B. gives Luigi Chiesa brother
5030 - 12th Ave. Sunset San Francisco
Calif.*

To be prepared in triplicate.

DATE Nov. 3, 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 CHIESA, Carmelo

10. Name _____

2. No. 52763

11. No. _____

3. Rank Pvt. 1/c

12. Rank _____

4. Org. Co. B. 26th Infantry.

13. Org. _____

5. D.D. Oct. 7th. 18

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 54 Sec. 57

15. Grave No. _____ Sec. _____

8. Plot 2 Row _____

16. Plot _____ Row _____

9. _____

17. No discop

18. Cemetery Meuse-Argonne Amer.

19. Commune or town Domagne-sous-Montfaucon

20. Dept. or County Meuse.

21. Country France.

22. G.R.S. Hdqrs. Code No. 1232 - 57

23. Disinterred (Date) 11-3-21

By E. Maire

24. Inscription on grave marker:

Name Carmelo Chiesa

Serial No. 52763

Rank Pvt.

Organization Co. B. 26th Inf.

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

Signature John H. Crawford 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).

None

27. Condition of body Badly decomposed feature unrecognizable

28. Nature of burial US Uniform, burlap and pine box.

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

30. Body prepared and placed in casket: Date 11-3-21 By E. Maire

31. Casket sealed by E. Maire

Signature of Embalmer, (Supervisor) E. Maire



SHIPMENT. (Show actual marking of box.) Box No. CL15269

32. Designation of body: _____

Name CHIESA, Carmelo Serial No. 52763

Rank Pvt. Organization Co. B, 26th Infantry.

33. Consigned to: _____

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

34. Casket boxed and marked (Date) 11-3-21 By E. 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 Geo. C. Bland, 1st Lt. Q.M.C.

36. Remarks _____

37. Shipped from point of Operation: (Date) 11-3-21

To point of Concentration Morgue, Romagne

Convoyer W.J. Royed Signature Shipping Officer G. P. Spann, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

Convoyer _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Meuse Arg. Cemetery. 1232 (Date) Nov. 3, 1921.

42. Grave No. 4 Section _____

Block. _____

43. Plot A Row 15.

G.R.S. Representative James W. Younger
James W. Younger
Captain, Q. M. C.

Place Romagne 1232

REPORT OF DISINTERMENT AND REBURIAL

Date Nov 3, 1921.

1. REMAINS OF CHIESA, Carmelo ^{Gelb} SERIAL NUMBER 52763
RANK Pvt. 1/c ORGANIZATION Co. B. 26th Inf.

2. Disinterred (date): Nov 3, 1921 From (give complete location): gr 54, sec 57, plot 2.
By: Group 6 Unit sec 1

3. Reburied (date): Nov. 3, 1921. In (give complete location): Row 15. Block N.A. Gr. 4, Cem. 1232.
By: Group Reburial S. Unit _____ Nature of reburial Unlined

4. Report as to nature of original burial and condition of body upon disinterment: Casket
wooden box and burlap and uniform. badly decomposed, features not recognizable.

5. (a) Identification tags: Buried with body? yes On grave marker? yes.
Chiesa, Carmelo ^{Feb} 52763 Pvt. Co. B. 26th Inf. U.S.A.

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

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

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

(b) Weigh, (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color no

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, left humerus and both jaws fractured.

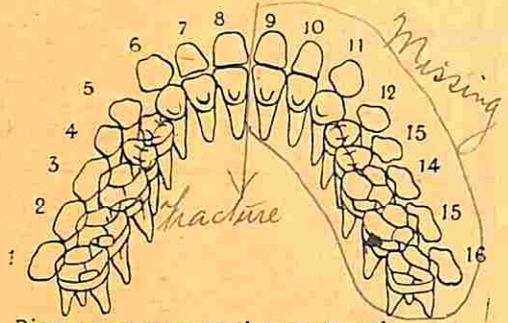


Diagram represents the mouth wide open

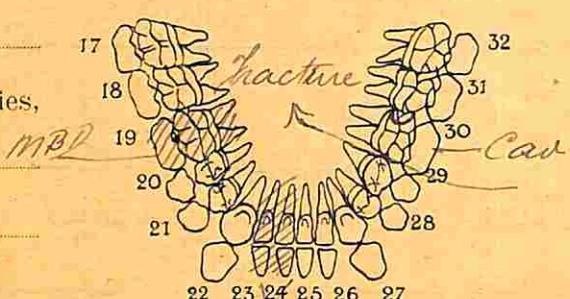


Diagram represents the mouth wide open

7. Disinterment supervised by Edmo Maire Approved: Geo. C. Bland
Edmo Maire (Title) Geo. C. Bland 1st Lt. OMC.

8. Reburial supervised by A. U. Dufault Approved: James W. Younger
A. U. Dufault (Title) James W. Younger Captain, U. S. A. C.

WS

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 Questions 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 83b36

I. LOCATION INDEX CARD:

(a) Name CHIESA, Carmelo *OK (6-21-21) H (C.R. 10-4-21-2000)* Ser. No. 52763 *OK (6-21-21) H*
 (b) Rank Pvt. *1/c (6-21-21) H* Organization Co. B, 26th Inf. } TYP. ^b
 (c) Date of death 10-7-18 (d) Cause of death k/a } B. J.

See Form 115
Att 3/13/22

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

(a) Grave No. 56 Row - Plot 2 Sec. 57 TYP. ^b
 (b) Emerg. Address Luigi Chiesa (brother) 5030 12th Ave., sunset, San Francisco, Calif. *U.S.O. 6-21-21-415*

III. Files of soldiers dying from contagious diseases 111 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
Sec. 57 letter of transmittal on 5-19-21, 192
Par. 2. not to be returned (E&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. _____

FRANCE

1232-Dec. 57

33

JP 6/23/21

83536

GRAVE REGISTRATION BLANK

LOCATION OF THE GRAVE OF

CHIESA, 52763, Carmele

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

Pvt. Co. B 26th., Infantry

(Rank). (Organization).

PLACE OF DEATH: Battle Field Argonne.....

CAUSE OF DEATH: GSW & H.E.....

DATE OF BURIAL:

PLACE OF BURIAL:

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

~~NAME~~

~~(C-)SHT. COORD~~

GRAVE NUMBER:

HOW MARKED: Name Peg?..... 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 mark should be given here?

~~INDEXABLE~~

NEAREST RELATIVE: ~~Brother~~ Luigi Chiesa

ADDRESS: ~~Brother~~ 5030 12th Ave., Sunset,
San Francisco, Cal.

RELATIONSHIP: Brother.

REPORTED BY:

Brown Lewis Capt. 26th Inf
(Signature and Rank of Reporting Officer).

Communal List No. _____
Daily Report No. _____

2707



100-111

83536

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Carmelo 527620 *Chiesel*
(Surname.) (Number.) (First Name and Initials.)

Pvt *Co B. 26 Inf*
(Rank.) (Organization.)

DATE OF BURIAL

PLACE OF BURIAL *In Bois de Mancy*
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Map Kriemhild
Stalling

GRAVE NUMBER: *5 d*

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

IDENTIFICATION TAGS:

Was one buried with body? *no*

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:

Emergency address unknown
COMBAT EXORMONT (ARDENNES
(G 209) SHT. 35 NE COORD

REPORTED BY: *W. B. Roff*
Chap. 168 Inf
(Signature and Rank of Reporting Officer.)

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

EXAMINED



Continued _____
Daily Report No. *c-209-617*

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 3-W-A-0

Information requested of A.G.O.

JUL 26 1921

Date 6/14/21.

File No.

Registration 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.

- a. Surname Chiesa or (Carmelo) f. Date of death 10/7/18. ✓
- b. Christian name Carmelo or (Chiesa) g. Cause of death K/A. ✓
- c. Serial Number 52763 or (52763) h. Authority (C.O.#)
- d. Organization Co. B, 26th Inf. i. Emergency address Luigi Chiesa
15-30 12th Ave.,
- e. Rank Pvt. 1st cl. j. Relationship mother San Francisco, Cal.

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

Noted on Form 115-A

CEMETERY NO: **Suspend.**
1232-Sec. 57

SHEET NO: **33**
TYPED BY: **I.W.**

S-713/MB

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

BY:

H. J. Conner

H. J. CONNER,
1st Lieut. U.S.A.

Ret. Q.M.G. War Div.
Date **SUN** 6/16/21

JUN 15 1921 3

Donnelly
2, P. St. Wg. 7 6/16/21

Faint, illegible text, possibly bleed-through from the reverse side of the page.

JUN 17 1921

RECEIVED