

To The A. G. O.

228

G.R.S. Form #114-B

3708

JAN 15 1926

FULL NAME..... DeDIONIGI, Michele *Solung*

RANK..... Private..... SERIAL..... 2021122

DIVISION & ORGANIZATION..... Company I, 39th Infantry *4*

DATE OF DEATH..... *Aug 4, 1918*

STATE FROM WHICH HE CAME..... *Mich*

MEDALS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION.....	18	24	C
	Date	Grave	Row Block

608

Cemetery

Rec'd World War Div.
4 DEC 1 1927

Robert C. Davis,
Major General,
Adjutant General.

3
JAN 16 1926
WORLD WAR DIV.

JAN 18 1926

24/292/EYS

TO THE A. G. O.
JAN 19 26
M. & R. BRANCH
O. Q. M. C.

1192-6/9/18 CC3078 P. 72 Jmg (26)

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

DEPIONIGI 2021122 MICHELE
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. 1 39 INF.
(Rank.) (Organization.)

DATE OF BURIAL Aug 9/1918

PLACE OF BURIAL ST. THIBAUD

(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? no

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] - 47 Inf
(Signature and Rank of Reporting Officer.)

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

RECEIVED
STATISTICAL BUREAU
JUN 26 1954

Co: I. 39th. Infantry
4th. Division

De Dionigi. Michael-Pvt. 2021122.

I was no eye witness but heard that Pvt. De Dionigi, was shot near Vesle River Aug. 4-1918. and died same day.

Informant: Jordan Archer.-Sgt. 2217845.
Co-I. 39th. Inf.
Home: Scott, Okla.

Signed: Frank Brunn, Corp.
per C.W.B.

NB.

Date May 21/19REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Michelo ^{Dedionigi} Beatonigi Number: 2021122Rank: Pvt ~~None~~ Organization: Co.I. 39th. Inf.Disinterment and Reburial made by Group 1 Unit 304Disinterred (Date) May 21/19 From: (Give complete location)From Grave #117 Cemetery #19-Forsberg. cty. 847#33 SE N286.82 E201.45Reburied (Date) May 21/19 in: (Give complete location)

Grave # 101 Section M. Cemetery #18 Fismes (Marne)

Map #34 Reims. SW. 286.25N-205.75E

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

Buried 5 feet deep-- Body badly, decomposed.Was one identification tag found upon the body? Yes and one on cross.What other means of identification were found on the body? None

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Pvt. N.W. McKay
1st. Lt. Oscar W. Forsberg.
 C.O. Group 1 Unit 304
CONFIRMED No. 20644 K

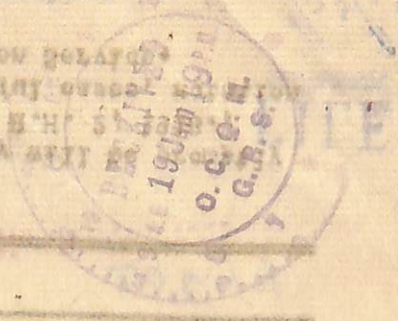
FILE

1/30/30

Subscribed at: _____

Witnessed at: _____

Witnessed by: _____

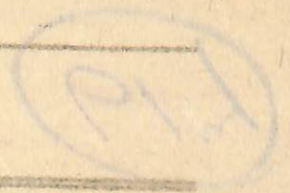


Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____



Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

Witnessed by: _____

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Didionigi (Surname.) 201132 (Number.) Michele (First Name and Initials.)

Pvt. (Rank.) Co. I, 39th. Inf. (Organization.)

DATE OF BURIAL August 10, 1918.

PLACE OF BURIAL St. Thibaut.

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

Fisnes map 280 pt. 6-200 pt. 1.

In south end of village by roadside.

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 : James R. Shanks,

(Signature and Rank of Reporting Officer.) Inf.

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

STATISTICAL DIVISION
I. E. F.

49 OCT 1918

✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>DEDIONIGI</i>	<i>Head</i>	3	454
<i>Michele</i>	CEMETERY <i>608</i>	1	<i>2</i>
BURIED	GRAVE <i>18</i>	2	<i>18</i>
<i>2021122</i>	ROW <i>24</i>	2	<i>24</i>
<i>8-4-18</i>	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>Mich</i>	2	<i>26</i>
RANK	<i>Post</i>	1	<i>2</i>
DIVISION	<i>4</i>	2	<i>04</i>
ORGANIZATION	<i>39</i>	3	<i>039</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>De Dionigi</i>	<i>Head</i>	3	454
<i>Luigia Cardani</i>	STATE	2	
RESIDENCE <i>Veduggia</i>	COUNTY	2	
<i>No loco</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.		
TRIP	YR.	1	
ACCEPTANCE <i>9/514</i>	<i>Italy</i>	1	<i>01 ea</i>

AUDITED
24 1938
Cam

Erwin Country

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/27/31

NAME DeDionigi, Michele RANK Pvt. SERIAL 2021122 ORGANIZATION Co. I, 39th Inf. DATE OF DEATH 8/4/18

STATE Michigan CTY. NO. 608 GRAVE 18 ROW 24 BLOCK C

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER CONF +	YES	:
	STEPMOTHER (For the year prior to commencement of service)	:	:
NAME	MOTHER THRU ADOPTION	:	:
AND	(For the year prior to commencement of service)	:	:
ADDRESS		:	NO
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	<u>Luigia Cardani</u>
		:	<u>vedova DeDionigi</u>
	WIDOW	:	<u>Malvoglio di Robeco</u>
	(Who has not remarried)	:	<u>Petto Cor.</u>
		:	<u>Induno, Prov di</u>
		:	<u>Milano</u>
		:	<u>Italy</u>

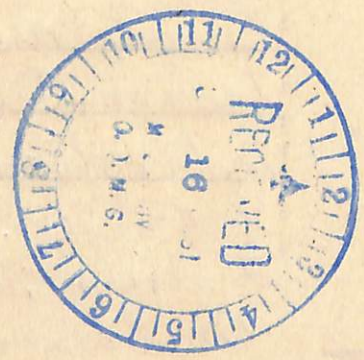
Veterans Bureau Claim Number
29/156

125-983
9-1-31
3-17-32

OFFICE OF THE COMMISSIONER OF THE GENERAL LAND OFFICE
WASHINGTON

THIS OFFICE HAS RECEIVED FROM THE
NAME OF THE DONOR
DATE OF DEED
THE FOLLOWING DESCRIPTION OF LAND
TO-WIT: [illegible]
ACRES [illegible]
SECTION [illegible] T. [illegible] S. [illegible] R. [illegible]

THE FOLLOWING PERSONS ARE THE
PERSONS FOR WHOM THE
LAND IS TO BE SOLD
AND THE PROCEEDS OF THE SALE
ARE TO BE PAID TO THEM
IN FULL PAYMENT OF THE
DEBT DUE TO THE
LAND OFFICE BY THEM



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Dedionigi, Michele

June 25 , 1929.

XC 125 983

Mr. Fred Dedionigi
383 Eliot St.,
Detroit, Mich.

(M) Luigia Cardani Vedova De Dionigi
Malvoglio di Robeco Lettoconi
Induno, Provincia di Milano, Italy.

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 Private Michele Dedionigi, Co. I, 39th Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

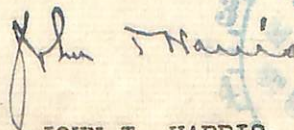
Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend 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.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 25 , 1929.

Dedionigi, Michele

**Mr. Fred Dedionigi
383 Eliot St.,
Detroit, Mich.**

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For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

WH-1g-1-217

IN REPLY
REFER TO

AG 201 DeDionigi, Michele (WW)

SUBJECT: Date of death

December 20, 1927

To:

The Quartermaster General,
Washington, D. C.

An investigation recently completed by this office in the case of Michele DeDionigi, Army serial number 2,021,122, Private, Company I, 39th Infantry, who was reported to have been killed in action about October 12, 1918, shows that the report is erroneous and that this soldier was killed in action August 4, 1918.

By order of the Secretary of War:



[Signature]
Adjutant General.

Bla POW 24 Aug 18

OK on H. R.

File copy
6/15/28

213
[Handwritten signature]

WH-1g-1-217

AG 201 DeDionigi, Michele (WW)

Date of death

December 20, 1927

The Quartermaster General,

Washington, D. C.

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By order of the Secretary of War:



F. C. Rolly
Adjutant General.

20410
212 DeDionigi, Michele

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DEDIONIGI, Michele - Pvt.

September 25, 1924

Mr. Fred Dedionigi,
383 Eliot St.,
Detroit, Mich.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

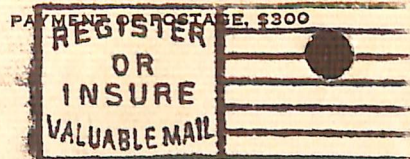
R.P. Harbold
R.P. HARBOLD,
Major, Q.M.C.,
Assistant.

1-Incl.
Record card.

*File
17131
GPR*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID



DO NOT SEAL MAIL IN THIS ENVELOPE OR WRAPPED MAIL

RETURNED TO WRITER
UNCLAIMED
DETROIT, MICH.

Mr. Fred Dedionigi,
383 Eliot St.,

Detroit,
Michigan.

NO NO
23 P

DETROIT MICH
SEP 27
4 15 PM

20

Soldier's  Overseas
Grave

Name Michele Dedionigi

Rank Private

Organization Company I, 39th Infantry

Grave No. 18 Row 24 Block C

Cemetery Oise-Aisne American

Location Seringes-et-Nesles, Aisne, France

Dedionigi

Michele

2,021,122

(Surname)

(Christian name in full.)

(Army serial number.)

Pvt

Co I 39th Inf

(Rank and organization.)

State your relationship to the deceased.

Brother

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)

Arvid Dedionigi

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

2007-12-3-20

12/1/20

617-289

Drum for 3.3.

Mr. Fred Dedionigi
383 Elliott St.,
Detroit, Mich.

QM 293 A-C

DEDIONIGI, Michele - Pvt.

September 25, 1924

Mr. Fred Dedionigi,
383 Eliot St.,
Detroit, Mich.

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Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

R.P. HARBOID,
Major, Q.M.C.,

Assistant.

RD

1-Incl.
Record card.



Prepared by Miss Cook

Prepared by transcription

Savings \$ _____

Spent \$ _____

Amount of ration, \$ _____

No. rations due _____

101188

from

17895

Cost of di

Total

617 - 239
8-4-20-21

March 26th, 1921.

File No. 295,3 Cem. Div., Corr.Br.
(DEDIONIGI, Michele)

Mr. Fred Dedionigi,
385 Elliott Street,
Detroit, Michigan.

Dear Sir:-

Kindly inform this office at your earliest convenience whether or not the late Michele Dedionigi, Private, Serial Number 2021122, Company I, 59th Infantry, is survived by widow, children, father or mother, and if so, furnish the name and address of each.

This information is desired in order that the Department may be assured that the proper person to determine the disposition of remains of the late soldier is given an opportunity of expressing his or her wishes.

If the late soldier is not survived by any of the above mentioned relatives, please state whether you desire the body left in France in a permanent American Cemetery, returned to the United States and shipped to you at Government expense, or interred in the National Cemetery at Arlington, Virginia.

The Department desires to convey to you assurance of sympathy in your bereavement.

Your early reply will be greatly appreciated.

By authority of the Quartermaster General,

R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

J. F. BUTLER,
Captain, Infantry.

31
Mailed-C.F.D.
MAR 29 1921

RECEIVED
MAY 18 1921
OFFICE OF THE
QUARTERMASTER GENERAL

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

B. 7. 1

CEMETERIAL DIVISION

WASHINGTON

Hoboken, N. J.

FROM: Chief, Cemeterial Division, O. Q. M. G.

JAN 27 1921

To: Mr. Fred Dedionigi, 383 Elliott St., Detroit, Mich. (Old No.)

SUBJECT: Remains of Pvt. Michele Dedionigi, Ser. No. 2021122, Co. I, 39th Inf.

The records of this office show that you have requested that the body of the above-named
remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lieut. Colonel, U. S. Army.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married? _____

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. (Name oldest first.)	1		
	2		
	3		
Father			
Mother			
Brothers. (Name oldest first.)	1		
	2		
	3		
Sisters. (Name oldest first.)	1		
	2		
	3		

Date _____ Signature _____
Address _____ Relationship _____

I, the undersigned, am the and nearest living next of kin of the within-named
(Relationship.)
 soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to
(Name.)

(R. R. station.) (State.)

3. To be returned to the U. S. and buried in National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature

INSTRUCTIONS FOR FILLING OUT.

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

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

26

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

DEPIONIGI 2021122 MICHAEL
(Surname.) (Number.) (First Name and Initials.)

PVT. Co. 1 39 INT
(Rank.) (Organization.)

DATE OF BURIAL Aug 9/1918

PLACE OF BURIAL ST. THIBAUD

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

Cem. St. Thibaud (Arms)

C-73-33 SE

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:

REPORTED BY:

Chaplain J. H. [Signature] - 47 Inf
(Signature and Rank of Reporting Officer.)

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

From Dept. City 562
File 17895

Communal List No. 73-376
Daily Report No. _____

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

.. Didionigi 2021122 .. Michele ..
(Surname.) (Number.) (First Name and Initials.)

.. Pvt. .. Co. I, 39th. Inf. ..
(Rank.) (Organization.)

DATE OF BURIAL. August 10, 1918.

PLACE OF BURIAL. St. Thibaut. 113

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

.. Fismes map 280 pt. 6--200 pt. 1.

.. In south end of village by roadside.

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:

CMME. ST. THIBAUT (A. I. S. N. E) ..

(C. 23) SHT. 335 E .. COORD. E 200.1 N 286.6 ..

REPORTED BY: James R. Shanks,

.. Chaplain, 39th. Inf. ..
(Signature and Rank of Reporting Officer.)

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

19 AUG 1918

Communal List No. 73-545
Daily Report No. _____

Name Dedionigi Michele 2021122

Rank.. Pvt Co. I {Corps} 39 Inf
Regt.

Date of Death

Place *Commune-Ville Saroye (Aisne)*

Cause .. Killed in action *C-64*

SIC#1

Date of Burial.. Aug 9/18.....

Grave No. *34* 2nd trench.....

Cemetery *Two trenches at St. Thibaut*
Soissons 33 S.E. N.285.8 E.200.55

Identified by { Tag
Papers } Tag on peg
Clothing

56

List of Effects

CMME.

(C-)SHT. COORD

Field Record Made by

Company..... 302 Graves Registration Service

A.G.#3

For additional data use reverse side

29 AOU R qu

CEMETERIAL DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

File # 101188

Classification _____

Adjustment _____

FILE

Date 8-29-20

MEMORANDUM:

To: Registration Files Sub-Section

Subject: Adjustments made on Registration Files

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORP.	ADD. DATA		CORP.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		<input checked="" type="checkbox"/>
Rank			Nearest Relative		
Organization			Notified Nearest Relative		<input checked="" type="checkbox"/>
Cause of Death			Plus Card thrown out		
Date of Death			White Card set up		
Casualty Cablgram Number					

O.K. Alphabetical Files G.N. 8-30-20

O.K. Organization Files _____

O.K. State Files _____

Scarl Dept.
Cemetery Audit Department
Investigation & Adjustment Dept.

By E. V. J.

1 Cards attached.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 101188

I. LOCATION INDEX CARD:

(a) Name DEDIONIGI, Michele Ser. No. 2021122 } TYP. DB
 (b) Rank Pvt. Organization Co. I, 39th Inf. } CKR. E.M.
 (c) Date of death 8-9-18 (d) Cause of death K/A

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

(a) Grave No. 101 Row - Plot 2 Sec. M TYP. DB
 (b) Emerg. Address Mr. Fred Dedionigi, (Brother) 383 Eliot St. Detroit, Mich.

III. Files of soldiers dying from contagious diseases -- CKR. E.M.

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Fred Dedionigi (b) Relationship brother
 (c) Address 383 Elliott St. Detroit, Mich. (Reverse of card)
 (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 E.S. Date 12-2, 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 E.S. Date 12-2, 1920.

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

No request for disposition

(a) Cancellation memos referred to? _____

Examiner's Initials S.M. Date 12-3-, 1920.

COUNTRY FRANCE CEMETERY No. 617 SHEET No. 289

G. R. S. Form No. 115
Amended Apr. 6, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

Sh-1-17-21

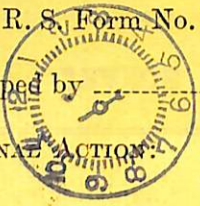
checked
MM - 12-3-20
CARDED

VII. R. S. Form No. 114 made _____, 1920.

typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION

CEMETERY DIVISION



JAN 21 1921

RECEIVED BY MAIL UNIT

MAY 16 1921

Cemetery Division Overseas Project Sub-Section

Following advice forwarded to Europe by

cable on _____, 1920

letter on _____, 1920

Paragraph 2 - Not to be returned

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS: _____

To be prepared in triplicate.

DATE Jan. 28, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT jc.

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DE DIONIGI, Michele

10. Name

2. No. 2021122

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. I. 39th Inf.

13. Org.

5. D.D. abt. Aug. 9-18

14. (a) D.D.

6. C.D. KIA.

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 101 Sec. M

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9.

17. No discop

18. Cemetery American Cty.

19. Commune or town FISMES

20. Dept. or County Marne

21. Country France

22. G.R.S. Hdqrs. Code No. 617

23. Disinterred (Date) 1-28-22

By W.C. Rapine

24. Inscription on grave marker:

Name Michele De Dionigi

Serial No. 2021122

Rank Pvt

Organization Co. I. 39th Inf.

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

W.C. Rapine
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).
Body tag checks.

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial 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 1-28-22 By W.C. Rapine

31. Casket sealed by W.C. Rapine

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

AUDITED BY
\$400
5/21/22

SHIPMENT. (Show actual marking of box.) Box No. **C-22850**

32. Designation of body:

Name **Michele DE DIONIGI** Serial No. **2021122**

Rank **Pvt.** Organization **Co. I. 39th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Oise-Aisne Amer. Cty. 608 SERINGES-et-NESES(Aisne)**

34. Casket boxed and marked (Date) **1-28-22** By **W.C. Rapine**

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 *[Signature]*
O.E. Davis, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date)

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 **Oise Aisne, Am. Cty 608 Seringes et Nesles, Aisne.**

Convoyer Signature Shipping Officer *[Signature]*
O.E. Davis, 1st Lt. QMC

40. Received: Date **JAN 30 1922**

G.R.S. Representative **R. H. Woods**

41. Reinterred **Aug. 24, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)** (Date)

42. Grave No. **18** Section **----**

43. Plot **BLOCK C** Row **24**

G.R.S. Representative *[Signature]*
W.D. Cleary
Lt., Chaplain, USA.

tab

Place Fismes, Cem. 617

REPORT OF DISINTERMENT AND REBURIAL

Date Jan. 28th, 1922

1. REMAINS OF DE DICNIGI, Michele SERIAL NUMBER 2021122

RANK Pvt. ORGANIZATION Co. I, 39th Inf.

2. Disinterred (date): Jan. 28th, 1922 From (give complete location): Gr. 101, Sec. M, Plot 2, Cem. 617

By: Group 4 Unit Sec. 7

3. Reburied (date): Aug. 24, 1922 In (give complete location): Gr. 18, Block C,

Row 24, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)

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:

Badly decomposed, features unrecognizable. Buried in uniform and burlap.

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.

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

(a) Height (actual measurement) Unable 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

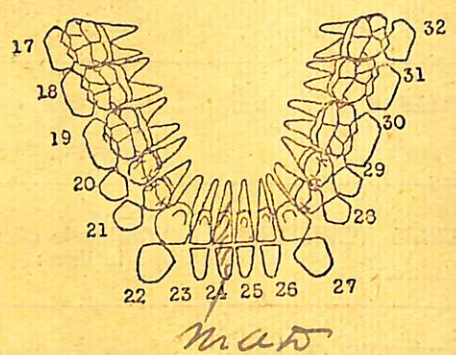
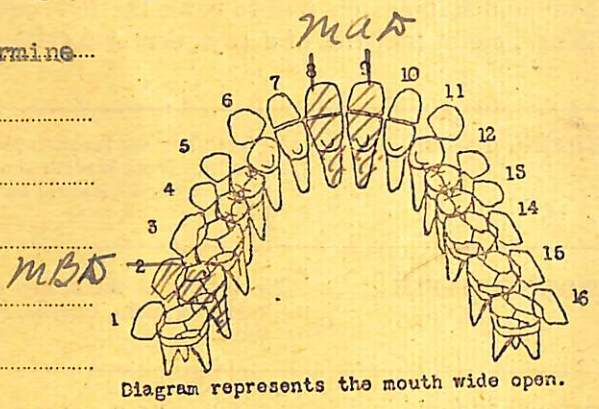
(f) Wounds or missing parts (received at time of casualty)

Skull fractured.

E. A. Bird, checker.

7. Disinterment supervised by W. C. Rapine Approved: O. E. Davis
W. C. Rapine, Sup. Emb. O. E. Davis, 1st Lt., QMC.
(Title)

8. Reburial supervised by L. D. Hays Approved: W. D. Cleary
L. D. Hays W. D. Cleary
(Title) 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.

<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.

I. LOCATION INDEX CARD:

File # 101188

(a) Name DEDIONIGI, Michele Ser. No. 2021122 } TYP
 (b) Rank Pvt. Organization Co. I, 39th Inf. } DB *E.M.*
 (c) Date of death 8-9-18 Cause of death K/A

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

(a) Grave No. 101 Row 1 Plot 2 Sect. M TYP DB

(b) Emerg. Address Mr. Fred Dedionigi, (Brother) 383 Eliot St. Detroit,

III. Files of soldiers dying from contagious diseases Mich. CKR *E.M.*

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

*Mr. Fred Dedionigi - Brother - 383
 Elliot St. Detroit Mich. - Does not
 desire return of remains*

V. Following advice forwarded to Europe by (cable on _____ 192
(Letter of transmittal on 1/22/1920)

*Paragraphs
 Not to be returned*

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. JAN 18 1920 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. 5-16 192 1

COUNTRY FRANCE CEMETERY NO. 617 SHEET NO. 289
 G.R.S. FORM 115-A August 1920
 3-666/AB

891721