

je.

DEC 18 1925

DATE

1. NAME COUSSEMEKER, Henry

SERIAL No. 2856392

RANK Pvt.

ORGANIZATION Co.E.359th Inf.

& DIVISION 90

GRAVE LOCATION St Mihiel American Cty. THIAUCOURT (M-et-M) 1233

CTY. NAME

NUMBER

24 Sec. 5

1

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

12

Fey en Haye

M et M

637

GRAVE

COMMUNE

DEPT.

COORDINATES

52 NE

236.60 N

371.27 E

CONCENTRATED TO

5/9/19

24

Sec. 5

1

DATE

GRAVE

ROW

PLOT

St. Mihiel

1233

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

Sept 14, 1918

STATE FROM WHICH HE CAME

Min

Data F-1

MEDALS OR DECORATIONS AWARDED

None

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

I. H. JOFFEE, 1st Lieut., G.M.C.

3. FINAL GRAVE LOCATION July 27, 1922

24

15 Block D

DATE

GRAVE

ROW

PLOT

St. Mihiel American No. 1233, Thiaucourt

CEMETERY



## 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.

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Coussemaker 2856392 Henry*  
(Surname). (Number). (First Name and Initials).  
*Pvt. Co. E. 359th Inf.*  
(Rank). (Organization).

PLACE OF DEATH: *St. Mihiel Fronts*

CAUSE OF DEATH: *Killed in action*

DATE OF BURIAL: *Sept. 14-18*

PLACE OF BURIAL: .....

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

*Coord. 371.5 - 236.1*

*n.w. of improvised road*

GRAVE NUMBER: *No 11*

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

Headboard? .....

Bottle? *Can.*

## IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *In can.*

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

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

*m.m. Hoffman Jr. 359th Inf.*  
(Signature and Rank of Reporting Officer) *chaplain*

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

Place CHATEAUDate 28, May 1919REPORT OF DISINTERMENT AND REBURIAL.

## Remains of:

Name: COUSSEMEKER, HenryNumber: 2856392Rank: UnknOrganization: Unkn

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

Disinterred (Date)

From: (Give complete location)

9, May 1919Isolated Grave FEY en HAYE M et M52NE E371.27 N236.60

Reburied (Date)

in: (Give complete location)

9, May 1919Grave #24 Sec 5 Plot 1St. Mihiel Am. Cemetery #1233THIAUCOURT M et M 52NE E362.03 N241.44

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

Burial good. Buried in uniform, body badly decomposed.Was one identification tag found upon the body? YesWhat other means of identification were found on the body? None

## Note:

If upon disinterment, effects are found upon 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 to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. DavisR. H. ROSENTHAL2nd Lieut. Q.M.C.U.S.A.

eem

C.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

10908

MED No D



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	COSSEMEKER COU	3	3 5-12
	Henry		
	CEMETERY 1233	1	3
BURIED	GRAVE 24	2	24
	ROW 15	2	15
	BLOCK 10	1	4
STATE	Minnesota	2	27
RANK	Port	1	2
DIVISION	90	2	90
ORGANIZATION	359	3	359
ARM	Inf	1	1
MARITAL	no	1	2
NAME	Coussemaeker	3	
	Cornelius		
RESIDENCE		2	
(Brother)	Belgium	2	
		3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Lead	1	6
NATIVITY	No Sm or Loro	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	
	29/514/		

**AUDITED**

APR 6 1932

OK

mof

Coussemaker, Hei  
Pvt., Co. E, 359th Inf.

Minn.

1233

A. L.

B-7-13-92

enl 4-29-28-43-916

Date of mother's death? about 1908

Stepmother?

Loco?

father died 3-14-20  
in Belgium

Sgt was in U. S. 7 years before enl

and not foreign

4-12-28

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 8-24-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH  
Coussemeker, Henry Pvt. 2856392 Co. E, 359th Inf. 9-14-18

STATE CTY. NO. 1233 GRAVE 24 ROW 15 BLOCK D

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	<u>MOTHER</u>	:	: ✓ :
	STEMOTHER (For the year prior to commencement of service)	:	: :
NAME	MOTHER THRU ADOPTION	:	: :
AND	(For the year prior to commencement of service)	:	: : (B) :
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	: : <u>Cordelius Coussemeker</u> :
	WIDOW (was has not remarried)	:	: : <u>Gravenjansdijk 19</u> :
	<u>Single man</u>	:	: : <u>St-Saureyns</u> :
		:	: : <u>Belgium</u> :

Veterans Bureau Claim Number C 43916  
29/156

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE February 10 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Coussemecker Henry	Pvt	2856392	Co E 359th Inf	Sept 14 1918

STATE	MINNESOTA	CTY. NO.	1233	GRAVE	24	ROW	15	BLOCK	D
-------	-----------	----------	------	-------	----	-----	----	-------	---

	<u>Check relationship</u>	<u>Living - Deceased</u>	
NAME	MOTHER	: no record :	C-43916 2/3
AND	STEPMOTHER (For the year prior to commencement of service)	: : : : : : : : : : : : : : :	Bro: Cornelius Coussemecker Gravenijansdijk # 9. St Laureyns Belgium
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : : : : : : : : : : : : : :	_____
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : : : : : : : : : : : : :	_____
	WIDOW (Who has not remarried)	: : : : : : : : : : : : : : :	_____
	<i>Single man</i>	: : : : : : : : : : : : : : :	_____

Veterans Bureau Claim Number 29/156

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Coussemaker, Henry  
E

May 28, 1929.

Mr. Hector Tremink,  
Ghent,  
Minnesota.

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 friend of the late Private Henry Coussemaker, Co. B, 359th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, 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.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

August 29, 1929.

Coussemaker, Henry  
1233

Mr. Hector Trennink,  
Ghent,  
Minn.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated <sup>May 28, 1929</sup> making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter 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? If so, give her complete address:

2. 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.

3. If survived by a widow or mother does she desire to make the pilgrimage?

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

May 28, 1929.

Goussemecker, Henry

Mr. Hector Tremink,  
Chester,  
Minnesota.

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 friend of the late Private Henry Goussemecker, Co. E, 359th 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.

Coussemecker,

(Surname.)

Henry

(Christian name in full.)

2,856,392

(Army serial number)

Pvt

Co. E, 359th Inf

(Rank and organization.)

State your relationship to the deceased *none*

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)

*Hector J. Hummel*  
*(R3) Elberneva Winn*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.



COUSSEMEKER, Henry - Pvt.

QM 293 A-C

March 22, 1924

Mr. Francis Coussemaker,  
10 Klooster St.,  
Middelburg, Belgium.

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,  
R. J. FOSTER



MAR 22 1924  
B. O. C.

1-Incl.  
Record card.

Assistant.

RD  
ZAK

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #  
56342

**I. LOCATION INDEX CARD:**

(a) Name COUSSEMEKER, Henry Ser. No. 2856392  
 (b) Rank Private Organization Co. E, 359th Inf.  
 (c) Date of death 9/12/1918 (d) Cause of death K/A

TYP. EK  
CKR. JD

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

(a) Grave No. 24 Row -- Plot 1 Sec. 5 TYP. EK  
 (b) Emerg. Address Hector Trennink (friend) Ghent, Minn.

III. Files of soldiers dying from contagious diseases --- (over) CKR. JD

**IV. A. G. O. DISPOSITION CARD:**

Date of receipt ---

(a) Name Hector Trennink (b) Relationship none  
 (c) Address R 3 - Minnesota - Minn  
 (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 msd Date 2-2-21, 1920.

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

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

Examiner's Initials msd Date 2-2-21, 1920.

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

no request for disposition

(a) Cancellation memos referred to? \_\_\_\_\_

Examiner's Initials msd Date 2-3-21, 1920.

COUNTRY France CEMETERY No. 1233 SHEET No. 730

FEB 28 1921 EP

CARDED

*Checked  
2-25-21  
C*

Dun Case

404

RECEIVED BY  
MAIL UNIT

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920 JUN 24 1921

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

Cemeterial Division  
Overseas Project Sub-Section

VIII. FINAL ACTION:

Following advice forwarded to Europe by  
MAR 4 1921

{ cable on \_\_\_\_\_, 1920  
letter on FEB 18 1921, 1920

Par. 2 Not to be returned.

*mch*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*CC. W.R. Mr. Francis Coussemaeker (Father)  
10 Kloster st, Middelburg, Belgium  
(2-25-21) ce*

COMPILATION OF DISPOSITION OF REMAINS DATA

File #  
56342

I. LOCATION INDEX CARD:

(a) Name... **COUSSEMÉKÉ, Henry** ..... Ser. No. .... **2856392** TYP. .... **EX**  
(b) Rank... **Private** ..... Organization ..... **Co. E, 389th Inf.** Cause of death ..... **K/A**  
(c) Date of death. **9/12/1918** death ..... **K/A**

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

(a) Grave No... **24** Row ..... Flot..... **1** Sect..... **5** TP..... **EX**  
(b) Emerg. Address..... **Hector Trenniak (friend) Ghent, Monn.** (2-26-21)

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 (letter of transmittal on..... 192.....  
..... 192.....  
..... 1921.....

**Par. 2 Not to be returned.**

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

VII. SUPPLEMENTARY REQUESTS

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

.....  
.....  
.....  
.....  
.....

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

CONCENTRATION

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

Place Thiaucourt, France,

REPORT OF DISINTERMENT AND REBURIAL

Date July 27, 1922.

1. REMAINS OF COUSSEMEKER, Henry SERIAL NUMBER 2856392  
 RANK Pvt. ORGANIZATION Co.E. 359th Inf.

2. Disinterred (date) : July 27, 1922 From (give complete location): Gr.24, Sec.5, Plot 1, Cem.1233.  
 By : Group 3 Unit 1

3. Reburied (date) July 27, 1922. In (give complete location) :  
Gr 24, row 15, block D, Cty. 1233, regulation casket.  
 By : Group reburial Unit \_\_\_\_\_ Nature of reburial \_\_\_\_\_

4. Report as to nature of original burial and condition of body upon disinterment :  
Wooden box, burlap, U.S. uniform, 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 :  
Tag on body reads: Henry Coussemeker, 2856392.

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

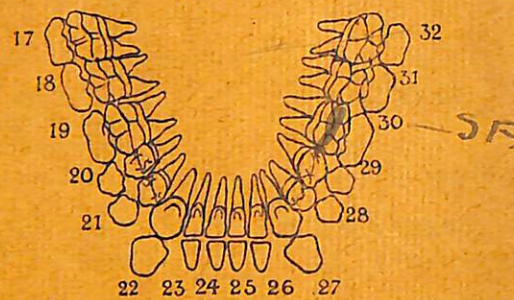
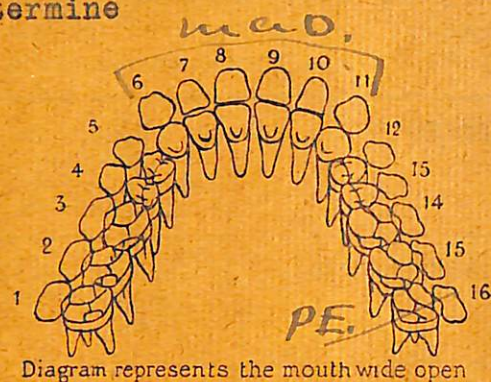
Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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



(f) Wounds or missing parts (received at time of casualty)  
Left side of skull shattered. Right humerus fractured.

7. Disinterment supervised by W.C. Pollmer

Approved: Ochlan  
O.E. Davis, 1st Lt., Q.M.C.  
 (Title)

8. Reburial supervised by H.L. Kramer

Approved: A.E. Dewey  
A.E. Dewey, 1st Lt., Q.M.C.  
 (Title)

## INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

### MISSING TEETH

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



### CROWNED TEETH

Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



### BRIDGE WORK

Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:



### FILLINGS

Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



### CARIES (CAVITIES)

Outline location and size of cavity, shade in thus:



### DENTURES (PLATES)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

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

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

To be prepared in triplicate.

DATE July 27, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Jo.

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name COUSSEMEKER, Henry  
 2. No. 2856392  
 3. Rank Pvt.  
 4. Org. Co. E. 359th Inf.  
 5. D.D. 9-12-18  
 6. C.D. KIA.

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. None.

Discrepancy found upon disinterment

7. Grave No. 24 Sec. 5  
 8. Plot 1 Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. None.

18. Cemetery St. Mihiel American Cty.

19. Commune or town THIAUCOURT

20. Dept. or County M-et-M

21. Country France

22. G.R.S. Hdqrs. Code No. 1233

23. Disinterred (Date) July 27, 1922.

By W.C. Follmer.

24. Inscription on grave marker:

Name Henry Coussemaker  
 Rank Pvt.

Serial No. 2856392  
 Organization Co. E. 359 Inf.

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

G.T. Brown.  
 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).

Tag on body reads " Henry Coussemaker 2856392"

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Wooden box burlap and U.S. Uniform.

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 July 27, 1922. By W.C. Follmer.

31. Casket sealed by W.C. Follmer.

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

ADDED  
102 11-14-23

SHIPMENT. (Show actual marking of box.) Box No. C-29583

32. Designation of body:

Name Henry COUSSEMEKER Serial No. 2856392

Rank Pvt. Organization Co.E.359th Inf.

33. Consigned to:

Name of Permanent Cemetery St Mihiel American Cty.1233,THIAUCOURT(M-et-M)

34. Casket boxed and marked (Date) July 27, 1922. By W.C.Follmer.

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. Q.M.C.

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

None.

37. Shipped from point of Operation: (Date) July 27, 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 \_\_\_\_\_

To Permanent Cemetery St. Mihiel Amer 1233. Thiaucourt, France.

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

Convoyer \_\_\_\_\_ Signature Shipping Officer *O.E. Davis*

O.E. Davis, 1st Lt. Q.M.C.

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

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

41. Reinterred July 27, 1922.

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

42. Grave No. 24 Section \_\_\_\_\_

43. ~~Box~~ Block D Row 15

G.R.S. Representative *A.E. Dewey*  
A.E. Dewey, 1st Lt. Q.M.C.

CEMETERIAL DIVISION  
REGISTRATION SECTION

**FILE**

September 24, 1921

MEMO FOR:

Cards Department.

1. CASE OF:

Company "E" 359th Infantry

ORGANIZATION (old)

CAUSSEMAKER #2856392 Henry - Private  
(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-IA No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

5 X 8 White Card File No. 22629 canceled to 5 X 8 White Card File No. 56342  
COUSSEMAKER # 2856392 Henry

BY: D. T. Dodson

Adjustment Section.  
(Department)

5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By mg6

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

FROM: O. Q. M. G.  
CEMETERIAL DIVISION  
War Trade Building  
Room 2421

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF  
WASHINGTON

SEP 24 1921

PLEASE  
EXPEDITE

File No. *56342*

Date

File No. 56342 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. ~~COUSSEMEKER or CAUSSEMAKER~~ ✓ COUSSEMEKER ✓  Date of death. ~~9-12-18 or 9-14-18~~ ✓
- b. Christian name. Henry ✓  g. Cause of death. K.A ✓
- c. Serial number. 2856392 ✓  h. Authority (C. C. No.) 261 or 323 ✓
- d. Organization. Co. E. 359th Inf ✓  i. Emergency address. Hechter Shennunk ✓
- e. Rank Pvt. ✓  j. Relationship. friend ✓

**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.							

FILE

*Donnelly dk*  
*Eplw 9*  
*9/22/21*

By

REC'D MAIL SECTION,  
W. W. Div., A. G. O.  
SEP 21 1921 3

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

*H. J. Conner*  
H. J. CONNER,  
1st Lieut--~~Captain~~, Q. M. C.

Miss Knight - Adj. Sec.  
DTD

World War Division

SEP 22 1921

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

SEP 24 1921

56342

File No.

Date September 20, 1921

File No. 56342 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. ~~COUSSEMEKER or SAUSSEMAKER~~ ✓ COUSSEMEKER ✓ Date of death. ~~9-12-18 or 9-14-18~~ ✓

b. Christian name. Henry ✓  g. Cause of death. K.A ✓

c. Serial number. 2856392 ✓  h. Authority (C. C. No.) 261 or 323 ✓

d. Organization. Co. E. 359th Inf ✓  i. Emergency address. Hector Shennuck ✓

e. Rank Pvt. ✓  j. Relationship. friend ✓

BODY DESCRIPTION.

(See page 2 of the Service Record.)

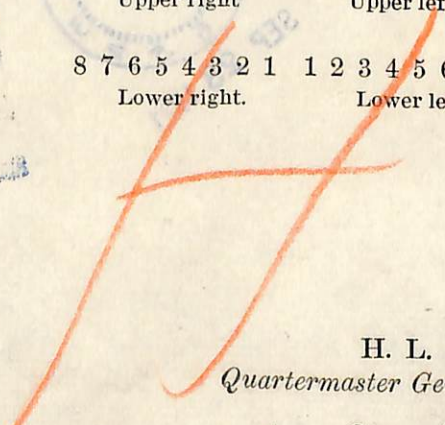
- a. Age at enlistment.
- b. Color of eyes.
- c. Color of hair.
- d. Height.
- e. Weight.
- f. Permanent marks and physical defects at enlistment. (Old fractures or breaks.)

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*

H. J. CONNER,  
1st Lieut--~~Captain~~, Q. M. C.

*Donnelly, dk*  
*8 pl w 7*  
*9/22/21*

REC'D MAIL SECTION,  
W. W. Div., A. G. O.  
SEP 21 1921 3

Miss Knight - Adj. Sec.  
DTD

World War Division

SEP 22 1921

G. B. S. Form 2-W-A  
Information requested of A. G. O.  
ADJUTANT GENERAL

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

252342

Date September 30, 1921

File No. 56342 Registration.

From: The Quartermaster General, U. S. Army (Conciliar 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  COUSINS or CAUSWATER
- b. Date of death  9-2-18 or 9-14-18
- c. Christian name  Henry
- d. Cause of death  K. A.
- e. Serial number  282632
- f. Authority (C. G. No.)  281 or 323
- g. Organization  Co. E. 35th Inf.
- h. Emergency address
- i. Relationship
- j. Rank

- 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.**  
physical report of examination prior to enlistment.

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

Missing:



FILE

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

*H. J. Conner*

H. J. CONNER  
Adjutant General, U. S. A.

W. W. DIV. A. G. O.  
SEP 21 1921

Miss Knight - Adj. Sec.  
UTD



RECEIVED BY  
MAIL UNIT, 192

JUN 24 1921

Cemeterial Division  
Overseas Project Sub-Section

I, the undersigned, am the \_\_\_\_\_ and nearest living next of kin of the within-named  
(Relationship.)

soldier, and desire the following disposition of his remains, viz:  
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.
2. To be returned to the U. S. and shipped to \_\_\_\_\_  
(Name.)  
\_\_\_\_\_  
(R. R. station.) \_\_\_\_\_ (State.)
3. To be returned to the U. S. and buried in \_\_\_\_\_ National Cemetery.
4. To remain in Europe, for burial in a permanent American Cemetery.

Signature \_\_\_\_\_

**INSTRUCTIONS FOR FILLING OUT.**

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.
7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

NAVY DEPARTMENT

U. S. GOVERNMENT PRINTING OFFICE: 1918

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

*Please make  
C-43916*

Barlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Coussemaker, Henry, Pvt.

1233 - 730

2/4/21.

SERIAL NUMBER

ORGANIZATION

2856392

Co. E, 359th Inf.

Date of death - 9/12/18.

WAR RISK INSURANCE INFORMATION

*Copy fwd. Adj. Dept. (2-25-21) C*

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Francis Coussemaker

Father

Address

10 Klooster St., Middelburg, Belgium/

S/709/LML

56342

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
GRAVES REGISTRATION SERVICE  
WASHINGTON, D.C.

November 17, 1919

TO: Hector Trennink,  
Ghent, Monn.

Case of: Private Henry Coussemaker, #2856392,  
Company E, 359th Infantry.

Place of Burial: Disinterred and Reburied in  
Grave No. 24, Plot 1, Section 5,  
St. Mihiel American Cemetery #1233,  
Chaucourt, M-et-M

1.- It would be likely to involve further delay if we should write personal letters in each of the many cases of notification of relatives as to the present resting places of their noble dead who glorify the nation's roll of honor.

2.- Will you therefore, please accept this letter as being the best we can do, just now? And will you also accept the sympathy of those who have been working hard for many months to render worthy service to tens of thousands of sorrowing people, in the care of their dead?

3.- Many delays in notification have resulted from our ignorance of proper addresses, shortage of clerical personnel, incomplete and imperfect information, or non-delivery and return of former letters.

4.- Thousands of bodies have been transferred to larger and better cemeteries, for reasons which were deemed imperative by the military authorities of all the Allied Nations, and the great task of improving these cemeteries is well under way. The most diligent care has been exercised to insure accuracy, and this immense project is being carried through as an unquestionable service to the friends of our dead.

5.- In serving you and others, we have been hampered by conditions and consequences of such a war as we hope may never involve our country again.

By authority of the Quartermaster General.

CHARLES C. PIERCE,  
Colonel, Q. M. Corps,  
Chief, Graves Registration Service.

CCP/jad/  
E.P. NS/3316/LML  
PM

G. R. S. FORM NO. 12

GENERAL HEADQUARTERS  
AMERICAN EXPEDITIONARY FORCES  
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.  
TO : C.O., Co. E, 359th 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:

Hechtol Thennink

Relationship: Friend.

Address: Gert, Minn.



WAR DEPARTMENT

MAIL REGISTRATION SERVICE

OFFICIAL BUSINESS

Returned from St. Paul, Minn.  
No such Office in State named

Hector Trennink,

Gent. Montanna.



PENALTY FOR PRIVATE USE \$300

WV  
400  
NOV 1919

RMS

12.1  
NOV  
20  
1919  
ST. LOUIS  
MISSOURI

5634

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Coussermaker 2856392 Hb enry.  
(Surname). (Number). (First Name and Initials).

Pvt. Co. E. 359th Inf.  
(Rank). (Organization).

PLACE OF DEATH: St. Michel Front.

CAUSE OF DEATH: Killed in Action

DATE OF BURIAL: Sept. 14-18.

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

Coord. 371.5 - 236.1

n.w. of improved road.  
No. 11

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: Fey in Hays (Mex m)  
119 E. 52nd St. E. 371.5  
N. 236.1

ADDRESS:

RELATIONSHIP:

REPORTED BY:  
M. M. H. [Signature] Jr. 359th Inf.  
(Signature and Rank of Reporting Officer) Chapl.

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

Communal List No. 119-443  
Daily Report No. \_\_\_\_\_

Name: Cousse-meller, Henry, no. 28563

Rank: Pvt. Co "E" Reg. 359 Inf.

Died: 9/12/18 Buried 9/14/18

Amer Batterfield

Cemetery: Bois-Le-Pretre.

map

Map 52 N.E.

Reference: 236.3 N. 371.5 E.

Grave no 6. Band sketch #26

Grave was found marked #11.

Should be #6 as per sketch  
method of

marking: condensation can & tag.

SR #1

Sgt. A. H. Mackley

Group 1, Unit "B" G. R. S.

Comm Fay-en-Haye (M. & M.)

56342

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Coussemaeker 2856392 Henry  
(Surname). (Number). (First Name and Initials).

E 359  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: .....

PLACE OF BURIAL: .....

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

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: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

GRAVE LOCATION MARK

JUL 26 1951  
S. R. 3



RECEIVED

56372  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

**COUSSEMAKER 2856392 Henry**  
(Surname). (Number). (First Name and Initials).

**Pvt Co E 359th Inf**  
(Rank). (Organization).

PLACE OF DEATH: **St. Mihiel Front**

CAUSE OF DEATH: **Gun Shot Wound**

DATE OF BURIAL: **SEP. 17, 1918**

PLACE OF BURIAL: **Bois le Pretre**

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

**Coordinates Map 52 N.E., 236.3 N  
371.5 E.**

GRAVE NUMBER: **6**

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

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, **yes** (M-M) should he given here: **Fey-CH-119** and marks

**119 52 N E COOP E 371.5  
N 236.3**

NEAREST RELATIVE: **Hechtol Thennink**

ADDRESS: **Gent, Minn.**

RELATIONSHIP: **Friend.**

REPORTED BY: **Chaplain, 859 Inf**  
(Signature and Rank of Reporting Officer)

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

Communal List No. 119-7377  
Daily Report No. \_\_\_\_\_



90 Div. Hq. *B*

9 April 1919.

The attached report is filled in, but the 90 Div. records show the spelling of the name as Causse<sup>A</sup>maker.

Clarence H. Reese  
90 Div. Chaplain.

*B*





BREAKFAST

56 342

from  
22629

Cost of a