

G.R.S. Form #114-B

hw

MAR 10 1926

Listed as DE SANTIS - per brother's signature on AGO card

DATE Dec 15th, 1921.

1. NAME DESANTIS, Patsy SERIAL No. 2791957

RANK Pvt ORGANIZATION Co. H, 167th Inf

GRAVE LOCATION Meuse-Argonne Am. Romagne/s/Montfaucon 1232 sec 35

189 sec 35 4 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 70 Baulny (Meuse) GRAVE COMMUNE DEPT.

COORDINATES 35SE, 277.35N, 302.25E

CONCENTRATED TO 5/6/19 189 35 4 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.

Tag on cross and body.

DATE OF DEATH Oct 16, 1918

STATE FROM WHICH HE CAME N.Y.

Data Form 1 MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS DATE GRAVE ROW PLOT CEMETERY

rf

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR M. B. BIRDSEYE 1st Lt., Q.M. Corps, U.S. Army

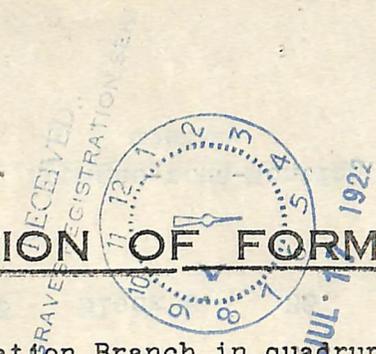
3. FINAL GRAVE LOCATION Dec 15th, 1921. 3 Block B. 33. DATE GRAVE ROW PLOT

Meuse-Argonne Amer. Cty # 1232. Romagne-sous-Montfaucon (Meuse)

AUDITED BY L.M.G. 3-30-23

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

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.



Robert O. Davis,
Major General,
The Adjutant General
By *[Signature]*

MAR 15 1928

Co. H. 157th Infantry
42nd Division

Desantis, Patsy - Pvt. 2791957
Home:

Private Patsy Desantis died of wounds Oct 14 1918
Field Hospital 165 No member of this company recalls being near
Desantis at the time that he was wounded.

Informant: Company records.

Emergency Address:

No record at this office.

ROD

2791957

CODE SLIP

10-16-19

| HEADING | SUB-HEADING | NO. OF COLS | CODE |
|---------------------------|----------------------|-------------|-------------------|
| NAME <i>Desantis</i> | <i>Des</i> | 3 | 45 ⁰ 9 |
| BURIED | CEMETERY <i>1232</i> | 1 | 1 |
| | GRAVE <i>3</i> | 2 | 03 |
| | ROW <i>33</i> | 2 | 33 |
| | BLOCK <i>B</i> | 1 | 2 |
| STATE | <i>N.Y.</i> | 2 | 37 |
| RANK | <i>Priv</i> | 1 | 2 |
| DIVISION | <i>42</i> | 2 | 42 |
| ORGANIZATION | <i>167</i> | 3 | 167 |
| ARM | <i>Inf</i> | 1 | 1 |
| MARITAL | <i>No</i> | 1 | 2 |
| Mrs NAME <i>Angiolina</i> | <i>De S</i> | 3 | 45 ⁰ 9 |
| <i>De Santis</i> | STATE | 2 | |
| RESIDENCE | COUNTY | 2 | |
| <i>Abroad foreign</i> | CITY | 3 | |
| RELATION | <i>Mother</i> | 1 | 1 |
| OTHER | | 1 | |
| ELIGIBILITY | <i>Foreign</i> | 1 | 4 |
| NATIVITY | | 1 | |
| RACE | | 1 | |
| ENGLISH | | 1 | |
| ATTENDANT | | 1 | |
| HEALTH | | 1 | |
| NO. OF SONS | | 1 | |
| DATE OF | MO. | 1 | |
| TRIP | YR. | 1 | |
| ACCEPTANCE | | 1 | |
| <i>29/514</i> | <i>Italy</i> | 2 | 01 |

AUDITED
MAR 2 1952
Rm

RM

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8-26-31

| NAME | RANK | SERIAL | ORGANIZATION | DATE OF DEATH |
|-------------------------------------|------|---------|-------------------|---------------|
| <i>De Santis</i> Desantes, Patsy | Pvt. | 2791957 | Co. H, 167th Inf. | 10-16-18 |

STATE _____ CTY. NO. 1232 GRAVE 3 ROW 33 BLOCK B

| | Check relationship | Living - Deceased | |
|---------|---|---|------------------------|
| NAME | MOTHER | : <input checked="" type="checkbox"/> : | <i>XC 141473</i> |
| AND | STEMOTHER (For the year prior to commencement of service) | : : : | |
| 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>all in foreign</i> |
| | | : : : | <i>(m) 3-7-33</i> |
| | | : : : | <i>Angela Cecerone</i> |
| | | : : : | <i>Widow De Santis</i> |
| | | : : : | <i>Fussio</i> |
| | | : : : | <i>Perro de Aquila</i> |
| | | : : : | <i>Italy</i> |

Single man
 Veterans Bureau Claim Number _____
 29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Desantis, Patsy,
1232

September 2, 1929.

Mr. Philipo De Santis,
2001 Jackson St.,
Wimber, Pa.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 28, 1929 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?

*Mother living in
Tuscan, Acquafredda
Italy.*

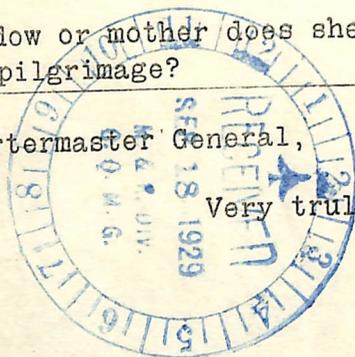
*Angiolina
De Santis*

Don't know

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

IN REPLY REFER TO QM 293 A-C

Desantis, Patsy

June 28, 1929.

Mr. Philipo De Santis,
2001 Jackson St.,
Winber, Pa.

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 brother of the late Pvt. Patsy Desantis, Co. H, 167th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-Sous-Montfaucon, Meuse, 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,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
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WASHINGTON

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Act of Congress
Envelope

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For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

De Santis

Desantis (Surname.) Patsy (Christian name in full.) 2,791,957 (Army serial number) ✓

Pvt Co H, 167 Inf

(Rank and organization.)

State your relationship to the deceased *Brother*

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:

M

(Name of person to receive remains.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here) *Filippo De Santis*

2001 Jackson Ave *Winchester* *Pa*

(Number and street or rural route.) (City, town, or post office.) (State.)

In reply refer to:
293 C-R

July 12, 1923.

Mr. Philipo De Santis,
2001 Jackson St.,
Wimber, Pa.

Dear Sir:

The Quartermaster General desires that you be informed that
~~Private Patsy Desantis, Company B, 167th~~
the permanent grave of
Infantry, is Grave 3, Row 33, Block B, Meuse-Argonne American Cemetery,
Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The 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.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Cramer,
Assistant.

RD

23/236/ARK

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 **APR 14 1921**, 1920

Sec. # 35

Par. # 2 Not To Be Returned

meH

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*U. R. B. d. Zaccaria De Santis (Father)
Mrs. Angiolina De Santis (mother)
Lussio, Prov. Aquila Italy P.F. 6-21-21*

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

*Please
mail
141473*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Desantis, Patsy, Pvt.

SERIAL NUMBER

ORGANIZATION

1232-Sec. 35 - 42

4/7/21.

DATE OF DEATH

2791957

Co. H. 167th Inf.

10/14/18.

*Copy forwarded to
Adjustment Department
Date 5/3/21-41*

WAR RISK INSURANCE INFORMATION

DATE

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS

Zaccaria De Santos

Father

Mrs. Angiolina De Santos

mother

PERSON RECEIVING DEATH COMPENSATION

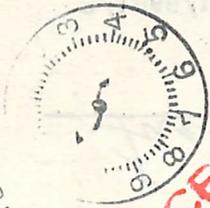
RELATIONSHIP

Lussis Prov. Aquila Italy

#4/26/21

Rem. in France - not rec'd at Kab

GENERAL DIVISION



RECEIVED BY
MAIL UNIT
MAY 19 1921

General Division
Oreases Project Sub-Section

RECEIVED
APR 29 1921

General Division
Oreases Project Sub-Section

22-130
4981 100 1001

REPORT OF DISINTERMENT AND REBURIAL

Place ROMAGNE SOUS MONTFAUCON

Date DEC 14 1921

1. REMAINS OF DESANTIS, Patsy SERIAL NUMBER 2791957

RANK Pvt ORGANIZATION Co H 167 Inf.

2. Disinterred (date): Dec 14 1921 From (give complete location):

Gr 189 Sec 35 Plot 4 Cem 1232

By: Group 6 Unit Section 1

3. Reburied (date): Dec. 15, 1921 In (give complete location):

Meuse-Argonne Cem. 1232, Gr 3, Block B, Row 33,

By: Group Reburial S Unit Nature of reburial unlined casket

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

Box, US U iform burlap

Body 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 shows " P.Desantis 2791957"

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 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

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

None visible

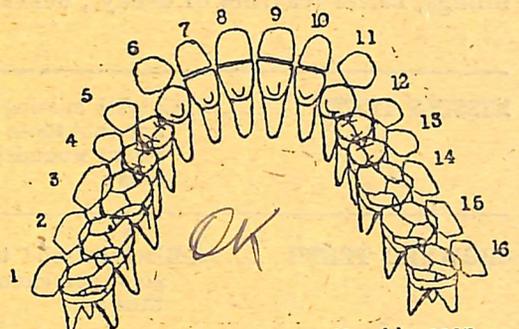
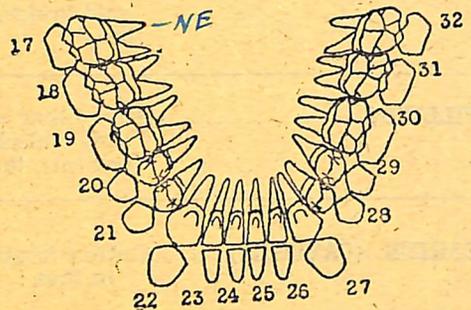


Diagram represents the mouth wide open.



7. Disinterment supervised by C.V. Russell

Approved: F.B. Daniel
(Title) Capt. Q.M.C.

8. Reburial supervised by A. U. Dufault

Approved: James W. Younger
(Title) Captain, QMC
mr

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.

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

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 Dec. 14, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name DESANTIS, Patsy
- 2. No. 2791957
- 3. Rank Pvt
- 4. Org. Co.H, 167th Inf
- 5. D.D. Oct. 14, 1918
- 6. C.D. DOW ria

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

Discrepancy found upon disinterment

- 7. Grave No. 189 Sec. 35
- 8. Plot 4 Row _____
- 9. _____

- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. None.

- 18. Cemetery Meuse-Argonne Amer
- 20. Dept. or County Meuse
- 22. G.R.S. Hdqrs. Code No. 1232 sec 35

- 19. Commune or town Romagne/s/Montfaucon
- 21. Country France

23. Disinterred (Date) Dec. 14, 1921.

By C. V. Russell

24. Inscription on grave marker:

Name Patsy Desantis

Rank Pvt.

Serial No. 2791957

Organization Co. H, 167 Inf.

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

E. J. Rasch.
Signature Junior Technical Assistant
E. J. Rasch.

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).

Tags show "P. Desantis 2791957".

27. Condition of body Badly decomposed; features unrecognizable.

28. Nature of burial Box, US uniform and burlap.

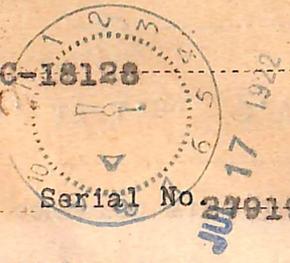
29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None.

30. Body prepared and placed in casket: Date Dec. 14, 1921. By C. V. Russell

31. Casket sealed by C. V. Russell

Signature of Embalmer, (Supervisor C. V. Russell)

SHIPMENT. (Show actual marking of box.) Box No. C-18128



32. Designation of body:

Name Patsy DESANTIS Serial No. 2991957

Rank Pvt Organization Co. H, 167th Inf

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Am. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Dec. 14, 1921. By C.V. Russell

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

F. B. Daniel

Signature of G.R.S. Inspector F. B. Daniel, Captain, QMC.

36. Remarks None.

37. Shipped from point of Operation: (Date) Dec. 14, 1921.

To point of Concentration Morgue, Romagne.

Convoyer W. J. Royed. Signature Shipping Officer J. Herald Cole
(Name J. Herald 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 (Name
Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred. Meuse-Argonne Cem. 1232 Dec. 15, 1921
(Date

42. Grave No. 3 Section

43. Plot BLOCK B Row 33

hw
G.R.S. Representative *James W. Younger*
James W. Younger
Captain, QMC
mr

Place NEUFCHATEAUDate 7th., June, 1919REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: DESANTIS, P.Number: 2791957Rank: PVT.

Organization:

CO.H. 167 th, Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)
6th., May, 1919From: (Give complete location)
Grave #70 Plot C Baulny, Meuse.35 SE 277.35 N. 302.25 E.Reburied (Date)
6th., May, 1919in: (Give complete location)
Grave #189 Section #35 Plot #4ARGONNE AMER. CETY. # 1232ROMAGNE, MEUSE.Report as to nature of original burial and condition of body upon disinterment:
BURIAL GOOD. BURIED IN BLANKET. BODY BADLY DECOMPOSEDWas one identification tag found upon the body? YES.What other means of identification were found on the body? NONE.10387

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, G.R.S.

Supervised by: L.T. ARMITAGE.R. H. ROSENTHALC.O. Group 2nd Lieut. Unit C.U.S.A.

hs.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 4/7/21.

File No. Requisition
From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

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

- a. Surname ~~Desantis or (De Santis)~~ ✓
- b. Christian name Patsy ✓
- c. Serial Number 2791957 ✓
- d. Organization Co. H, 167th Inf. ✓
- e. Rank Pvt. ✓
- f. Date of death 10/14/18. ✓
- g. Cause of death DWRIA. ✓
- h. Authority (C.O.#) 321 ✓
- i. Emergency address *Philip Desantis, 2001 Jackson St., Vinber, Pa.* ✓
- j. Relationship *(Brother)* ✓

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

- a. Age of enlistment
 - b. Color of eyes
 - c. Color of hair
 - d. Height
 - e. Weight
 - f. Permanent marks and physical defects at enlistment (Old fractures or breaks)
- Adjustment Made
APR 20 1921
5560
File No.
- 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.

C.W.
CEMETERY NO: 1232-Sec.35.
42
SHEET NO:
TYPED BY: I.W.
S/713/LML

BY: *[Signature]*
H. J. GONNER,
1st. Lieut. Q.M.C.

Rec'd World War Div.
Date APR 9 - 1921

APR 9 1921
[Signature]
4/11/21

NOTED FORM 115
DATE 4-21-21

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Date 4/17/21

Form S-W-A-H
Information requested of A.G.O.

Requisition No.

From: The Quartermaster General, U. S. Army, (General Division) (SPECIAL)
To: The Adjutant General of the Army, 5th & E Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

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

- a. Surname ~~Desantis or (De Santis)~~ ✓
- b. Christian name Peter ✓
- c. Serial Number 271257 ✓
- d. Organization Co. H, 167th Inf. ✓
- e. Rank Pvt. ✓
- f. Relationship ✓
- g. Emergency address ✓
- h. Authority (G.O.#) ✓
- i. Cause of death ✓
- j. Date of death 20/12/18 ✓

GENERAL NOTES
(See Physical report #1
examination prior to enlistment)

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

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

Attachment Made

APR 20 1921

File No. 1221 21 21A

RECEIVED

a. Strike out teeth missing
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right lower left

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

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

H. L. DOWNS,
Adj. Gen.

CHEMISTRY NO. 1233-8ec.35
SHEET NO. 42
TYPED BY: I.W.

2/13/21

MOBILE

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

607
57

Desantis 2791957 Platiz
(Surname.) (Number.) (First Name and Initials.)

Pvt Co. H, 167th U.S. Inf
(Rank.) (Organization.)

DATE OF BURIAL October 16, 1918

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

GRAVE NUMBER

HOW MARKED: Name Peg? Yes 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, description and marks should be given here:

~~OMMK Baulny (Morse)~~
~~(O-214) SHT. 335E (CORD)~~

NOV 1 1918

REPORTED BY:

Eugene Kennedy Chaplain 5

(Signature and Rank of Reporting Officer.)

Eugene Kennedy Chaplain 150th MG Bn

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

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Desantis *2791967* *Platiz*
(Surname.) (Number.) (First Name and Initials.)

Pvt. *Co. H, 187th U.S. Inf.*
(Rank.) (Organization.)

DATE OF BURIAL *October 16, 1918*

PLACE OF BURIAL *BAILEY*

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

GRAVE NUMBER

HOW MARKED: Name Peg? *Yes* 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, description and marks should be given here:

REPORTED BY:

Eugene Kennedy Chaplain 150th

(Signature and Rank of Reporting Officer.) *Sn*

Eugene Kennedy Chaplain 150th MG Bn
This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

Communal List No. 242 481

Daily Report No. _____

1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's No. 2191957

3. DESANTIS P.
Surname (in block letters) First Name and Initials

4. PVT. H. 167 INF.
Rank Company Regt. or Corps

5. OCT. 16.
Date of Death Cause, if known

6. REF. NO 4
Date of Burial Cemetery

7. BAULNY MEUSE
Town or Commune (in block letters) Department

8. 70 3
Grave No. Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body? YES Attached to Grave Marker? YES
Identification Tags

11. If name unknown and tags missing, give marks and description.

100 M. N. BAULNY, CHARPENTRY ROAD

1/4 KILON. W. CHARPENTRY

12. 200 M. E. VARENNES, FLEVILLE ROAD
Map reference, if interment is outside of cemetery

MAP 35 S.E. 277.3 N + 302.1 E.

13. R.B.K. 1598
Give name of Chaplain or Burial Officer

SKETCH N 42 Signed George Diehoff

Group H. Unit 306 G. R. S.

FILE

4/7/21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 30-

FORM 115 Sheet No. 42

SH
(Initials)

OSP-SS
Form No. 1011.

S/2053/LML

WAR DEPARTMENT.

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

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

WASH DC
JAN 20
6 PM
1920
D.C.

REASON FOR
NON-DELIVERY
NOTED
RETURNED TO
SENDER
NO SUCH POST OFFICE IN STATE NAMED

Mr. Philipo Desantis
2001 Jackson St.
Vimber Pa.

Philipo Desantis

15607
FILL



1 2 3 4 5 6 7 8 9 10 11 12
JAN 21
1 2 3 4 5 6 7 8 9 10 11 12