

185

To The A. G. O.

G.R.S. Form #114-B

929

DEC 23 1925

FULL NAME *sol. sig.* CIMAROLI, Lucio

RANK Private SERIAL 549742

DIVISION & ORGANIZATION *3 Div* Company B, 38th Infantry

DATE OF DEATH *July 15, 1918*

STATE FROM WHICH HE CAME *Pa*

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION. *32* 41 25 A

Date Grave Row Block

608

Cemetery

Robert C. Davis,  
Major General,  
The Adjutant General,  
by *RVB*

FEB 7 1926

2 A 33  
DEC 23 1925  
WORLD WAR DIV.

AUDITED BY  
*PK 7-27-22*

23/306/ARK

*C 71693  
Widow*

*RM*

*2/23*

DEC 29 1925

RECORDED  
DEC 29 1925  
N. E.  
C. O. K. C.

Co."B"38th Infantry.  
3rd Division.

CIMAROLI, Lucio. Pvt. 549742.  
Home.

I was with the late Pvt. Lucio Cimaroli, on July 15, 1918  
in Parroy, France, near the Marne River. He was hit direct by  
shrapnel, and died within one hour.

Informant. Karselas,  
~~Karselas~~ Thomas. Pvt. 549812.  
Co."B" 38th Infantry.  
Home: Fitchburg, Mass. P.O. 288.

Signed by Informant.

VP.

0.16.

Place \_\_\_\_\_

Date \_\_\_\_\_

REPORT OF DISINTERMENT AND REBURIAL.

Cimaroli,  
Lucio  
Europe

Remains of:

Name: **Luci Camarole**

Number: **549742**

Rank: **?**

Organization:

**Co.B. 38th. Inf.**

Disinterment and Reburial made by Group \_\_\_\_\_ Unit **304**

Disinterred (Date) **June 12/19** From: (Give complete location)

**Grave #40 Cemetery #597**

Reburied (Date) **June 12/19** in: (Give complete location)

**Grave #98 Section E. Plot.#2. Cem.#608 Seringes et Nesles (Aisne)**

**Map #33 Soissons. SE. 275.4N-195.25<sup>th</sup>**

608

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

**Buried 3 feet deep-- Body badly decomposed.**

Was one identification tag found upon the body? **None--One on cross.**

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

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by G.O. 170, G.H.Q., 1918, after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: **G.E. Wise.**

**1st. Lt. Oscar W. Forsberg.**

C.O. Group \_\_\_\_\_ Unit **304**

N-20433  
CONTINUED N° D N-11862

Place (Address) \_\_\_\_\_  
Date June 12/19 \_\_\_\_\_

FORM NO. 16

REPORT OF DISEMBOWELMENT AND REBURIAL

CIMBATON  
Licio  
Erwags

Remains of:

Name: Isai Gamarola  
Rank: ?  
Organization: Co. F. 88th. Inf.  
Number: 54342

Disembowelment and Reburial made by Group: UNIT 304  
Date: June 12/19  
From: (Give complete location)

Grave #40 Cemetery #527  
\_\_\_\_\_

Reburied (Date) June 12/19 in: (Give complete location)

Grave #38 Section B. First Co. 4300. Garages of Niles (Alamo)  
Map #33 Bolson. Co. 278. 44-198. 224

Report as to nature of original burial and condition of body upon dis-  
interment:

Buried 3 feet deep-- body badly decomposed.  
\_\_\_\_\_

Was one identification tag found upon the body? None--One on cross.  
What other means of identification were found upon the body? None

Note: If upon disinterment, effects are found upon the body, the body  
be promptly sent to the El Paso Post Office, as required by G. P. O.  
No. 9, 1918, after being carefully examined for clues to identity in  
order that a notation thereof will be made and reported to United  
States Postoffice Service.

Supervised by: \_\_\_\_\_  
Det. Lt. \_\_\_\_\_  
504



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Cimaroli Cimm	3	393 <sup>0</sup>
BURIED	CEMETERY 608	1	2
	GRAVE 32	2	33
	ROW 25	2	25
	BLOCK A	1	1
STATE	Pa	2	44
RANK	Post	1	2
DIVISION	3	2	03
ORGANIZATION	38	3	038
ARM	Inf	1	1
MARITAL	Yes (Deceased)		1
NAME	Cimaroli Cimm	3	393 <sup>0</sup>
Caterina Fendo	STATE	2	
RESIDENCE	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	State	1	
Elson County			01 2a

**AUDITED**

AUG 5 1932 MB

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cimaroli, Lucio	Pvt.	549742	Co. B, 38th Inf.	7/15/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	608	32	25	A

NAME AND ADDRESS	<u>Check relationship</u>	<u>Living - Deceased</u>	
		Living	Deceased
	MOTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STEPMOTHER (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	<del>WIDOW</del> (Who has not remarried)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(m)  
Caterina Fendo in  
Cimaroli,  
Villa Santo Stefano  
Prov. di Trapani  
Italy -

Veterans Bureau Claim Number 29/156 KC 71 693

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

71 693

DATE 7-20-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CIMAROLI, Lucio	Pvt.	549742	Co. B, 38th Inf.	7-15-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	608	32	25	A

NAME AND ADDRESS	Check relationship	Living - Deceased		XC - 71693
		Living	Deceased	
	MOTHER	: <input checked="" type="checkbox"/>	: <input type="checkbox"/>	9/7/27
	STEPMOTHER (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>	Mother - Caterina Fendo in <u>Cimaroli</u> Vella Santo Stefano Provincia di Frosinone Italy -
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>	Father - Same add (Same of child)
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>	Father - <u>Antonio Cimaroli fu Federico</u>
	WIDOW (Who has not remarried)	: <input type="checkbox"/>	: <input type="checkbox"/>	

Veterans Bureau Claim Number \_\_\_\_\_

29/156

QM 293 A-C

Cisaroli, Incio

February 12, 1929.

*Yorner*

Mrs. Sadentine Cisaroli,  
Vallicorsa,  
Prov. of Rome, Italy.

Dear Madam:

In order to conform to the plans for beautification of the permanent American Military Cemeteries in Europe it has been necessary to make a re-arrangement of the graves in these Cemeteries, which may be considered as permanent for all time.

The enclosed card gives the final resting place of your husband, the late Incio Cisaroli, Private, Company B, 38th Infantry.

For The Quartermaster General,

Very truly yours,

J. McCLINTOCK,  
Major, Q. M. Corps,  
Assistant.

1 Incl.  
Record card.

DISPATCHED  
RECEIVED 13 MAR 1929  
O. G. M. C. R. 5



*Adjustment Branch*

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date *5-2-22*

File No. *27055* Registration.

From: The Quartermaster General, U. S. Army, Graves Registration Service,  
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 *Bimaroli* ✓
- b. Christian name *Lucio* ✓
- c. Serial Number *549742* ✓
- d. Organization *B-38th Inf*
- e. Rank *Pvt.* ✓
- f. Date of death *7-15-18* ✓
- g. Cause of death *KIA* ✓
- h. Authority (C.O.#) *278* ✓
- i. Emergency address
- j. Relationship *Salalotina Bimaroli (Wife) Gallivisa, Rome Province Italy!*

BODY DESCRIPTION  
(See page #2 of the Service Record)

- a. Age of enlistment *30 yrs 9 mos*
- b. Color of eyes *Blue*
- c. Color of hair *Brown*
- d. Height *5 ft. 3 1/2 in*
- e. Weight *122 1/2 lbs*
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)  
*3 S. on forehead, S. on rt. knee*

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: *Charles J. Wynne*

Charles J. Wynne, Jr.  
Captain, U.M.C., U.S.A.

*Robert C. Davis* *A. Oleson*  
Acting The Adjutant General  
Per. 9A-5722

CEMETERY NO:

SHEET NO:

TYPED BY:

S/3310/LLL

*Recip. slips att. to file 90.*

MAY 4 1922

REC'D ARCHIVES BR.

WAR DEPARTMENT  
FIRST DISTRICT OFFICE, CONSTRUCTION SERVICE  
QUARTERMASTER CORPS  
WASHINGTON, D. C.

No.

From:

To:

Subject:



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

Harlow. #

*Please Push*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

CIMAROLI, Lucio. Pvt.

608 - 516.

1/27/21.

SERIAL NUMBER

ORGANIZATION

549742.

Co. B, 38th Inf.

*C-71693*

Date of death, 7/15/18.

*Copy & send*

*to Adj Depr  
2-11-21,*

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Antonio Cimaroli

Father

Address

Vallecorssa Prov of Roma, Italy.

S/709/LML

270 55  
144

549742

Name Bemaroli, Lucio

Rank 1st Lt Co B (Corps) 38 Inf (Regt)

Date of Death July 1918

Place Moulins

Cause K. in A.

Disinterred and reburied  
Date of Burial 10/1/18

Grave No. 40

Cemetery Moulins (Aisne)

Identified by (Tag Papers Clothing)

List of Effects

597

Field Record Made by GROUP N° 2  
Unit 808 G. B. S.

Company...Graves Registration Service

For additional data use reverse side



27 FEB 1880  
NEW YORK

SCHOOL FOR BAK  
DEPARTMENT

Organization \_\_\_\_\_

BILL OF

SUPPER	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
BREAKFAST	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
DINNER	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ser-549742

608

x 71693

Cimaroli, Lucia

Port Co B-38

Active add. in U.S?

none

Born 12-8-87

~~Locs or SM in US?~~

none

enl 9-18-17

Mother still in foreign country?

Yes

Widow died 10 - 20-18 -

Italy

father in Italy  
All rel.

foreign

MB

Place S.inges at Nesles.

REPORT OF DISINTERMENT AND REBURIAL

Date May 9th 1921.

1. REMAINS OF Ginaroli, Lucio, SERIAL NUMBER 549742

RANK Pvt. ORGANIZATION Co B. 38th Inf.

2. Disinterred (date) : May 9th, 1921. From (give complete location) : Gr 98. Sec E, Pt 2, Cem 608.

By : Group 3 Unit 2

3. Reburied (date) : May 9th, 1921. In (give complete location) : Gr 14, Sec N, Pt 2, Cem 608.

By : Group 3 Unit 2 Nature of reburial See chart. Burlap and pine box.

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

skeleton disarticulated, Features not recognizable.  
Uniform and burlap.

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

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

Only means of identification is cross over grave.

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

(a) Height (actual measurement) Impossible to estimate

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None visible

Quantity None

Characteristics None

(d) Hair on face—Color None visible

Location None

Quantity None

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

missing parts) Refer to F.

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

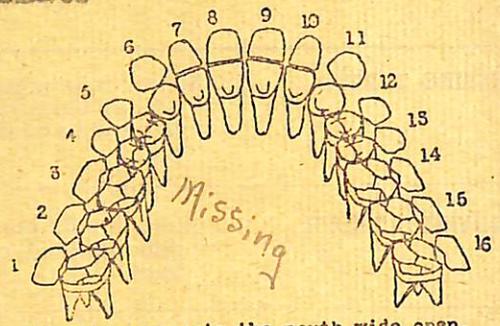
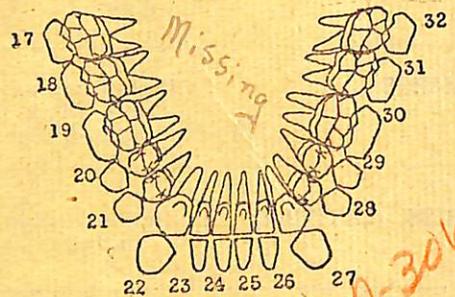


Diagram represents the mouth wide open.



D-30633

7. Disinterment supervised by William J. Turner Approved : R. C. Worthington  
(Title) Ist. Lt. Q.M.C.

8. Reburial supervised by William J. Turner Approved : R. C. Worthington  
(Title) Ist. Lt. Q.M.C.

## 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.

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

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



Oise-Aisne Cty. 608

G.R.S. FORM #114-A.

STATION Seringes-et-Nesles, Aisne

To be prepared in triplicate.

DATE January 23, 1928

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 <u>CIMAROLI, Lucio</u>	10. Name _____
2. No. <u>549742</u>	11. No. _____
3. Rank <u>Pvt.</u>	12. Rank _____
4. Org. <u>Co. B, 38th Inf, 3rd Div.</u>	13. Org. _____
5. D.D. <u>July 15, 1918</u>	14. (a) D.D. _____
6. C.D. <u>KIA.</u>	(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. <u>41</u> Sec. _____	15. Grave No. _____ Sec. _____
8. Plot <u>Block A</u> Row <u>25</u>	16. Plot _____ Row _____
9. _____	17. _____

18. Cemetery Oise-Aisne 19. Commune or town Seringes-et-Nesles

20. Dept. or County Aisne 21. Country France

22. G.R.S. Hdqrs. Code No. 608

23. Disinterred (Date) January 23, 1928 By H.E.N. Stine

24. Inscription on grave marker:

Name <u>CIMAROLI, Lucio</u>	Serial No. <u>549742</u>
Rank <u>Pvt.</u>	Organization <u>Co. B, 38th Inf.</u>

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

H.E.N. Stine  
Signature Junior Technical Assistant

PREPARATION

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

27. Condition of body \_\_\_\_\_

28. Nature of burial Pine box and burlap

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

30. Body prepared and placed in casket: Date January 23, 1928 By H.E.N. Stine

31. Casket sealed by H.E.N. Stine

Signature of Embalmer, (Supervisor) H.E.N. Stine  
H.E.N. Stine.

SHIPMENT. (Show actual marking of box.) Box No. \_\_\_\_\_

32. Designation of body : \_\_\_\_\_

Name CIMAROLI, Lucio Serial No. 549742

Rank Pvt. Organization Co. B, 38th Inf.

33. Consigned to :

Name of Permanent Cemetery Oise-Aisne, Seringes-et-Nesles, Aisne

34. Casket boxed and marked (Date) January 23, 1928 By Charles E. Spahn

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 Charles E. Spahn  
Charles E. Spahn

36. Remarks \_\_\_\_\_

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 \_\_\_\_\_

To Permanent Cemetery \_\_\_\_\_

(Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer \_\_\_\_\_

40. Received : Date \_\_\_\_\_

G.R.S. Representative \_\_\_\_\_

41. Reinterred January 23, 1928, Oise-Aisne American City.

(Date)

42. Grave No. 32 Section \_\_\_\_\_

43. Plot Block A Row 25

G.R.S. Representative William E. Moore

William E. Moore, Superintendent.

Place Oise-Aisme Cty. 608.

# REPORT OF DISINTERMENT AND REBURIAL

Date January 23, 1928.

1. REMAINS OF CIMAROLI, Lucio, SERIAL NUMBER 549742  
RANK Private ORGANIZATION Co. B, 38th Inf.

2. Disinterred (date): January 23, 1928 From (give complete location):  
Grave 41, Block A, Row 25  
By: Group Cty. Unit \_\_\_\_\_

3. Reburied (date): January 23, 1928. In (give complete location):  
Grave 32, Block A, Row 25.  
By: Group Cty. Unit \_\_\_\_\_ Nature of Reburial Box.

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

5. (a) Identification tags: Buried with body? \_\_\_\_\_ On grave marker? Il. Strip.  
(b) Other means of identification found upon disinterment, and general remarks:

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

(a) Height (actual measurement) \_\_\_\_\_

(b) Weight (estimated) \_\_\_\_\_

(c) Hair—Color \_\_\_\_\_

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face—Color \_\_\_\_\_

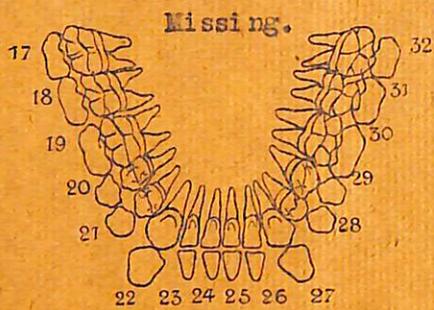
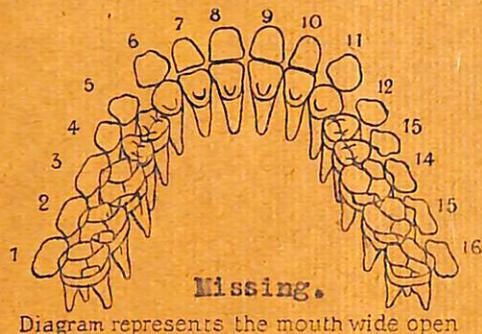
Location \_\_\_\_\_

Quantity \_\_\_\_\_

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

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

Head and both jaws missing.



7. Disinterment supervised by [Signature] Approved: W. E. Moore

(Title)

8. Reburial supervised by [Signature] Approved: \_\_\_\_\_

(Title)

## 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.

QM 293 A-C

GIMAROLI, Lucio - Pvt.

October 29, 1925

Mrs. Salentina Gimaroli,  
Vallicorsa,  
Prov. of Rome, Italy.

Dear Madam:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

L.W. REDINGTON,  
Major, Q.M.G.,  
Assistant.

1-Incl.  
Record card.



RD  
101

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 27055

I. LOCATION INDEX CARD:

(a) Name CIMAROLI, Lucio Ser. No. 549742
(b) Rank Pvt. Organization Co. B, 38th Inf.
(c) Date of death 7-15-18 (d) Cause of death K/A

TYP. DB
CKR. E.M.

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

(a) Grave No. 98 Row - Plot 2 Sec. E TYP. DB over
(b) Emerg. Address Mrs. Salontina Cimaroli, (Wife) Vallicorsa, Prov. of Rome, Italy.

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

IV. A. G. O. DISPOSITION CARD:

No card in file 1213-30 SMK S
Date of receipt

(a) Name (b) Relationship
(c) Address
(d) Remains to be brought to U. S.?
(e) To be interred in National Cemetery in U. S. at
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials Date, 1920.

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

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

No con

Examiner's Initials . SMK S Date 12-13, 1920.

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

No request for disposition

(a) Cancellation memos referred to?
Examiner's Initials E.M. Date 12-14, 1920.

COUNTRY FRANCE CEMETERY No. 608 SHEET No. 516

checked 12/14/20

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

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on **JAN 15 1921**, 1920

**Par. 2 Not to be returned.** (R.S.)

IX.

**CORRECTIONS**

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

X. SUSPENSION REMARKS:

*BWKEA Mr Antonio Cimarrali (Father)  
Vallecorsa, Prov of Roma Italy.  
Plat 2/15/21*

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 27055

I. LOCATION INDEX CARD:

(a) Name CIMAROLI, Lucio Ser. No. 549742  
 (b) Rank Pvt. Organization Co. B, 38th Inf. TYP DB  
 (c) Date of death 7-15-18 Cause of death K/A } E.M.

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

(a) Grave No. 98 Row      Plot 2 Sect. E TYP DB  
 (b) Emerg. Address Mrs. Salentina Cimaroli, (wife) Vallicorsa, Prov. of Rome, Italy.

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

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

AGD - no card in file  
GRS - no request for disposition. (L.S. 1/17/21)

V. Following advice forwarded to Europe by (cable on      192  
 (Letter of transmittal on      192

**Par. 2 Not to be returned. (L.S.)**

**JAN. 15 1921**

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

VII. SUPPLEMENTARY REQUESTS

Date of Relationship  
 and Source and name Desires Action taken

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

COUNTRY CEMETERY NO. SHEET NO.

U.S. FORM 115-A  
 August, 1920

FRANCE

608

516

8-666/AB

7-5-4-21-21