

293

G.R.S. Form #114-B

CAUSE OF DEATH

*Accidental G.S.N.*

CONTINI, Peter

*OK*

FULL NAME.....

Cpl.

*OK*

540053

*OK*

RANK.....SERIAL.....

DIVISION & ORGANIZATION... *Hdqs. Co. 7th Inf. 3rd Div* .....

8-4-18

*OK*

DATE OF DEATH.....

STATE FROM WHICH HE CAME.....

*Virginia*

MEDALS OR DECORATIONS AWARDED.....

*None*

FINAL GRAVE LOCATION.....

10-7-1922

20

12

A

Date

Grave

Row

Block

1764

Cemetery

8 A.G.O.  
MAY 9 1927  
24/292/EYS

ADDED BY

✓

1010

84

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	CONTINI	3	3 5 4
BURIED	CEMETERY	1	4
	GRAVE	2	20
	ROW	2	12
	BLOCK	1	1
STATE	Va	2	54
RANK	Cpl	1	2
DIVISION	3	2	03
ORGANIZATION	7	3	007
ARM	Inf	1	1
MARITAL	no	1	2
NAME	Contini	3	3 5 4
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER	Father	1	1
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE	Country	1	

RECEIVED  
 215  
 Reno

53

01 dx

WAR DEPARTMENT  
 OFFICE OF THE QUARTERMASTER GENERAL  
 WASHINGTON

DATE 8/24/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Contini, Peter	Cpl.	540053	Hdqrs. Co., 7th Inf.	8/4/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1764	20	12	A

NAME AND ADDRESS	Check relationship	Living - Deceased	
		Living	Deceased
	<del>MOTHER</del> <i>Comp</i>	: ✓	:
	STEPMOTHER (For the year prior to commencement of service)	: :	:
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: :	: <i>m</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: :	: <i>Giovanantonio Sini</i>
	WIDOW (Who has not remarried)	: :	: <i>in Contini</i>
	<i>Single man</i>	: :	: <i>Tula</i>
		: :	: <i>Pror-di Sassare</i>
		: :	: <i>Italy</i>

Veterans Bureau Claim Number 36 303  
 29/156

*all ul. foreign 3/20/33*

QM 293 A-C  
(Contini, Peter)

*Foreign*

December 12, 1928.

Mr. Francisco Contini,  
Tula, Province vi Sassari, Italy.

Dear Sir:

The inclosed card gives the permanent cemetery and grave location of the late **Peter Contini**.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

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

LEB

O. O. M. G. - M. & R. DIV.

1 Incl.  
Record card.

DEC 15 3 41 PM '28

DISPATCHED

To be prepared in triplicate.

DATE Oct. 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 CONTINI, Peter

10. Name \_\_\_\_\_

2. No. 540053

11. No. \_\_\_\_\_

3. Rank Cpl

12. Rank \_\_\_\_\_

4. Org. Hq. Co. 7th Inf.

13. Org. \_\_\_\_\_

5. D.D. 8-4-1918

14. (a) D.D. \_\_\_\_\_

6. C.D. ~~D.O.W.~~ accidental GSW

(b) D.Bno discrep. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 111 Sec. U

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

8. Plot 3 Row \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

17. no discrep.

18. Cemetery Aisne Marne Amer.

19. Commune or town Belleau

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. 1764

23. Disinterred (Date) Oct. 7, 1922

By C. W. Dodge

24. Inscription on grave marker:

Name Peter Contini

Serial No. \_\_\_\_\_

Rank Cpl.

Organization Hq. Co. 7th Inf.

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

Signature J. C. Annabel  
J. C. Annabel, 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).

Bottle record agrees. Collar ornaments "U.S" "7 cross rifles"

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial Wooden box and burlap.

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

30. Body prepared and placed in casket: Date Oct. 7, 1922 By C. W. Dodge

C. W. Dodge

31. Casket sealed by \_\_\_\_\_

Signature of Embalmer, (Supervisor) C. W. Dodge

MMB

9/9/27  
SAB

SHIPMENT. (Show actual marking of box.) Box No. C - 31286

32. Designation of body:

Name Peter CONTINI Serial No. 540053

Rank Cpl Organization Hq.Co. 7th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Oct. 7, 1922 By C. W. Dodge

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 I. H. Joffe, 1st Lt. QMC

36. Remarks None

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

To point of Concentration \_\_\_\_\_ (Name)

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

38. Received at Railhead or Point of Concentration: Date \_\_\_\_\_

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

39. Shipped from Railhead or Point of Concentration: Date Oct. 7, 1922

To Permanent Cemetery Aisne Marne Cem. 1764, Belleau (Aisne) (Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer I. H. Joffe 1st Lt. QMC

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

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

41. Reinterred Oct. 7, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)

(Date)

42. Grave No. 20 Section \_\_\_\_\_

43. Plot BLOCK A Row \_\_\_\_\_ 12

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

# REPORT OF DISINTERMENT AND REBURIAL

Place Belleau (Aisne)

Date Oct. 7, 1922

1. REMAINS OF CONTINI, Peter

SERIAL NUMBER 540053

RANK Cpl.

ORGANIZATION Hq. Co. 7th. Inf.

2. Disinterred (date):

From (give complete location):

Oct. 7, 1922. Gr. 111, Pl. 3. Sec. U Cem. 1764

By: Group 1

Unit Aisne Marne

3. Reburied (date): Oct. 7, 1922

In (give complete location): Gr. 20, Block A,

Row 12, 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:

Wooden box and burlap.

Badly decomposed. Features unrecog.

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

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

Bottle record agrees.

Collar ornaments: "U.S" "7 cross rifles I"

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

(a) Height (actual measurement) Impossible to determine

(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) Imp. to determine

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

Left humerus radius and ulna missing.

Checker: J. C. Annabel,

7. Disinterment supervised by

C. W. Dodge, S.E

Approved: I. H. Joffe, 1st. Lt. QMC

(Title)

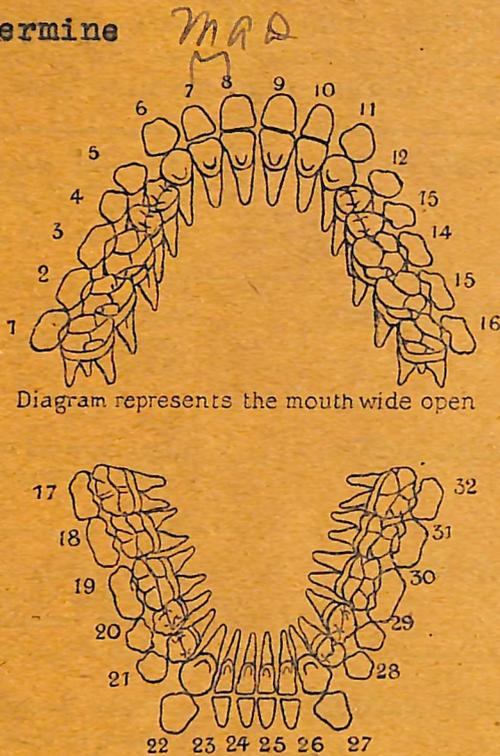
8. Reburial supervised by

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 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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #11175

I. LOCATION INDEX CARD:

(a) Name CONTINI, Peter Ser. No. 540053
(b) Rank Cpl. Organization Co. Hq. 7th Inf.
(c) Date of death 8/4/18 (d) Cause of death dwria

TYP. evs
CKR. B.J.

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

(a) Grave No. 111 Row - Plot 3 Sec. U TYP. evs
(b) Emerg. Address Francisko, Contini (Father) Tula, Italy.

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

IV. A. G. O. DISPOSITION CARD:

no card in file A.P. 2-21-21
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 correspondence

Examiner's Initials A.P. Date 2-21, 1920.

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

no request for disposition

(a) Cancellation memos referred to?

Yes, A.P.

Examiner's Initials A.P. Date 2-21, 1920.

COUNTRY FRANCE CEMETERY No. 1764 SHEET No. 432

checked 3-15-21

7-5-4-2-2-21

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 **MAR 10 1921**, 1920

**PARAGRAPH 2 - NOT TO BE RETURNED**

*acu*

IX.

**CORRECTIONS**

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

X. SUSPENSION REMARKS:

*B.C.W.R.*

*Mr. Frank Contini (Father)*

*Lula, Sassari, Italy.*

*(3-15-21) Jce*

Rank \_\_\_\_\_

Serial No. \_\_\_\_\_

ORL \_\_\_\_\_

Rank

Serial No.

Org.

Remarks

*Rosenbrock*  
*2-21-21*

A. G. O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

*E. A. O.*

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Chackers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

*H. J. W. Hunt*  
*2-23-21*  
*H. J. W. Hunt*

S-1357/MB

*checked H. J.*  
*2-21-21*

1.

3-B

2-B

No enclosures

BREAKFAST

DINNER

C 36 303

Please mail

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

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Contini, Peter, Cpl.

1764 - 432

2/23/21.

SERIAL NUMBER

ORGANIZATION

540053

Co. Hq., 7th Inf.

Date of death - 8/4/18.

WAR RISK INSURANCE INFORMATION

Copy forwarded to  
Adjustment Department

DATE

3/11/21

Date 3-15-21-CL  
NAME OF BENEFICIARY

RELATIONSHIP

Mr. Frank Contini

Father

Address

Tula, Sassari, Italy

S/709/LML

April 18, 1921.

1764 Reg. Sec., Cem. Div.

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

Chief, American Graves Registration Service, Q.M.G., in Europe.

Supplementary advice on American Concentration Cemetery, #1764,  
Belleau, Aisne, France.

1. Reference paragraph 2, office letter of March 10th, 1921, (File No. 1764 Reg. Sec., Cem. Div.), it is requested that you ascertain the desires of the next of kin of the deceased soldier named below and initiate Form 114 if necessary.

Cable

Ref. No.

432. Contini, Peter, Corporal, 540053, Co. Hq. 7th Infantry.

2. The records of this office show that Mr. Francisko, Contini, of Tula, Italy, is the father and the Bureau of War Risk states that Mr. Frank Contini, of Tula, Sassari, Italy, is the father and beneficiary.

3. There is no correspondence in the files of this office concerning this case.

By authority of the Quartermaster General:

THOS. G. HANSON, Jr.,  
Captain, Q.M. Corps.

OSP:35  
C & C Dept.

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #11175

I. LOCATION INDEX CARD:

(a) Name CONTINI, Peter Ser. No. 540053  
 (b) Rank Cpl. Organization Co. Hq. 7th Inf.  
 (c) Date of death 8/4/18 (d) Cause of death awria

} TYPVS  
 } B.J.

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

(a) Grave No. 111 Row \_\_\_\_\_ Plot 3 Sec. U TYP. evs  
 (b) Emerg. Address Francisko, Contini (Father) Tula, Italy.

III. Files of soldiers dying from contagious diseases \_\_\_\_\_ CKR. B.J.

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

*No card in file.*  
*No request for disposition.*  
*H.P. 2-21-21*  
*AP 4/22/21*

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
 { letter of transmittal on MAR 10 1921, 192

**PARAGRAPH 2 - NOT TO BE RETURNED** *oen*

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. \_\_\_\_\_

*H.S. 4-22-21*

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Castini 549449 Peter  
(Surname.) (Number.) (First Name and Initials.)

Capt. 7 Inf Holston Co  
(Rank.) (Organization.)

DATE OF BURIAL Aug 6

PLACE OF BURIAL Am River

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

Ville Plamblon

GRAVE NUMBER 64

HOW MARKED: Name Peg? yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

REPORTED BY: J. H. [Signature]  
Capt 3 Div  
(Signature and Rank of Reporting Officer.)

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

Place Chamblon.

Date July 6, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name Contini, Peter,

Number: 540053

Rank:

Organization:

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

July 6, 1919

Plot-53 Cameron at Chamblon, Aisne

Coord. 247.N - - 184.80E

/Grave 54.

Reburied (Date)

in: (Give complete location)

July 6, 1919

American Cemetery at Belleau Woods, Aisne

Coord. 262.60N - - 176.04E

Plot-3, Sec. U, Grave 111.

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

Body in poor condition.

Was one identification tag found upon the body? no

What other means of identification were found upon the body? none

11960

CO FIRMED N-D

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.2, 1919, after being carefully examined for clues to identity in doubtful cases, not at which whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Sgt. H.C. Turner

H.C.M. Cameron  
C.O. Group Prov. Unit B: G.R.S.



100-2-200-11-100-200

Subscribed by: [Signature]

Witnessed by: [Signature]

Date:

Must other means of identification were shown upon the road: none

Was one identification tag shown upon the road: no

Book in book collection

Report as to nature of clothing, color and condition of road upon identification

100-2-200-11-100-200

100-2-200-11-100-200

Date

100-2-200-11-100-200

Reported (Date)

100-2-200-11-100-200

100-2-200-11-100-200

100-2-200-11-100-200

Date

100-2-200-11-100-200

Reported (Date)

100-2-200-11-100-200

Identification and description made by group

100-2-200-11-100-200

Name

100-2-200-11-100-200

100-2-200-11-100-200

100-2-200-11-100-200

Remarks of:

BEYOND OF DISSEMINATION AND REPRODUCTION

100-2-200-11-100-200

100-2-200-11-100-200

100-2-200-11-100-200

Place ~~Monmouth, N.J.~~ Belleau, Aisne

# REPORT OF DISINTERMENT AND REBURIAL

Date June 10/21

1. REMAINS OF CONTINI, PETER SERIAL NUMBER 540053  
RANK Cpl. ORGANIZATION Hq. Co. 7th Inf.

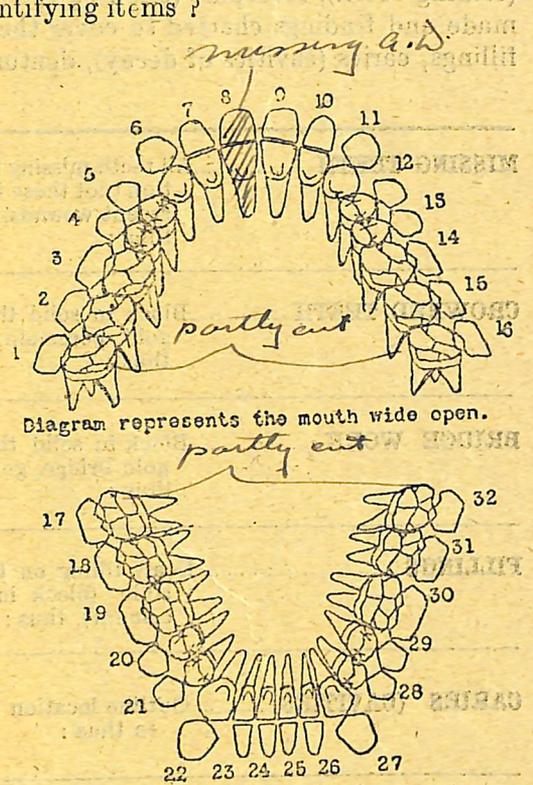
2. Disinterred (date): June 10/21. Belleau, Aisne Amer. Cty. #1764 Gr. 111-U-3  
From (give complete location):  
By: Group Dawe Unit 6 Sect. 6

3. Reburied (date): June 10/21. Belleau, Aisne Amer. Cty. #1764 Gr. 111-U-3  
In (give complete location):  
By: Group Dawe Unit 6 Nature of reburial Burlap and box

4. Report as to nature of original burial and condition of body upon disinterment:  
5 ft. earthen grave, U S uniform, burlap and box,  
Decomposed unrecognizable

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes  
Tag on body reads "Peter Contini, Serial No. 540053"  
(b) Other means of identification found upon disinterment, and general remarks:  
Collar ornament US-Cross gun-7th"

6. What does examination of body show as regards the following identifying items?  
(a) Height (actual measurement) Undeterminable  
(b) Weight (estimated) Undeterminable  
(c) Hair—Color Undeterminable  
Quantity Undeterminable  
Characteristics Undeterminable  
(d) Hair on face—Color Undeterminable  
Location Undeterminable  
Quantity Undeterminable  
(e) Permanent marks on body (old scars, peculiarities, or missing parts) Undeterminable  
(f) Wounds or missing parts (received at time of casualty) None



7. Disinterment supervised by A. C. Dawe S. E. Approved: R. C. Worthington, 1st Lt. QMC (Title)  
8. Reburial supervised by A. C. Dawe S. E. Approved: R. C. Worthington, 1st Lt. QMC (Title)

WK

**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), bicuspid (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.

<b>MISSING TEETH</b> .....	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
<b>CROWNED TEETH</b> .....	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
<b>BRIDGE WORK</b> .....	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
<b>FILLINGS</b> .....	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
<b>CARIES (CAVITIES)</b> .....	Outline location and size of cavity, shade in thus :	
<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."	

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.



Claim 36303

Incomplete Father

Sula Pro. vi  
Sassari Italy

---

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

11125

Centini 549449 Peter  
(Surname.) (Number.) (First Name and Initials.)

Caf. 7th Regt. Helicopter Co  
(Rank.) (Organization.)

DATE OF BURIAL Aug 6

PLACE OF BURIAL Gen. Green  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Ville Chamblan  
Montlevon

GRAVE NUMBER 64

HOW MARKED: Name Peg? Yes Cross? 284

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: J. L. Giffes  
1st Lt. Col. 3rd Regt.  
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.  
17AOU BQU



*copy*

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

~~Harlow C.W.~~

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

~~Contini, Peter, Cpl.~~  
SERIAL NUMBER ORGANIZATION 1764 - 432 2/23/21.

~~540053~~  
~~Ce. Hqs., 7th Inf.~~  
Date of death - 8/4/18.

NOTED FORM 115 WAR RISK INSURANCE INFORMATION  
DATE 3-15-21-*cl* DATE \_\_\_\_\_

Adjustment Made  
6 - 1922

File No. 11175

FILE

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Frank Contini

Father

Address

Sula, Sassari, Italy.

S/709/LML

WAR DEPARTMENT  
Office of the Quartermaster General of the  
Washington

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

G.R.S. Form 8-W-A-0  
Information requested of A.G.O.

Date 2/20/21

File No. 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.

- a. Surname **Contini** ✓
- b. Christian name **Peter** ✓
- c. Serial Number **540053** ✓
- d. Organization **Co. Hq., 7th Inf.** ✓
- e. Rank **Cpl.** ✓
- f. Date of death **8/4/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship **Francisco Contini** ✓  
**Father Julia Sassari** ✓  
**Italy**

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

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair **Adjustment Made**
- d. Height **APR 7 1921**
- e. Weight
- f. Permanent marks **File No. 11175**  
physical defects at  
enlistment (Old fractures or breaks)
- 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. R.*  
*Donnelly-RNS-700*  
*Exp-#-25-20*

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

BY:

*H. J. Gennner*  
H. J. GENNER,  
1st. Lieut. Q.M.C.

**FILE**

Rec'd World War Div  
Date... **FEB '24 1921**

CEMETERY NO: **C.W. 1764**  
SHEET NO: **432**  
TYPED BY: **I.W.**

S/713/LML

Rec'd 5 & 8 Div. A.G.O.

**FEB 24 1921**

*W*

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-0  
Information requested of A.G.O.

Date 2/23/21.

File No. 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.

- a. Surname **Contini** ✓
- b. Christian name **Peter** ✓
- c. Serial Number **540053** ✓
- d. Organization **Co. Hq., 7th Inf.** ✓
- e. Rank **Cpl.** ✓
- f. Date of death **8/4/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#)
- i. ~~Emergency address~~
- j. ~~Relationship~~ **Francisco Contini** ✓

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

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							

Adjustment Made

APR 7 1921

11175

f. Permanent marks physical defects at enlistment (Old fractures or breaks)

A.R.  
Donnelly-RNS-777  
EoS-#-25-20

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

FILE

CEMETERY NO: C.W. 1764  
SHEET NO: 432  
TYPED BY: I.W.

BY:

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

Rec'd World War Div  
Date... FEB '24 1921

S/713/LML

Rec'd S & S Div, A.G.O.

FEB 24 1921

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-0  
Information Requested of G.O.

Date 2/23/21

File No. Registration.

From: The Quartermaster General, U. S. Army, (Chemical 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, together with continuation of all information shown.

- a. Surname Contini ✓
- b. Christian name Peter ✓
- c. Serial Number 840083 ✓
- d. Organization Co. Hd., 7th Inf. ✓
- e. Rank Cpl. ✓
- f. Date of death 2/4/18 ✓
- g. Cause of death DWRIA ✓
- h. Authority (G.O. #) ✓
- i. Emergency address ✓
- j. Relationship ✓

BODY DESCRIPTION  
(See page 2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks, physical defects or physical defects at enlistment (Old fractures or breaks)

Adjustment Made

APR 7 1921

8 7 6 5 4 3 2 1 1 2 3 4 5 6 8  
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 8  
lower right lower left

H. L. ROGERS  
Quartermaster General

BY: [Signature]

RECEIVED  
FEB 25 1921

CHEMISTRY NO: 1284  
SERIAL NO: 423  
TYPED BY: I.W.

2/13/21

11175

Hq Co 7th Infantry.  
3rd Division

CONTINI; Peter Cpl 540053  
Home: Box 969 Hopewell Va.,

No eye witness- FINDINGS OF BOARD: After investigation the Board finds that Corporal Peter Contini met his death from gun shot wounds in the stomach inflicted by the French civilian Edmond Lefranc at about 0.30 PM. 4th August 1918 at SOUS LA VILLE FARM, near VIFFORT France? and that death occurred in line of duty and was not the result of his own misconduct. Cpl Contini had been visiting the Italians soldiers billeted in a house across the road from the house of M. Lefranc. These soldier came from a district close to Cpl Contini's home. About 9.30 P.M Cpl started back to his billet. From that time the only witness is the French civilian who says that he heard his goat bleating and saw a figure near it. He secured his shot gun, came outside where he says a man jumped at him. He fire once hitting the man in the stomach and again hitting him in the back as the man ran away. Cpl Contini was found about 50 yards from the place with wounds in the stomach and back. The Board finds that the wound in the stomach was caused by a shotgun fire within a foot of the body. There is no evidence of misconduct on the part of Cpl Contini except the Frenchman's suspicion that someone was trying to steal his goat. The yard in which the shooting occurred was just off the road which led to his billet so it constituted no misconduct being in it. The Frenchman fired in excitement killing Cpl Contini who for some reason happened to be slightly off his path. Buried in cemetery near VIFFORT, France.

Francisco Contini  
Box 969 Hopewell Va  
va

No informant given. Not signed.