

Davidovitch Andrew

(Surname.)

(Christian name in full.)

1,560,405

(Army serial number.)

Private, Company A, 18th Infantry.

(Rank and organization.)

State your relationship to the deceased.

Do you desire the remains brought to the United States?

(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)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

LISTED AS ANDRE DAVIDOVICH

To The A. G. O. *Bartredge 3/13*

3485

415

G.R.S. Form #114-B

Soldier's Reg. Andre

MAR 10 1926

m1

DATE Nov. 18, 1921.

1. NAME DAVIDOVICH, ~~Andre~~ *Michael*

SERIAL No. 1560405

RANK Pvt, *from Post 1st Cl.*

ORGANIZATION Co, A, 18th Inf,

GRAVE LOCATION Meuse-Argonne, Amer. Cty, ROMAGNE-sous-MONTFAUCON #1232 sec 49
CTY. NAME (Meuse) NUMBER

21

49

1

GRAVE

Sec ~~XROWX~~

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

17 Plot C, Exermont (Ardennes)

GRAVE

COMMUNE

DEPT.

COORDINATES

Verdun 35NE, 282.ON, 300.3E

CONCENTRATED TO

6/7/19

21

49

1

DATE

GRAVE

ROW

PLOT

Meuse-Argonne

1232.

CEMETERY

CTY. NUMBER

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

G.R.S. plaque on body.

DATE OF DEATH

Oct 4, 1918

STATE FROM WHICH HE CAME

W. Va

Data Form 1

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

Robert C. Davis,

Major General,

The Adjutant General,

BY

[Signature]
MAR 16 1926

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

[Signature]
M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Nov. 18, 1921.

5

42

B

DATE

GRAVE

ROW

~~ROW~~

Block

Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY

AUDITED BY
[Signature]

4-11-23

A.G.O.
MAR 11 1926
WORLD WAR DIV.

WORLD WAR DIV.
APR 30 1927
00

RECEIVED
APR 2 1927

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

RECEIVED
MAR 17 26
M. & R. BRANCH
Q.M.C.

RECEIVED
APR 12 1927

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Davidovich *Andri*
(Surname). (Number). (First Name and Initials).

Private 1st Cl.
(Rank). (Organization).

PLACE OF DEATH: *F.leville*

CAUSE OF DEATH: *Killed in action*

DATE OF BURIAL: *Oct. 21, 1918*

PLACE OF BURIAL: *F.leville 82-99*

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

500 yds east of town

Dept of Ardennes

GRAVE NUMBER: *6*

HOW MARKED: Name Peg? Cross? *yes*

Headboard? Bottle? *yes*

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *no*

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Stanton W. Salisbury
(Signature and Rank of Reporting Officer)

1st Lt Chaplain 32784

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

REPORT OF DISINTERMENT AND REBURIAL

Remains of :

NAME: DAVIDAVCH, ^{OT Michael} Andri

NUMBER: 1560405 ^{Unkn.}

RANK: Unkn. ^{Prnt}

ORGANIZATION: Unkn. ^{Co. A. 18th Inf}

DISINTERMENT AND REBURIAL MADE BY GROUP:

UNIT:

DISINTERMENT (Date)

FROM: (Give complete location)

7th, June 1919

Amer. B/A Cty. Grave #17

EXERMONT ARDENNES

35 NE 300.3 E; 282. N.

REBURIED (Date)

IN: (Give complete location)

7th, June 1919

Grave #21 Sec. 49 Plot 1

ARGONNE AMER. CTY. #1232.

ROMAGNE MEUSE.

1232

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? No

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

11291

Note:

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

Supervised by: Lt. Hodson

cls

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

RECEIVED

(copy to ...)

RECEIVED
27 JUN 1919
O. C. G. M.
G. R. S.

No green carbons ✓

CODE SLIP

| HEADING | SUB-HEADING | NO. OF COLS | CODE | |
|--------------|-------------|-------------|------|----------|
| NAME | Davidovich | Dav | 3 | 4 1 12 2 |
| BURIED | CEMETERY | 1232 | 1 | 1 |
| | GRAVE | 5 | 2 | 05 |
| | ROW | 42 | 2 | 42 |
| | BLOCK | B | 1 | 2 |
| STATE | N. Va. | | 2 | 57 |
| RANK | Priv. | | 1 | 2 |
| DIVISION | 1 | | 2 | 01 |
| ORGANIZATION | 18 | | 3 | 018 |
| ARM | Inf. | | 1 | 1 |
| MARITAL | Yes | | 1 | 1 |
| NAME | Davidovich | Dav | 3 | 4 1 12 2 |
| Mrs Fekle | STATE | | 2 | |
| RESIDENCE | COUNTY | | 2 | |
| Mother dead | CITY | | 3 | |
| RELATION | Widow | | 1 | 5 |
| OTHER | | | 1 | |
| ELIGIBILITY | Foreign | | 1 | 4 |
| NATIVITY | | | 1 | |
| RACE | | | 1 | |
| ENGLISH | | | 1 | |
| ATTENDANT | | | 1 | |
| HEALTH | | | 1 | |
| NO. OF SONS | | | 1 | |
| DATE OF | MO. | | 1 | |
| . TRIP | YR. | | 1 | |
| ACCEPTANCE | | | 1 | |
| 29/514/ | | | | |

fm
1

AUDITED

APR 22 1932
R8

Country Poland

2 10

m^cf

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 1/20/30

NAME ^(m) DAVIDOVICH, Andre RANK Pvt. SERIAL 1560405 ORGANIZATION Co. A 18th Inf. DATE OF DEATH Oct. 4/18

STATE West Virginia CTY. NO. #1232 GRAVE 5 ROW 42 BLOCK B

| | <u>Check relationship</u> | <u>Living - Deceased</u> | |
|---------|---|--------------------------|--|
| | MOTHER | : : ✓ : | <p><i>ZC 146575</i> <i>1/23 PE</i></p> <p><i>(s) Paraskiewa gęstuchowicz</i> <i>Hryciwicz, gmina i powiat</i> <i>matcz, powiat</i> <i>Pruzana woj. Poleski</i> <i>Poland.</i></p> <p><i>Wife: <u>msz. Tekla Davidowicz</u></i> <i><u>wies. Katak</u></i> <i><u>gmina Malez</u></i> <i>Powiat Pruzany.</i> <i>Govt of Grodno</i> <i>Poland.</i></p> |
| | STEPMOTHER (For the year prior to commencement of service) | : : : : | |
| NAME | MOTHER THRU ADOPTION (For the year prior to commencement of service) | : : : : | |
| AND | MOTHER IN LOCO PARENTIS (For the year prior to commencement of service) | : : : : | |
| ADDRESS | WIDOW (Who has not remarried) | : : ✓ : | |
| | | : : : : | |
| | | : : : : | |
| | | : : : : | |
| | | : : : : | |
| | | : : : : | |

Veterans Bureau Claim Number 29/156/

Sis

*Paraskiwa Jew
Krycewicz, Guina, uchowicz
Bwiat Pruzana, Woj. Palatka Malesz*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME Poland RANK Pvt. SERIAL 1560405 ORGANIZATION Co. A, 18th Inf. DATE OF DEATH 10-4-18
Davidovich, Andre

STATE _____ CTY. NO. 1232 GRAVE 5 ROW 42 BLOCK B

| | | <u>Check relationship</u> | <u>Living - Deceased</u> | | |
|---------|---|---------------------------|--------------------------|---|---|
| | | | : | : | : |
| | MOTHER | | : | : | : |
| | STEPMOTHER (For the year prior to commencement of service) | | : | : | : |
| NAME | MOTHER THRU ADOPTION | | : | : | : |
| AND | (For the year prior to commencement of service) | | : | : | : |
| ADDRESS | | | : | : | : |
| | MOTHER IN LOCO PARENTIS (For the year prior to commencement of service) | | : | : | : |
| | WIDOW (Who has not remarried) | | : | : | : |
| | | | : | : | : |

*try xc-146575
7-26-29*

guy 7/27

Veterans Bureau Claim Number _____
29/156

OSP-SS
Form No. 1009

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

*Please
rush!*

*copy made
10-1-21
file no. 86937*

Harlow C.W.
NAME OF DECEASED SOLDIER CEMETERY NO. DATE

Davidovich, Andre, Pvt. 1252-Sec. 49 - 43 4/22/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1560405 Co. A, 18th Inf. 10/4/18.

WAR RISK INSURANCE INFORMATION

DATE C-1465-76-

Mrs. Fekla Davidovich (Wife) I - none
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

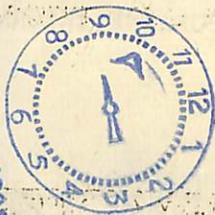
Supriovary - Russia
ADDRESS ~~NO PLATE~~

No address

PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

UNITED STATES DEPARTMENT OF JUSTICE
GENERAL INVESTIGATIVE DIVISION
WASHINGTON, D. C.

SEP 28 1921



RECEIVED
GENERAL DIVISION

83937

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

..... DAVIDOVICH, 1560405 Michael
(Surname). (Number). (First Name and Initials).

..... Pvt. Co. A. 18th Infantry
(Rank). (Organization)

PLACE OF DEATH: Hill 240, Verdun, Meuse, France

CAUSE OF DEATH: M.G. Bullets in body

DATE OF BURIAL: not known

PLACE OF BURIAL: Exermont, France

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

EXERMONT (ARDENNES)

GRAVE NUMBER: Not known
FILE

HOW MARKED: Name Peg? yes Cross?

Headboard? 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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

McConnell

(Signature and Rank of Reporting Officer)



1 G.R.S. FORM NO. 1

2 # NO NUMB.

3 NAME DAVIDAVICH ANDRI

4 RANK X X U.S.A.

5 X

88937

6 X BATTLE AREA CEMETERY

7 1 1/2 KILO.S.E.OF FLEVILLE MEUSE

8 GRAVE NO. 17 PLOT C

9 CROSS

Sketch 52

10 NO TAG

RRS

11 IDENTIFIED BY MARKINGS ON CROSS

179

12 300.4 E. 281.9 N. VERDUN N.E. 35
75 yds. N.W. foot of hill

13

SIGNED *Orville Hamilton*.....

GROUP 2

G.R.S. 305

Correction: - G. L. B. Coded
in error, p. 7

2/7/19



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

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

Private 1st Class 88937
(Rank). (Organization).

PLACE OF DEATH: Fleville

CAUSE OF DEATH: Killed in Action

DATE OF BURIAL: Oct 21 1918

PLACE OF BURIAL: Fleville 82-99

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

500 yds east of town

Dept of Ardennes

GRAVE NUMBER: ~~6~~

HOW MARKED: Name Peg? Cross? yes

Headboard? Bottle? yes

IDENTIFICATION TAGS:

Was one buried with body? yes

Was one fastened to name peg or stake used as a grave marker? no

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

NEAREST RELATIVE:

ADDRESS: (745) (668)

RELATIONSHIP:

REPORTED BY:

Stanton W. Salisbury
(Signature and Rank of Reporting Officer).

1st Lt Chaplain 327 Inf.
This portion to be sent to Chief of Graves Registration Service.

11 12
RECEIVED
DEC 18
P. M.
S. S.

Card dept. File #88937

5-13-19.

88937

G.R.S. Form No. 8: Central Records Liaison.

Memo. For: G.R.S. representative. C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: DAVIDAGH, *Davidovich*
- () Number: 1560405
- () First Name: Andri *Andre*
- () Rank: Pvt. *1/c*
- () Company: *Co. A*
- () Organization: 18th Infantry
- () Date of Death: 10/11/18
- () Cause: O V E R
- () Place: *N/a*

Location of hospital:

- Number " "
- Class " "
- () Relative: *Mrs. Zekka Davidovich*
- () Relationship: *Wife*
- () Address: *Gryowierz, Russia.*
- () Authority:
- Cablegram No.: *CC 304*
- Telegram from:

dated: *Red Card 96253*

- () Reported to Washington:
- C.C. Nos:

(Underscore the "official" C.C.)

- () Remarks:
- () Show present status on reverse side.

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

Initials of Reporter:

VBR

He

Arrived with G. Shelby, June 1919 #10.

1-23-4

Bur ed 10-21-18.

Cty. 845

Amer. B/A Cty. Exer mont, (Ardennes)

Reported by G. R. S.



5788937

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,

DM: IC 1-102

WASHINGTON, April 8, 1920.

IN REPLY
REFER TO

201(Davidovich, Andre)WW

*Adj. Gen. 4/11/20
J.R.O.*

From: The Adjutant General of the Army.

To: The Quartermaster General of the Army
Washington, D. C.

Subject: Date of death of Andre Davidovich, #1560405, Co. A,
18th Inf. ✓

1. Upon investigation, it has been ascertained that the date of death of the above man heretofore communicated to you, is erroneous, and that Oct. 4, 1918 is the correct date of death. ✓

2. For purposes of identification, you are advised that the records show that the deceased was enlisted May 11, 1917, and the name of the person to be notified in case of emergency was given as: Mrs. Fekla Davidovich, wife, Gryowiory, Russia. ✓

By order of the Secretary of War:

T.C. Harris
The Adjutant General.
per *L. M. J.* ✓

DMIC 1-102

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON, APRIL 6, 1920.

Mr. [Name]

OFFICE OF THE ADJUTANT GENERAL

THE ADDRESS OF THE [Name]

FROM

THE QUARTERMASTER GENERAL OF THE ARMY

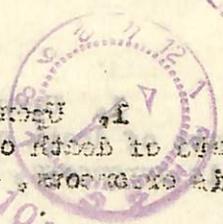
TO

WASHINGTON, D. C.

DATE OF BIRTH OF [Name], [Rank], [Regiment], Co. A

SUBJECT

In your investigation, it has been ascertained that the date of death of the above named [Name] is [Date]. You are requested to [Action].



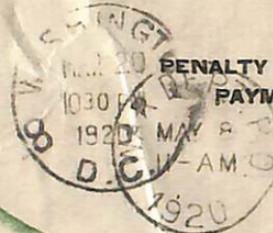
RECEIVED

For purposes of identification you are advised that the records show that the [Name] was [Status] and the name of the person to be notified in case of emergency is [Name].

In order of the Adjutant General

The Adjutant General
[Signature]

WAR DEPARTMENT.



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.



GRAVES REGISTRATION SERVICE
OFFICIAL BUSINESS.

69
POST OFFICE, NEW YORK, N. Y.
Returned to sender for the reason that
service is suspended. There are no means
available for transmission of the article to
destination.

SERVICE SUSPENDED

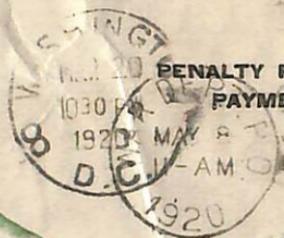
88937

FILE

7-107
3/20/20

plensk

WAR DEPARTMENT.



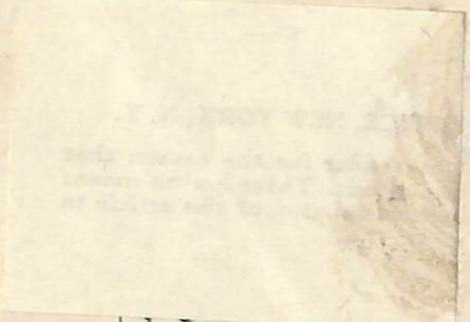
PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.



GRAVES REGISTRATION SERVICE
WASHINGTON, D. C.
OFFICIAL BUSINESS.

88937

FILE



Mrs. Felka Davidovich,
Gryowiery, Russia

7-1/2

SERVICE SUSPENDED

plensk

OD.P. & S.M. & R. BR.
MAY 8
1:30 PM
1920

ST. LOUIS, MO.
MAY 8
1920

ST. LOUIS, MO.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.
OFFICIAL BUSINESS.

Penalty for private use, \$300.



~~Mrs. Fekla Davidovich,
Gryowiory, Russia.~~

AGD
RETIRED
INCL
5

Received A.G.O FEB 20 1920

REC'D S. & S. DIV., A. G. O. FEB 20 1920

*retour
a cause de la
guerre*

*Davidovich
Madru
1560405*

THRIVE by THRIFT
Buy War Savings Stamps.

1211
MAR 18
1870

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON.

JW/H-283

88937

November 29, 1919.

NOV 29 1919
RETURNED
UNCLAIMED

Mrs. Fekla Davidovich,
Gryowiory, Russia.

Dear Madam:--

The War Department desires to ascertain the wishes of the families of officers, enlisted men, and civilian employees regarding the permanent disposition of the bodies of those who have died overseas.

The original plan of the Department was to deliver the body in every case at the home address of the deceased to the person legally entitled to dispose of the remains. A desire has been expressed, however, in numerous instances to have the body remain abroad, and General Pershing is likely soon to enter into negotiations with the French and Allied Governments with the view of establishing permanent cemeteries for members of the American Expeditionary Forces. Marshal Petain in a most courteous letter has informed General Pershing that "France would be happy and proud to retain the bodies of the American victims who have fallen upon her soil."

A bill is now before Congress for the establishment of "Fields of Honor" abroad, which will insure future care by the United States Government as national cemeteries are now cared for. Burials have been made heretofore in cemeteries of the Allied nations or at or near the battle field in land set apart for this purpose as a cemetery, and religious services in accordance with the rites of the Protestant, Catholic, or Hebrew faith have been held at the grave.

In case the remains of a deceased soldier are returned to the United States they will be interred either at the former home of the deceased or at a national cemetery, according to the wishes of the one authorized to direct the disposition of the remains, and all expenses, including transportation, casket, shipping case, flag, and the preparation of the remains for shipment, will be paid by the United States. Hire of a hearse and other burial expenses incurred at the home of the deceased may be paid, on application by the relatives, by the Bureau of War Risk Insurance, Treasury Department.

In order that the proper disposition of the remains may be made, and that such disposition be directed by the person entitled to do so, the War Department will recognize the right to direct the disposition of remains in the following order:

In the case of an unmarried man—

- (1) Father; (2) mother, if father is dead; (3) brother, if both parents are dead; (4) sister, if both parents are dead and there are no brothers.

In the case of a married man—

- (1) Wife; (2) parents or children and other relatives in order set forth above.

It is desired that the information indicated on the inclosed card be furnished concerning the person named thereon at the earliest practicable date. If the card is received by some one not authorized to direct the disposition to be made of the remains, please deliver this circular and the card to the person who is entitled to do so.

The Department is unable to state when it will be possible to begin the removal of the remains of the soldiers, but the information requested is being collected at this time in order that there may be no delay when the time comes for such removal.

In returning the card please use the inclosed addressed penalty envelope, which requires no postage.

Very respectfully,

P. C. HARRIS,
The Adjutant General.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 88937

I. LOCATION INDEX CARD:

(a) Name DAVIDOVICH, Andre Ser. No. 1560405
(b) Rank Pvt. Organization Co. A, 18th Inf.
(c) Date of death 10-4-18 (d) Cause of death K/A

TYP. IBM

CKR. [Signature]

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

(a) Grave No. 21 Row -- Plot 1 Sec. 49 TYP. IBM

(b) Emerg. Address Mrs. Fekla Davidovich (wife), Gryowiory, Russia.

* 201 confirmed 4/8/20 MCH 4-21-21

Files of soldiers dying from contagious diseases

CKR. [Signature]

no card in file. 4-20-21 H.C.

IV. A. G. O. DISPOSITION CARD:

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

Examiner's Initials Date, 1920.

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

no request for disposition

(a) Cancellation memos referred to?

Examiner's Initials H.C. Date 4-20-21, 1920.

COUNTRY France

CEMETERY No. 1232-Sec. 49

SHEET No. 43

847/12/21 checked 136

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 4-29-, 1920 }

Section - 49
Par. 2 - Not to be returned (just)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *13070 a. Mrs. Fekla Davidovich (Wife)*
Gnyowiony, Russia 10-14-21 mos.

Place Magagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Nov 17, 1921.

DAVIDOVICH, ~~Michael~~ Andre

1560405.

File 8-2-23 J.D.L.

1. REMAINS OF..... SERIAL NUMBER.....
RANK..... 4^{vt.}..... ORGANIZATION..... Co. A. 18th Inf.

2. Disinterred (date): From (give complete location):
Nov 17, 1921..... gr 21, sec 49, plot 1
By: Group..... 4..... Unit..... sec 1

3. Reburied (date): In (give complete location):
Nov, 18th, 1921. Grave 5, Row 42, Block B, Cemetery 1232.
By: Group..... Reburial S..... Unit..... Nature of reburial..... Unlined Casket,

4. Report as to nature of original burial and condition of body upon disinterment :
wooden box and burlap and uniform, badly decomposed, features not recognizable,

5. (a) Identification tags : Buried with body ? no On grave marker ? noe
(b) Other means of identification found upon disinterment, and general remarks :
G.R.S. plaque found on body Davidovich, Andr.

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

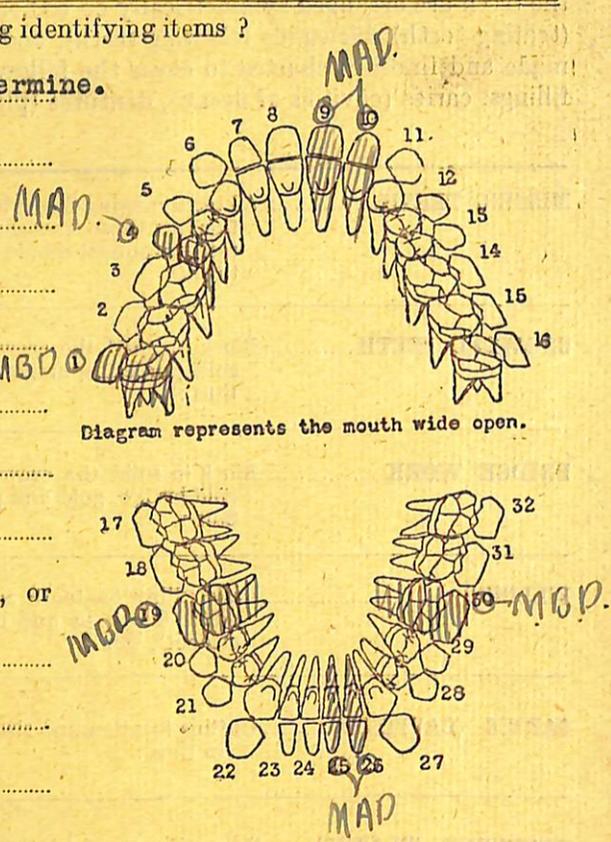
Location..... do

Quantity..... do

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

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

none visible.



7. Disinterment supervised by W. Means
W. Means.

Approved : R.C. Worthington
(Title)..... 1st Lt. U.S.M.C.

8. Reburial supervised by A.U. Dufault
A.U. Dufault,

Approved : James W. Younger
(Title)..... Captain U.S.M.C.

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.

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



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



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



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

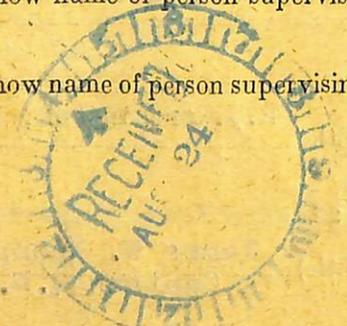


CARIES (CAVITIES)Outline location and size of cavity, shade in thus:



DENTURES (PLATES)Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

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 Nov. 17, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml

Records of G.R.S. Headquarters. Discrepancy found upon exhumation of body

- 1. Name DAVIDOVICH, ^{Andre} Michael 10. Name _____
- 2. No. 1560405 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. A, 18th Inf. 13. Org. _____
- 5. D.D. Oct 11th 1918 14. (a) D.D. _____
- 6. C.D. KIA (b) D.B. No discrepancies.

Discrepancy found upon disinterment

- 7. Grave No. 21 Sec. 49 15. Grave No. _____ Sec. _____
- 8. Plot 1 Row _____ 16. Plot _____ Row _____
- 9. _____ 17. No discrepancies.

- 18. Cemetery Meuse-Argonne, Amer. 19. Commune or town ROMAGNE-sous-MONTEAUCON
- 20. Dept. or County Meuse 21. Country France
- 22. G.R.S. Hdqrs. Code No. #1232 sec 49
- 23. Disinterred (Date) Nov. 17, 1921. By W. Means.

24. Inscription on grave marker:

Name Michael Davidovich Serial No. 1560405
 Rank Pvt. Organization Co. A, 18th Inf.

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

J. L. White
 Signature Junior Technical Assistant
 J. L. White.

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).
GRS plaque found on body reads, "Davidovich Andre".
- 27. Condition of body Badly decomposed, features unrecognizable.
- 28. Nature of burial US uniform, burlap and 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 Nov. 17, 1921. By W. Means
- 31. Casket sealed by W. Means.

Signature of Embalmer, (Supervisor) *W. Means*
 W. Means.

SHIPMENT. (Show actual marking of box.) Box No. C-15760

32. Designation of body:

Name *Andre* Michael, DAVIDOVICH Serial No. 1560405

Rank Pvt, Organization Co, A, 18th Inf,

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne, Amer. Cty #1232, ROMAGNE -sous-MONTFAUCON (Meuse)

34. Casket boxed and marked (Date) Nov. 17, 1921. By W. Means.

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 *R. C. Worthington* R. C. Worthington, 1st Lieut. QMC

36. Remarks None

37. Shipped from point of Operation: (Date) Nov. 17, 1921.

To point of Concentration Morgue, Romagne

Convoyer W. J. Royed. Signature Shipping Officer *J. Gerald Cole* J. GERALD COLE Captain, C. A. C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery 1232. Nov. 18th, 1921. (Date)

42. Grave No. 5 Section

43. ~~Box~~ Block B Row 42,

G.R.S. Representative *James W. Younger* James W. Younger, Captain Q.M.C.

JEL

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 88937

I. LOCATION INDEX CARD:

(a) Name DAVIDOVICH, Andre Ser. No. 1560405
 (b) Rank Pvt. Organization Co. A, 18th Inf.
 (c) Date of death 10-4-18 (d) Cause of death K/A

} IBM
TYP. CB

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

(a) Grave No. 21 Row -- Plot 1 Sec. 49 TYP. IBM
 (b) Emerg. Address Mrs. Fekla Davidovich (wife), Gryowiory, Russia.

#201 confirmed 4/8/21 met 4-21-21
~~III. Files of soldiers dying from contagious diseases~~ CKR. CB

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

.....

V. Following advice forwarded to Europe by Section - 49 { cable on _____, 192
 letter of transmittal on 4-29-, 192
Par. 2. Not to be returned (JEN)

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

49 7/12/21