

G.R.S. Form #114-B

CAUSE OF DEATH

*K2A*

*Officer's sig.*

FULL NAME

CROUSE, Samuel S.

*OK*

RANK

1st Lt

*OK*

SERIAL

*off.*

DIVISION & ORGANIZATION

Co.C. 110th Inf.

*OK*

*28 Div.*

DATE OF DEATH

7-15-18

*OK*

STATE FROM WHICH HE CAME

*Pa*

MEDALS OR DECORATIONS AWARDED

*none*

FINAL GRAVE LOCATION

12-5-192

64

1

B

Date

Grave

Row

Block

1764

Cemetery

MAY 9 1922  
WORLD WAR DEPT

24/292/EYS

*✓*

*97863  
5/19/27*

1234

CIS-ALP  
355

April 3, 1919.

From: The Adjutant General of the Army.  
To: The Director, Bureau of War Risk Insurance.  
(Compensation & Insurance)  
Subject: Completion of report of officer who has died.

Your attention is invited to letter from this office of January 15, 1919 containing report of death of Samuel S. Crouse, 1st Lt. 110th Inf., but date and cause were omitted.

Information has been received that the report should read as follows; Samuel S. Crouse, 1st Lt. 110th Inf.; killed in action July 15, 1918; line of duty and not result of own misconduct; emergency address, Miss Marie Crouse, daughter, Somerset, Pa. Your records should be corrected to read accordingly.

Geo. L. Hicks, Jr.  
Adjutant General.

*293.2 Crouse, Samuel S.*

Copy to Cemeterial Div. Q.M.G.

4  
APR  
1919



CEMETERIAL



APR 4 1919



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	CROUSE	3	3 0 0
BURIED	CEMETERY 1764	1	4
	GRAVE 64	2	64
	ROW 1	2	01
	BLOCK B	1	2
STATE	Penna	2	44
RANK	1st Lt	1	1
DIVISION	28	2	28
ORGANIZATION	110	3	110
ARM	Inf	1	1
MARITAL	(Daughter yes (deceased))	1	1
NAME	Voils, Marie	3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	

806 - Fifth St.  
Fairmont, W. Va.

mm

**AUDITED**

AUG 18 1952

RS

20  
209

1952

QM 295 AM  
Crouse, Samuel S. AM

September 15, 1932

Mrs. Marie C. Voils,  
806 Fifth St.,  
Fairmont, W. Va.

Dear Madam:

This office is making an earnest endeavor to communicate with all women who may be eligible to make a pilgrimage to the cemeteries of Europe under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

It will therefore be appreciated if you will advise whether or not your father, the late First Lieutenant Samuel S. Crouse, is survived by a stepmother or any woman who stood in loco parentis to him for a period of not less than five years at any time prior to his reaching the age of eighteen, and if so, her name and address. It is requested that you also furnish the dates of death of his parents.

A self-addressed envelope which requires no postage is inclosed for your convenience in replying. 0

For The Quartermaster General.

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

Incl.  
Envelope  
MH

*C*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

Crouse, Samuel S. 1764 D

Mrs. Marie Crouse Voils,  
806 Fifth St.,  
Fairmont, W. Va.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE Feb. 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CROUSE, Samuel S.	1st Lt.	Officer	Co. C 110th Inf.	7/15/18.

STATE <u>Penna.</u>	CTY. NO. <u>1764</u>	GRAVE <u>64</u>	ROW <u>1</u>	BLOCK <u>B</u>
---------------------	----------------------	-----------------	--------------	----------------

<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>	
MOTHER	:	:	:	:
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)	:	:	:	:
WIDOW (Who has not remarried)	:	:	:	:

*Wife - dead -*

*XC-117394*

*2-14 ad*

*Daughter.*

*Mrs Marie Crouse Voils*

*806 - Fifth St -*

*Farmount - West Va*

*Widower*

Veterans Bureau Claim Number \_\_\_\_\_  
29/156/

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Crouse, Samuel S.

June 12, 1929.

Miss Marie E. Crouse,  
East & Garrett Street,  
Somerset, Pa.

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 daughter of the late First Lieutenant Samuel S. Crouse, Co. C, 110th 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 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.

QM 293 AM  
Crouse, Samuel S. AM

September 15, 1932

Mrs. Marie C. Voils,  
806 Fifth St.,  
Fairmont, W. Va.

Dear Madam:

This office is making an earnest endeavor to communicate with all women who may be eligible to make a pilgrimage to the cemeteries of Europe under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

0561  
It will therefore be appreciated if you will advise whether or not your father, the late First Lieutenant Samuel S. Crouse, is survived by a stepmother or any woman who stood in loco parentis to him for a period of not less than five years at any time prior to his reaching the age of eighteen, and if so, her name and address. It is requested that you also furnish the dates of death of his parents.

A self-addressed envelope which requires no postage is inclosed for your convenience in replying.

For The Quartermaster General.

Very truly yours,

CHAS. W. DIETZ,  
Captain, Q. M. Corps,  
Assistant.

Incl.  
Envelope  
MH

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF CROUSE, Samuel S. SERIAL NUMBER -----

RANK 1st Lt. ORGANIZATION Co. C, 110th Inf.

2. Disinterred (date): 19th July, 1921 From (give complete location): Gr. 160, Sec. W, Plot 4

By: Group Bosse's Unit FIELD SECTION # 7

3. Reburied (date): 19th July, 1921 In (give complete location): Gr. 160, Sec. W, Plot 4

By: Group Bosse's Unit FIELD SECTION # 7 Nature of reburial Box and burlap

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

5. (a) Identification tags: Buried with body? Yes On grave marker? No  
Disc was nailed on box.

(b) Other means of identification found upon disinterment, and general remarks:  
No disc, metal strip, or stencilling on grave marker  
Body disc checks with above data. Two 1st Lt. bars.  
Two officer's collar insignia, crossed rifles, 110 superimposed  
on one of same. 16-A in reburial bottle, dated May 10, 1921.  
and accomplished by Sup. Area No. 2

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 IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

Characteristics IMPOSSIBLE TO DETERMINE

(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)  
Extra bones:—left femur  
Missing:—right radial, right femur, both feet.

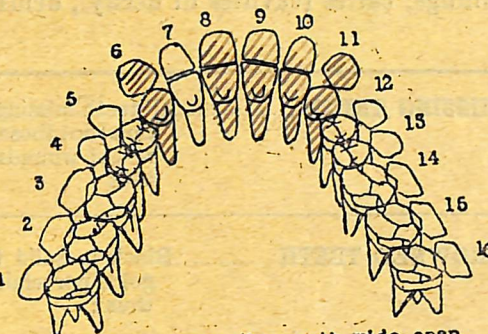
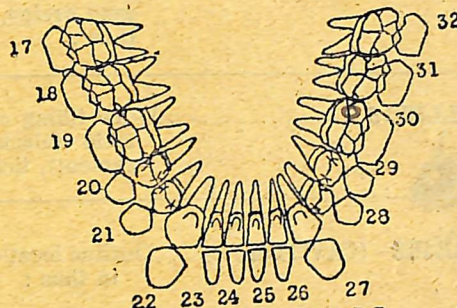


Diagram represents the mouth wide open.



MISSING-6, 8, 9, 10, 11, -miss. A.D. 30-cav.

*Handwritten:* 10-51090

7. Disinterment supervised by Harry V. Bosse

Approved: M. B. Birdseye  
1st Lt. Q.M.C.  
(Title)

8. Reburial supervised by Harry V. Bosse

Approved: M. B. Birdseye  
1st Lt. Q.M.C.  
(Title)

WDW/ek

*Handwritten:* file 4/22/22

**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:



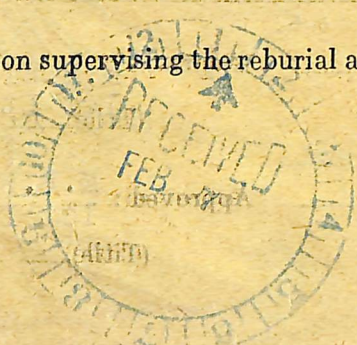
**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus:



**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.



11-11-45

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

Crouse, Samuel S. 1764 D

Mrs. Marie Crouse Voils,  
806 Fifth St.,  
Fairmont, W. Va.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Crouse, Samuel S.  
1764

Aug. 22, 1929.

Miss Marie E. Crouse,  
East & Garrett St.,  
Somerset, Pa.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 12, 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?

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  
Crouse, Samuel S.

June 12, 1929.

Miss Marie E. Crouse,  
East & Garrett Street,  
Somerset, Pa.

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 daughter of the late First Lieutenant Samuel S. Crouse, Co. C, 110th 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 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.

Q.M.G.-M & R. DIV.

JUN 13 PM 2

DISPATCHED

To be prepared in triplicate.

DATE Dec. 4, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT **jp** COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name **CROUSE, Samuel S.**

10. Name

2. No. **-**

11. No.

3. Rank **1st Lieut.**

12. Rank

4. Org. **Co C. 110th Inf.**

13. Org.

5. D.D. **July 15th, 1918.**

14. (a) D.D.

6. C.D. **K.I.A.**

(b) D.B. **no discrepancy**

Discrepancy found upon disinterment

7. Grave No. **160** Sec. **W.**

15. Grave No.

Sec.

8. Plot **4** Row

16. Plot

Row

9.

17. **no discrepancy**

18. Cemetery **Aisne Marne Amer Cty 1764,**

19. Commune or town **Belleau,**

20. Dept. or County **Aisne**

21. Country **France,**

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

23. Disinterred (Date) **Dec. 4, 1922**

By **C.P. Keating**

24. Inscription on grave marker:

Name **Samuel S. Crouse**

Serial No.

Rank **1st. Lt.**

Organization **Co. C, 110th Inf.**

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

Signature Junior Technical Assistant

**W.D. Wall Jr.**

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? **no**

30. Body prepared and placed in casket: Date **Dec. 4, 1922** By **C.P. Keating**

31. Casket sealed by **C.P. Keating**

Signature of Embalmer, (Supervisor **C.P. Keating**)

9/17/27  
604

SHIPMENT. (Show actual marking of box.) Box No. **C- 31312**

32. Designation of body:

Name **Samuel S. Crouse,** Serial No. \_\_\_\_\_

Rank **1st Lieut.,** Organization **Co. C-110th, Inf,**

33. Consigned to:

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

34. Casket boxed and marked (Date) **Dec. 4, 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 *W.D. Cleary*  
**W.D. Cleary, Lt., Chaplain, USA.**

36. Remarks **none**

37. Shipped from point of Operation: (Date) **Dec. 4, 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 Cem. 1764, Belleau (Aisne)** (Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer *W.D. Cleary*  
**W.D. Cleary, Lt., Chaplain, USA.**

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

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

41. Reinterred **Dec. 5, 1922.** **Aisne-Marne Amer. Cem. 1764, Belleau (Aisne)** (Date)

42. Grave No. **64** Section \_\_\_\_\_

43. Plot **BLOCK** Row **B** Row **1**

G.R.S. Representative *W.D. Cleary*  
**W.D. CLEARY, Lt. Chaplain USA.**

# REPORT OF DISINTERMENT AND REBURIAL

Place Belleau (Aisne)

Date Dec. 4, 1922

1. REMAINS OF CROISE, Samuel S. SERIAL NUMBER \_\_\_\_\_  
RANK 1st Lieut. ORGANIZATION Co. C, 110th Inf.

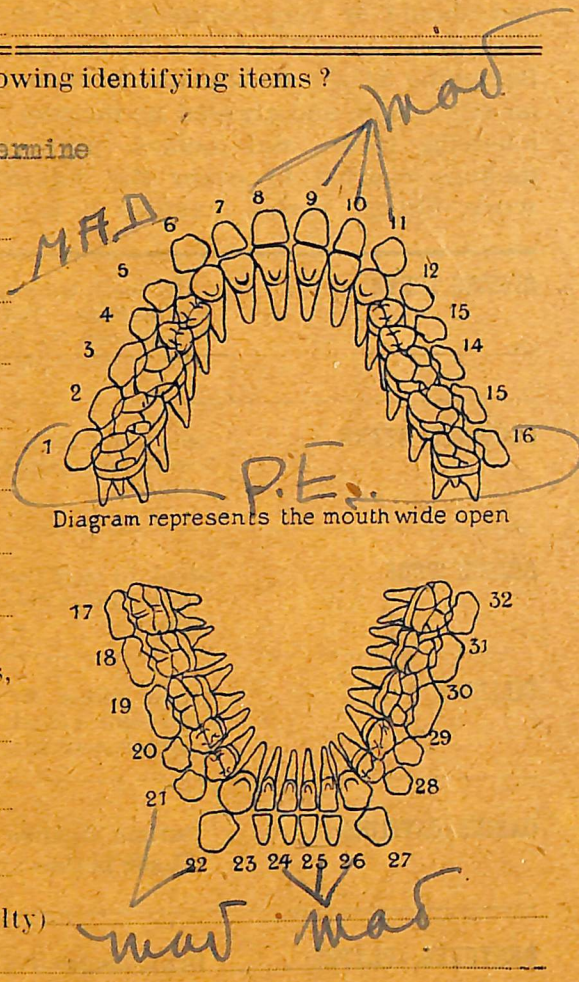
2. Disinterred (date): Dec. 4, 1922. From (give complete location): Grave 160, Sec. W, Plot 4, Cem. 1764.  
By: Group 1 Unit F.S.I, Aisne-Marne Cem.

3. Reburied (date): Dec. 5, 1922. In (give complete location): Grave 64, Row 1, Block B, Aisne-Marne 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:  
Wooden box and burlap  
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) "  
(c) Hair—Color "  
Quantity "  
Characteristics "  
(d) Hair on face—Color "  
Location "  
Quantity "  
(e) Permanent marks on body (old scars, peculiarities, or missing parts) "  
(f) Wounds or missing parts (received at time of casualty) Both radii missing



W.D. Wall Jr. Checker.

7. Disinterment supervised by C.P. Keating  
C.P. KEATING, S.E.

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

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

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 89929

I. LOCATION INDEX CARD:

(a) Name CROUSE, Samuel S. Ser. No. - - -  
(b) Rank 1st. Lt. Organization Co. C. 110th. Inf.  
(c) Date of death 7-15-18 (d) Cause of death K/A

TYP. BT  
CKR. B

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

(a) Grave No. 160 Row - Plot 4 Sec. W TYP. BT

(b) Emerg. Address Marie E. Crouse (Daughter) East & Garrett St., Somerset,

E/A prev. rept. Marie Crouse (Daughter) Main Cross St., Somerset, Pa. Pa. CKR. B

IV. A. G. O. DISPOSITION CARD:

Date of receipt 11/12/19

(a) Name Marie Crouse (b) Relationship Daughter

(c) Address omitted

(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 MCH Date 8/3/21, 192

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

dated

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

Examiner's Initials Date, 192

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

no request for disposition

(a) Cancellation memos referred to?

Examiner's Initials MCH Date 8/3/21, 192

COUNTRY France

CEMETERY No. 1764

SHEET No. 2763

checked 8/12/21

VII. G. R. S. Form No. 114 made -----, 192

Typed by -----, Checked by -----, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on -----, 192  
letter on -----, 192

*9/15/21 Add advice - not to be returned. 1119*

IX.

REMARKS

WRITE NOTHING BELOW THIS LINE.

July 6, 1921.

Memorandum to: Miss Swindler,  
Compilation Department,  
Overseas Project Sub Section.

Case of Grouse, Samuel S.,  
1st Lt., Co. C, 110th Infantry.

The emergency address for Grouse has been changed from Marie Grouse (Daughter)  
Main Cross Street, Somerset, Pa., to Marie E. Grouse (Daughter) East & Garrett  
Sts., Somerset, Pa.

*Ethel C. Cawley*  
Ethel C. Cawley.

*City 1764-2763*

RECEIVED

JUL 7 1921

Cemeterial Division  
Overseas Project Sub-Section

RECEIVED  
JUL 7 1921

RECEIVED  
JUL 7 1921

RECEIVED  
JUL 7 1921

RECEIVED  
JUL 7 1921

JUL 7 1921

September 15, 1921.

1764 Reg. Br., Gen. Div.

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

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

Additional advice on American Concentration Cemetery, #1764,  
Bellevue, Aisne, France.

1. The remains of the following American Dead, buried in American  
Concentration Cemetery, #1764, Bellevue, Aisne, France, are not to be returned  
to the United States:

ARMY DEAD

Cable  
Ref. No.

2763. Crouse, Samuel S., 1st Lieut., Company C, 110th Infantry.

By authority of the Quartermaster General:

CHARLES J. WYRNE,  
Captain, Q.M. Corps.

OSPS  
C & C Dept.



# REPORT OF DISINTERMENT AND REBURIAL

Place COURTHIEZY, Marne.

Date May 10, 1921

1. REMAINS OF CROUSE, SAMUEL S.

SERIAL NUMBER.....

RANK 1st Lieut.

ORGANIZATION Co. C, 110th Inf.

(C-435)

2. Disinterred (date) : May 10th 1921

From (give complete location) : Isolated grave in Commune of Courthiezy, Marne, in Machine gun pit. Map 49 NE, 257.7 N--197.85 E.

By : Group.....

Area #2

Unit Wood

3. Reburied (date) : May 12, 1921

In (give complete location) :

Grave 160, Sect. W, Plot 4, Cem. 1764 Belleau

By : Group.....

Unit.....

Nature of reburial coffin

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

Buried in uniform in a M.G. pit with two Unknown U.S. Soldiers and one French soldier. No cross on grave. Flesh entirely decomposed.

5. (a) Identification tags : Buried with body ? Yes On grave marker ? No

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

Tag read as above. One 1st Lieut. bar. Two collar ornaments--crossed rifles, one of which bore the figures "110" superimposed thereon

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated)..... "

(c) Hair—Color None

Quantity .....

Characteristics .....

(d) Hair on face—Color None

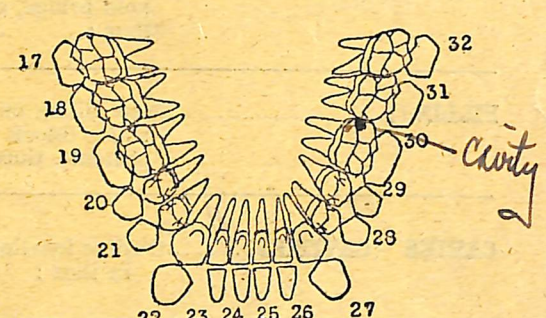
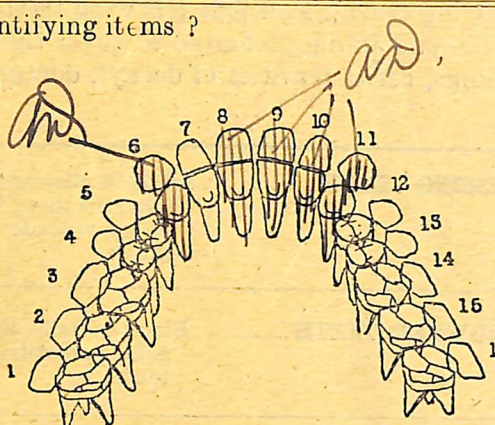
Location.....

Quantity .....

(e) Permanent marks on body (old scars, peculiarities, or missing parts)..... None found

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

Both feet missing.



D-21511-

7. Disinterment

supervised by O. B. Wood

Approved : .....

(Title).....

8. Reburial

supervised by .....

W. H. MARIS  
Captain F.A.  
Supervisor Area #2

Approved : .....






(Title).....

W. H. MARIS  
Supervisor, F.A.  
Area #2.

## 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><b>MISSING TEETH</b>.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
<p><b>CROWNED TEETH</b>.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN</p>
<p><b>BRIDGE WORK</b>.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLDBRIDGE</p>
<p><b>FILLINGS</b>.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING</p>
<p><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED      DECAYED</p>
<p><b>DENTURES (PLATES)</b>.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</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.



REPORT OF DISINTERMENT AND REBURIAL

Place Alleau, Aisne

Date July 29th, 1921.

1. REMAINS OF CROUSE, Samuel S.

SERIAL NUMBER.....

RANK 1st. Lieut. ORGANIZATION Co. C. 110th Inf.

2. Disinterred (date) :

From (give complete location) :

July 26th, 1921.

Grave 160, Pt. 4, Section W.

By : Group Area #2 Unit Supervisor

3. Reburied (date) :

In (give complete location) :

July 29th, 1921.

Grave 160, Pt. 4, Section W.

By : Group Area #2 Unit Supervisor Nature of reburial Burlap & box

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

Body badly decomposed, buried in Burlap and Box

5. (a) Identification tags : Buried with body ? YES On grave marker ? NO

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

Disc on body checks with above data, 2 first Lts' Bars, Collar Insignia, crossed rifles 110 superimposed on one of same.

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 Impossible to determine

Quantity Impossible to determine

Characteristics impossible to determine

(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) Several ribs shattered,

2 left hip bones, one right hip bone missing, one Ulna missing.

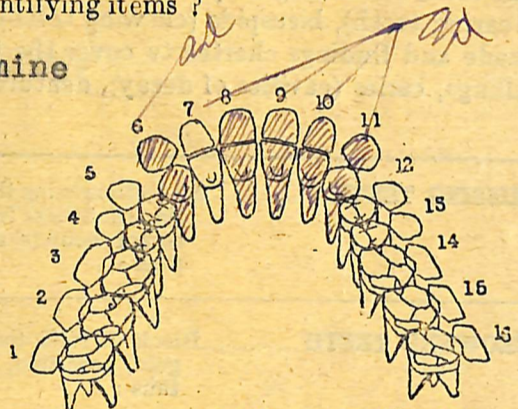
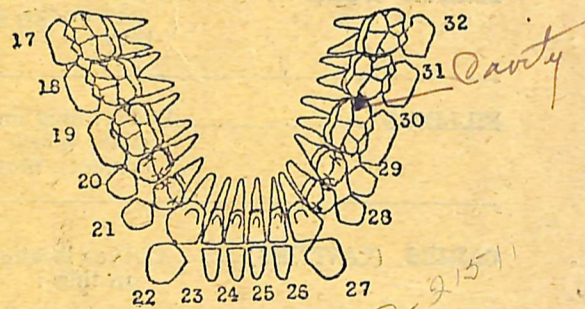


Diagram represents the mouth wide open.



D-21511

7. Disinterment supervised by James M. Gourty  
James M. Gourty.

Approved : G.F. WAUGH  
G.F. WAUGH, Major. Inf.,  
(Title) Supervisor, Area #2.






8. Reburial supervised by G.F. WAUGH  
Major. Inf.,  
Area Supervisor #2.

Approved : G.F. WAUGH  
G.F. WAUGH, Maj. Inf.,  
(Title) Supervisor, Area #2.

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

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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><b>MISSING TEETH</b> ..... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
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<p><b>FILLINGS</b> ..... Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING</p> <p style="text-align: center;">GOLD FILLING      GOLD FILLING</p>
<p><b>CARIES (CAVITIES)</b> ..... Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED      DECAYED</p>
<p><b>DENTURES (PLATES)</b> ..... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</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.

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

CROUSE, Samuel H.  
(Surname). (Number). (First Name and Initials).

1st. Lieut. Co. C 110th. Infantry  
(Rank). (Organization).

PLACE OF DEATH: Woods of St. Agnan

CAUSE OF DEATH: *grew*

DATE OF BURIAL:

PLACE OF BURIAL:

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

**FILE**  
**FILE**

GRAVE NUMBER:

HOW MARKED: Name Peg?  Cross?

Headboard?  Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

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

CMME St. Agnan (Aisne)  
104 SHT 49 NE COORD

NEAREST RELATIVE:

ADDRESS: Somerset Pa

RELATIONSHIP:

REPORTED BY: W. J. ... data

William J. ... Capt  
(Signature and Rank of Reporting Officer).

Communal List No. 104-7345

Daily Report No. \_\_\_\_\_



Crouse, Samuel S.

(Surname.)

(Christian name in full.)

(Army serial number.)

First Lieutenant Co. C. 110th Infantry

(Rank and organization.)

State your relationship to the deceased

Daughter

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)

Marie Crouse

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Duplicate

5119 1919

French

Qty. # C-104

~~Wm.~~

Qty 1764 sheet 2763

with 873/21

Checked 7/2/21 wa

Crouse, Samuel H.

1st Lieut. 110 Inf. C.

Death Rep. 24. IRC list dated Nov. 28,  
18 says 1st Lt. Crouse was killed.  
Seen by Sgt. T. E. Johnson, regimental  
inquiry.

B 730

A.R.C. - Berne Report.

899-9

G.R.S. FORM NO. 12

GENERAL HEADQUARTERS  
AMERICAN EXPEDITIONARY FORCES  
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.  
TO : C.O.Co. C 110th., Infantry  
SUBJECT : Information for burial Register.

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

By Command of General Pershing:

Robert C. Davis  
Adjutant General.

Note:

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

Nearest relative of deceased:

Relationship:

Address: *Lowmead Pa*

RECEIVED  
A.M. 17 Apr 1919  
O. C. Q. M.  
G. R. S.

RECEIVED  
A.M. 7 Apr 1919  
O. C. Q. M.  
G. R. S.

CEMETERY DIVISION  
REGISTRATION SECTION

**FILE**

July 6, 1921

MEMO FOR:  
Cards Department.

1.  
CASE OF:

Co. C, 110th Infantry  
ORGANIZATION (Old)  
Crouse, Samuel H.  
(Name)

**FILE**

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.	Date	Place	F-1A No.
SURNAME	Orig. -----	G-435	D- GRS F-16-A
SERIAL NUMBER	Disin. 5/10/21 & 1st Reb.		D- 21511
FIRST NAME AND INITIALS	Reb. 5/12/21	1784.	D-
RANK	2nd Reb.		D-
DATE OF DEATH	3rd Reb.		D-
CAUSE OF DEATH			

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

BY: Ethel C. Cawley  
Investigation & Adjustment  
(Department)

5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By *Erny*

Co.C, 110 th Inf.  
28 th Div.

CROUSE, Samuel - 1st Lieut.

89 929

Lt. Crouse was killed on the morning of July 15, 1918 in the woods north of St. Agnan. I saw Lt. Crouse and W. Zimmerman run up a road heard a volley of rifles shots a few seconds later. Some time after I saw him lying dead on the road. He had been hit in the forehead and died instantly.

Informant: Davis, Raymond I - Pvt. I289928  
Co.C, 110 th Inf.  
Home : Pittsburg Pa.

Searcher : William C. Truxal

Co C. 110 Inf.

98  
CROUSE Samuel Lt.

Missing in action July 15th

Corporal Crousz, the son of Lt. Crouse told mein Germany he had seen his father killed on the Marne River Near Chateau-Thierry on JULY 15/18 while directing the movements of his platoon. He was left just where he was hit, the top of his head was blown off by a shell. Lt. Crouse was one of the bravest men. He was well liked by everybody. His son returned to the States.

Informant: BARKEBILLE Fred Cpl 1239861

C 110 regiment Inf.

Base hospital 1 Vichy

Home address Kautner Penna

January 1919

J.L.

Mrs V L Foard ARC, Searcher.

C°.C.IIO Inf.

28

Crouse Samuel ,Lieut.

Missing in action July 15th/18.

Coffey states that 1st. Lt. Samuel Crouse was killed the middle of July to the right of Chateau Thierry; does not know the details of his death and burial; Lt. Crouse had a son in the same company; this boy was wounded and was with informant at Base Hospital II5, Vichy.

Informant; Coffey James Pvt. I239925.  
Camp Pontanezen.  
C°.C.IIO Inf.

Home Address : 2629 Federal St. Philadelphia, Pa.  
Feb. 5th, 1919.

Helen Deane, Searcher.

R.S

Co. C. IIO I

CROUSE SAMUEL Lt.

28  
Missing in action July 15th 1918

Was killed. His son was in the Company and standing beside the father and was no doubt given full information.

Informant. Pvt. Walter E. Neel

Feb. 14 1919

S.G.

C<sup>o</sup>. C. IIO Inf.

Crouse Samuel, Lieut.

Missing in action July 15th/18.

Informant said Top Sgt. Martin Markle, of Somerset, Pa., told him at St. Aignan, Jan. 15th, that Lt. Crouse was killed in the Cantigny drive on July 15th. The Sergeant, Corporal and practically the whole Company were taken prisoners, having been trapped, - their support having fallen back.

Informant: Critchfield Paul Pvt. 3I70393.

Navy Base I.

C<sup>o</sup>. C. IIO Inf?

Home Address: Glade Somerset Co., Pa.

Jan. 21st, 1919.

Katharine K. Barton, Searcher ?

R.S

Co. C. 110th Infantry V.

CROUSE Samuel Lieutenant.

98  
Missing July 15th 1918

Lt Crouse had a son Edgard in the same organization as himself, who told Woodward and other men that he saw his father killed under machine gun fire, July 15th 1918, at Dormans, near Chateau Thierry, during the American counter offensive.

This information was confirmed by several returned prisoners of war.

1. No.
2. One.
3. Lost.
4. Yes.
5. Yes.
6. Yes.
8. Very intelligent.

V.H.

Informant: Woodward Edgar Bvt.  
Co. C 110th Infantry  
U.S. C.H. # 35  
Home address: Stoyeston Pa.  
Jan. 7th 1919

Robert Bayg, Searcher.

Co. C., 110th Inf.

CROUSE, Samuel - Lieut

98  
Missing July 15th, 1918

Killed by bullet in the morning of July 15th, 1918. Came from Somerset, Pa.

Information secured by Miss Eleanor McGee.

Informant: Lenhart, John A., Pvt  
Base 23  
Jan. 6th, 1919

E. M. Laptad, Searcher

DW

Co. C., 110th Inf.

CROUSE, Samuel - Lieut

Missing July 15th, 1918

Informant saw Lieutenant Crouse killed at Dormans - Marne River. Shot over head and body. Left in German hands.

Confirmed by Joseph Juliano, Pvt 110th Inf., Co. C.

1. Yes
3. Lost
4. Does not know where buried.
5. Yes
6. No
7. Old man - called "Father" of the Company.
8. Intelligent

Informant: Pelletiro, Charles, Pvt 1239998  
Repatriated P/W Camp, Ripon, Eng.  
Co. C., 110th Inf

Home address: Hooversville, Somerset Co, Pa  
Dec. 26, 1918

Lieut. Holland, ARC., Searcher

C o. C. 110th Infantry.

CROUSE Samuel Lieutenant

*28*  
Missing July 15th 1918.

Lt. Crouse son who was in the same company with his father, saw him lying dead in the road. This was on the right of Whateau Thierry, on the Marne River July 14-18. The Cpl was taken prisoner, when he saw his father he asked a German to let him to take his fathers wath but was refused.

Informant : Mason Gerald Pvt. 1239983  
Co. C. 110th Infantry  
U.S. Base Hospital # 1 Vichy  
A.P.O. 781  
Home address : Montgomery Ala.  
Jan. 14th 1919

V.M.

Mrs V.L. Feard A.R.C. Searcher.

Co. C. 110th Infantry.

CROUSE Samuel Lieutenant.

Missing July 15th 1918.

I do not know Crouse's first name. They were two of the name in the company, the father, a lieutenant, and his son, a corporal. Cpl Crouse was in Prison at Rastatt, Germany, where I saw him and talked with him. He told me that he had seen his father killed. It was on the Marne front, in the Chateau Thierry Sector, on the morning of July 15th. He did not know any of the details of his father's burial, because he couldn't stop in the middle of a drive to find out anything. Lt Crouse was my lieutenant of the first platoon. He was from Somerset, Pa. He was a medium size man, with a black mustache. He had been top sergeant at the Mexican ~~xxx~~ border.

Informant : Fisher Earl B. Pvt. I240042  
Co. C. 110th Infantry  
B.H. # 65  
Home address : 1300 Main St. Berlin Pa  
Somerset Co.  
Jan. 8th 1919.

Beulah Whitney, Searcher.

V.M.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

Date 6/13/21

File No. 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. *Crouse* O.K.  
b. Christian name. *Samuel E. S.* O.K.  
c. Serial number.  
d. Organization. *Co C 110 Inft.* O.K.  
e. Rank. *1st Lt.* O.K.

f. Date of death. *July 15, 1918*  
g. Cause of death. *Killed in action*  
h. Authority (C. C. No.) *C.C. 488/2* *Mar. 26, 1919*  
i. Emergency address. *Marie E. Crouse*  
*(daughter)*  
j. Relationship. *East & Harrett St.*  
*Somerset*  
*Paw.*

**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.

*Edwards*

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

By *H. J. Conner*

H. J. CONNER,  
Captain, Q. M. C.  
*1st St.*

JUN 14 1921  
RECEIVED  
AGG.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

6/13/21

Date

Registration

File No.

From: The Quartermaster General, U. S. Army (Cometrical 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.

tion shown.

a. Surname

b. Christian name

c. Serial number

d. Organization

e. 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)

g. Date of death

h. Cause of death

i. Authority (C. C. No.)

j. Emergency address

k. Relationship

DENTAL CHARTS

(See physical report of examination prior to enlistment.)

l. Strikes out teeth missing

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

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

201 files  
World War Division  
JUN 14 1921

201 files  
World War Division  
JUN 16 1921

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

BY JUN 17 1921

H. J. COOPER  
Quartermaster, U. S. A.

RECEIVED

*Handwritten signature*

✓  
(293.8 Cem.1764)

1st Ind. (Continued)

(May 20, 1921)

3. It is suggested that a comparison of Tooth Charts on attached Forms 16-A with Tooth Charts of above mentioned soldiers may establish the identity of these two Unknowns.

*H. F. Rethers*

H. F. RETHERS  
Colonel, Q.M.C.  
Chief.

✓  
4 Enclosures.

5

Carbon copy of 1st Indorsement  
has been filed with the forms 16 A,  
for Unknowns registered on form  
1A - [ 21511 - confirming burial  
of Lt. Crause -

*Hempflinger*

7-6-21



RECEIVED



JUN 7 1921

G. H. S.

*Handwritten signature*

*Handwritten text, possibly a letter or note, including the number '14-41' and other illegible words.*

2  
Enclosures

Office  
Colonel  
E. M. KENNEDY

*Handwritten signature*

of these two divisions.  
It is suggested that a comparison of these charts be made to determine the relative  
accuracy of the two divisions.

(Encl. 2)

(Distribution) 1

(Date)

HEADQUARTERS AREA No. 2.  
AMERICAN GRAVES REGISTRATION SERVICE Q.M.C. IN E.  
Chateau Thierry, Aisne.



May 15, 1921

FROM: Supervisor, Area #2.  
TO: Chief, A.G.R.S., Q.M.C. in E., Paris.  
SUBJECT: CONCENTRATIONS INTO BELLEAU WOOD AMERICAN CEMETERY.

RECEIVED  
FILE NO. 293.8-89929  
Recorded, Cemeterial Div., H. Q. M. G.  
293 + Cem # 1764

1. G.R.S. Forms 16-A and 1-A covering the concentration of the remains of three American Soldiers from previously unlocated graves into Belleau Wood American Cemetery are enclosed herewith.

2. These three bodies were all exhumed from the same isolated grave. One was identified by tag as being the body of 1st Lieut. Samuel S. Crouse, Co. C, 110th Inf. It is quite probable that both the Unknowns belonged to Co. C, 110th Inf. as a collar ornament bearing the insignia of that organization was found on the uniform of one.

*W. H. Maris*

W. H. MARIS,  
Captain F.A.

4 Inc. (3 Dup. 1 Trip)

293.8 Cem.1764.

1st Ind.

*CPA*  
HW/nwa.

Hqrs., American G.R.S., Q.M.C., in Europe, 8 Avenue d'Iena, Paris. May 20, 1921.  
To: Quartermaster General, Munitions Building, WASHINGTON, D.C.

1. Forwarded inviting attention to basic communication and to G.R.S. Forms 16-A and 1-A attached thereto.

2. Reference paragraph 2, basic communication, the records of this office show graves of the following members of Co. C., 110th Infantry who were killed in action the same date as Lieut. Crouse, to be unlocated:

- BEAL, Jacob, 1239901, Pvt. Co. C., 110th Inf.
- CAMPBELL, William, 1239844, Cpl., Co. C., 110th Inf.
- COCCARO, John, 1239924, Pvt. Co. C., 110th Inf.
- FRESSIER, John C., 1239839, Sgt., Co. C., 110th Inf.
- HAZEN, Daniel W., 1782010, Pvt. Co. C., 110th Inf.
- JONES, Earl E., 1239967, Pvt. Co. C., 110th Inf.
- KELLY, Charles, 1239886, Pvt. Co. C., 110th Inf.
- ROHR, Lace D., 1782238, Pvt. 1/c. Co. C., 110th Inf.
- WIRICK, Earl, 1240034, Cpl., Co. C., 110th Inf.
- WHITLEY, Joseph C., 2216684, Pvt. Co. C., 110th Inf.

*Crouse, Samuel*

HEADQUARTERS AREA NO. 2  
AMERICAN GRAVES REGISTRATION SERVICE, U.S.G. IN S.  
Opaean Terry, Alaska.



MAY 18, 1951

FROM: Supervisor, Area 2.

TO: Chief, A.G.R.S., U.S.G. in S., Alaska.

SUBJECT: CONCENTRATIONS INHO BELLEVUE WOOD AMERICAN CEMETERY.

1. G.R.S. Forms 18-A and 1-A covering the concentration of the remains of three American soldiers from previously unlocated graves into Bellevue Wood American Cemetery are enclosed herewith.

2. These three bodies were all exhumed from the same isolated grave. One was identified by tag as being the body of 1st Lieut. Samuel S. Grouse, Co. G, 110th Inf. It is quite probable that both the unknowns belonged to Co. G, 110th Inf. as a collar ornament bearing the insignia of that organization was found on the uniform of one.

*W. H. Harris*

W. H. HARRIS,  
Captain T.A.

5 Inc. (3 Dup. 1 Trip)

2958 Gen. Inv. 4.  
1st Inf.  
Mrs. American G.R.S., Inc., in Charge, 8 Avenue 5, Seward, Alaska, May 20, 1951.  
To: Quartermaster General, Logistics Division, WASHINGTON, D.C.

1. Forwarded inviting attention to basic communication and to G.R.S. Form 18-A and 1-A attached hereto.

2. Reference paragraph 2, basic communication, the records of this office show graves of the following members of Co. G, 110th Infantry who were killed in action the same date as 1st Lieut. Grouse, to be unlocated:

- BEAL, Jacob, Pvt. Co. G, 110th Inf.
- CAMPBELL, William, 1st Lt. Co. G, 110th Inf.
- COCCARNO, John, 1st Lt. Co. G, 110th Inf.
- WESSNER, John B., Sgt. Co. G, 110th Inf.
- JAMES, Daniel, Pvt. Co. G, 110th Inf.
- JONES, Earl E., 1st Lt. Co. G, 110th Inf.
- KELLY, Charles, 1st Lt. Co. G, 110th Inf.
- ROHR, Isaac B., 1st Lt. Co. G, 110th Inf.
- WILSON, Earl, 1st Lt. Co. G, 110th Inf.
- WHITNEY, Joseph, 1st Lt. Co. G, 110th Inf.

JUN 7 1951  
U.S. G. I. H. S.



Vertical text on the left margin, possibly a file number or routing slip, including '2007' and '110th'.

COPY

89929

Edmund J. Cleveland  
Senior Chaplain  
Cheney,

Tours April 23, 1919.

Retel Z 1055 period Pvt Dan W Cheaney 1505067 Co F 111th Engrs buried Nov. 6, 1918 in grave 5 American battle area Cemetery Champignelle (Ardennes) map number 35 NW coordinates east 295 point 7 north 287 point 4 period Pvt l/cl Bartlett C Durham 1482123 Co B 141st Infantry buried Oct 13th 1918 in grave 32 semicolon Joe F Lere 1487165 Co B 141st Infantry buried Oct 13th 1918 in grave 36 semicolon Pvt Jas E Vanosdol 1486751 Co B 132 M G Bn buried Oct 13th in grave 45 American Battle Area Cemetery St Etienne-a-Arnes (Ardennes) map 34 NE coordinates east 267 point 4 north 283 point 75 period Corp Diencies Room-eliotis 1487021 Co A 141st Infantry buried grave one Commune St Etienne-a-Arnes (Ardennes) map 35 NW coordinates east 267 point 95 north 282 point 90 period Pvt John T Bussey 1482630 Co A 141st Infantry buried Oct 15th in grave 4 Commune St Etienne-a-Arnes (Ardennes) map 35 NW coordinates east 267 point 95 north 282 point 9 period Pvt l/cl Huey C Armstrong 1481380 Co B 141st-Co-B 141st Infantry buried in isolated grave Commune of St Etienne-a-Arnes (Ardennes) map 34 NE coordinates east 267 point 35 north 284 point 05 period Pvt Allen B Arant 1486790 Co C 132 nd M G buried Oct 15th in isolated grave 3 Commune of St. Etienne-a-Arnes (Ardennes) map 35 NW east 367 point 95 north 282 point 9 period. Pvt Frank C Blanchette 1487268 Co C 141st Infantry buried in grave 35 American Battle Area Cemetery St Etienne-a-Arnes (Ardennes) map 34 NE coordinates east 266 point 8 north 283 point 1 period Pvt Samuel E Akins 1509039 Co C 141st Infantry buried grave 37 American Battle Area Cemetery St Etienne-a-Arnes (Ardennes) map 34 NE coordinates east 266 point 8 north 283 point 1 period Pvt John L Goodloe 1480109 Co C 111th Field Signal buried grave 4 row 4 American plot French Military Cemetery St Disier (Hte Marne) semicolon above confirmed by Graves Registration Service period Pvt Hames W Buchanan 1480374 Co C 132nd M G Buried Feb 20th 1919 in grave 42 American Cemetery Tonnerre (Yonne) period Sgt Winifred C Garrett 1505469 Co C 111th Field Signal buried Oct 16th in grave 762 American Cemetery Suresnes (Paris Seine period Pvt Leslie D Bounds 1487272 Co C 141st Infantry buried Dec 2nd in grave 863 American Cemetery Suresnes (Paris) Seine period Pvt Porter S Corneilson 1505071 Co F 111th Engrs buried Nov 2nd in Commune St Juvins (Ardennes) map 35 NW coordinates east 297 point 0 north 285 point 0 period Pvt Marshall I Sanders 1492058 Co A 133rd M G buried Oct 20th in Commune Murvaux (Meuse) map 35 NE coordinates east 322 north 292 period semicolon above reports not confirmed by Graves Registration Service period All above maps are one to fifty thousand scale Lambert period No burial information on record this office on following cases colon 1st Lt Samuel H Crouse Co C 110th Infantry comma Pvt George W Johnson 1484052 Co C 132nd M G comma Overton O Perkins 1487134 Co B 141st Infantry comma Pvt Herbert C Wade 1486838 Co C 132nd M G comma Pvt Wilmer Clancy 1483341 Co A 141st Infantry comma Pvt Frank H Ditzler 1481330 Co A 141st Infantry

OFFICIAL

KNIGHT

G.M. NORTZEL  
1st Lt., OMC, USA  
ACL/wjn  
1.58 pm

Copy to: T & C  
G R S  
Sergt. Daly

In reply to "T"

Original request attached  
to file # 72711.

TO: --REGISTRATION BRANCH, G.R.S.

FILE NUMBER 89929

FROM:--

DATE: 4-22-19

Please furnish information as indicated below regarding the following soldier::

NAME *CROUSE, Hutt.*

NUMBER

RANK *2nd Lt.*

ORGANIZATION

*CO' C 132 MB*

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	① <i>CROUSE SAMUEL, H 1st Lt. CO' C 110 INF.</i>
2.	Date of Death.	② <i>7-15-18</i>
3.	Cause and place of death.	③ <i>KIA</i>
4.	Number of Casualty Cablegram.	④ <i>CC# 403 S.P. 27</i>
5.	Date buried.	⑤ <i>NO INFO</i>
6.	Grave Location (a) Complete record required (b) Name of Cemetery or Commune only required	⑥ <i>u 9</i>
7.	Who reported burial:	⑦ <i>u "</i>
8.	Has report been confirmed by G.R.S.	⑧ <i>u "</i>
9.	Report as to Grave Marker.	⑨ <i>u "</i>
10.	Report as to Identification Tags.	⑩ <i>u "</i>
11.	Who is nearest relative?	⑪ <i>MARIE CROUSE MAIN CROSS ST. SOMERSET, PA</i>
12.	Has N/R been notified? (Give Date)	⑫ <i>NO</i>
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record).	⑬ <i>NO</i>
14.	What is the Photograph No.?	⑭ <i>NO</i>

NB All proper names to be printed in PLAIN BLOCK LETTERS.

4-22-19

RPB