1 Letter sent on name

302

G.R.S. Form #114-B

CAUSE OF DEATH - Died of wounds

Cihocki - sol sig.

FULL NAME ~~CIOHOCKI~~, Tadency, O.K.

RANK Private OK SERIAL 38389

DIVISION & ORGANIZATION Co. B, 9th Infantry, O.K. 2nd Div

DATE OF DEATH 6-23-18 O.K.

STATE FROM WHICH HE CAME New Jersey

MEDALS OR DECORATIONS AWARDED None

FINAL GRAVE LOCATION 59 (Date) 4 (Grave) A (Row) (Block)

1764 (Cemetery)

329

241

AUDITED BY

27/86/-

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Cibocki Tadeusz	CIH	3	398
BURIED	CEMETERY 1764	1	4
	GRAVE 59	2	59
	ROW 4	2	04
	BLOCK A	1	1
STATE	N.J.	2	35
RANK	Pvt	1	2
DIVISION	2	2	02
ORGANIZATION	9	3	009
ARM	Inf	1	1
MARITAL	No	1	2 mtt
NAME Cichocka Anna	Cic	3	393
RESIDENCE All rel. foreign	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	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/ Country	Poland	2	10

1764

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

(CIHOCKI, Tadencz)

October 10, 1927

Mr. Stanley Cihocki,
184 Seventh St., Jersey City,
New Jersey.

Foreign

Dear Sir:

The Quartermaster General desires that you be informed that the remains of the late Tadencz Cihocki, Private, Company B, 9th Infantry, are permanently interred in Grave 59, Row 4, Block A, Aisne-Marne American Cemetery, Belleau, Aisne, France.

This is one of the permanent American Cemeteries to be maintained by this Government in Europe. Each grave will be marked with a white marble headstone (the cross design for the graves of those of the Christian faith and the Star of David design for the graves of those of the Jewish faith) inscribed with the name of the soldier, his rank, regiment, division, date of death and state from which he came. In order that the permanent white marble cross to be placed at the grave of Private Cihocki may be correctly inscribed, information is requested as to whether his first name is "Tadencz" or "Tadency" and the last name "Cihocki" or "Cichocki".

This office is desirous of having the markers at the graves of our soldier dead in the overseas cemeteries correctly inscribed insofar as is possible, and the assistance of relatives and friends in this matter is greatly appreciated.

Enclosed is a card showing the permanent cemetery location of Private Cihocki' grave, which it is thought you will be pleased to retain.

It will be appreciated if you will advise this office as soon as possible concerning the correct spelling of the name.

Very truly yours,

H. J. HAMPTON,
Lt. Colonel, Q.M.C.,
Assistant

Encl.
card

file
3-7-29
LDL

QM 293 A-C

(CIHOCKI, Tadencz)

October 10, 1927

Mr. Stanley Cihocki,
184 Seventh St., Jersey City,
New Jersey.

Dear Sir:

The Quartermaster General desires that you be informed that the remains of the late Tadencz Cihocki, Private, Company B, 9th Infantry, are permanently interred in Grave 59, Row 4, Block A, Aisne-Marne American Cemetery, Belleau, Aisne, France.

This is one of the permanent American Cemeteries to be maintained by this Government in Europe. Each grave will be marked with a white marble headstone (the cross design for the graves of those of the Christian faith and the Star of David design for the graves of those of the Jewish faith) inscribed with the name of the soldier, his rank, regiment, division, date of death and state from which he came. In order that the permanent white marble cross to be placed at the grave of Private Cihocki may be correctly inscribed, information is requested as to whether his first name is "Tadencz" or "Tadency" and the last name "Cihocki" or "Cichocki".

This office is desirous of having the markers at the graves of our soldier dead in the overseas cemeteries correctly inscribed insofar as is possible, and the assistance of relatives and friends in this matter is greatly appreciated.

Enclosed is a card showing the permanent cemetery location of Private Cihocki' grave, which it is thought you will be pleased to retain.

It will be appreciated if you will advise this office as soon as possible concerning the correct spelling of the name.

Very truly yours,

A. J. HAMPTON,
Lt. Colonel, Q.M.C.,
Assistant

Encl.
card

GR

FR

G.R.S. Form #114-B

DATE

1. NAME Cichocki, Tadeusz SERIAL No.

RANK Pvt ORGANIZATION Co.B.9th Inf.

GRAVE LOCATION French Mil.Cty. La Ferte-sous-Jouarre (S.&.M) #241
CTY. NAME NUMBER

213 Amer.Sec. 5
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 213Fr.Mil.Cem.#241 La Ferte-sous-Jouarre
GRAVE COMMUNE DEPT. (S-&-M)

COORDINATES

CONCENTRATED TO
DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

Information in paragraph 2 taken from Form 1.-A

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.F. Waugh

G.F. WAUGH, Major, Inf., Supervisor, Area §2.

3. FINAL GRAVE LOCATION Oct. 19, 1922. 59 4 Block A
DATE GRAVE ROW PLOT

Aisne-Marne Amer.#1764, Belleau (Aisne).
CEMETERY

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 Aera 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, statment to this effect ill be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If dta concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

241 - 57

April 12, 1921.

File No. 293.8 Cem.Div.,Corr.Br.
(CIHOCKI, Tadeucy)

Mr. Stanislaw Cichocki,
184 - 7th Street,
Jersey City, N. J.

Dear Sir:-

Receipt of shipping inquiry dated March 7th, 1921, relative to the remains of your son, the late Private Tadeucy Cihocki, Serial Number 38389, Company B, 9th Infantry, is acknowledged.

In accordance with your desire, the remains will be left in France for burial in a permanent American Cemetery. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

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

By authority of the Quartermaster General:

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

BY:

F. C. PALLAS,
Executive Assistant.

MAILED
APR 16 1921
COR. BR. G. R. S.

RECEIVED

G. R. S. Form No. 120
SHIPPING INQUIRY
(Ed. of Jan. 1, 1921)

241-57 md

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

~~WASHINGTON~~
HOBOKEN, N.J.

FEB 25 1921

NR

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

To: Mr. Stanley Cihocki, 184 - 7th St., Jersey City, N.J. (Stanislaw)

SUBJECT: Remains of Pvt. Tadency Cihocki, Ser.No. 38389, Co.B, 9th Inf.

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

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? No

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. (Name oldest first.) 1			
2			
3			
Father. Stanislaw Cichocki	184-7th	Jersey City	N.J.
Mother. Anna Cichocka	Brudzien	Poland	Plock
Brothers. (Name oldest first.) 1 Zygmunt Cichocki	" "	"	" "
2			
3			
Sisters. (Name oldest first.) 1 Filomena	" "	" "	" "
2 Stanislawa	" "	" "	" "
3			

Date March 7 1921 Signature Stanisław Cichocki

Address 184 - 7th St. J.C.N.J. Relationship father

IMPORTANT.—CAREFULLY read instructions before filling out this paper. 3—7860 (OVER.)

March 7th, 1921

I, the undersigned, am the Father (Relationship.) 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.)

RECEIVED
APR 13 1921
Cemeterial Division
Overseas Project Sub-Section

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 Stanisław Cienocki

MAR 9 1921

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.

3—7860

Co B 9th Inf.
2nd Division

CIHOCKI, Tadencz - Pvt 38339

Wounded in action June 21st 1918, Chateau Thierry. Carried to 23rd first aid. Died after reached 23rd Field Hospital.
Inf.

INFORMANT : Folsom, William J.- Cpl. 38323
Co B 9th Inf.

HOME : Albany, Ga.

SIGNED : J. E. Chambers,
2nd Lieut. 9th Inf.

EMERGENCY ADDRESS :
Stanley Cihocki
184 7th St.
Jersey City, N.J.

A/A/

File No.

OUT-CHARGE SHEET

Date charged out

Charged to

Remarks:

INSTRUCTIONS.—If a document is taken from the files, charge it to the person to whom delivered. Make charge sheet in duplicate. Place one in record file and one in suspended file used for follow up on "charge out sheets."

Q. M. C. Form 492.
Revised July 26, 1918.

3—6787

NR- 121,1/28

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

SIHOSKE Tadeusz

Sichocki, 28589, Tadeusz
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. B, 9th Inf
(Rank.) (Organization.)

DATE OF BURIAL June 23 1918

PLACE OF BURIAL Cimetiere de La Ferte

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

American Section

GRAVE NUMBER 112

HOW MARKED: ~~Name Peg?~~ 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: [illegible]

Captain MRC

(Signature and Rank of Reporting Officer.)

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

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Tichocki, 38389, Tadney
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. B, 9th Inf
(Rank.) (Organization.)

DATE OF BURIAL June 23 1918

PLACE OF BURIAL Cimetiere de La Ferte

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

American Section

GRAVE NUMBER 112

HOW MARKED: ~~Name Peg?~~ ..... 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:

Captain MRC
(Signature and Rank of Reporting Officer.)

27 JUN 1920

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

14473

N Cihocki, 38389, Tadeusz

Rank Pvt. Co. {Corps / Regt.} 9th Inf.

Date of Death

Place

Cause

Date of Burial 6/23/18

Grave No. 112

Cemetery 341 (21 Myers # plot)

Identified by {Tag / Papers / Clothing}

List of Effects

Field Record Made by I. G. MYERS
2nd Lt. QMC-NA.

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

July 19, 1918

For additional data use reverse side

22 JUIL

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

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of t
Washington

G.R.S. Form 6-W-A-O
Information requested of A.G.O. Date 5/-/

Adjustment Made
JUN 15 1921
File No. 44473 Registration.

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.

File No.

Subject: Information required for G.R.S.

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

Info. noted on B-115 5/25/21 mcs.

a. Surname Cihocki or (Cichocki)
b. Christian name Tadeusz
c. Serial Number 38389
d. Organization Co. B, 9th Inf.
e. Rank Pvt.

f. Date of death --- June 23, 18 19 W R.I.G.
g. Cause of death ---
h. Authority (C.O.#)
i. Emergency address Stanley Cihocki 184 Seventh St., Jersey City, N.J.
j. Relationship Father

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
H. J. CONNER,
1st Lieut. Q.M.C.

CEMETERY NO: --- 241

SHEET NO: --- 5-7
TYPED BY: I.W.

S-713/MB

T. Donnelly Expr
408-5/7/21

MAY 7 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-O
Information requested of A.G.O. Date 5/6/21.

Adjustment Made
JUN 15 1921

File No. 4473 Registration.

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.

File No. 8

Subject: Information required for G.R.S.

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

Info. noted on B-115 5/25/21 mes.

a. Surname Cihocki or (Cichocki)

b. Christian name Tadeusz

c. Serial Number 38389

d. Organization Co. B, 9th Inf.

e. Rank Pvt.

f. Date of death --- June 23, 18 in R.I.A.

g. Cause of death ---

h. Authority (C.O.#)

i. Emergency address Stanley Cihocki 184 Seventh St., Jersey City, N.J.

j. Relationship Father

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
H. J. CONNER,
1st Lieut. Q.M.C.

CEMETERY NO: --- 2-41

SHEET NO: --- 5-7

TYPED BY: I.W.

S-713/MB

MAY 7 1921

T. Donnelly Epm
408-5/7/21

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date

File No. 4473 Requisition

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

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

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown. Son spells name CIHOCKI - Father spells name CICHOCKI

a. Surname CIHOCKI, o.k.

b. Christian name Tadeusz

c. Serial Number 38389

d. Organization Company B.,9th Inf.

e. Rank Private

f. Date of death June 23, 1918

g. Cause of death D.W.R.I.A.

h. Authority (C.O.#)

i. Emergency address Stanley Cihocki 184 Seventh St., Jersey City, N.J.

j. Relationship (Father)

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.

CEMETERY NO:

SHEET NO:
TYPED BY: 4 sheets 5-6-21

S/713/LML

R-4-19-21

FROM: [redacted] Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Ar
Washington

Adjustment Made
MAR 7 1921

G.R.S. Form 8-W-A-O
Information requested of A.G.O. Date 1/11/21.

File No. 4473 Registration.

File No.

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

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

Subject: Information required for G.R.S.

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

a. Surname ~~Cichocki~~ or (Cihocki)

b. Christian name Tadency

c. Serial Number 38389 or (-----)

d. Organization Co. B, 9th Inf.

e. Rank Pvt.

f. Date of death 6/23/18.

g. Cause of death DWRIA.

h. Authority (C.O.#)

i. Emergency address Stanley Cihocki 84 Seventh St., Jersey City, N.J.

j. Relationship Father

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.

BY: H. J. Conner

H. J. CONNER,
1st. Lieut. Q.M.C.

C.W.

CEMETERY NO: 241

SHEET NO: 57

TYPED BY: I.W.

S/713/LML

Rec'd World War Div.
Date MAR 12 1921

Loaned to Div. A.G.O.
JAN 12 1921

Donnelly EMC
EPS-1/12/21.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made
MAR 7 1921

G.R.S. Form 8-W-A-O
Information requested of A.G.O. Date 1/11/21.

File No. Registration.

File No. 44713

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

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

Subject: Information required for G.R.S.

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

a. Surname ~~Cichocki~~ or (Cihocki)

b. Christian name Tadency

c. Serial Number 38389 or (-----)

d. Organization Co. B, 9th Inf.

e. Rank Pvt.

f. Date of death 6/23/18.

g. Cause of death DWRIA.

h. Authority (C.O.#)

i. Emergency address Stanley Cihocki 184 Seventh St., Jersey City, N.J.

j. Relationship father

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.

BY: H. J. Conner

H. J. CONNER,
1st. Lieut. Q.M.C.

C.W.

CEMETERY NO: 241

SHEET NO: 57

TYPED BY: I.W.

S/713/IML

Rec'd World War Div.
Date MAR 12 1921

Rec'd Hon. Adj. Gen. A.G.O.
JAN 18 1921

Hornsby EMC
EPS-1/12/21

WAR DEPARTMENT

Office of the Quartermaster General of the Army

Washington

Disposition Made

Q.M.G. Form 3-W-A-O

Information requested by A.G.O. Date 1/1/21.

File No. Registration.

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

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

Subject: Information required for G.R.S.

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

a. Surname ~~[illegible]~~ or (Unknown)

b. Christian name Tadeusz

c. Serial Number 38389 or (------)

d. Organization Co. B. 9th Inf.

e. Rank Pvt.

BODY DESCRIPTION

(See page [illegible] 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)

g. Date of death 6/23/18.

h. Cause of death DYSPNIA.

i. Authority (G.O.#)

j. Emergency address

k. Nationality

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

JAN 14 1921

RECEIVED

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

G.W.

CHAPTER NOT 341

CHAPTER NOT 97

SECTION NO. 1.W.

BY: [illegible]

H. L. COMMAN
Lieut. Colonel, Q.M.C.

5/23/Jul

GRS Form 121a

File No. 4473

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

June 15th 1921.

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. B., 9th Inf. Pvt.
ORGANIZATION (Old)

CIHOCKI 38389 Tadency
(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 Tadenez

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

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

BY: H. W. Atkinson

I & A
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By Ency

S/1105/LML

8

AM

Cihocki, Tadency NJ
Pvt., Co. B, 9th Inf.

Single

Mother in Poland comp XC 23018

~~LP?~~

~~SM?~~ all rel. foreign 4-7-33

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

OFFICIAL BUSINESS

Delivered

WASHINGTON, D.C.
OCT 11
2-PM
1927

REGISTER OR INSURE VALUABLE MAIL
PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

RECEIVED
OCT 13 1927
M. & R. DIV.,
Q. M. G.

Mr. Stanly Cihocki,
184 Seventh Street,
Jersey City,
New Jersey

JERSEY CITY, N.J.
OCT 12
1:30 PM
1927

Soldier's ★ Overseas Grave

Name Tadencz Cihocki

Rank Private

Organization Company B 9th Infantry

Grave No. 59 Row 4 Block A

Cemetery Aisne-Marne American Cemetery

Location Belleau, Aisne, France

3—8677

Cihocki, Tadency 38,389

(Surname.) (Christian name in full.) (Army serial number.)

Pvt Co B, 9th Inf

(Rank and organization.)

State your relationship to the deceased Father

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) Stanley Cichowski

184-7th St Jersey City New Jersey

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

Read carefully the letter accompanying this card.

3—6713

Drawn by AKC

41-57

1-10-21

CHANGE ~~XX~~ NAME
CICHOCKI?
CIHOCKI, Tadencz 38389 Pvt.Co.B,9 Inf.

change to

CIHOCKI, ~~Tadeusz~~ Tadency

Reburial

original

G. R. S. Form. No. 16-A

REPORT OF DISINTERMENT AND REBURIAL

Place La Ferte sous Jouarre

Date April 8-1921

1. Remains of Cichocki, Tadeney Serial Number ——

Rank Pvt. Organization Co B. 9th Inf

2. Disinterred (date): April 8-1921 From (give complete location): grave no 213 row 5- Amer. Sect. French Civil Cem no 241, La Ferte sous Jouarre

By: Group Four Unit Section One

3. Reburied (date): April 8-1921 In (give complete location): grave no 213 row 5 Amer Sect, French Civil Cem no 241 La Ferte sous Jouarre

By: Group Four Unit Sect one Nature of reburial In bulap In Pine Box

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

Body disintegrated

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

(b) Other means of identification found upon disinterment, and general remarks: Apparently hospital case. "Tag off remains reads," Tadeney Cihock, Pvt Co B, 9th Inf no 38 380"

Bandages around both legs at hips. —

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

(a) Height (actual measurement) ~~Apparently hospital case~~ Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color no hair on skull

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) Impossible to report

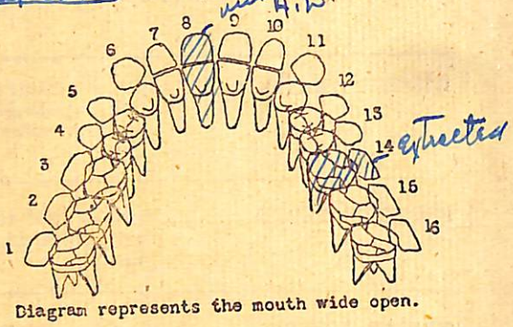
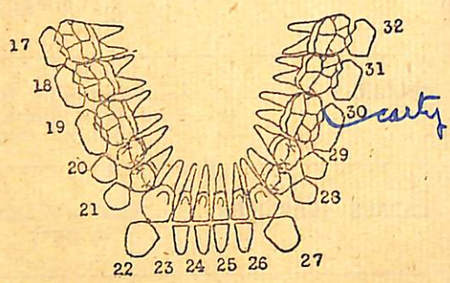


Diagram represents the mouth wide open.



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

— none visible —

D 50870

7. Disinterment supervised by G. D. Gamble (G.D. Gamble) 1st. Lt. QMC., Inspector Approved: Val E. Miltenberger (Val E. Miltenberger) (Title) Major, Med. Corps. Commanding Sec. One.

8. Reburial supervised by G. D. Gamble (G.D. Gamble) 1st. Lt. QMC., Inspector Approved: Val E. Miltenberger (Val E. Miltenberger) (Title) Major, Med. Corps. Commanding Sec. One.

G. S. O

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.

6358

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 4473

I. Location Index Card: O.K. (2-12-21) ce (5/25/21 mcb) O.K. (2-12-21) ce

(a) Name CIHOCKI, Tadency Ser. No. 38389

(b) Rank Pvt. Organization Co. B, 9th Inf.

(c) Date of death 6-23-18 (d) Cause of death DWRIA

TYP. DB

CKR.

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

(a) Grave No. 213 Row 5 (2-12-21) Plot - Sec. Amer. TYP. DB

O.K. G.S.Q. (2-12-21) ce

(b) Emerg. Address Stanley Cihocki, (Father) 184 Seventh St. Jersey City, N.J.

III. Files of soldiers dying from contagious diseases -- CKR.

IV. A. G. O. Disposition Card: O.K. Card (2-12-21) ce Date of receipt —

(a) Name Stanley Cichocki (b) Relationship Father

(c) Address 184 7th St. Jersey City, N.J.

(d) Remains to be brought to U. S.? Yes

(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 RPC Date 1-11, 1920.

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

No correspondence, dated

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

Examiner's Initials RPC Date 1-11, 1920.

See suspension

VI. G. R. S. Files, Correspondence—shows as follows:

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 1-11-, 1920.

EM

COUNTRY FRANCE Cemetery No. 241 Sheet No. 57

G. R. S. Form No. 115
Amended April 6, 1920 3—7729

FORM 115 - A COMPLETED

CARDED 2/16/21. A. L.

Make Form No. 114

checked ce 2-12-21

RECEIVED

APR 18 1921

Cemeterial Division
Overseas Project Sub-Section

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

Typed by ....., Checked by ....., 1920.

VIII. Final Action:

FEB 14 1921

Following advice forwarded to Europe by { cable on ..... 1920 / letter on ....., 1920

JAN 25 1921

Par. #2, Not To Be Returned

IX. **CORRECTIONS**

Change of Advice.	Action Taken.
Desires body be	
Body to be shipped to	

X. Suspension Remarks: March 7, 1921 F 120.
Mrs. Stanislaw Cihocki, 184-7th St.
Jersey City, N. J. father, N.C. desires
body remain in France.
H. 3-16-21 A.M.

Rank

Serial No.

Org.

Remarks:

Rank

Serial No.

Org.

Remarks:

A. G. O. Card & Corr. Clerk 1-8

Discrepancies

Name ✓

Rank

Serial No. ✓

Org.

Remarks: E.C.

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

Checkers

Discrepancies

Name

Rank

Serial No. 7,8 W. sent, 1-11-21

Org.

Remarks;

6/1153/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 4473

I. LOCATION INDEX CARD: O.K. (2-12-21) ce (a.g.o. (5/25/21 mcB.) g.) O.K. (2-12-21) ce

(a) Name CIHOCKI, Tadeusz Ser. No. 38389 DB

(b) Rank Pvt. Organization Co. B, 9th Inf. TYP.

(c) Date of death 6-23-18 Cause of death DWRIA

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

(a) Grave No. 213 Row 5 O.K. G.R.O. (2-12-21) ce Plot - Sect. Amer. TYP. DB

(b) Emerg. Address Stanley Cihocki, (Father) 184 Seventh St. Jersey City, N.J.

III. Files of soldiers dying from contageous diseases -- CKR

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

Stanley Cihocki (father) 184 7th St. Jersey City, N.J. requests body not returned.

a.p. 7/6/21

V. Following advice forwarded to Europe by - (cable on 192 (letter of transmittal on JAN 25 1921 192

Par. #2, Not To Be Returned

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 17 1921 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. APR 18 1921 192

COUNTRY FRANCE CEMETERY NO. 241 SHEET NO. 57

G.R.S. FORM 115-A
August 1920
S-666/MB

2/16/21. F. L.

G.R.S. FORM #114-A. STATION La Ferte sous Jouarre.

To be prepared in triplicate. DATE Nov. 18, 21.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT — COMPARATIVE REPORT

Records of G.R.S. Headquarters.		Discrepancy found upon exhumation of body	
1. Name	Cichocki, Tadency	10. Name	
2. No.	38389	11. No.	
3. Rank	Pvt.	12. Rank	
4. Org.	Co.B.9th Inf.	13. Org.	
5. D.D.	June 23 1918	14. (a) D.D.	
6. C.D.	DOWRIA	(b) D.B.	No discrepancy

		Discrepancy found upon disinterment	
7. Grave No. 213	Sec. Amer.	15. Grave No.	Sec.
8. Plot	Row 5	16. Plot	Row
9.		17.	No discrepancy

18. Cemetery French.Mil. 19. Commune or town La Ferte-sous-Jouarre

20. Dept. or County Seine & Marne 21. Country France

22. G.R.S. Hdqrs. Code No. 241

23. Disinterred (Date) Nov. 18, 21 By D. Bachman

24. Inscription on grave marker:

Name CICHOCKI, Tadency Serial No.

Rank Pvt. Organization Co. B., 9th Inf.

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

E W Funk

Signature Junior Technical Assistant
E. W. Funk.

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).

Found under cross. Reburial bottle record dated April 8, 1921, agrees.

27. Condition of body Badly decomposed; recognition impossible.

28. Nature of burial Burlap; wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Tag on body reads: Tadency C i ---- C K i, 38-----9, Rank----- 1, Co-----N.F. S....A.

30. Body prepared and placed in casket: Date Nov. 18 21 By D. Bachman

31. Casket sealed by D. Bachman

Signature of Embalmer, (Supervisor) D Bachman
D. Bachman

SHIPMENT. (Show actual marking of box.) Box No. C-16757

32. Designation of body:

Name Tadency Cichocki Serial No.

Rank Pvt Organization Co.B.9th Inf

33. Consigned to: Officer i/c

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

34. Casket boxed and marked (Date) Nov. 18, 21 By D. Bachman

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 J.P. Glandon
J.P. Glandon, Capt. QMC.

36. Remarks

---

37. Shipped from point of Operation: (Date) Nov. 18, 21

To ~~point of Concentration~~ Aisne Marne Am. Cty. 1764, Belleau, (Aisne)

Convoyer James Flynn Signature Shipping Officer (Name J.P. Glandon
J.P. Glandon, Capt. QMC

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 Nov 19 '21

G.R.S. Representative A W Kraus.

41. Reinterred Oct.19,1922,Aisne-Marne Cem.1764,Belleau(Aisne) (Date

42. Grave No. 59 Section

43. ~~Plot~~ BLOCK A Row 4

G.R.S. Representative W.D. Cleary
W.D.Cleary
Lt.,Chaplain,USA.

FR

G. R. S. Form. No. 16-A

REPORT OF DISINTERMENT AND REBURIAL

Place La Ferte sous Jouarre

Date Nov. 18, 21.

1. REMAINS OF CICHOCKI, Tadeusz SERIAL NUMBER

RANK Pvt. ORGANIZATION Col B., 9th Inf.

2. Disinterred (date): Nov. 18, 21 From (give complete location):

Grave 213, Sec. Amer., Row 5 Cem. 241.

By: Group 3 Unit Field Section 3.

3. Reburied (date): Oct.19,1922 In (give complete location): Gr.59,Block A, Row 4,Aisne-Marne Cem.1764,Belleau(Aisne)

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

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

In burlap; wooden box.

Badly decomposed; recognition impossible

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

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

Found under cross. Reburial bottle record, dated April 8,21 agrees.

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

14 MBD. 8,9 MAD

(a) Height (actual measurement) Impossible to determihe

(b) Weigh, (estimated) Impossible to determine

(c) Hair—Color Impossible to determine

Quantity Impossible to determine

Characteristics Impossible to dtermine

(d) Hair on face—Color Impossible to determine

Location Impossible to determine

Quantity Impossible to determine

(e) Permanent marks on body (old scars, peculiarities, or missing parts Impossible to d termine

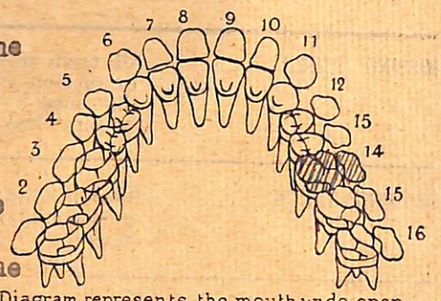
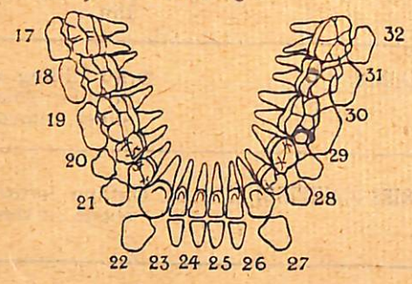


Diagram represents the mouth wide open

30,31 Cavity.



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

None visible

7. Disinterment supervised by D. Bachman. Approved: J.P. Glandon Capt. QMC. (Title)

8. Reburial Supervised by L.D.Hays Approved: W.D.Cleary (Title) Lt.,Chaplain,USA.

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded wich 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 wohm 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 shoudl 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 jwas 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) thu :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size ol cavity, shode 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.