

Claim 153041 mt  
Bureau signature Sebastano Corenza DATE checked 2/17/27

1. NAME CORENZA, Sebastino SERIAL No. 1682692  
 RANK Cpl ORGANIZATION Co 2 307 Inf  
 GRAVE LOCATION Amer Cty Chateauvillain (Haute Marne) 464  
CTY. NAME NUMBER  
37  
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 37, CHATEAUVILLAIN (Haute-Marne)  
GRAVE COMMUNE DEPT.

COORDINATES E. 290.15 N.141;65

CONCENTRATED TO Not of record

DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

DATE OF DEATH Jan 25, 1919

STATE FROM WHICH HE CAME N.Y.

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS Not of record

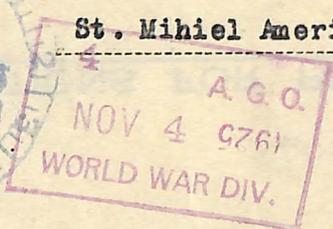
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR [Signature]

Walter F. BROWN, CAPT.QMC., Supervisor Area No. 4

3. FINAL GRAVE LOCATION August 10, 1922. 20 17 B  
DATE GRAVE ROW ~~ROW~~ Block



Robert C. Davis  
 The Adjutant General  
 By CLR  
 NOV 6 - 1925

2/3

# 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 I6, 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.

CODE SLIP

*Mrs. Ann Carbone*  
✓

HEADING	SUB-HEADING	NO. OF COLS.	CODE
NAME <b>CORENZA</b>	<b>COR</b>	3	3 5 8
<i>Sebastiano</i>	CEMETERY <b>1233</b>	1	3
BURIED	GRAVE <b>20</b>	2	20
	ROW <b>17</b>	2	17
	BLOCK <b>B</b>	1	2
STATE	<i>New York</i>	2	37
RANK	<i>Cpl</i>	1	2
DIVISION	<b>77</b>	2	77
ORGANIZATION	<b>307</b>	3	307
ARM	<i>Inf</i>	1	1
MARITAL	<i>No</i>	1	2
NAME <i>Corenza Mrs.</i>	<i>Car</i>	3	3 1 8
<i>Vita Maria Lanzillotta</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>All rel foreign</i>	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	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	
<i>29/514/ Country</i>	<i>Italy</i>	2	01

**AUDITED**  
1938  
*[Signature]*

*[Handwritten mark]*

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 8-24-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH  
Corenza, Sebastano Cpl. 1682692 Co. D, 307th Inf, 1-25-19

STATE CTY. NO. 1233 GRAVE 20 ROW 17 BLOCK B

Check relationship Living - Deceased

MOTHER	<i>no</i>	:	✓	:	:
STERMOTHER (For the year prior to commencement of service)		:	:	:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)		:	:	:	:
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		:	:	:	:
WIDOW <i>Single</i>		:	:	:	:
(Who has not remarried)		:	:	:	:

NAME  
AND  
ADDRESS

*M-Vita Maria Langillotta*  
*vedova Corenza*  
*Via San nicola*  
*8 Luni Prov di*  
*Bari, Italy*

Veterans Bureau Claim Number XC 153041  
29/156

*ad rel. foreign 2/24/33*

C 153041

Sebastano

Corenza.

---

QM 293 A-C

Corenza, Sebastiano

January 5, 1924

*Corenza*

Mrs. Maria Vita Lanzillotta,  
8 Snicola Turi,  
Province of Bari, Italy.

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

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

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

Very truly yours,

1- Incl.  
Record card.

Assistant,  
P. L. FOSTER

RD

*752*

O. G. M. C.  
CENTRAL MAIL ROOM



JAN 5 1924  
B. O. C.

To be prepared in triplicate.

DATE **Feb 16, 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 **CORENZA, Sebastino**

10. Name

2. No. **1682692**

11. No.

3. Rank **Cpl**

12. Rank

4. Org. **Co L 307th Inf**

13. Org.

5. D.D. **1-25-19**

14. (a) D.D.

6. C.D. **Influenza**

(b) D.B. **none**

Discrepancy found upon disinterment

7. Grave No. **37** Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. **none**

18. Cemetery **Amer Cty**

19. Commune or town **Chateauvillain**

20. Dept. or County **Haute Marne**

21. Country **France**

22. G.R.S. Hdqrs. Code No. **464**

23. Disinterred (Date) **Feb 16, 1922**

By **A R Cheney**

24. Inscription on grave marker:

Name **CORENZA, Sebastino**

Serial No.

Rank **Cpl.**

Organization **Co. L. 307 Inf.**

**G r. 37**

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

Signature **Glenn C Dorsey**  
Signature Junior Technical Assistant

**Glenn C Dorsey**

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).  
**on body**

**no evidence found to disprove identity.**

27. Condition of body **badly decomposed, recognition impossible.**

28. Nature of burial **uniform and wooden 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 **Feb 16, 1922** By **A R Cheney**

31. Casket sealed by **A R Cheney**

Signature of Embalmer, (Supervisor

**A R Cheney**

AUDITED

27 N 8

mt

SHIPMENT. (Show actual marking of box.) Box No. **C-26462 C-26462**

32. Designation of body:

Name **Sebastino Corenza** Serial No. **1682692**

Rank **Cpl** Organization **Co L 307th Inf**

33. Consigned to:

**Amer Cty St Mihiel Thiaucourt M-et M 1233**

Name of Permanent Cemetery

34. Casket boxed and marked (Date) **Feb 16, 1922** By **A R Cheney**

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 *O E Davis*  
**O E Davis, 1st Lt., QMC**

36. Remarks

37. Shipped from point of Operation: (Date) **Feb 16, 1922**

To point of Concentration **Chaumont, H t. Marne**

Convoyer **Clinton T. Bieley** Signature Shipping Officer *C. J. Blake*  
**C. J. BLAKE**

38. Received at Railhead or Point of Concentration: Date **Captain, Q. M. Corps, U. S. Army**

By G.R.S. Representative *C. J. Blake*  
**C. J. BLAKE**

39. Shipped from Railhead or Point of Concentration: Date **19 FEB 1922**

To Permanent Cemetery **St. Mihiel ( 1233 ) Thiaucourt, M et M**

Convoyer **Michael Potkin** Signature Shipping Officer *Walter F Brown*  
**Walter F Brown, Capt. QMC**

40. Received: Date **12 3 FEB 1922**

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

41. Reinterred, **Aug. 10 1922**

(Date)

42. Grave No. **20** Section

43. ~~Foot~~ Bk. **B** Row **17**

G.R.S. Representative *A E Dewey*  
**A E Dewey 1st Lt. QMC**

Chateauvillain, Ht. M arne

Place

# REPORT OF DISINTERMENT AND REBURIAL

Feb. 16, 1922

Date

CORENZA, Sebastino

1682692

1. REMAINS OF

Cpl.

SERIAL NUMBER

Co. L. 307 Inf.

RANK

ORGANIZATION

2. Disinterred (date):

Feb 16, 1922

From (give complete location):

Gr. 37

Amer. Cem. 464

Chateauvillain, Ht. M arne

By: Group

3

Unit

4

3. Reburied (date):

Aug. 10 1922

In (give complete location):

Gr. 20 Bk. B Row 17

City. 1233

By: Group

Reburial

Unit

Casket & shipping case

Nature of reburial

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

Uniform and wooden box. badly decomposed, recognition impossible.

5. (a) Identification tags: Buried with body?

yes, corroded

On grave marker?

yes

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

no evidence found on body to disprove identity

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

unable to determine

(a) Height (actual measurement)

unable to determine

(b) Weight (estimated)

unable to determine

(c) Hair—Color

Quantity

unable to determine

Characteristics

unable to determine

(d) Hair on face—Color

Location

none

Quantity

none

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

none

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

none

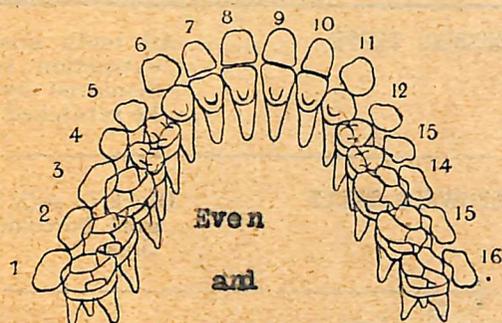
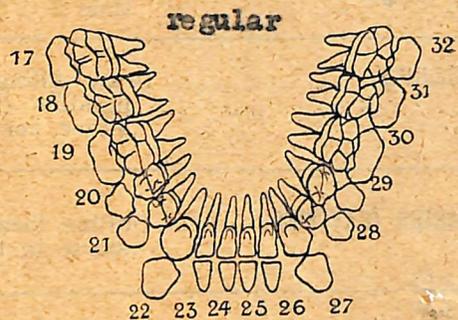


Diagram represents the mouth wide open



7. Disinterment

supervised by

A R Cheney

Approved: *O E Davis*

O E Davis, 1st Lt. QMC

(Title)

8. Reburial

supervised by

H L Kramer

Approved: *A E Dewey*

A E Dewey 1st Lt. QMC

(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.

<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.

9159

*4/14/22 Cultured  
22 Concentration  
St. Michael 2233  
AH 5/5/22*

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name SEBASTINO, Corenza Ser. No. 1682692

(2) Rank Cpl. Organization Co. D. 307th Inf.

(3) Date of death 1/25/19

B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death Influenza

(5) Grave No. 37 Row --- Plot 3 Sect. ---

TYP. PLR  
CKR. MEH  
TYP. ESW  
CKR. H L

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD

Date of receipt \_\_\_\_\_

(6) Relationship \_\_\_\_\_

*No card in file AH 4-17-20*

(7) Name \_\_\_\_\_

(8) Address \_\_\_\_\_

(9) Desires remains brought to U. S.? \_\_\_\_\_

(10) Desires remains brought to U. S. and interred in National Cemetery at \_\_\_\_\_

(11) If brought back, what shipping instructions? \_\_\_\_\_

C. A. G. O. CORRESPONDENCE

Date of communication \_\_\_\_\_

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. \_\_\_\_\_

*No correspondence*

(13) A. G. O. Files EXAMINED by Tid

(Date) 4-17-20

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos. Yes M.A.D. Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? M.A.O. (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

*No request for disposition*

*M.A.O 4-27-20*

*Requested M.A.S. 2/17/21*

(15) G. R. S. Files EXAMINED by \_\_\_\_\_

(Date) \_\_\_\_\_

**FORM 115 - A COMPLETED**

(over)

**464-41**

*ACP 1-8-21*

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) \_\_\_\_\_

(16) Removal of Remains (within custody of G.R.S.) to \_\_\_\_\_

(17) Instructions that remains be left undisturbed \_\_\_\_\_

(18) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

B. G. R. S. FORM NO. 114 made (Date) \_\_\_\_\_

(19) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

C. SUSPENSION REMARKS: Letter 5/24/20 to Mrs. Maria Vita San-

gillotta, Turi, Province of Bari, Italy requesting instructions for final disposition of remains

46-21 Europe advised this case should have been suspended for foreign air force instead of foreign military dead. Requested to ascertain details of rest of kin. Records show Mrs. Maria Vita San-gillotta, of Turi, Prov. of Bari, Italy as mother of U.S. Pilot who is beneficiary. Copy of let. to be enclosed 4-15-21 m.g.

D. Dispatched (Date) \_\_\_\_\_ (Let. Trans. No. 12-17-20)

Par #2 Not to be returned Foreign Communications

Approved by \_\_\_\_\_

(Date) \_\_\_\_\_

No E/A Given

John M. J.

Mrs. Maria Vita Lanzillotta  
Turi Prov. of Bari, Italy

11/18/21 - Europe advised letters written mother in Italy have received no replies - Body to be sent in P. A. C. Service - 12/15/21 - m. m. m.

Corenza, Sebastiano -1,682,697

Name appears on



Natali Corenza  
& Snicoha, Tivoli  
Italy (mother)

FILE 91599

For further data see Casualty Files

~~Lebrastino, Corenza - 1682692~~

Cpl. Co D 307 Inf.

Doppo 1/25/19 (cc 445)

1ST BURL

Chateaufillain, Haute-Marne

#64

#197568



91599

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CORENZA 1682692 Sebastino

(Surname). (Number). (First Name and Initials).

Corp. Co L 307th Inf.

(Rank). (Organization).

PLACE OF DEATH: Camp Hospital No. 2

CAUSE OF DEATH: disease

DATE OF BURIAL: Jan. 25th 1919

PLACE OF BURIAL: American Cem. 464

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

Chateau-villain

Haute Marne

FILE

GRAVE NUMBER:

HOW MARKED: Name Peg?  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?

NEAREST RELATIVE: Natale Corenza

ADDRESS: Strada di San Nidola, Turi, Prov. of Pavi Italy

RELATIONSHIP: Father

REPORTED BY:

Chaplain Friedman, H.Q. 77th Div.  
(Signature and Rank of Reporting Officer).



RECEIVED

JAN 14 AM 19

O. C. Q. M.  
G. R. S.

GENERAL HEADQUARTERS  
AMERICAN EXPEDITIONARY FORCES  
ADJUTANT GENERAL'S OFFICE.

---

FROM : ADJUTANT GENERAL.  
TO : C.O., Co. L, 307th Inf.  
SUBJECT : Information for Burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis  
Adjutant General.

---

---

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

---

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_



RECEIVED

APR 14 1915

O. C. Q. M.  
G. R. S.

91599 97568

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Estevan 1682692 Eganza*  
.....  
(Surname). (Number). (First Name and Initials).

*1st Lt 307 1st*  
.....  
(Rank). (Organization).

PLACE OF DEATH: *Camp Hospital 709*  
.....

CAUSE OF DEATH: .....

DATE OF BURIAL: *Jan 29th 1919*  
.....

PLACE OF BURIAL: *American Cemetery 464*  
.....

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

*Chaturallain Haute Marne*  
.....

GRAVE NUMBER: .....

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

Headboard? *yes* Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? *yes* .....

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?  
*464*

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

**REVIEWED**  
*Wm. H. ...*  
.....  
(Signature and Rank of Reporting Officer).

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE Q.M.C., IN EUROPE  
8, AVENUE D'IENA.

Recorded, Cemeterial Div., O. O. M. G.  
File # 293.8  
91599

File No. 293.9 Disp. Cem. #464. - 4/

PARIS November 18, 1921.

From: Chief.  
To: Quartermaster General, Munitions Building, Washington, D.C.  
Subject: Disposition of remains of Cpl. Sebastino CORENZA, #1682692, Co. D, 307th Inf., Cem. #464, Chateaufvillain, Haute Marne, France.

1. Reference letter Cem. Div., Washington, dated April 6, 1921, File #464, to this office, wherein it was directed that we communicate with the next of kin of the above deceased soldier, you are advised that a letter was written, as instructed, to Mrs. Maria Vita Lanzillotta, (Mother), Turi, Province of Bari, Italy, inclosing our official form certificate for execution, on May 3, 1921. The first follow letter was sent June 22, 1921, and the second follow-up letter September 19, 1921.

2. No replies having been received to said correspondence, the remains of the above-deceased soldier will be left in France for final burial in a permanent American cemetery.

*see  
return*

*H. F. Remmers*  
H. F. REMMERS,  
Colonel, Q.M. Corps.

JLK/GMS.

Noted on Form No. 1154 "a"  
Date 17/15/21  
*m.m.m.*

Noted by Statistical Clerk.  
Date 12-9-21  
*all*

*Copy on O.S.P.*

RECEIVED  
INQ. & CORR. SECT.

DEC 14 1921

CEMETERIAL DIV.  
U. S. ARMY

CEMETERIAL



DEC 6 1921

TRK/SK

RECEIVED

IN A BELONGING UNLESS OTHERWISE  
NOTED TO THE EFFECT THAT THE  
RECORDS OF THE BUREAU OF THE  
GENERAL LAND OFFICE ARE NOT TO BE  
REPRODUCED OR COPIED WITHOUT THE  
WRITTEN PERMISSION OF THE  
DIRECTOR OF THE BUREAU OF THE  
GENERAL LAND OFFICE.

THE ABOVE INFORMATION IS FOR THE  
USE OF THE BUREAU OF THE  
GENERAL LAND OFFICE AND IS NOT TO  
BE REPRODUCED OR COPIED WITHOUT  
THE WRITTEN PERMISSION OF THE  
DIRECTOR OF THE BUREAU OF THE  
GENERAL LAND OFFICE.

RECEIVED  
BUREAU OF THE GENERAL LAND OFFICE  
WASHINGTON, D. C.

NO. 1000-1000-1000

AMERICAN CIVIL SERVICE COMMISSION  
WASHINGTON, D. C.

123-4

# FILE

G.R.S. Form No. 8; Central Records Division.  
Memo For: G.R.S. representative, C.R.O.  
SUBJECT: Information required for G.R.S.

I. Items checked are to be completed:

- ( ) Surname: **ESBASTANO**, *Sebastiano*
- ( ) Number: **1682692**
- ( ) First name: **Coyenza**, *Corenza*
- ( ) Rank: **Pvt.**, *capt*
- ( ) Company: **L.**, *307 inf*
- ( ) Organization:
- ( ) Date of death: *1/25/19*
- ( ) Cause: **OVER**
- ( ) Place: *Died of flu*

Location of hospital:

Number " "  
Class " "

- ( ) Relative: *not given*
- ( ) Relationship:
- ( ) Address:

9-15-64

- ( ) Authority:
- C. bogram No: *445*
- 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, C.M.C., U.S.A.

Initials of Reporter:

*VBR*

SEP 1919

Buried 1-29-19.

Cty. 464

Amer. Cty. Chateauville, (Hte. Marne)

Reported by G. R. S<sub>4</sub>

2338501

2338500

.37

RECEIVED  
JUL 21 1919  
S. G. O. M.  
C. R. E.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

91599

Date April 20, 1921

File No. 97568 Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. Corenza
- b. Christian name. Sebastino, or Corenza
- c. Serial number. 1682692
- d. Organization. Co.D. 307th Inf.
- e. Rank. Cpl.
- f. Date of death. 1-25-19
- g. Cause of death. Influenza
- h. Authority (C. C. No.) 445
- i. Emergency address. Matale Corenza
- j. Relationship. (Father) 8 S. Nicola St. Juri Italy

FILE

BODY DESCRIPTION.

(See page 2 of the Service Record.)

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

DENTAL CHARTS.

(See physical report of examination prior to enlistment.)

a. Strike out teeth missing:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper right								Upper left.							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower right.								Lower left.							

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

By

H. J. CONNER,  
Captain, Q. M. C.

HAS (return to Mr. Wilson )

Rec'd World War Dept.  
Date APR 26 1921

Donnelly, G. D.  
Civil Div. Sec.  
April 26/21

[Handwritten signature and initials]

APR 25 1921

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

Date April 20, 1921

File No. 97528  
Registration

From: The Quartermaster General, U. S. Army (Cemeterial Division).  
To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.  
Subject: Information required for G. R. S.

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

- a. Surname *Sebastian*
- b. Christian name *Sebastian or Germans*
- c. Serial number *188322*
- d. Organization *Co. D. 507th Inf.*
- e. Rank *Cpl.*
- f. Relationship *...*
- g. Emergency address *...*
- h. Authority (C. C. No.) *442*
- i. Cause of death *Influenza*
- j. Date of death *1-22-19*

BODY DESCRIPTION

(See page 2 of the Service Record)

- a. Age at enlistment.
- b. Color of eyes.
- c. Color of hair.
- d. Height.
- e. Weight.

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

APR 27 1921

RECEIVED

(HAS return to Mr. Wilson)

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
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Upper left
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Lower right
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Lower left

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

H. J. GONZALEZ  
Captain, Q. M. C.

By

APR 20 1921

97568

FILE

Recorded, Cemeterial Div. O. P. M.  
File #

April 6, 1921.

464 Reg. Sec., Cem. Div.

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

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

Supplementary advice on American Cemetery, #464, Chateavillain, Haute Marne, France.

1. Reference paragraph 2, office letter of December 17th, 1920 (File No. 464 Reg. Sec., Cem. Div.), you are advised that the following named deceased soldier should have been suspended for foreign advice instead of foreign military dead.

Cable  
Ref. No.

97568

41. Sebastino, Corenza, Corporal, 1682692, Company D, 307th Infantry.

2. It is requested that you ascertain the desires of the next of kin of the deceased soldier and initiate Form 114 if necessary.

3. The records of this office show that Mrs. Maria Vita Lanzillotta, of Furi Prov. of Bari, Italy, is the mother and the Bureau of War Risk states that she is the beneficiary.

4. Enclosed is a copy of communication concerning this case.

By authority of the Quartermaster General:

OSP:SS  
C & C Dept.

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

1 encl.

Copy of letter 5-24-20 to Mrs. Maria Vita Lanzillotta.

Copy for Administration

APR 10 1921  
RECEIVED  
C&C DEPT.

May 24, 1920.

File No: 295.5 Reg.Sec.Cem.Div.  
(Sebastino, Corenza)

Mrs. Maria Vita Lanzillotta,  
Turi,  
Province of Bari,  
Italy.

Dear Madam:

The American Government is undertaking to remove the bodies of its soldiers who died in the late war to such places as the relatives may desire, and accordingly you are requested to advise whether you wish the body of your son, the late Corporal Corenza Sebastino, #1682692, Company D, 307th Infantry, United States Army, to remain buried in France, in the care and custody of the United States, or delivered to you for reburial in Italy, or returned to the United States and placed in the National Cemetery at Arlington, Virginia, U.S.A., where it is assured constant care by the American Government.

Should you desire to have the body removed to Italy for reburial such transfer will be subject to the health regulations and sanitation laws of France and Italy and any intervening countries through which the body may have to pass en route, and should the operation of such instrumentalities prevent the removal of the body in the manner desired, it will remain in the care and custody of the American Graves Registration Service in Europe and will be cared for under the supervision of this Government.

Envelope, for use in making reply, is enclosed  
herewith.

By authority of the Quartermaster General:

~~SUSPEND UNTIL~~

~~JUN 26 1920~~

*Noted 5/24/20*  
*[Signature]*

By:

CHARLES C. PIERCE,  
Colonel, U. S. Army,  
Chief, Cemeterial Division.

*[Signature]*  
E. E. DAVIS,  
Executive Assistant.

FCP-EVS  
OSP-SS  
Cor. Stat. Unit.

*C. V. 8*

MAILED

MAY 25 1920

OVERSEAS PROJ. SEC.  
CEMETERIAL DIVISION.

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

*not in  
death*  
C

C 153041

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

*Sebastino Corenza*

*464*

*1-25-19.*

SERIAL NUMBER

ORGANIZATION

*1682692*

*Co. D. 307<sup>th</sup> Inf.*

WAR RISK INSURANCE INFORMATION

DATE *May 19, 1920*

NAME OF BENEFICIARY

RELATIONSHIP

*Mrs. Maria Vita Lanzillotta*

*Mother*

Address:

*Turi, Prov of Bari, Italy*

NS-8438/JC

COMPILATION OF DISPOSITION OF REMAINS

File # 97568

91599

8/10/21  
13.7

See Form 115  
at 5/5/22

I. LOCATION INDEX CARD:

(a) Name Corenza, Sebastiano (8/10/21) Ser. No. 1682692  
 (b) Rank Cpl. Organization Co. D, 307th Inf.  
 (c) Date of death 1-25-19 Cause of death Influenza

TYP FLR  
MEH  
LM

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

(a) Grave No. 37 Row --- Plot --- Sect. ---  
 (b) Emerg. Address W.R.I. 5/22/20 Mrs. Maria Vita Lanzillotta, Turin, Prov. of Biari, Italy.

TYP NSW  
CKR HG

III. Files of soldiers dying from contagious diseases..... no card

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

W.R.I. E.P. Mrs. Maria Vita Lanzillotta  
Turin Prov. of Biari, Italy.  
 1-7-21

V. Following advice forwarded to Europe by (cable on 192) (Letter of transmittal on 12-17-20)

Foreign Communication 1-8-21

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
11/10/21	Europe advise letter written mother in Italy name recd. no reply. - Body to be sent in P.A.C. France	11-6-21	Europe advised this case should have been suspended for foreign advice instead of foreign military advice. Requested to accept in absence of next of kin. Described Mrs. Maria Vita Lanzillotta of Turin, Prov. of Biari, Italy is mother of W.R. states she is beneficiary. 4-5-21
1-15/21	M. P. V.		

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

acp 1-8-21