

G.R.S. Form #114-B CAUSE OF DEATH

Died of wounds.

FULL NAME..... CHOPP, ~~Isidor~~ J. *Isidor Sol. Sig* OK

RANK..... Corporal SERIAL..... 100604 OK

DIVISION & ORGANIZATION..... Co. D, 168th Inf. *42 Div* OK

DATE OF DEATH..... 8-4-18 OK

STATE FROM WHICH HE CAME..... *Iowa*

MEDALS OR DECORATIONS AWARDED..... *None*

FINAL GRAVE LOCATION.....

Date Grave Row Block

..... 1764 Cemetery

..... 1877

.....

.....

.....

.....

.....

.....

27/86/-

MAY 9 1927
WORLD WAR I
61486-536
ADMITTED

ec

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

CHOPP

(Surname.)

100604

(Number.)

Isidor

(First Name and Initials.)

Corp.

(Rank.)

Co. D. 168th Inf.

(Organization.)

DATE OF BURIAL..... August 5, 1918.

PLACE OF BURIAL..... Vichy (Allier), France.

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

American Section, French Cemetery.

"Les Bastin"

GRAVE NUMBER..... 18

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 :

REPORTED BY :

Charles M. Webb, 2nd Lt. Q.M.C. US
(Signature and Rank of Reporting Officer.)

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

RECEIVED
STATISTICAL DIVISION
H. A. E. P.

23 APR 1918

Co. D., 168th Inf.,
42nd Div.

Chopp, Isadore J., -Cpl. -100604.
Home: Brazil, Iowa.

Cpl. Isadore J. Chopp, 100604 was wounded in action July 27, 1918 on the Chateau-Thierry Salient, died August 4th, 1918 at Base Hospital No. 19, Vichy, France.

The evening of the 27th of July Cpl. Chopp and his squad had dug in when a shell hit near by wounding him severely.

Buried Base Hospital No. 19, Vichy, France.

Informant: Day, Francis, E. - Mech - 100641.
Co. D., 168th Inf.
Home: Moravia, Iowa.

Signed: Paul C. Davis, Sgt. Co. D., 168th Inf.

Emergency address:
Tony Swab, Brazil, Iowa.

G.G.C.

CODE SLIP



| HEADING | SUB-HEADING | NO. OF COLS | CODE |
|--|----------------------|-------------|------|
| NAME <i>Chopp</i> | <i>Cho</i> | 3 | 389 |
| BURIED <i>Isidor J.</i> <i>S# 100604</i> <i>29.20. 8/4/18</i> | CEMETERY <i>1764</i> | 1 | 4 |
| | GRAVE <i>35</i> | 2 | 35 |
| | ROW <i>09</i> | 2 | 09 |
| | BLOCK <i>B</i> | 1 | 2 |
| STATE | <i>Iowa</i> | 2 | 16 |
| RANK | <i>Cpl</i> | 1 | 2 |
| DIVISION | <i>42</i> | 2 | 42 |
| ORGANIZATION | <i>168</i> | 3 | 168 |
| ARM | <i>Inf.</i> | 1 | 1 |
| MARITAL | <i>No</i> | 1 | 2 |
| NAME <i>Mihaljevic</i> | <i>mih</i> | 3 | 398 |
| <i>Mrs Katarina</i> RESIDENCE | STATE | 2 | |
| | COUNTY | 2 | |
| | CITY | 3 | |
| 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 29/514 <i>Country</i> | <i>Jugoslavia</i> | 1 | 14 |

AUDITED
JAN 18 1938
Atm

148

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8-25-31

| NAME | RANK | SERIAL | ORGANIZATION | DATE OF DEATH |
|------------------|------|--------|-------------------|---------------|
| Chopp, Isidor J. | Cpl. | 100604 | Co. D, 168th Inf. | 8-4-18 |

STATE _____ CTY. NO. 1764 GRAVE 35 ROW 9 BLOCK B

| | <u>Check relationship</u> | <u>Living</u> | <u>-</u> | <u>Deceased</u> |
|---------|---|---------------|----------|-----------------|
| NAME | MOTHER | : ✓ | : | : |
| AND | STEPMOTHER (For the year prior to commencement of service) | : | : | : |
| ADDRESS | MOTHER THRU ADOPTION (For the year prior to commencement of service) | : | : | : |
| | MOTHER IN LOCO PARENTIS (For the year prior to commencement of service) | : | : | : |
| | WIDOW (Who has not remarried) | : | : | : |

mother
Katarina Mihaljine
ulica Banja br 177
Fuzine Krey Delnice
Croatia Jugoslavia

Single man

Veterans Bureau Claim Number XC 35023
 29/156

12/17/32

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
~~Chopp, Isidor, J.~~

June 12, 1929.

XC 35 023

Mr. Rony Swab,
Brazil, Iowa.

(M) Mrs Katarina Mihaljevic
ulica Banija kbr 177
Fuzine srez Delnice
Croatia Jugoslavia

1235023
7/9/29

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 friend of the late Corporal Isidor J. Chopp, Co. D, 168th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, 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.

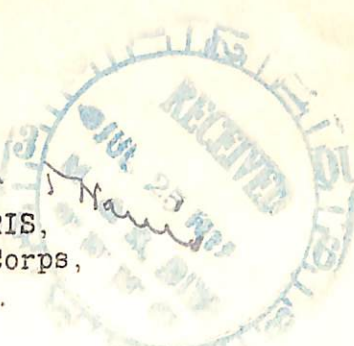
For your reply, you may use the enclosed envelope which requires no postage.

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
Chopp, Isidor, J.

June 12, 1929.

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Brazil, Iowa.

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

The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

Q. M. G. V. R. D. I.
23 JUN 12 PM 1 35
DISPATCHED

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

536 - 24

March 16th, 1921.

File No. 293.8 Cor. Branch.
(CHOPP, Izidor J.)

Memorandum for:- Chief, Cemeterial Division, O.Q.M.G., Washington, D.C.

Subject:- Return of Records. Transmittal
Memorandum Number H-1777.

1. Returned herewith are records pertaining to the remains of the late Corporal Izidor J. Chopp, serial number 100604, Company D., 168th Infantry, it being definitely determined that the body is to remain in France, for burial in a permanent American Cemetery.

R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

F. C. Pallas
F. C. PALLAS,
Executive Assistant.

1 incl.

R-3-23-21
CM

RECEIVED

MAR 19 1921

J. H. C.

Cemeterial Division
Overseas Project Sub-Section

RECEIVED



MAR 19 1921
G. H. S.

EXHIBIT NO. 100000
U. S. BUREAU

RE:

OFFICE IN CHARGE
WASHINGTON, D. C.

Enclosed for the Bureau are two copies of a report
dated March 15, 1921, and one copy of a report dated
March 16, 1921, both of which were prepared by
the Bureau of the Army and Navy, and are being
forwarded to you for your information.

Very truly yours,
Director

(Enclosed for the Bureau)

MAR 19 1921

U. S. DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

Chopp,
(Surname.)

Izador J.
(Christian name in full.)

100,604
(Army serial number)

Cpl

Co D, 168th Inf.,
(Rank and organization.)

State your relationship to the deceased *uncle*

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? *no*
(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) *Jane Swab*

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

Read carefully the letter accompanying this card.

F. J. [unclear] 1876

536  46

11-8-20

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

RECEIVED



FEB 10 1921
G. H. S.

CEMETERIAL DIV.



CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SEC.

FEB 10 1921

RECEIVED.

FEB 10 1921

July 5 36.24

quize 13.1.21

Recorded, Cemeterial
File # 228.5 - 1767

Dear sir! -

In replay to your letter dated the 24. Nov. 1920, please to accept my best thanks for your words concerning my son's noble dead body! - May he find his rest there where he left this world and where he was killed for his American country. I am left a poor widow and my son Leidor Chopp was all my hope! - Now God will was otherwise. Please take care of his

Let what not
in get
wash
H 2-17-21
Mr.

349

grave as I, who am
poor and far away
can not do it. God
will bless you for
this work! -

With many thanks

Love yours very

truly

Katarina Milaljević

mother of Fridor Chopp

Corporal 168th Infantry
Camp. D

Buried: American

Cemetery # 536

Nichy - les-Bains, Allies

File No 293. & Cemetery

Correspondence # 12614-59

My address is:

Katarina Milaljević

Trizine # 99 Brieg

gorški kotar

Croatia

Yugoslavia

March 16th, 1921.

File No. 293.8 Cor. Branch.
(CHOPP, Izidor J.)

Memorandum for:- Chief, Cemeterial Division, O.Q.M.G., Washington, D.C.

Subject:- Return of Records. Transmittal
Memorandum Number H-1777.

1. Returned herewith are records pertaining to the remains of the late Corporal Izidor J. Chopp, serial number 100604, Company D., 168th Infantry, it being definitely determined that the body is to remain in France, for burial in a permanent American Cemetery.

R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

Lab F. C. PALLAS,
Executive Assistant.

1 incl.
RC/1ab



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
HOBOKEN, N.J.

JAN 13 1921

FROM: Chief, Graves Registration Service, Q.M.G.

TO: Mr. Tone Swab, Novinger, Mo.

SUBJECT: Remains of ...Cpl. Izidor J. Chopp, Ser. No. 100604, Co. D,
168th Inf.

The records of this office show that you have requested that his body ..
.....remain in Europe.....

If these are not the correct instructions, please correct them. Make
corrections on second page.

The nearest relative may choose between (1) return of the body to any
address in the United States (2) interment in Arlington, Va., or any other
National Cemetery (either place at Government expense); or (3) remain in Europe.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Lieut. Colonel, U.S.A.

*Noted
2/8/21*

If all blank spaces below are not filled out, it will necessitate a
return of this paper and a SERIOUS DELAY in the shipment of this body. State
in each case WHETHER these relatives are STILL LIVING.

| NAME OF | NO. AND STREET | TOWN | STATE |
|------------------------------|----------------|------|-------|
| Was soldier married? | | | |
| Soldier's widow | | | |
| Soldier's children (1)..... | | | |
| (Name oldest first) (2)..... | | | |
| (3)..... | | | |
| Father | | | |
| Mother | | | |
| Brothers (1)..... | | | |
| (Name oldest first) (2)..... | | | |
| (3)..... | | | |
| Sisters (1)..... | | | |
| (Name oldest first) (2)..... | | | |
| (3)..... | | | |

Date Signature
Address Relationship

Important. - CAREFULLY read instructions before filling out this paper.

I, the undersigned, am the [relationship] and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz:

(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U.S. and shipped to..... (Name)

..... (R.R. station)

..... (State)

3. To be returned to the U.S. and buried in National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made QUICKLY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope--pay no postage.

10. If definite instructions as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

11. The transfer of bodies will be made QUICKLY at Government expense.

12. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

13. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

536-24

March 17th, 1921

File No. 293.8 Cor. Branch
(Chopp, Izidor J.)

Mrs. Katarina Mihaljevic,
99 Brieg,
Fuzine, Gorski Kotar,
Croatia, Jugoslavia.

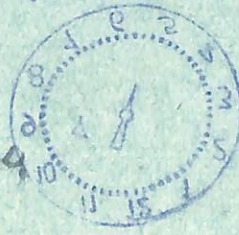
Szanowna Pani:

List Pani Otrzymałismy na ktore Pani wspomina o
Synie kopraku Izidor J. Chopp, numeru 100604, Company D. 168
Infantry, i na Panine zadania Syn Panin zostanie w tym grobie
lezy. Zad amerykanski beda sie staral azaby grob Syna na
wieki byl wporadku.

Bardzo nam przykro ze Syn Panin padl w wojnie
swatowej.

Spowazanien,

Q. W. 2
MAR 18 1921



R. E. Shannon
R. E. SHANNON,
Captain, C.M. Corps,
Officer in Charge.

fop/eg

RECEIVED

105/02

MAY 18 1921

RECEIVED



MAY 19 1921
G. H. S.

RECEIVED IN OFFICE
OF THE SECRETARY
OF THE TREASURY

[Handwritten signature]

RECEIVED

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RECEIVED

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

536-24

English translation of communication addressed to
Mrs. Katarina Mihaljevic.

March 17th, 1921.

File No. 293.8 Cor. Branch
(Chopp, Izidor J.)

Mrs. Katarina Mihaljevic
99 Brieg,
Fuzine, Gorski Kotar,
Croatia, Jugoslavia.


Dear Madam:

Receipt of your communication, relative to the disposition of the remains of your son, Corporal Izidor J. Chopp, Serial Number 100604, Company D. 168th Infantry is acknowledged.

In accordance with your desire, the remains of your son will be left in France for burial in a permanent American Cemetery under the constant care and supervision of the American Government.

The Department wishes to convey to you renewed assurance of its sympathy in your bereavement.

Respectfully yours,


R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

fcp/eg

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON February 12th, 1921.

Handwritten initials: J. T. Chap

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mr. Tone Swab, Brazil, Iowa.

SUBJECT: Remains of Cpl. Izidor J. Chopp, Ser. No. 100604, Co. D, 168th Inf.

The records of this office show that you have requested that the body of the above-named _____ remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lieut. Colonel, U. S. Army.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married? _____

| NAME OF— | NO. AND STREET. | TOWN. | STATE. |
|---|-----------------|-------|--------|
| Soldier's widow _____ | | | |
| Soldier's children. (Name oldest first.) | 1 _____ | | |
| | 2 _____ | | |
| | 3 _____ | | |
| Father _____ | | | |
| Mother _____ | | | |
| Brothers. (Name oldest first.) | 1 _____ | | |
| | 2 _____ | | |
| | 3 _____ | | |
| Sisters. (Name oldest first.) | 1 _____ | | |
| | 2 _____ | | |
| | 3 _____ | | |

Date _____

Signature _____

Address _____

Relationship _____

Address _____ Relationship _____
 Date _____ Signature _____, 192__

I, the undersigned, am the _____ and nearest living next of kin of the within-named soldier, and desire the following disposition of his remains, viz:
 (Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.
2. To be returned to the U. S. and shipped to _____ (Name.)
 _____ (R. R. station.) _____ (State.)
3. To be returned to the U. S. and buried in _____ National Cemetery.
4. To remain in Europe, for burial in a permanent American Cemetery.

Signature _____
 NAME OF _____ ADDRESS OF _____ TOWN _____ STATE _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.
7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

*See 115
11-16-21*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name CHOPP, Izidor J. Ser. No. 100604 } TYP vbb
 (b) Rank Corporal Organization Co. D, 168th Infantry }
 (c) Date of death 8-4-18 Cause of death WIA + Septicemia } *(11-20)*

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

(a) Grave No. 18 Row - Plot - Sect. - TYP vbb
 (b) Emerg. Address Mr. Rony Swab (friend) Brazil, Iowa.

III. Files of soldiers dying from contagious diseases CARD AGREES CKR vbb

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

*A. G. O. Card. Lone Swab, Administrator,
 Moringer. No requests remains to
 remain in Europe.*

(NCJ - 12/8/20)

V. Following advice forwarded to Europe by (cable on 192
(Letter of transmittal on 11/30 1920)

Par # 2 Not to be returned. (NCJ - 12/8/20)

DEC 16 1920

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

~~FEB 22 1921~~
MAR 19 1921

COUNTRY

CHEMISTRY NO.

SHEET NO.

G.R.S. FORM 115-A
August, 1920

S-666/MB

FRANDE

536-

24

all P 12/10/20

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name CHOPP, Izidor J. Ser. No. 100604
(b) Rank Corporal Organization Co.D, 168th Infantry
(c) Date of death 8-4-18 (d) Cause of death Septicemia

TYP bbb
CKR D

*10/29/21 for transit to
Aime Marna 1764
11-16-21*

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

(a) Grave No. 18 Row - Plot - Sec. - TYP vbb
(b) Emerg. Address Mr. Rony Swab (friend) Brazil, Iowa.

III. Files of soldiers dying from contagious diseases CARD AGREES

CKR D

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Loni Swab (b) Relationship Administrator
(c) Address Wilmington, Mo.

(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 L.B.G. Date 11-8-, 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 L.B.G. Date 11-8-, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes P.F.

Examiner's Initials P.F. Date 11-9-, 1920.

COUNTRY FRANDE

CEMETERY No. 536-

SHEET No. 24

alter 12/10/20.

Reviewed 3/29/21-ED

528

X

X

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

RECEIVED

Typed by _____

Checked by _____

_____, 1920.

VIII. FINAL ACTION:

MAR 19 1921

Following advice forwarded to Europe by

cable on _____

Cemetery Division

letter on _____

Overseas Project Sub-Section

_____, 1920

Par. # 2. Not to be returned. HQ.

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

War Risk gives E.A.

Mrs. Katarina Mihaljevic (mother)

126 Pruzin, Jugoslavia

11/20/20 B

1/13/21 Form 120- to Mrs. Paul Swab, Koenigsberg, Mrs. (Friend) ret'd "Unclaimed" H-2/8/21-22.

1-13-21 Letter from Mrs. Katarina Mihaljevic, mother, desires body remain in France. H-2-17-21 PW

FORM 115 RETURNED BY HOBOKEN-2277 TO REMAIN IN EUROPE.

379-11 ON

Name

Rank

Serial No

Name _____

Rank _____

Serial No. _____

Org. _____

Remarks:

Gammaway 11-8-20

A. G. O. Card & Corr. *8*

Discrepancies _____

Name *✓* _____

Rank _____

Serial No. _____

Org. _____

Remarks:

G. R. S. Corr. _____

Discrepancies _____

Name _____

Rank _____

Serial No. _____

Org. _____

Remarks:

Checkers *O'Malley*

Discrepancies _____

Name _____

Rank _____

Serial No. _____

Org. _____

Remarks: *Relationship looks like administrator*

S/1100/LML

*8-11-20
a.s.o. - 11-13*

*checked
11-9-20
none*

Place Vauy Les Bains

REPORT OF DISINTERMENT AND REBURIAL

Date March 11, 1921.

1. REMAINS OF Isider J Chopp SERIAL NUMBER 100604.

RANK Cpl. ORGANIZATION Co D. 168 th Inf.

2. Disinterred (date): March 11, 1921. From (give complete location): Found in Gr 17. Cem 536.

By: Group 3 Unit 2

3. Reburied (date): March 11, 1921 In (give complete location): Gr 18. Cem 536.

By: Group 3 Unit 2 Nature of reburial Burlap, uniform and pine box.

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

Body badly decomposed. Features not recognizable.
Uniform and pine box.

5. (a) Identification tags: Buried with body? Yes On grave marker? See Remarks

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

Body found in Grave 17. under cross of William F. McClanahan.

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

(a) Height (actual measurement) Impossible to estimate.

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

(d) Hair on face—Color None visible.

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible.

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

None visible.

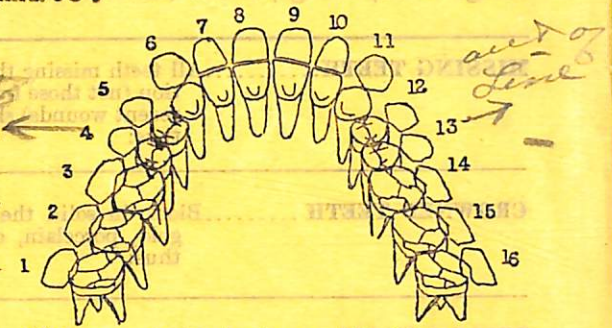
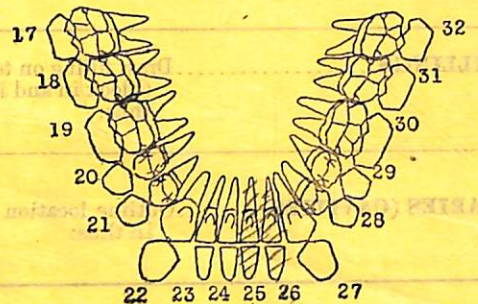


Diagram represents the mouth wide open.



10-30126

M-A-D

7. Disinterment supervised by W. R. Buckley Jr

Approved: W. R. Buckley
(Title) Cap One






8. Reburial supervised by W. R. Buckley Jr

Approved: W. R. Buckley
(Title) Cap One

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.

JUN 27 1921
 G. H. S.


Place Vi chy

REPORT OF DISINTERMENT AND REBURIAL

Date October 12, 1921.

1. REMAINS OF Chopp Isider J. SERIAL NUMBER 100604

RANK Cpl ORGANIZATION Co D 168th Inf

2. Disinterred (date): October 12, 1921 From (give complete location): Gr. 18 Cemetery 536

By: Group 3 Unit Sec 5

3. Reburied (date): Dec. 21, 1922. In (give complete location): Grave 35, Row 9, Block B, 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:

unrecognizable, badly decomposed, in pine box
in uniform

5. (a) Identification tags: Buried with body? yes On grave marker? yes

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

bottle record agrees with 114-A

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

(a) Height (actual measurement) unable to report

MAD 9 25 26
alloy fil 12

(b) Weight (estimated) unable to report

(c) Hair—Color none

Quantity none

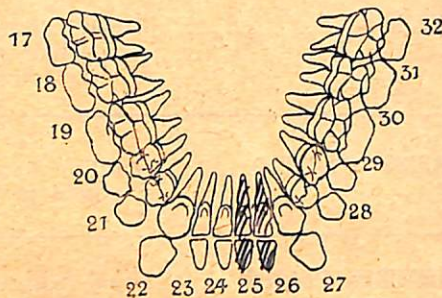
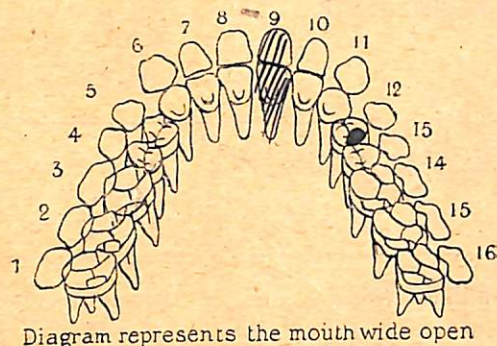
Characteristics none

(d) Hair on face—Color none

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities, or missing parts) unable to report



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

impossible to determine

Checked by J. A. Dougherty

7. Disinterment supervised by E T Anderson, Supervising Emb.

Approved: F Overheiser
(Title) 1st Lieut QMC






8. Reburial supervised by L.D. HAYS

Approved: W.D. Cleary
(Title) W.D. CLEARY, Lt. C haplain 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 : |  <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p> |
| CROWNED TEETH | Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus : |  <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN GOLD CROWN</p> |
| BRIDGE WORK | Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus : |  <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p> |
| FILLINGS | Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus : |  <p style="text-align: center;">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p> |
| CARIES (CAVITIES) | Outline location and size of cavity, shade in thus : |  <p style="text-align: center;">CAVITY DECAYED DECAYED DECAYED</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.

To be prepared in triplicate.

DATE Oct 12th 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 CHOPP, Isider J.
 2. No. 100604
 3. Rank Cpl.
 4. Org. Co.D.168th Inf.
 5. D.D. Aug.4th.
 6. C.D. Septicemia

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

Discrepancy found upon disinterment

7. Grave No. 18 Sec. _____
 8. Plot _____ Row _____
 9. _____

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

18. Cemetery Amer. Cty.

19. Commune or town Vichy-les-Bains

20. Dept. or County Allier

21. Country France

mg

22. G.R.S. Hdqrs. Code No. 536

23. Disinterred (Date) Oct 12th 1921

By E.T. Anderson

24. Inscription on grave marker:

Name Isider J. Chopp

Serial No. -----

Rank Cpl

Organization Co.D. 168th Inf.

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

J.A. Dougherty
 Signature Junior Technical Assistant
 J.A. Dougherty

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 with form 114-A

27. Condition of body badly decomposed, features unrecognizable.

28. Nature of burial wooden box and uniform.

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 Oct 12th 1921 By E.T. Anderson

31. Casket sealed by E.T. Anderson

Signature of Embalmer, (Supervisor)

E.T. Anderson
 E.T. Anderson

AUDITED BY
 11/8/27
 Suta

SHIPMENT. (Show actual marking of box.) Box No. **C-11613**

32. Designation of body:

Name **CHOPP, Isider J.** Serial No. **100604**

Rank **Cpl.** Organization **Co. D, 168th Inf.**

33. Consigned to:

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

34. Casket boxed and marked (Date) **Oct 12th 1921** By **E. T. Anderson**

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector *F. Overheiser*
F. Overheiser, 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 **Oct 14th 1921**

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

(Name)

Convoyer **H. F. Tebeau** Signature Shipping Officer *F. Overheiser*

F. Overheiser, 1st Lt. QMC

40. Received: Date **October 19, 1921.**

G.R.S. Representative *G. F. Waugh*

G. F. WAUGH, Major, Infantry.

41. Reinterred **Dec. 21, 1922.** **Aisne-Marne Cem. 1764.**

(Date)

42. Grave No. **35** Section

43. Plot **BLOCK B** Row **9**

G.R.S. Representative *W. D. Cleary*

W. D. CLEARY, Lt. Chaplain USA.

to this sig

DATE _____

1. NAME **CHOPP, Isider J.** SERIAL No. **100604**

RANK **Cpl.** ORGANIZATION **Co.D, 168th Inf.**

GRAVE LOCATION **Amer. Cty. Vichy-les-Bains (Allier)** # **536**

CTY. NAME NUMBER

mg **180**
GRAVE ROW PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION **17 Vichy-les-Bains Allier**
GRAVE COMMUNE DEPT.

COORDINATES _____

CONCENTRATED TO **March 11, 1921.** **18**
DATE GRAVE ROW PLOT

Amer. Cty. Vichy-les-Bains, Allier **536**
CEMETERY CTY. NUMBER

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

Body found in Grave 17. under cross of William F. McClanahan.

From Form 16-A.

Exhumed for Identification

SUBSEQUENT REBURIALS **Mar. 11, 1921.** **18** **Vichy les Bains** **536**
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR **Tom Ward**

Tom Ward, Captain, Q.M. Corps.

3. FINAL GRAVE LOCATION **12/21/22** **35** **9** **Block B**
DATE GRAVE ROW PLOT

Aisne-Marne American Cemetery #1764, Belleau, Aisne.

CEMETERY

AUDITED BY

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.

1108 1018 10-7*

1018 1018 10-7*

1018 1018 10-7*

CEWELSKA

CLA NUMBER

1018 1018 10-7*

230

DVLE

CVYAE

BOM

LGOL

1018 1018 10-7*

1018 1018 10-7*

10

1018 1018 10-7*

CVYAE

COMMON

DELI

1018 1018 10-7*

1018 1018 10-7*

CVYAE

BOM

LGOL

1018

CLA NUMBER

NUMBER

1018 1018 10-7*

230

1018

1018 1018 10-7*

1018 1018 10-7*

1018 1018 10-7*

DVLE

1. R.S. Form No. 1.

Hq. G. S. File

2. Soldier's No. 100604

3. *Chopp* *Isador*
Surname First Name and Initials

4. *Cosha* *D* *168th*
Rank Company Regt. or Corps

5. *8-4-18*
Date of Death Cause, if known

6. *8-5-18* *American Sector*
Date of Burial Cemetery

7. *Vichy* *Allier*
Town or Commune Department

8. *18*
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

12.
Map Reference, if interment is outside of cemetery

13.
Give name of Chaplain or Burial Officer

Signed *A. G. P. Flanders*
Inspector

Group Unit G.R.S.

10 SEP 1918

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

CHOPP *100604* *Isador*
(Surname.) (Number.) (First Name and Initials.)

Corp. *Co. D.* *168th Inf.*
(Rank.) (Organization.)

DATE OF BURIAL *August 5, 1918.*

PLACE OF BURIAL *Vichy (Allier), France.*

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

American Section, French Cemetery.

"Les Bastin"

GRAVE NUMBER *18*

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:

REPORTED BY:

Charles H. York
..... and Lt. *C. M. C. M.*
(Signature and Rank of Reporting Officer.)

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

29 101 Reg

RC #12614
AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE

December 3rd, 1918.

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

TO : C.O. C°D

SUBJECT: Query as to Identification Tag.

1. This office has received from
Effects Depot.

identification tag as follows:

Name: CHOPP (IO0604) Isidor J;

Rank: PVT Organization: 168 INF.

Corp Co D. 168th Infantry.

2. It is possible that the wearer of this tag was killed in action. If so, will you please fill out, as far as possible, the enclosed Grave Location Blank, and furnish any other information available which will tend to establish the place of his death and burial, and mail same promptly to office, G.R.S., Hdqrs. S.O.S., with return of this paper.
3. If he was not killed in action please advise as to present status, by notation hereon.

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

One tag buried with Body.
One tag attached as grave marker.

December 1916

U.S.A.

Effect Report

George (10000) Lumber Co.

10000 Lumber Co.

Co. U.S.A. Lumber Co.

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

January 30

1922

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. D., 168th Infantry.,

ORGANIZATION (Old)

CHOPP 100604 Izidor J., Cpl.

(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

| | Date | Place | F-1A No. |
|-----------|---------|-------|----------|
| Orig. | | | D- |
| 1st. Reb. | 3/11/21 | 536 | D- 30126 |
| 2nd Reb. | | | D- |
| 3rd Reb. | | | D- |

FILE

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Lannon

Card.

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By A.B.
S/3324/LML

12614

C O P Y

FILE

293.8 Cem. Div., #12614, CHOPP, Isidor

fuzine 13.1.21

Dear sir!-

In replay to your letter dated the 24 Nov. 1920, please to accept my best thanks for your work concerning my sons noble dead body! - May he find his rest there where he left this world and where he was killed for his American Country. I am left a poor widow and my son Isidor Chopp was all my hope! - Now Gods will was otherwise Please take care of his grave as I, who am poor and faw away can not do it. God will bless you for this work! -

With many thanks ever yours very truly

Katarina Mihaljevic

Mother of Isidor Chopp

Corporal 168th Infantry Comp. "D" buried: American Cemetary
#536 Vichy-les-Bains, Allies

File No 293.8 Cemetrial Devision #12614- Reg

My address is:

Katarina Mihaljevic
fuzine 199 Brieg
gorski kotar
Croatia
Jugoslavia

*Brig Let sent to Hat
for necessary action
NSA 7/1/21*

HB

C O P Y

293.8 Cem. Div., #12614, CHOPP, Isidor

fuzine 13.1.21

Dear sir!-

In replay to your letter dated the 24 Nov. 1920, please to accept my best thanks for your work concerning my sons noble dead body! - May he find his rest there where he left this world and where he was killed for his American Country. I am left a poor widow and my son Isidor Chopp was all my hope! - Now Gods will was otherwise Please take care of his grave as I, who am poor and far away can not do it. God will bless you for this work! -

With many thanks ever yours very truly

Katarina Mihaljevic

Mother of Isidor Chopp

Corporal 168th Infantry Comp. "D" buried: American Cemetary
#536 Vichy-les-Bains, Allies

File No 293.8 Cemerial Devision #12614- Reg

My address is:

Katarina Mihaljevic
fuzine 199 Brieg
gorski kotar
Croatia
Jugoslavia

HB

*Being let sent to Hat
for necessary action
NBA 1/1/21*

FROM: O. Q. M. G.

CEMETERIAL DIVISION

Munitions Building

Room 1128

12614

PLEASE

EXPEDITE

Adjustment Made

DEC 8 1920

2614
Special

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington.

G.R.S. Form S-W-418
Information Requested of A.G.O.

Date Nov. 13, 1920

File No. _____ Registration. _____
From: The Quartermaster General, U. S. Army, (Comatorial 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.

mm

- a. Surname Chopp, *OK*
- b. Christian name Izidor J. *OK*
~~Izidor J.~~
- c. Serial Number 100604 *OK*
- d. Organization Co. D. 168th Inf. *OK*
- e. Rank Cpl. *OK*
- f. Date of death 8-4-18 *OK*
- g. Cause of death Wounded in action, shock and Septicemia
- h. Authority (C.O.#)
- i. Emergency address
- 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)

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 | | | | | | | | |

S.M.

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

CIMINARY NO: 536

BY:

SHEET NO: 24
TYPED BY: FFD

H. J. CONNER
~~Captain, U.S.A.~~
1st Lieut. O. M. C.
Donnelly *EME* *EPS-11/10/20*

Rec'd World War Div.
Date 11-13-20

1920

NOV 15 1920

NOV 15 1920
RECEIVED

Harl. C.W.

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

*Please
Rush*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Chopp, Izidor J. Pvt.

536 - 24

Nov. 13, 1920

SERIAL NUMBER

ORGANIZATION

C-35023

100604

Co. D. 168th Inf.

Date of death - 8-4-18

WAR RISK INSURANCE INFORMATION

PA
Adjustment Made

DATE 11/16/20

NOV 24 1920

NAME OF BENEFICIARY

RELATIONSHIP

FILE

Mrs. Katarina Mihaljevic
Address

Mother

126 Fuzin, Jugoslavia

8

12614

FILES

Recorded,
Cemeterial Div., O. O. M. G.
File # 293.8-Adviser

September 14, 1920.

File No: 293.8 - Cem. Div. - Registration.
 From: The Quartermaster General, U. S. Army (Cemeterial Division).
 To: Mr. R. Barnett, Jewish Welfare Board, 149th-5th Ave., N.Y.C.
 Subject: Soldiers carried as Jewish Dead in error.

1. With reference to your letter dated September 3, 1920, copy attached hereto, you are advised that investigation discloses the fact that the following two men only, were recorded in your list of certified Jewish dead -

BUCHOLTZ, 1792569, Samuel
 Pvt., Btry. B, 108th F.A.

12614

CHOPP, 100604, Isidor J. ✓
 Cpl. Co. D, 168th Inf.

2. Instructions have been issued to our operatives in Europe to have these soldiers' names stricken from the list of certified Jewish dead, on file in their office, and the Jewish headboard now erected over their graves be replaced by the regulation cross.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
 Major, U. S. Army,
 Chief, Cemeterial Division.

Inv. S.S. DA
 Inv. & Adj.
 Incl. 1 copy of letter

By:

E. E. DAVIS,
 Executive Assistant.

SEP 15 1920
 DRG
 EMP
 RECEIVED

mail
 SEP 15 1920

Jewish Welfare Board

293.8 Jewish Welfare Board. Letter 9/3/20.

Classification _____

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

File # 12614

FILE

MEMORANDUM:

Date 9/13/20

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.

| | CORP. | ADD. DATA | | CORP. | 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 Cablgram Number | | | This soldier incorrectly reported as being Jewish | X | |

O.K. Alphabetical Files 9-13-20-ERW

O.K. Organization Files _____

O.K. State Files _____

| | |
|---|----------------------------------|
| | Cemetery Audit Department |
| X | Investigation & Adjustment Dept. |

1 Cards attached.

By Ethel C. Cawley

TO:- REGISTRATION BRANCH, G.R.S.
 FROM:- INQUIRY BRANCH.

Date February 3rd, 1920

Please furnish information as checked (✓) below regarding the following soldier:

NAME CHOPP, Isador Chateay Thierry, Serial Number 100694
 RANK Corporal ORGANIZATION Company D, 168th Inf.

| NO. | QUESTION | REPLY |
|-----|--|--|
| 1. | Do particulars of soldiers given above agree with Records? | No. - <u>CHOPP, Isidor J.</u> |
| 2. | Date of Death. | <u>8-4-18</u> |
| 3. | Cause and place of death | <u>Septicemia.</u> |
| 4. | Number of Casualty Cablegram | |
| 5. | Date buried | |
| 6. | Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments. | <u>Grave No. 18, American Cemetery # 536, Vichy-les-Bains, Allier.</u> |
| 7. | Who reported burial? | |
| 8. | Confirmed by G.R.S.? | |
| 9. | Report as to Grave-Marker. | |
| 10. | Identification Tags: (a) Buried with body? (b) Attached to grave marker? | |
| 11. | Complete Emergency Address? | |
| 12. | Has above 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.? | |
| 15. | Inquiry made by? | |

REVIEWED
 28 FEB 1920

Released by Information Control Dept.
 Directory
 Cards 5 x 8
 Cards 4 x 6

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

E. J. ...

No ...
U130/

WAR DEPARTMENT.

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

OFFICIAL BUSINESS.

100604
100604
LITTE

Sidney Chopp -
100604



ISIDOR J. CHORR

PVT.

D. CO.

168 INF.

100604