Comina, Louis 1,629,839

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

Private, Company C, 110th Infantry.

(Rank and organization.)

State your relationship to the deceased Mother

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) Samina Redenty

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

Read carefully the letter accompanying this card. 3—6713

Leave the remains of my son in Belgium where he died.

Drawn by PF
4-23-21

1232-Sec 51-33

Tr. C-2246

Checked
FD-4-25-21

el To The A. G. O. 12671 308

G.R.S. Form #114-B

OCT 9 - 1926

Soldier's Reg

DATE 10/29/21.

1. NAME COMINA, LOUIS X SERIAL No. 1629839

RANK PVT. ORGANIZATION CO.C 110th Inf.

GRAVE LOCATION Meuse Argonne Amer.Cty.Romagne-sous-Montfaucon,Meuse.1232.Sec.51

CTY. NAME NUMBER

1 - Sec.51 1

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION St Juvin Ardennes

GRAVE COMMUNE DEPT.

COORDINATES Verdun 35NW 286.2N 297.3E

CONCENTRATED TO 5/9/19 1 51 1

DATE GRAVE ROW PLOT

Meuse Argonne 1232

CEMETERY CTY. NUMBER

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

DATE OF DEATH Tag on cross oct 5-18 data f-1/pfb

STATE FROM WHICH HE CAME ariz

MEDALS OR DECORATIONS AWARDED DSC.K

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

RECEIVED OCT 15 1926 M. & R. I

SIGNATURE, AREA SUPERVISOR M. B. BIRDSEYE Ist Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 10/29/21. 3 8 H.

DATE GRAVE ROW Block PLOT

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

CEMETERY

nd.

A.G.O. OCT 11 1921 WORLD WAR DIV

AUDITED BY 4-11-43

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.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Comina	COM	3	3 0 0 3-3
Louis	CEMETERY 1232	1	1
BURIED	GRAVE 3	2	03
	ROW 8	2	08
	BLOCK H	1	8
STATE	Ariz	2	02
RANK	Pvt	1	2
DIVISION	28	2	28
ORGANIZATION	110	3	110
ARM	Inf	1	1
MARITAL	No	1	2
NAME Comina	COM	3	3 0 0 3-3
Meana R	STATE	2	
RESIDENCE	COUNTY	2	
All rel foreign	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		1	
Country	Italy	2	01

87
29/514

AUDITED MAR 15 1988 RBB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Comina, Louis	Pvt.	1629839	Co. C, 110th Inf	10/5/18

STATE CTY. NO. 1232 GRAVE 3 ROW 8 BLOCK H

NAME AND ADDRESS

Check relationship	Living	Deceased
MOTHER ~~comp~~	✓	
STEPMOTHER (For the year prior to commencement of service)		
MOTHER THRU ADOPTION (For the year prior to commencement of service)		M. ✓ Miana Redenta in Comina Village Prov di Belluno Italy
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		
WIDOW (Who has not remarried)		

~~Single man~~

Veterans Bureau Claim Number XC 148 618
29/156

all w. foreign
3-16-33

In reply refer to:
QM 293 C-R

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Aug. 31, 1923.

foreign

Miss Amelia Comina,
Belluno Poltago,
Italy.

Dear Madam:

The Quartermaster General desires you be informed that the permanent grave of the Louis Comina, Company C, 110th Infantry, is Grave 2, Row 8, Block H, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,
H. T. CHEAL,
Assistant.

LN

23/584/ARK

G.R.S. Form No. 16.

Place NEUFCHATEAU

Date 16th., June, 1919

REPORT OF DISINTERMENT AND REBURIAL

57636.

Remains of:

Name: COMINA, Louis

Number 1629839

Rank: Unkn

Organization Unkn

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (Give complete location)

6 9th., May, 1919

NEVER BEFOR REGISTERED. APREMONT. MEUSE

Map. 35 S. E. E. 299.18 N. 280.2

Reburied (Date)

In: (Give complete location)

9th., May, 1919

Grave #1 Sec.#51 Plot #1

1232

ARGONNE AMERICAN CEMETERY. # 1232

ROMAGNE MEUSE

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

Burial good. Buried in shelter half. Badly decomposed.

Was the identification tag found upon the body? No

What other means of identification were found on the body? None

CONFIRMED No. D 10644

Note:

If upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues of identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Haines.

R. H. ROSENTHAL
2nd Lieut. Q.M.C.U.S.A.
C.O. Group Unit

GHD.

67656

1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's No. 1629839

3. COMINA LOUIS
Surname (in block letters) First Name and Initials

4. U.S.A.
Rank Company Regt. or Corps

5.
Date of Death Cause, if known

6. ISOLATED GRAVES
Date of Burial Cemetery

7. 3/4 KILO. E. OF CHEHERY. Ardennes ~~MEUSE~~
Town or Commune (in block letters) Department

8. 1 A
Grave No. Plot No. or Letter

9. Name Peg? ..... Cross? ..X.. Headboard? ..... Bottle? .....
Check Method of Marking

10. Buried with Body? ..... Attached to Grave Marker? ..X..
Identification Tags

11. If name unknown and tags missing, give marks and description.

CMME. Chatel-Chehery (Ardennes)

(C-246) SHT. 35 NE COORD. {E 299.7 N 280.4}

299.7E 280.4N VERDUN NE35

12. Map Reference, if interment is outside of cemetery

10 Yds. W. of Road.

13.
Give name of Chaplain or Burial Officer

Signed Orville Hamilton

Group 2 Unit 305 G. R. S.

CARD DEPT. File # 57636

6/6/19

C-246

[illegible]
Memo For: G.R.S. Representative, G.R.O.
SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

( ) Surname: COMINA
( ) Number: 1629839
( ) First name: Louis
( ) Rank: Pvt
( ) Company: D
( ) Organization: 163 Inf
( ) Date of death: 10-5-18
( ) Cause: K/A
( ) Place:

Location of hospital: OVER

Number " "
Class " "
( ) Relative: Miss Amelia Comina
( ) Relationship: sister
( ) Address: Belluno Poltago Italy
( ) Authority:
Cablegram No: CC 421-SP.192
Telegram from:

dated:
( ) Reported to Washington:
C.C. Nos:
(Underscore the "official" C.C.)
( ) Remarks:
( ) Show present status on reverse side.

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

Initials of Reporter:

New Case

Cmme 246
Cmme of Chatel-Chehery, (Ardennes)
Rept. By. G.R.S.

JUN 17 1919

FILE

4-25-21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 5-1

FORM 115 Sheet No. 33

F.D.
(Initials)

OSP-SS
Form No. 1011.

S/2053/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card: File # 57636

(a) Name COMINA, Louis, Ser. No. 1629839

(b) Rank Pvt. Organization Co. C. 110th, Inf.

(c) Date of death 10-5-18 (d) Cause of death K/A

TYP. hmp

CKR. HMP

1-10-23 Exhumed for concentration Meuse-Argonne 1232 MHS 3/10/22

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

(a) Grave No. 1 Row ---- Plot 1 Sec. 51 TYP. hmp

(b) Emerg. Address Miss Amelia Comina, (Sister) Belluno Poltago, Italy.

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

IV. A. G. O. Disposition Card: Date of receipt —

(a) Name Comina, Redenta (b) Relationship Mother

(c) Address

(d) Remains to be brought to U. S.? No (Note on card.) Leave the remains of my son in Belgium where he died.

(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 PF Date 4-23-, 1920.

W. Card

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

, dated

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

Examiner's Initials PF Date 4-23-, 1920.

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 4-23-, 1920.

COUNTRY FRANCE Cemetery No. 1232 Sec. 51 Sheet No. 33

G. R. S. Form No. 115
Amended Apr. 16, 1920 3—7729

Make Form No. 114

Checked MRH 8/9/21

C

4017

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

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

VIII. Final Action:

Following advice forwarded to Europe by { cable on ....., 1920 / letter on 5/4/21, 1920

Action #51

Par # 2 – Not to be returned – RD

IX. **CORRECTIONS**

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

X. Suspension Remarks: .....

3—7729

Location Index .....

Discrepancies .....

Name .....

Rank .....

Serial No. .....

G.R.S. FORM #114-A. STATION Romagne s.s Montfaucon

To be prepared in triplicate. DATE Oct. 28, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT COMPARATIVE REPORT

Records of G.R.S. Headquarters.	Discrepancy found upon exhumation of body
1. Name COMINA, LOUIS F	10. Name
2. No. 1629839	11. No.
3. Rank Pvt.	12. Rank
4. Org. Co. C 110th Inf.	13. Org.
5. D.D. 10-5 -18	14. (a) D.D.
6. C.D. KIA	(b) D.B.

	Discrepancy found upon disinterment
7. Grave No. 1 Sec. 51	15. Grave No. Sec.
8. Plot 1 Row	16. Plot Row
9.	17. No discp

18. Cemetery Meuse Argonne Amer. 19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse 21. Country France

22. G.R.S. Hdqrs. Code No. 1232 - Sec. 51

23. Disinterred (Date) 10-28-21 By E. Maire

24. Inscription on grave marker:

Name Louis F. Comina Serial No. 1629839

Rank Pvt. Organization Co. C. 110th Inf.

25. Was identification disc found on grave marker? yes peg On body? No

John W. Francisco
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).

USNG collar ornament GRS plac checks OK on body.

27. Condition of body Badly decomposed features unrecognizable

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

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

30. Body prepared and placed in casket: Date 10-28-21 By E. Maire

31. Casket sealed by E. Maire

Signature of Embalmer, (Supervisor) Edmo Maire

AUDITED

SHIPMENT. (Show actual marking of box.) Box No. C-13955

32. Designation of body:

Name Comina, Louis F Serial No. 1629839

Rank Pvt. Organization Co.C 110th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) 10-28-21 By E. Maire

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

Signature of G.R.S. Inspector Geo. C. Bland, 1st Lt. Q.M.C.

36. Remarks

---

37. Shipped from point of Operation: (Date) 10-28-21

To point of Concentration Morgue, Romagne

Convoyer W.J. Royed Signature Shipping Officer (Name) G.F. Spann, 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

G.R.S. Representative

41. Reinterred Meuse Arg. Cemetery 1232 Oct. 29,1921. (Date)

42. Grave No. 3 Section

43. ~~Plot~~ Block H. Row 8.

G.R.S. Representative Geo. C. Bland, 1st.Lieut.QMC.

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

REPORT OF DISINTERMENT AND REBURIAL

Place Romagne Sous Montfaucon

Date Oct. 28, 1921.

1. Remains of COMINA LOUIS R. Serial Number 1629839

Rank Pvt. Organization Co., C. 110th Inf.

2. Disinterred (date): Oct. 28, 1921. From (give complete location):

Gr. 1 sec 51 pt 1 Cem., #12322.

By: Group Maire Unit Sec. 1

3. Reburied (date): In (give complete location):

Oct. 29, 1921. Row 8 Block H., Grave 3, Cem. 1232.

By: Group Reburial S. Unit Nature of reburial Unlined casket.

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

Badly decomposed features unrecognizable. U.S. uniform bulap and pine box.

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

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

U.S.N.A. col Orn. GR[S] plac on body checks O.K.

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

(a) Height (actual measurement) Imp to det.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

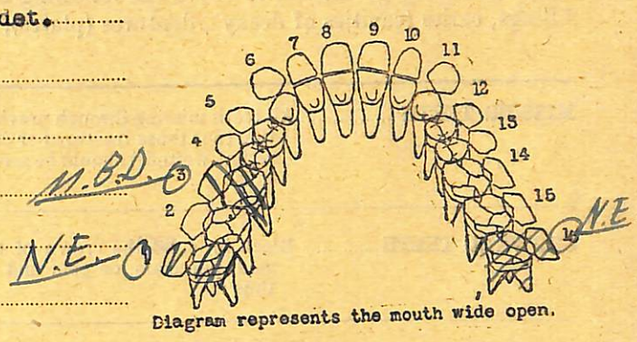
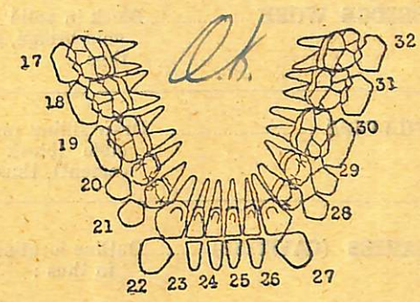


Diagram represents the mouth wide open.



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

None visible

7. Disinterment supervised by Edmo Maire
E. Maire S. E.

Approved: Geo. C. Bland
Geo. C. Bland 1st. Lt. QMC
(Title)

8. Reburial supervised by A. U. Dufault
A. U. Dufault concentration
WS.

Approved: Geo. C. Bland
Geo. C. Bland,
(Title) 1st. Lieut. QMC.

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.

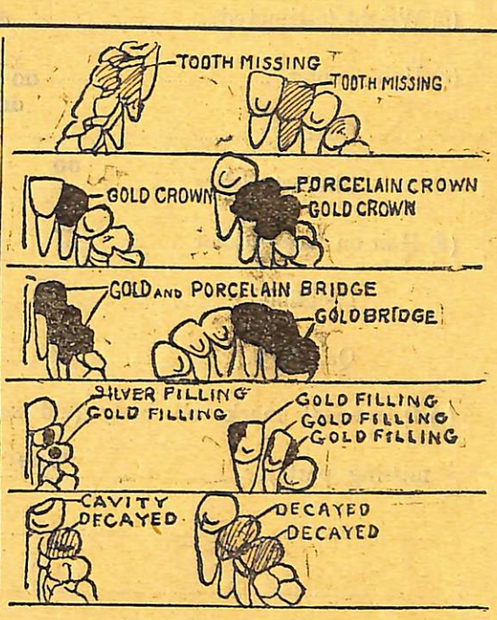
MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :

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 ol 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.

See Form 115 MHS 2/6/22

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card: File # 57636

(a) Name COMINA, Louis, Ser. No. 1629839

(b) Rank Pvt. Organization Co. C. 110th, Inf.

(c) Date of death 10-5-18 (d) Cause of death K/A

TYP. hmp HMP

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

(a) Grave No. 1 Row ---- Plot 1 Sec. 51 TYP. hmp

(b) Emerg. Address Miss Amelia Comina, (Sister) Belluno Poltago, Italy.

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

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

V. Following advice forwarded to Europe by { cable on ....., 192 / letter of transmittal on 5/4/21, 192

Section # 51 Box # 2 — Not to be returned — KD

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

VII. Supplementary Requests.

Date of and source.	Relationship and name.	Desires.	Action taken.

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

COUNTRY Cemetery No. ..... Sheet No. .....

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

3—8020

FRANCE 1232 Sec. 51 33