

Parents signs AGO card at *3* Sandre- Also signature verified by AGO as De Sandre V.B. 449

G.R.S. Form #114-B CAUSE OF DEATH *Died of wounds.*

Soldier's sig

FULL NAME..... Desandre, Tony *OK.*

RANK..... Private *1cl OK.* SERIAL..... 550582 *OK.*

DIVISION & ORGANIZATION..... Company E - 38th Infantry *OK. 3rd Div.*

DATE OF DEATH..... 8/6/18 *OK.*

STATE FROM WHICH HE CAME..... *Connecticut*

MEALS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION. 12/16/22 16 5 B
Date Grave Row Block

18
MAY 9
WORLD

1764

Cemetery

*96613
5/12/27*

~~1522~~

1522

24/292/EYS

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>De Sandre</i>	<i>De S</i>	3	459
BURIED	CEMETERY <i>1764</i>	1	4
<i>550582</i>	GRAVE <i>16</i>	2	16
<i>8-8-18</i>	ROW <i>5</i>	2	05
STATE	BLOCK <i>B</i>	1	2
RANK	<i>Conn</i>	2	06
DIVISION	<i>P7C</i>	1	2
ORGANIZATION	<i>3</i>	2	03
ARM	<i>38</i>	3	038
MARITAL	<i>Inf</i>	1	1
NAME <i>Desandre</i>	<i>De S</i>	3	459
<i>Livama</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Mother Seat</i>	CITY	3	
RELATION	<i>Stepmother</i>	1	3
OTHER	<i>Father</i>	1	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	<i>Italy</i>	1	

AUDITED

JAN 27 1938
R M

KPS
29/514
country

01 *sa*

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

age 19 at enl.

DATE 8/27/31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
DeSandre, Tony PFC 550582 Co. E, 38th Inf. 8/8/18

STATE Conn. CTY. NO. 1764 GRAVE 16 ROW 5 BLOCK B

*ins * camp*

NAME
 AND
 ADDRESS

<u>Check relationship</u>	<u>Living - Deceased</u>		
<u>MOTHER</u> <i>no record</i>	:	:	:
STEPMOTHER (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)	:	:	:
<u>WIDOW</u> (Who has not remarried)	:	:	:

Make m-serial

Single

Step-m living in U.S. until 1922
Giovanna Desandee
Viga di Cadore
Prov - di Belluno
Italy -

Veterans Bureau Claim Number C 37 701
 29/156

9-1-31

12/19/32

C 37 701

De Sandre, Tony

Natural Mother?

Widow?

Stepmother-Giovanna Desandre

Viga di Cadore

Prov di Belluno Italy

Born 5-20-98

ent 1917

no record

Single

made S.M. Busf.
she is also receiving camp.

2/11/44

37701

(7) Giobatta de Sandre (Fu
Giovanni,
Vigo Di Cadore,
Provincia Di Belluno,
Italy

x

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DeSandre, Tony

June 13, 1929.

Mrs. Jennie DeSandre,
238 Springdale Ave.,
Meriden, Conn.

C-37701
6-24-29
g

Dear Madam:

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 mother of the late Private first class Tony DeSandre, Co. E, 38th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, France.

Will you please advise this office whether or not he is survived by a widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since remarried it is 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,

2 incls.
Act of Congress.
Envelope.

John T. Harris

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

June 18, 1929

IN REPLY REFER TO QM 293 A-C

DeSandro, Tony

Mrs. Jennie DeSandro,
328 Springdale Ave.,
Meriden, Conn.

Dear Madam:

Your attention is invited to the enclosed copy of an Act by 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 mother of the late Private First Class Tony DeSandro, Co. B, 38th Inf. whose remains are now interred in the Aisne-Marne American Cemetery, B. France.

Will you please advise this office whether or not he is survived by a widow who is entitled under the provisions of the above quoted Act to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

For your reply, you are enclosed envelope which requires no postage.



2 Incls.
Act of Congress
Envelope

JOHN T. HARRIS
Major, U. S. Corps
Assistant

To be prepared in triplicate.

DATE November 27, 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

De Sandre (signature)
1. Name DESANDRE, Tony *Verifying*
by Det Brunson

10. Name

2. No. 550582

11. No.

3. Rank Pvt. 1cl

12. Rank

4. Org. Co. E. 38th Inf.

13. Org.

5. D.D. 8-8-18

14. (a) D.D.

6. C.D. DWRIA

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 58 Sec. V.

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9.

17. none

18. Cemetery Aisne-Marne Amer. Cty.

19. Commune or town Belleau

20. Dept. or County Aisne

21. Country France

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

23. Disinterred (Date) Nov 27 1922 By C. P. Keating

24. Inscription on grave marker:

Name Tony DESANDRE

Serial No.

Rank Pvt

Organization Co E 38th Inf.

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

W. D. Wall Jr.
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).

bottle record and body disc agree

27. Condition of body badly decomposed, features unrecognizable.

28. Nature of burial burlap 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 November 27, 1922 C P Keating

31. Casket sealed by C P Keating

Signature of Embalmer, (Supervisor)

C P Keating
C P Keating

9/27/27

SHIPMENT. (Show actual marking of box.) Box No. **C-31361**

32. Designation of body:

Name **Tony DESANDRE**

Serial No. **550582**

Rank **Pvt.**

Organization **Co.E. 38th Infantry**

33. Consigned to:

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

34. Casket boxed and marked (Date) **November 27, 1922** By **C P Keating**

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

S D Campbell
S D Campbell
Captain, Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) **November 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 **Aisne-Marne Cemetery 1764 Belleau (Aisne).**

(Name)

Convoyer Signature Shipping Officer

S. D. Campbell
S. D. Campbell
Captain, Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred: **Dec. 16, 1922.**

Aisne-Marne Cem.1764.

(Date)

42. Grave No.: **16**

Section

43. Plot **Block B**

Row **5**

G.R.S. Representative

W.D. Cleary
W.D. CLEARY, Lt.Chaplain USA

REPORT OF DISINTERMENT AND REBURIAL

Place Beillean (Aisne)

Date November 27, 1922

DÉSANDRE, Tony
~~DESANDRE~~ (De Sandre)

1. REMAINS OF _____ SERIAL NUMBER 550582
RANK Pvt 1 cl. ORGANIZATION Co. E. 38th Inf.

2. Disinterred (date): November 27, 1922 From (give complete location): Gr. 58 Sec V Pt 2 Cty 1764

By: Group 1 Unit FS 1 Aisne Marne Cty.

3. Reburied (date): Dec. 16, 1922. In (give complete location): Grave 16, Row 5, Block B, Cem. 1764.

By: Group re-burial group Unit _____ Nature of Reburial lined casket

4. Report as to nature of original burial and condition of body upon disinterment:
burlap and wooden box. 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:
bottle record and body disc agree

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

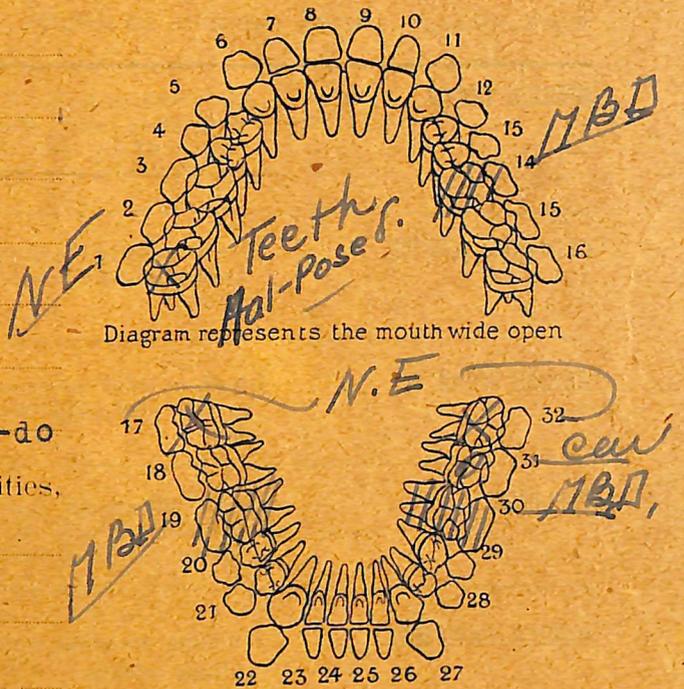
Characteristics -do

(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)
right tibia fractured. Checker WD Wall jr

7. Disinterment supervised by C P Keating SE

Approved: S D Campbell Capt QMC
(Title)

8. Reburial supervised by L. D. HAYS
L. D. HAYS

Approved: W. D. Cleary
(Title) **W. D. CLEARY, Lt. Chaplain USA**

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH

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



CROWNED TEETH

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



BRIDGE WORK

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



FILLINGS

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



CARIES (CAVITIES)

Outline location and size of cavity, shade in thus:



DENTURES (PLATES)

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

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

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File #13115 ✓

I. LOCATION INDEX CARD:

(a) Name DESANDRE, Tony Ser. No. 550582
 (b) Rank Cpl. Pvt. i.c.l. Organization Co.E, 38th Inf.
 (c) Date of death 8/6/18 (d) Cause of death dwria

TYP. evs
 CKR. J

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

(a) Grave No. 58 Row - Plot 2 Sec. V TYP. evs
 (b) Emerg. Address Mrs. Jennie De Sandre (Mother) 171 Springdale Ave.,
Meriden, Conn.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name John De Sandre (b) Relationship Father
 (c) Address 238 Springdale Ave. Meriden,
Conn.
 (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 J.M.M. Date 2-21-21, 1920.

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

_____, dated _____

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

No correspondence

Examiner's Initials J.M.M. Date 2-21-21, 1920.

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

Letter 4-1-19 from Sec'y;
State Council of Defense, Meriden Conn., requests
grave location for Parents Mr. + Mrs. John De Sandre, 238
Springdale Ave. Meriden Conn.

(a) Cancellation memos referred to? yes - J.M.M.

Examiner's Initials J.M.M. Date 2-21-21, 1920.

COUNTRY FRANCE CEMETERY No. 1764 SHEET No. 554

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

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

CARDED

MAR 17 1921

J.L.

Rev. 5-28-21-20

COMPILATION OF DISPOSITION OF REMAINS DATA

File #13115

I. LOCATION INDEX CARD:

(a) Name De Sandre Ser. No. 550582
~~DESANDRE, Tony~~
 (b) Rank Pvt. 1st Organization Co. E, 38th Inf. } TYP. evs
~~Cpl.~~
 (c) Date of death 8/6/18 (d) Cause of death awrie } L

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

(a) Grave No. 58 Row Plot 2 Sec. V TYP. evs

(b) Emerg. Address Mrs. Jennie De Sandre (Mother) 171 Springdale Ave., Meriden, Conn.

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

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

A. G. O. Card - John De Sandre (father) 238 Springdale Ave., Meriden, Conn. requests body not to be returned to U.S. was 3/17/21

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

PARAGRAPH 2 - NOT TO BE RETURNED *acw*

MAR 22 1921

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

VII. SUPPLEMENTARY REQUESTS.

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

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

APR 28 1921

COUNTRY CEMETERY No. SHEET No.

Place BELLEAU, AISNE, 1764

REPORT OF DISINTERMENT AND REBURIAL

Date 6.7.21

1. REMAINS OF DESANDRE, TONY SERIAL NUMBER 550582

RANK PVT ORGANIZATION CO. E. 38th Inf.

2. Disinterred (date): 6.7.21 From (give complete location): Gr 58 Sect V Plot 2

By: Group RENOUARD Unit FIELD SECTION # 7

3. Reburied (date): 6.7.21 In (give complete location): Gr 58 Sect V Plot 2

By: Group RENOUARD Unit FIELD SECTION # 7 Nature of reburial WOODEN BOX & BLANKET.

4. Report as to nature of original burial and condition of body upon disinterment :
BADLY DECOMPOSED FEATURES UNRECOGNIZABLE

BLANKET AND WOODEN BOX

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

(b) Other means of identification found upon disinterment, and general remarks :
BODY TAG CHECKS O.K.

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

(a) Height (actual measurement) IMPOSSIBLE TO DETERMINE

(b) Weight (estimated) IMPOSSIBLE TO DETERMINE

(c) Hair—Color DARK BROWN

Quantity THICK

Characteristics STRAIGHT

(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

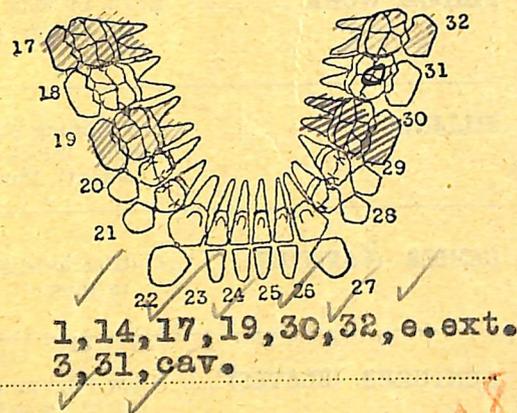
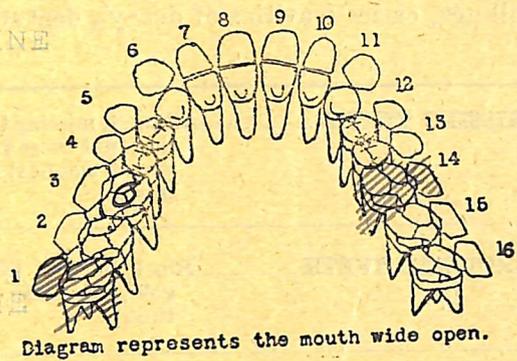
Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

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

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

FRACTURES: RIGHT TIBIA.



10-57081

7. Disinterment supervised by E. J. RENOUARD Approved: R. S. Williams
E. J. RENOUARD, SUP. EMB. (Title) R. S. Williams, 1st Lieut., Q. M., Corp.

8. Reburial supervised by E. J. RENOUARD Approved: R. S. Williams
E. J. RENOUARD, SUP. EMB. (Title) R. S. Williams, 1st Lieut., Q. M., Corp.

jjo.fh

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 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:



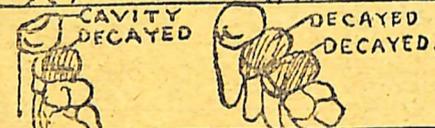
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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



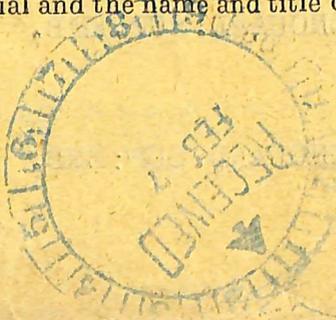
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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.



GRAVE LOCATION BLANK.

Desandre

LOCATION OF THE GRAVE OF

Desandre 5-5-83-82 Tony
(Surname.) (Number.) (First Name and Initials.)

(Rank.) (Organization.)

DATE OF BURIAL *Aug 9*

PLACE OF BURIAL *Am Perm*

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

Ville Chamblan

GRAVE NUMBER *96*

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? *Yes*

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

REPORTED BY : *[Signature]*
3rd Div
(Signature and Rank of Reporting Officer.)

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

Place Chamblon

Date July 4, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name Desandro, Tony,

Number: 550582

Rank:

Organization:

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

July 4, 1919

Plot-53 Cameron at Chamblon, Aisne

Coord. 247.N - - 184.80E

Grave 96

Reburied (Date)

in: (Give complete location)

July 4, 1919

American Cemetery at Belleau Woods, Aisne

Coord. 262.60N - - 176.04E

Plot-2, Sec. V, Grave 58

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

Body in poor condition.

Was one identification tag found upon the body? no

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

11961

CONFIRMED No D

Notes:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Dept direct, as is required by G.O. 170, G.H.2, 1914. 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: Sgt. W. Turner

H. C. Cameron

C.O. Group _____ Unit _____

Prov. Unit B. G.R.S.

Miss Iwe

checked name as

Desandre, Tony

also card signed

De Sandre

I don't know that
it is parents signature -

Do you want to
Verify ~~it~~ by V. B.?

Desandre,

(Surname.)

Tony

(Christian name in full.)

550,582

(Army serial number.)

~~Cpl~~ Pvt. 1st. Co E, 38th Inf.,

(Rank and organization.)

State your relationship to the deceased

Father/Mother

Do you desire the remains brought to the United States?

Yes

(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)

John De Landre

(over)

238

Springdale Ave Meriden

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Conn

Letter Sent to:

Mrs Jennie Desandre
171 Springdale Ave.
Meriden, Conn.

Handwritten in green ink:
Springdale
171
Desandre

Handwritten in black ink:
9-21-21
1964-5-54
Barron Aug 8 m.m.

13/15

Co. "E" 38th Infantry.
3rd Division.

DESANDRE, Tony. Pvt. 550582.
Home. 171 Springdale Ave.
Meriden, Conn.

I saw Pvt. DeSandre after he was wounded. He was wounded by a shell which struck in the midst of the Fourth Platoon as we were advancing on Fismes on the afternoon of the 7th of August 1918. His leg was badly torn by the shell. He lived until after he reached the dressing station. I helped carry him back. He was not able to speak being semi-conscious.

Emergency Address.
Jennis DeSandre. (Mother)
Meriden, Conn.
171 Springdale Ave

Informant. Ragar, William G. Pvt. ~~1588~~
1588916.
Home. Co. "E" 38th Infantry.
Warren, Ark.
Signed By Informant.

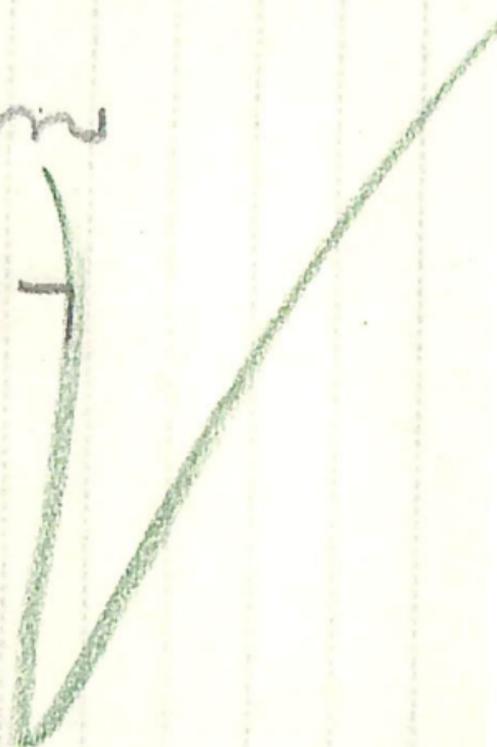
VP,

13115

Concentrated

from

13097



GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Desandre 5-503-82 Tony
.....
(Surname.) (Number.) (First Name and Initials.)

.....
(Rank.)

.....
(Organization.)

DATE OF BURIAL.....

Aug 9

PLACE OF BURIAL.....

Am. Cem

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

Ville Chamblan
.....

GRAVE NUMBER.....

46

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 :

REPORTED BY :

J. M. [Signature] 3rd Lt

(Signature and Rank of Reporting Officer.)

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

17001 Rgn

Reference 13115

13115

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE

May 7th 1919

FROM : Chief, Graves Registration Service, American E.F.
TO : Mrs John De Sandre, 238 Springdale Avenue, Meriden Conn.
SUBJECT: Corporal Tony DeSandre.

In reply to your letter of inquiry, with reference to the
regretted death of this soldier, according to the records at these
headquarters he is buried in grave #96, in the American Cemetery,
3rd Division near CHAMBLON, at MONTEVON, department of the AISNE.

By direction:

MBD/sp.

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

Per

MAURICE B. DIX,
Captain, American Red Cross
Representative assigned to
Graves Registration Service,

NAME

FILE NUMBER

13115

Tony De Sandre

SERIAL NUMBER

RANK

ORGANIZATION

Corporal

Co. E, 38th. Infantry

NO.

QUESTION

REPLY

- ✓ 1. Do particulars of soldier given above agree with records? ① DESANDRE, TONY. 550 582
2. Date of Death
- ✓ 3. Grave Location: ③ CTY. 284. GRAVE 96. AMER 3RD DIVISION
CITY NEAR CHAMBLON, MONTLEVON (AISNE)
4. Who reported burial?
- ✓ 5. Confirmed by G.R.S.? ④ yes
6. How is grave marked?
7. Identification Tags:
 - (a) Buried with Body?
 - (b) Attached to grave Marker?
8. Emergency address:
9. Has above been notified? (Give Date)

ANALYSIS OF INQUIRY

<p>Flowers, flags, etc. (Par. #5, Bul. 10-B) _____</p> <p>Monuments (Par. #6, Bul. 10-B) _____</p> <p>Disinterments (Par. #8, Bul. 10-B) _____</p> <p>Circumstances of death (G.R.S. Form No. 6) _____</p> <p>Photograph requested (File CO4.5) _____</p> <p>Grave location _____</p>	<p>Effects (G.R.S. Form Nos. 7&7-A) _____</p> <p>Accrued pay (G.R.S. Forms Nos. 19& 22) _____</p> <p>Liberty Bonds (G.R.S. Forms Nos. 21& 22) _____</p> <p>War Risk Insurance (G.R.S. Forms Nos. 20& 22) _____</p> <p>Disposition of Remains (a) Return to U.S. (Form 23) _____ (b) Remains in France (Form 24) _____ (c) Miscellaneous (Letter) _____</p>
---	--

Remarks:

13115

DEPARTMENTS

FINANCE - JAMES H. HINSDALE
 EXECUTIVE AND RELIEF VICTOR G. MILLS
 MILITARY - FRANK E. SANDS
 TRAFFIC - F. P. FENNER
 LABOR - JULIUS STREMLAU
 WOMEN - MRS. WM. E. BLISS
 AGRICULTURE - JOS. A. GREENBACKER
 PUBLICITY - CHAS. N. FLAGG
 EDUCATION - DAVID GIBBS

STATE COUNCIL OF DEFENSE



WAR BUREAU

MERIDEN, CONN.

April 1, 1919.

War Bureau, Meriden Conn.

Chief, Grave Registration service, A.E.F. France.

Grave Corp. Tony De Sandre, Co E, 38th Infantry.

Sir;-

Will it be possible to locate the grave of Tony De Sandre, Corporal, Co E, 38th Infantry. This man was wounded August 6th. and died August 8th from the wounds.

His people Mr. & Mrs John DeSandre, 238 Springdale ave, Meriden Conn. would be very grateful for any information on this subject.

Very truly yours,

Secretary.

DEPARTMENTS

WAR SAVINGS - THOMAS L. REILLY
 LEGAL - C. J. DANAHER
 FUEL - H. J. WILLIAMS
 WAR CHEST - WM. E. HINSDALE
 DISBURSING - EDWARD MILLER
 RED CROSS - H. WALES LINES
 WAR CONSTRUCTION HERMONE H. HUBBARD
 STATE COUNCIL MISS ANNA B. SANDS
 FOOD - JAMES F. MCADAMS



МЕДИЕНЪ СОИИ
МАР ВУВЕАН



STATE COUNCIL OF DEFENSE

СЕРИЈА
КОПИЈА
УВЕЛИЧАВА
ДВОИ
ТРИ
ЧЕТРИ
ПЕТА
ШЕСТИ
СЕДМ
ОСМ
ДЕСЕТ

ОБРАЗЛОЖЕЊЕ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ

ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ
ОСТАТЦИ

WAR BUREAU
MERIDEN, CONN.



Chief, Grave Registration Service.
American Expeditionary Forces.
France

RECEIVED
A.M. 18 APR 19
O.C.D.M.
G.R.S.

Post Office
17