

CERTIFIED JEWISH BY

To The A. G. O.

3473

776

MND

J. W. B.

DATE

DEC 17 1925

1. NAME COHN, Samuel

SERIAL No. 2178047

RANK Pvt

ORGANIZATION & DIVISION Co. A 360th Inf.

GRAVE LOCATION Arr. Cty. Toul, M-et-M
CTY. NAME

91
NUMBER

570
GRAVE

5
ROW

A
PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

567
570
GRAVE

Toul
COMMUNE

M.et M.
DEPT.

COORDINATES 69NE, E361.4, N209.15

CONCENTRATED TO Hospital burial

570

5

A

DATE

GRAVE

ROW

PLOT

Toul, (M.et M.)

91

CEMETERY

CTY. NUMBER

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

Tag on body and cross.

DATE OF DEATH Oct 26, 1918

STATE FROM WHICH HE CAME Mo

Data F-16-A

MEDALS OR DECORATIONS AWARDED None

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

I. H. JOFFE, 1st Lt., A.G.O.

3. FINAL GRAVE LOCATION Aug. 4, 1922

DATE

10
GRAVE

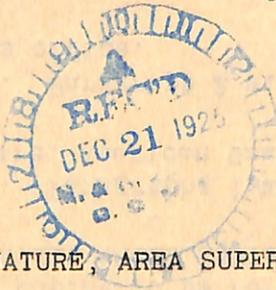
11
ROW

Block D
PLOT

St. Mihiel American No. 1233, Thieucourt
CEMETERY

AUDITED BY

4
A.G.O.
DEC 13 1925
WORLD WAR DIV.



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cohn 2178047 Samuel
(Surname). (Number). (First Name and Initials).

Pvt./ Co. A. 360. Inf.
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital #51.**

CAUSE OF DEATH: **G.S.W. Left Side.**

DATE OF BURIAL: **Oct. 21st, 1918**

PLACE OF BURIAL: **Cemetery of the**
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

**Justice Hospital Group, Toul.
Department of Meurthe
et Moselle, France.**

GRAVE NUMBER: **570**

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

Headboard? Bottle?

IDENTIFICATION TAGS: **yes**

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker? **yes**

If name unknown and tags missing, description and marks should be given here?

NEAREST RELATIVE: **Mr. Samuel Cohn.**

ADDRESS: **Everton, Mo.**

RELATIONSHIP:

REPORTED BY: **E. B. Cass**
E. B. Cass, 2nd Lt. Q. M. C.
(Signature and Rank of Reporting Officer).

\$ 1789

Bank of Everton

Capital and Surplus, \$45,000.00

G. W. Wilson, President
W. Y. McLemore, Vice-President
Monte Lindexter, Cashier
C. L. McLemore, Ass't Cashier

Everton, Missouri,

Feb. 5, 1919.

Chief of the Graves Reg. Ser.,

Dear sir :

This letter is in regard to Private Samuel Cohn
Co. A - 360th., Infantry, 89th., Division A.E. Forces.
Died from wounds received in action on Oct. 21, 1918 and
was buried in American Cemetery, Toul - et - Moselle in
France.

I am desirous of having a photograph of my sons grave
taken and sent to me and if you can furnish me with
a photograph taken of him in the hospital before his
death in any way taken I would be glad to receive that too.
I hope very much that you can furnish me with the
grave photograph. Please answer as soon as possible.

Yours truly, *S. Cohn*

293.3 Cohn, Samuel

1st Ind.

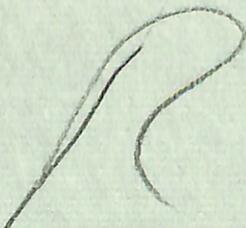
In answer refer to file No. 293.3-Cometerial.
Office, Quartermaster General, February 10, 1919. -- To Lt. Col.
Chas. C. Pierce, Chief of the Graves Registration Service, Hdqrs.,
Services of Supply, A.P.O. 717, A.E.F., France.

1. Forwarded for your consideration and action.

By authority of the Acting Quartermaster General.

H. R. Lealy,
Major, Quartermaster Corps.

PCW


MAILED
FEB 10 1919

293.3-Cemeterial.

February 10, 1919.

Office, Director of Purchase & Storage.

Mr. A. Cohn, Everton, Missouri.

Photograph of grave requested.

1. This office is in receipt of your letter of the 5th instant, requesting a photograph of the grave of your son, Private Samuel Cohn, Co. A, 360th Infantry, 89th Division, A.E.F., who died from wounds received in action on October 21st, 1918.

2. In reply you are informed that your letter has been forwarded this date to Lt. Col. Chas. C. Pierce, Chief of the Graves Registration Service A.E.F., France, for his consideration and action.

R. E. Wood,
Director of Purchase & Storage,

By:

H. R. Lemly,
Major, Quartermaster Corps.

POW

MAILED
FEB 10 1919

293.3 Cohn, Samuel

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Coh</i>	3	<i>338</i>
BURIED	CEMETERY <i>1233</i>	1	<i>3</i>
	GRAVE <i>10</i>	2	<i>10</i>
	ROW <i>11</i>	2	<i>11</i>
	BLOCK <i>10</i>	1	<i>4</i>
STATE	<i>Mo</i>	2	<i>29</i>
RANK	<i>Port</i>	1	<i>2</i>
DIVISION	<i>89</i>	2	<i>89</i>
ORGANIZATION	<i>356</i>	3	<i>356</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>Mo</i>	1	<i>2</i>
NAME	<i>Jones (sister)</i>	3	<i>054</i>
RESIDENCE	STATE <i>Ill</i>	2	<i>13</i>
	COUNTY <i>Cook</i>	2	<i>16</i>
	CITY <i>Chicago</i>	3	<i>278</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Sister</i>	1	<i>2</i>
ELIGIBILITY	<i>Lead</i>	1	<i>6</i>
NATIVITY	<i>1-10-22</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	<i>Lead</i>	1	<i>3</i>

AUDITED
 APR 1 1932
DM

297614
Sutton

DM

XC 149 560 Cohn, Samuel(1233)

Mother

did 1-10-22

~~Widow~~

Single - father living

~~Sm-~~

lat est address

~~Loco~~

Sister ~~Rose Jones~~
Mrs Park Lane Hotel
Chicago - 114

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Cohn, Samuel 1233 S

December 12, 1930

Mrs. Rose Jones,
553 Oakdale Avenue,
Chicago, Illinois.

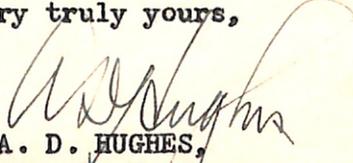
Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Samuel Cohn is survived by a widow, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,


A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON D. C.
OFFICIAL BUSINESS

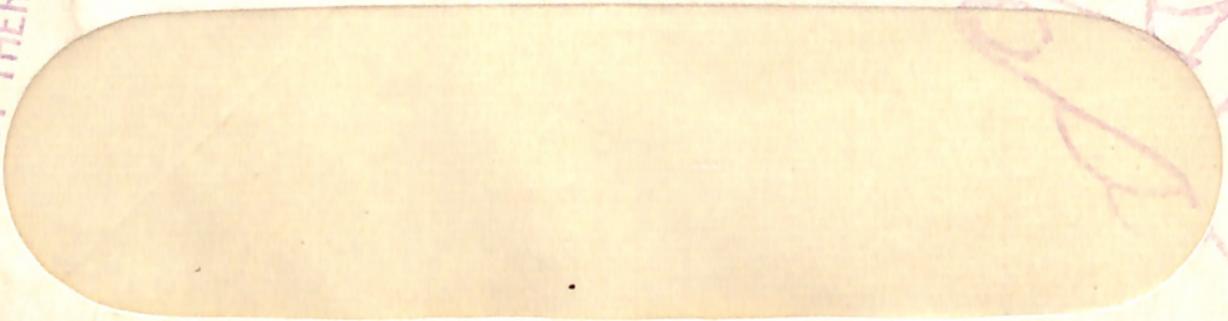
Directory Service
Given at Chicago, Ill.
Main P. O. No. 34

WASHINGTON, D. C.
DEC 12
3-PM
1930

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

NOT THERE-O 1325

W. H. ...



RECEIVED
DEC 19 1930
M & R. DIV.
O. O. M. G.

RECEIVED TO HEAD
CHICAGO
POST OFFICE
P. B.

DEC 17 1930

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cohn, Samuel - 1283 S

July 8, 1930

Mrs. Rose Jones
563 Oakdale Avenue
Chicago, Ill.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the Cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cohn, Samuel

August 5, 1929

Mrs. Rose Jones,
553 Oakdale Avenue,
Chicago, Illinois

Dear Madam:

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 sister of the late Private Samuel Cohn, Co. A, ^{356th} 360th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried?

2. If so, give her complete address.

3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

Mother died
Jan 10th 1922

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cohn, Samuel

May 28 , 1929.

XC 149 560

Mr. Abraham Cohn, S. Mrs. Rose Jones,
718 Locust St., 553 Oakdale Ave.,
St. Louis, Mo. Chicago, Ill.

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 ³⁵⁶ show that you are the father of the late Private Samuel Cohn, Co. A, ~~360th~~ Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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.



QM 293 A-M
Cohn, Samuel 1233 S

December 12, 1930

360th Inf

Mrs. Rose Jones,
553 Oakdale Avenue,
Chicago, Illinois.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Samuel Cohn is survived by a widow, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope.
KL

930 DEC 12 1930

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cohn, Samuel - 1233 S

July 8, 1930

Mrs. Rose Jones
553 Oakdale Avenue
Chicago, Ill.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cohn, Samuel

August 5, 1929

Mrs. Rose Jones,
553 Oakdale Avenue,
Chicago, Illinois

Dear Madam:

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 **sister of the late Private Samuel Cohn, Co. A, 360th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Mourthe-et-Moselle, France.**

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried?

2. If so, give her complete address.

3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cohn, Samuel

May 28, 1929.

Mr. Abraham Cohn,
718 Locust St.,
St. Louis, Mo.

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 father of the late Private Samuel Cohn, Co. A, 360th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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.

Cohn,
(Surname.)

Samuel
(Christian name in full.)

2,173,047
(Army serial number.)

Pvt

Co. A, 360th 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)

Abraham Cohn

Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Orig Let sent to:
Mrs. Minna Cohn,
Gen Delivery,
Everton, Mo.

Drawn by mks

91-214

11-23-20

Hst checked

11-23-20

QM 293 A-C
Cohn, Samuel

April 30, 1929.

Mr. Henry I. Cohn,
718 Locust Street,
St. Louis, Mo.

Dear Sir:

In reply to your letter of April 24th, 1929, please find enclosed herewith a Certificate of Grave Location in the case of the late Private Samuel Cohn, Company A, 360th Infantry, who is assumed to be the decedent in question, though the organization is not that given in your letter. This late soldier's father is shown on the records of this office as Abraham Cohn with address as Everton, Missouri.

For The Quartermaster General,

Very truly yours,

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

VEB

1 incl.
Cert.

Q. M. G. - W. E. R. DIV.
RECEIVED PM 11:30
DISPATCHES

J

VEB

✓

QM 293 A-C
Cohn, Samuel

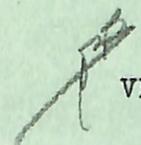
April 30, 1929.

CERTIFICATE OF GRAVE LOCATION

IT is hereby certified that the remains of the late
Samuel Cohn, Private, Company A, 360th Infantry, are permanently
interred in Grave 10, Row 11, Block D, St, Mihiel American Cem-
etery, Thiaucourt, Meurthe-et-Moselle, France.

For The Quartermaster General:

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


VEB

COHN, Samuel - Pvt.

February 18, 1924

Mr. Abraham Cohn,
Everton,
Mo.

Dear Sir: 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,

1-Incl.
Record card.

Assistant
R. L. FOSTER

RD
RDK

O. Q. M. G.
CENTRAL MAIL ROOM.



FEB 18 1924
B. O. C.

To be prepared in triplicate.

DATE **Mar. 7, 1922**

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 **COHN, Samuel** 10. Name
- 2. No. **2178047** 11. No.
- 3. Rank **Lvt** 12. Rank
- 4. Org. **Co. A 360th Inf.** 13. Org.
- 5. D.D. **10-21-18** 14. (a) D.D.
- 6. C.D. **D.O.W.** (b) D.B. **no discrep.**

Discrepancy found upon disinterment

- 7. Grave No. **570** Sec. 15. Grave No. Sec.
- 8. Plot **A** Row **5** 16. Plot Row
- 9. 17. **This Cemetery is not divided into Plots or Rows at the present time.**

- 18. Cemetery **Amer.** 19. Commune or town **Toul**
- 20. Dept. or County **M-et-M** 21. Country **France**
- 22. G.R.S. Hdqrs. Code No. **#91**

23. Disinterred (Date) **Mar. 7, 1922** By **H.T. Geiler**

24. Inscription on grave marker:

- Name **Samuel Cohn** Serial No.
- Rank **Pvt.** Organization **Co. A. 360th. Inf.**

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

Ralph C. L'Amour
Signature Junior Technical Assistant
~~Ralph C. L'Amour~~

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).

Body previously reburied by Field Section. Bottle record and metal strips agree with Form 114-A.

27. Condition of body **Badly decomposed. Features unrecognizable.**

28. Nature of burial **Burlap and box.**

Just 29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? **See No. 17 above. Body disc agrees with Form 114-A. Org. omitted.**

30. Body prepared and placed in casket: Date **Mar. 7, 1922** By **H.T. Geiler**

31. Casket sealed by **H.T. Geiler**

Signature of Embalmer, (Supervisor

H.T. Geiler
H.T. Geiler

AUDITED BY
202 9/31/43

C - 24645

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

32. Designation of body:

Name **Samuel COHN** Serial No. **2178047**

Rank **1vt** Organization **Co.A 360th Inf.**

33. Consigned to:

Name of Permanent Cemetery **St.Mihiel Amer.Cty. #1233 Thiaucourt, M-et-M**

34. Casket boxed and marked (Date) **Mar. 7, 1922** By **H.T. Geiler**

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 **D.E. Lowry, 1st.Lt. QMC**

36. Remarks

None

37. Shipped from point of Operation: (Date) **Mar. 7, 1922**

To point of Concentration **Toul (M-et-M)**

Convoyer **Frank Atwell** Signature Shipping Officer **D.E. Lowry, 1st.Lt. QMC**

38. Received at Railhead or Point of Concentration: Date **Mar. 7, 1922**

By G.R.S. Representative **L. B. Massie, Capt. QMC**

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery **St.Mihiel Amer.No. 1233, Thiaucourt, (M-et-M)**

Convoyer **Frank Atwell** Signature Shipping Officer **B. Massie, Capt. QMC**

40. Received: Date **9 MAR 1922**

G.R.S. Representative **G. D. GAMBLE, Captain, V.M.C.**

41. Reinterred **August 4, 1922** (Date)

42. Grave No. **10** Section

43. ~~117~~ **Bk. D** Row **11**

G.R.S. Representative **A.E. DEWEY, 1st, Lieut., QMC**

Place Toul (M-et-M)

REPORT OF DISINTERMENT AND REBURIAL

Date Mar. 7, 1922

1. REMAINS OF GCHN, Samuel SERIAL NUMBER 2178047
RANK Pvt. ORGANIZATION Co. A. 360th. Inf.

2. Disinterred (date): Mar. 7, 1922 From (give complete location): Grave 570, Cem. No. 91. TOUL (M-et-M)

By: Group Geller Unit F.S. 8

3. Reburied (date): August 4, 1922 In (give complete location): Gr. 10, row 11, bk. D
Cemete y 1233, THIAUCOURT (M-et-M)

By: Group Reburial Unit _____ Nature of reburial In casket and shipping case

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

Burlap and box.
Badly decomposed. Features unrecognizable.

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

(b) Other means of identification found upon disinterment, and general remarks:
Body previously reburied by Field Section. Bottle record and metal strips agree with Form 114-A.

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 _____

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

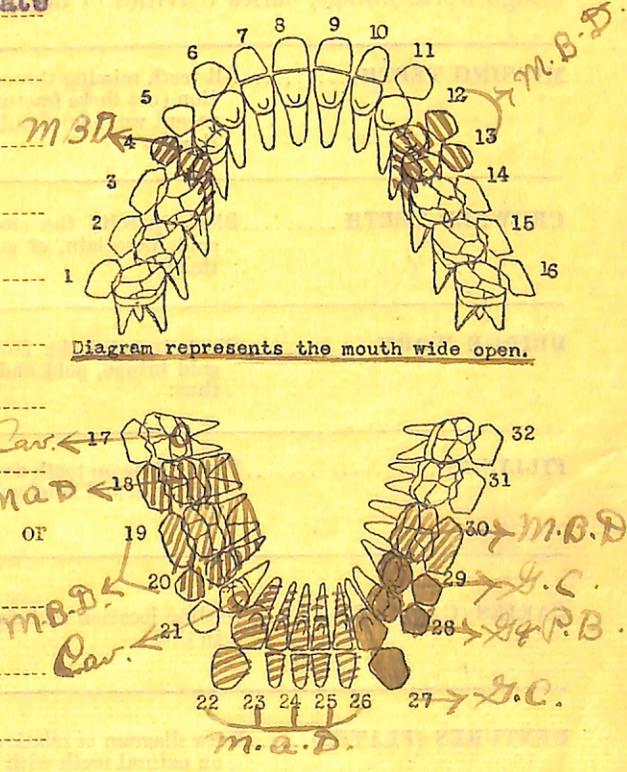
Checker: Ralph C. Aharran

7. Disinterment supervised by H.T. Geller, S.E.

Approved: D.E. Lowry, 1st Lt.
(Title)

8. Reburial supervised by H.L. Kramer

Approved: A.E. Dewey, 1st Lieut. Q.M.G.
(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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
FILLINGSDraw 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."

3-7832

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.

Place Foul (m. et. m)

REPORT OF DISINTERMENT AND REBURIAL

Date 3-2-21

1. REMAINS OF Cohn, Samuel SERIAL NUMBER 2178047
RANK Pvt. ORGANIZATION Co. A. 360th Inf.

2. Disinterred (date): 3-2-21 From (give complete location):
Grave # 567 Plot A Row # 5
By: Group 1 Unit F. S. # 9

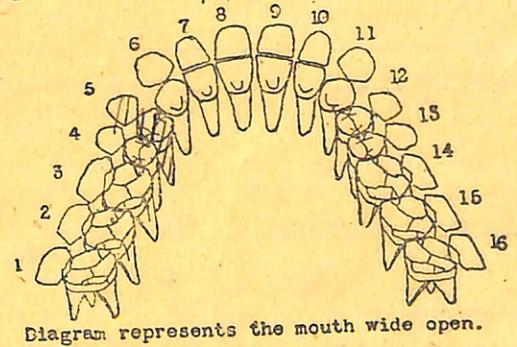
3. Reburied (date): 3-2-21 In (give complete location):
Grave # 570 Plot A Row 5
By: Group 1 Unit F. S. # 9 Nature of reburial in Burlaps and wooden box

4. Report as to nature of original burial and condition of body upon disinterment:
B. D.
In Blanket & uniform

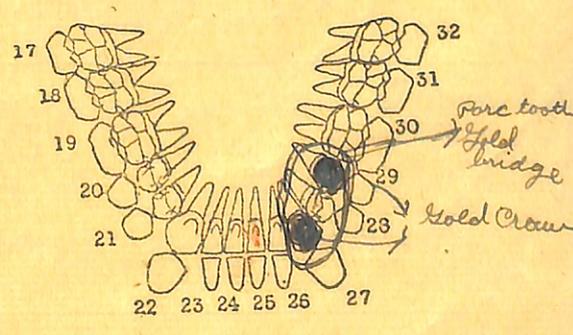
5. (a) Identification tags: Buried with body? yes On grave marker? yes
(b) Other means of identification found upon disinterment, and general remarks:
none

6. What does examination of body show as regards the following identifying items? 5-12-13 M.B.D.
17-20-32 " " "
19-22-23-24-25-26 M.A.D.

- (a) Height (actual measurement) unable to determine
- (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) none



(f) Wounds or missing parts (received at time of casualty) none

7. Disinterment supervised by [Signature] Approved: _____
(Title) _____

8. Reburial supervised by [Signature] Approved: _____
(Title) _____

D-30318

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.
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MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p>GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)Outline location and size of cavity, shade in thus :	 <p>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.



5/6 Examined
1/22
1st Concentration
Sgt Mihail 1233
att 5/25/22

I. LOCATION INDEX CARD:

(a) Name COHN, Samuel Ser. No. 2178047
(b) Rank Pvt. Organization Co. A, 360th Inf.
(c) Date of death 10/21/18 (d) Cause of death DWRIA

TYP HB
CKR

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

(a) Grave No. 570 Row 567 Plot - Sec. - TYP. HB
(b) Emerg. Address Mr. Samuel Cohn (Everton, Mo.)

III. Files of soldiers dying from contagious diseases _____ CKR. 1

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Abraham Cohn (b) Relationship Father
(c) Address (Gen. Del. - Everton - Mo - Rev Cnd)
(d) Remains to be brought to U. S.? No
(e) To be interred in National Cemetery in U. S. at _____
(f) Shipping instructions upon arrival of body in U. S. _____
(g) Disposition instructions if not brought to U. S. _____

Examiner's Initials mks Date 11-23, 1920.

V. A. G. C. CORRESPONDENCE shows communication from _____

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

No corresp

Examiner's Initials mks Date 11-23, 1920.

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

father, Everton, Missouri; request photo of grave, also
photo, if possible, of above soldier's helmet

(a) Cancellation memos referred to? Yes ID

Examiner's Initials JH Date 11-23, 1920.

COUNTRY France CEMETERY No. 91 SHEET No. 214

Rev. 5-11-21 80

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

Typed by _____, Checked by _____, 1920.

RECEIVED

MAY 5 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 12/17/20, 1920

Cemeterial Division
Foreign Affairs Section

Par # 2 not to be returned (EGL) 12/29/20

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

Hospital before death.

G.R.S. Form No. 120
Shipping Inquiry
(Revised)

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

JAN 19 1921

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

TO: Mr. Abraham Cohn, Everton, Missouri.

SUBJECT: Remains of.. Fyt. Samuel Cohn, Ser. No. 2178047, Co., A, 360 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; or (3) remain in Europe. All removals are at Government expense.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lt. Col. Rejer, U.S.A.

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 (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 _____

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

March 24th, 1921.

File No. 293.8 Cem. Div. Cor. Br.
(Cohn, Samuel)

Mr. Abraham Cohn,
Everton, Mo.

Dear Sir:

Kindly advise this office at your earliest convenience whether or not the late Samuel Cohn, Private, Serial No. 2178047, Co. A, 360th Infantry, is survived by widow or children, and if so, please furnish their names and addresses.

This information is necessary in order that the Department may be assured that the legal next of kin of the late soldier may have an opportunity of expressing his or her wishes relative to the disposition of the remains.

If the late soldier is not survived by any of the above mentioned relatives, please state this fact, and also whether you desire the body left in France and buried in a permanent American Cemetery, returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Va.

The Department desires 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:

J. F. BUTLER,
1st Lieut., Infantry.

MAILED-O.F.D.
MAR 26 1921

March 24th, 1921.

File No. 293.8 Cem. Div. Cor. Br.
(Cohn, Samuel)

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Everton, Mo.

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The Department desires 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:

J
J. F. BUTLER,
1st Lieut., Infantry.

no/28

MAY 2 1921

RECEIVED

RECEIVED

MAY 5 1921

NO. 108

General Division
Sub-Section

BA:

OFFICE IN CHARGE
SERGEANT C. H. COLBY
H. E. SHANNON

By authority of the Commissioner General:
Name evidence of the applicant in local residence
The Department desires to know the

intended in the territory covered by application. As
required to the United States and intended to local of
presence and subject in a permanent American territory.
That any other matter local desire the local laws in
of the above mentioned territory. Please state this
if the local authority is not satisfied by the

of the territory.
Please state the local laws and regulations to the jurisdiction
and of the local authority will make an affidavit of ex-
the Department will be satisfied that the local laws of
this information is necessary in order that

that these names and addresses.
Satisfied by means of application and if so please in-
clude serial No. 212044 Co. V. 200th Infantry. It
convenience matter of not the local service form. At-
tention please this office at local authority

Best Sir:

Respectfully,
H. E. Shannon, Chief

(Copy retained)
File No. 222-8 Gen. Div. Col. B.

Walter Scott, Agent

2-4/12/21
SI-214

42962

concentrated
from
93721



~~73721~~

Feb 20, 1919.

Central Records Office
Bourges

Retel Croks 2200 period No record Pvt Samuel Cohn 3282419.

O. B.

CARSON.

C.M. NORTZEL
2nd Lieut., QMC.
ACL/ WK
10:14 AM

Copy to;
T & C
G R S
Sgt Daly Original



file

*NO Card
2-21-19*



93721

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

File Number

From:-

Date: 2/18/19

Please furnish information as indicated below regarding the following soldier:-

NAME *Cohn, Samuel*

NUMBER 3282419

RANK *Pvt* ORGANIZATION

No.	Question	Reply
1	Do particulars of soldier given above agree with Records?	N.B. All Proper names to be printed in PLAIN BLOCK LETTERS
2	Date of Death	
3	Cause and place of death	
4	Number of Casualty Cablegram	
5	Date buried	
6	Grave location (a) Complete record required (b) Name of cemetery or commune only required	(5) 10-6-18
7	Who reported burial?	
8	Has report been confirmed by G.R.S.	
9	Report as to grave marker	No card
10	Report as to identification tags	No burial
11	Who is nearest relative?	Info
12	Has N/R been notified? (Give date)	<i>JN</i>
13	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	2/19/19
14	What is the photograph No.?	

No Card B

Signal Corps, United States Army.
Telegram.

93721
310

Received at 126CR KX 37 OB

191

CR BOURGES FEB 15 19

GRAVES REGISTRATION SERVICE

TOURS

CRO KS 2200 WIRE NAME AND ORGANIZATION OF CHAPLAIN IN CASE OF PVT
SAMUEL COHN 3282419 BURIED OCTOBER SIXTH

DAVIS

120P



1st Ind.

In answer refer to file No. 293.3-Cemeterial.
Office, Quartermaster General, February 10, 1919. -- To Lt. Col.
Chas. C. Pierce, Chief of the Graves Registration Service, Hdqrs.,
Services of Supply, A.P.O. 717, A.E.F., France.

~~9377~~
42962

1. Forwarded for your consideration and action.

By authority of the Acting Quartermaster General.

H. R. Lemly,
Major, Quartermaster Corps.

PCW

2nd Ind

From: Chief, Graves Registration Service, American E.F., March 4, 1919;
To: A. Cohen, Everton, Missouri.

Returned with information that American Red Cross photographers
are operating in this area; your attention is invited to
enclosed circular relative to photography of graves.

By direction

CHARLES C. PIERCE,
Lieut.- Colonel, G.M.C., A.E.F.

(Enclosures-2)

per

MAURICE B. DIX,
Captain, American Red Cross,
Representative assigned to
Graves Registration Service.

MBD-ca

Bulletin No. 10-B (Circumstances of death checked)
G.R.S. .004.5 Photography of Graves sent to A. Cohn. }

*Washington
Advised 3/4/19
File*

47902

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cohn 2178047 Samuel
(Surname). (Number). (First Name and Initials).

Pvt/ Co. A. 360. Inf.
(Rank). (Organization).

PLACE OF DEATH: Base Hospital #51.

CAUSE OF DEATH: G.S.W. Left Side.

DATE OF BURIAL: Oct. 21st, 1918.

PLACE OF BURIAL: Cemetery of the

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

Justice Hospital Group, Toul.
Department of Meurthe
et Moselle, France.

GRAVE NUMBER: 570

HOW MARKED: Name Peg? Cross? yes

Headboard? Bottle?

IDENTIFICATION TAGS:

yes

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker? yes

If name unknown and tags missing, description and marks should be given here?

NEAREST RELATIVE: Mr. Samuel Cohn.

ADDRESS: Everton, Mo.

RELATIONSHIP:

REPORTED BY: E. B. Cass

E. B. Cass, 2nd Lt. O.M.C.
(Signature and Rank of Reporting Officer).

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



Everton, Missouri.
February 5, 1919.

42962

Chief of the Graves Registration Service,

Dear Sir:

This letter is in regard to Private Samuel Cohn, Co. A, 360th Infantry, 89th Division American Ex. Forces. Died from wounds received in action on October 21, 1918 and was buried in American Cemetery, Toul-et-Moselle in France.

I am desirous of having a photograph of my son's grave taken and sent to me and if you can furnish me with a photograph taken of him in the hospital before his death if any was taken I would be glad to receive that too. I hope very much that you can furnish me with the grave photograph. Please answer as soon as possible.

Yours truly,

A. Cohn.

COPY