

gr.

To The A. G. O.

4945

373

G.R.S. Form #114-B

APR 27 1926

DATE 12-6-21

1. NAME **DEJGOWSKI, Ignatz**

SERIAL No. **542939**

RANK **Pvt.**

ORGANIZATION **Co L 7th Inf.**

GRAVE LOCATION **Meuse-Argonne Amer. Cty. Romagne-sous-**  
CTY. NAME **Montfaucon (Meuse)**

**1232 Sec. 34**  
NUMBER

**67**  
GRAVE

**Sec. 34**  
~~ROW~~

**2**  
PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

**12**

GRAVE

**clery le Grand Cune 1 (Meuse)**

COMMUNE

DEPT.

COORDINATES

**Verdun 35NE, 286.4N, 310.5E**

CONCENTRATED TO

**4.29.19**

DATE

**67**

GRAVE

**34**

ROW

**2**

PLOT

**Meuse-Argonne**  
CEMETERY

**1232.**  
CTY. NUMBER

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

**Tag on body and cross.**

DATE OF DEATH

**Oct 23, 1918**

STATE FROM WHICH HE CAME

**Pa**

MEDALS OR DECORATIONS AWARDED

**none**

Data Form 1

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

rf

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

*M. B. Birdseye*

**M. B. BIRDSEYE**  
**1st Lt., Q.M. Corps, U.S. Army**

3. FINAL GRAVE LOCATION

**12-6-21**

DATE

**25**

GRAVE

**32**

ROW

**Block C**

PLOT

Robert J. Davis,

Major General,

The Adjutant General,

Meuse-Argonne Amer. Cty. Romagne/s/Montfaucon

CEMETERY

AUDITED BY

*Jim G*  
*3-30-23*

1 A. G. O.  
APR 30 1926  
WORLD WAR DIV.

MAY 5 1926



# INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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

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

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

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



DATE OF DEATH

COORDINATES

REGISTRATION

AMERICAN GRAVES REGISTRATION SERVICE

HEADQUARTERS

WASHINGTON, D.C.

FORM 114-B

RECEIVED

MAY 21 1922

REGISTRATION

MAY 21 1922

Co. L. 7th. Infantry.  
3rd. Division.

J  
DEJGOWSKI, Ignatz, Pvt. 542939.  
Home: 38 North Main St  
Sharpsburg, Pa.

He was killed in action on October 19, 1918, above CUNEL FRANCE, during the MEUSE-ARGONNE operations, we were making an attack on the morning of Oct. 19, 1918, and had succeeded in gaining a narrow strip of woods when a stokes mortar shell bursted near Dejgowski killing him instantly. I don't know who buried him or where he was buried.

Emergency Address.  
Antilla Dejgowski. (Brother)  
38 North Main St.  
Sharpsburg, Pa.

Informant: Carver, Frank L. Corp. 542922  
Co. L. 7th. Infantry.  
Home: ~~38 North Main Street.~~  
Sharpsburg, Pa. *Newtown, Pa.*  
Signed: W. E. Dunigan, 1st Lt.  
7th, Infantry.

VP.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Dejgowski, Ignatz</i>	<i>dej</i>	3	450
BURIED	CEMETERY <i>12 32</i>	1	1
	GRAVE <i>25</i>	2	25
	ROW <i>32</i>	2	32
	BLOCK <i>C</i>	1	3
STATE	<i>Pa.</i>	2	44
RANK	<i>Pvt.</i>	1	2
DIVISION	<i>3</i>	2	03
ORGANIZATION	<i>7</i>	3	007
ARM	<i>Inf.</i>	1	1
MARITAL <i>(Bro.)</i>	<i>No</i>	1	2
NAME <i>Dejgowski</i>		3	
<i>205 Abston S. main St. Sharpsburg, Pa.</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION <i>M &amp; M no low</i>	<i>mother</i>	1	1
OTHER		1	2
ELIGIBILITY	<i>Dead - since war</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>		1	

**AUDITED**

APR 22 1932

*RS*

*mof*

*MXH*

Sharpsburg, Pa.  
Apr. 27, 1932

Dear Sir: 173

The late Ignatz Rejowski's mother is not living, and he did not have anyone taking care of him between the ages of fifteen and eighteen.

Mrs. Anna Rejowski died two years after the war on June 23, 1932.

Yours truly

Andy Rejowski



QM 293 A-M  
Dejgowski, Ignatz (MA)

April 26, 1932

Mr. Anton Dejgowski,  
205 S. Main Street,  
Sharpsburg, Pennsylvania.

Dear Sir:

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 is therefore requested that you advise whether or not the late Private Ignatz Dejgowski is survived by a stepmother or any woman who stood in loco parentis to him for a period of five years prior to his reaching the age of eighteen, and if so, her name and address. It will be appreciated if you will also furnish the date of death of the mother of this late soldier.

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

For The Quartermaster General.

Very truly yours,

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

Enclosure:  
Envelope.

EX *ET*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Dejgowski, Ignatz 1232 B

July 9, 1930.

Mr. Anton Dejgowski,  
205 S. Main St.,  
Sharpsburg, Pa.

Dear Sir:

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.

Bro:

*Anton Dejgowski*  
*205 South Main St*  
*Sharpsburg, Pa.*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE January 18, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Dejgowski, Ignatz	Pvt.	542939	Co. L 7th Inf.	Oct. 23, 1918

STATE	Pennsylvania	CTY. NO.	1232	GRAVE	25	ROW	32	BLOCK	C
-------	--------------	----------	------	-------	----	-----	----	-------	---

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	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)	:	:	:
	<i>Single man</i>	:	:	:

Veterans Bureau Claim Number C 186.959 1122  
29/156/ *87*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QN 293 A-C

Dejowski, Ignatz

June 29 , 1929.

Mr. Anton Dejowski  
403 South Main St.,  
Sharpsburg, Pa.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the brother of the late Pvt. Ignatz Dejowski, Co. I, 7th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

QM 293 A-M  
Dejgowski, Ignatz (MA)

April 26, 1932

Mr. Anton Dejgowski,  
205 S. Main Street,  
Sharpsburg, Pennsylvania.

Dear Sir:

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 is therefore requested that you advise whether or not the late Private Ignatz Dejgowski is survived by a stepmother or any woman who stood in loco parentis to him for a period of five years prior to his reaching the age of eighteen, and if so, her name and address. It will be appreciated if you will also furnish the date of death of the mother of this late soldier.

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

For The Quartermaster General.

Very truly yours,

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

Enclosure:  
Envelope.

EE

0575

1932 APR 23 P 4:17

COMM M & BR

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Dejgowski, Ignatz 1232 B

July 9, 1930.

Mr. Anton Dejgowski,  
205 S. Main St.,  
Sharpsburg, Pa.

Dear Sir:

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

**Dejowski, Ignatz.**  
1232

September 4, 1929.

Mr. Anton Dejowski,  
403 South Main St.,  
Sharpsburg, Penna.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 29, 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 QN 293 A-C

Dejgowaki, Ignatz

June 29, 1929.

Mr. Anton Dejgowski  
403 South Main St.,  
Sharpsburg, Pa.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the brother of the late Pvt. Ignatz Dejgowski, Co.L, 7th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

In reply refer to:  
293 C-R

July 7, 1923.

Mr. Anton Dejowski,  
403 South Main St.,  
Sharpsburg, Pa.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of <sup>Private Ignatz Dejowski, Company L, 7th</sup> Infantry, is Grave 25, Row 32, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

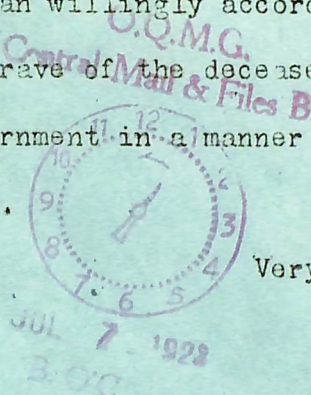
This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be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

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

Very truly yours,

H. J. Conner,  
Assistant.

RD  
L  
23/236/ARK





File This Under # 101968

# MEMORANDUM TO FILES DEPARTMENT

--REGISTRATION BRANCH--

TRANSFER ALL PAPERS

FROM:

File # 101968 ✓

(Cancelled)

*Hejgowski Ignatz* m.R.

TO:

File # 86103 ✓

*x Hejgowski Ignatz* m.R.

#79

By: L.R.

Section

Dept.

Date 1/6/20

O. K. NUMERICAL - FILE - INDEX 230

Papers Transferred By: ERW 8/11/20

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 86103

(a) Name DEJGOWSKI, Ignatz Ser. No. 542939  
(b) Rank Pvt. Organization Co. L. 7th Inf.  
(c) Date of death 10-23-18 (d) Cause of death K/A

TYP. hmp  
CKR. 13 J

3/1/22 Examined  
For Concentration  
J. Menn - Argonne #1232  
att 3/25/22

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

(a) Grave No. 67 Row III Plot 2 Sec. 34 TYP. hmp  
(b) Emerg. Address Anton Attilie Dejgowski, (Brother) 38 No. Main St.,  
Sharpsburg, Pa.

III. Files of soldiers dying from contagious diseases

CKR. 13 J

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name \_\_\_\_\_ (b) Relationship \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(d) Remains to be brought to U. S.? \_\_\_\_\_  
(e) To be interred in National Cemetery in U. S. at \_\_\_\_\_  
(f) Shipping instructions upon arrival of body in U. S. \_\_\_\_\_  
(g) Disposition instructions if not brought to U. S. \_\_\_\_\_

no card in file 7m 4-5-21

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 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 7m Date 4-5-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials 7m Date 4-5-21, 1920.

COUNTRY FRANCE CEMETERY No. 1232 Sec. 34 SHEET No. 42

7m AP 6/29/21

Refer to 6-28-21 also

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on 4-13-, 1920

Section - 34

Par. 2. Not to be returned (J & N)

IX.

**CORRECTIONS**

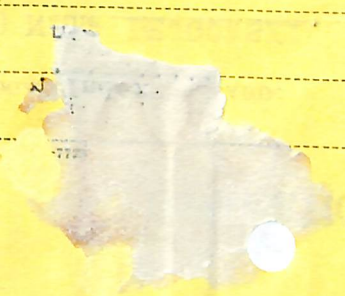
CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS: also

(B.A.N.R. 6-28-21)

Anton Dejowski (Brother)

403 S. Mill St., Sharpsburgh, Pa.



To be prepared in triplicate.

DATE Dec 6 1921

## REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

## DISINTERMENT

## COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DEJGOWSKI, Ignatz 10. Name \_\_\_\_\_  
 2. No. 542939 11. No. \_\_\_\_\_  
 3. Rank Pvt. 12. Rank Corporal  
 4. Org. Co L 7th Inf. 13. Org. \_\_\_\_\_  
 5. D.D. Oct. 23rd. 1918 14. (a) D.D. \_\_\_\_\_  
 6. C.D. KIA (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 67 Sec. 34 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 8. Plot 2 Row \_\_\_\_\_ 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_ 17. None

18. Cemetery Meuse-Argonne Amer. 19. Commune or town Romagne-sous-Montfaucon  
 20. Dept. or County Meuse 21. Country France  
 22. G.R.S. Hdqrs. Code No 1232 Sec. 34  
 23. Disinterred (Date) Dec 6 1921 By C V Russell

24. Inscription on grave marker:

Name Ignatz DejowskiSerial No. 542939Rank Pvt.Organization Co L 7th Inf25. Was identification disc found on grave marker? Yes On body? Yes

E. J. Rasch  
 Signature Junior Technical Assistant

## PREPARATION

E J Rasch

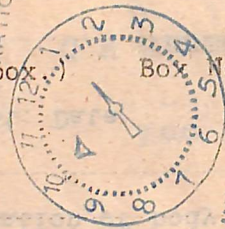
26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

None27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial Box, U S Uniform burlap29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See item 1230. Body prepared and placed in casket: Date Dec 6 1921 By C V Russell31. Casket sealed by C V RussellSignature of Embalmer, (Supervisor C. V. Russell)

AUDITED BY

SHIPMENT. (Show actual marking of box)

RECEIVED  
GRAVES REGISTRATION SER.



C-18234

32. Designation of body:

Name **Ignatz DEJGOWSKI**

Serial No. **542939**

Rank **Pvt.**

Organization **Co L 7th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne Amer. Cty. #1232,  
Romagne-sous-Montfaucon (Meuse)**

34. Casket boxed and marked (Date)

**Dec 6 1921**

By

**C V Russell**

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

Signature of G.R.S. Inspector

**R C Worthington, 1st Lt. OMC**

36. Remarks

37. Shipped from point of Operation: (Date)

**Dec 5 1921**

To point of Concentration

**Morgue Romagne**

Convoyer **W J Royed**

Signature Shipping Officer

(Name)

**J. GERALD COLE  
Captain, C. A. C.**

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name)

Convoyer

Signature Shipping Officer

40. Received: Date

G.R.S. Representative

**Dec. 6, 1921**

**Meuse-Argonne Cty. #1232.**

41. Reinterred

**25**

(Date)

42. Grave No.

Section

43. ~~Plot~~ Block **C**

Row

**32**

G.R.S. Representative

**JAMES J. YOUNGER, CAPT., V.M.C.**

bfs

Place Romagne 1232.

# REPORT OF DISINTERMENT AND REBURIAL

Date Dec 6, 1921.

1. REMAINS OF DEJGOWSKI, Ignatz. SERIAL NUMBER 542939

RANK pvt. ORGANIZATION Co. L. 7th Inf.

2. Disinterred (date): Dec 6, 1921 From (give complete location): gr 67, sec 34, plot 2, Cty. 1232.

By: Group Reburial S. Unit

3. Reburied (date): Dec. 6, 1921 In (give complete location): Meuse-Argonne Cty. #1232 Gr. 25, Block C, row 32.

By: Group Reburial S. Unit  Nature of reburial Unlined casket.

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

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

(b) Other means of identification found upon disinterment, and general remarks:  
Tags show: Ignatz Dejowski 542939. Cpl Co. L. 7th Inf.

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

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) none visible.

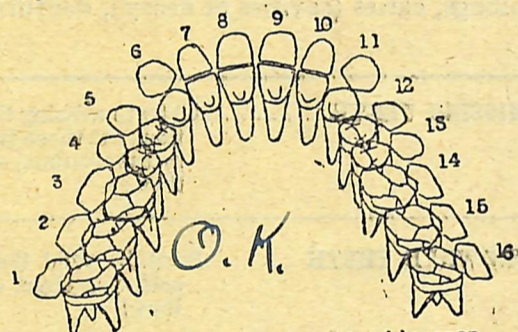
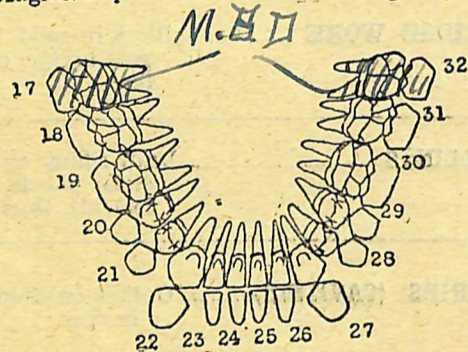


Diagram represents the mouth wide open.



7. Disinterment supervised by C.V. Russell

C.V. Russell.

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

8. Reburial supervised by A.U. Dufault

A.U. DUFALT.

Approved: JAMES W. YOUNGER  
(Title) CAPT., Q.M.C.

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

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

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



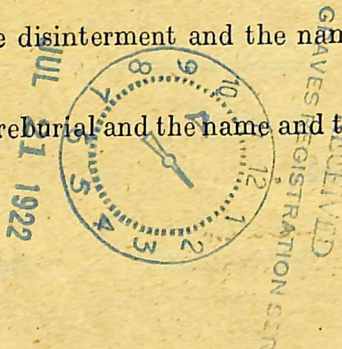
**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus:



**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.



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

*Blaise*  
*Wash*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Dejowski, Ignatz, Pvt.

1232-Sec.34 - 42

4/7/21.

*C-186759*

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

542939

Co. L, 7th Inf.

10/23/18.

Copy forwarded to  
Adjustment Department

WAR RISK INSURANCE INFORMATION

Date

6-25-21  
*ad. B.*

DATE

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

Anton Dejowski

Brother

ADDRESS

403 S. Main St., Sharpsburgh, Pa.

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

S/1868/LML

*no record*  
*Ad. B.*

# COMPILATION OF DISPOSITION OF REMAINS DATA

See Form 110  
att 3/25/22

I. LOCATION INDEX CARD:

File # 86103

(a) Name DEJGOWSKI, Ignatz Ser. No. 542939  
 (b) Rank Pvt. Organization Co. L. 7th Inf. } TYP hmp  
 (c) Date of death 10-23-18 (d) Cause of death K/A } B. J.

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

(a) Grave No. 67 Row /// Plot 2 Sec. 34 TYP. hmp  
 (b) Emerg. Address Anton Attilio Dejgowski, (Brother) 38 No. Main St.,  
Sharpsburg, Pa.

III. Files of soldiers dying from contagious diseases 690 (4-11-21)c CKR. B. J.

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

.....

.....

.....

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
Section - 34 letter of transmittal on 4-13-, 1921  
Par. 2. Not to be returned (GEN)

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

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. \_\_\_\_\_

ATP 6/29/21

92122

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Oygowski (54 29639) Ignatz  
(Surname.) (Number.) (First Name and Initials.)

Priv. Co. L - 7th Inf.  
(Rank.) (Organization.)

DATE OF BURIAL Oct. 26, 1918

PLACE OF BURIAL Bois de la Puitiere

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

N. E. end of Bois de la Puitiere

Coord. 104 - 861

Deen-sur-meuse

GRAVE NUMBER 3

HOW MARKED: Name Peg? 3 Cross? yes

Headboard? 3 Bottle? 3

IDENTIFICATION TAGS: 3

Was one buried with body? 3

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:

~~COMM. Camel (Weise)~~

~~(0249) SHT. 35 WE COORD (E. 310.4  
(N. 286.1~~

3

REPORTED BY: A. B. [Signature] 30 Inf. Chap.  
(Signature and Rank of Reporting Officer.)

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



249-613

Communal List No. \_\_\_\_\_  
Daily Report No. \_\_\_\_\_

WAR DEPARTMENT  
Office of the Quartermaster General of the  
Washington

FROM: O.Q.M.G.  
CEMETERIAL DIVISION  
Munitions Building  
Room

PLEASE  
EXPEDITE

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

File No. Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division) **(SPECIAL)**  
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.  
Subject: Information required for G.R.S.

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

NOTED FORM 112  
DATE 4-11-21

- a. Surname **Dejgowski** ✓
- b. Christian name **Ignatz** ✓
- c. Serial Number **542939** ✓
- d. Organization **Co. L, 7th Inf.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **10/23/18.** ✓
- g. Cause of death **K/A.** ✓
- h. Authority (C.O.#)
- i. Emergency address  
*Anton Dejgowski  
38 North Main St.  
Sharpsburg, Pa.*
- j. Relationship **Brother**

BODY DESCRIPTION

(See page #2 of the Service Record)

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

Adjustment Made

APR 14 1921

86103

g

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

BY: *H. J. Conner*  
H. J. CONNER,  
1st. Lieut. Q.M.C.

C.W.

CEMETERY NO: **1232-Sec 34.**

SHEET NO: **42**

TYPED BY: **I.W.**

S/713/LML

*Donnelly 211  
and Prof Rec w7  
4/9/21*

Rec'd World War Div.  
Date **APR 8 - 1921**

Rec'd S & S Div., A.G.O.

APR 8 1921 6

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date 4/7/21.

File No. Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)  
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.  
Subject: Information required for G.R.S.

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

- a. Surname Dejgowski ✓
- b. Christian name Ignatz ✓
- c. Serial Number 542939 ✓
- d. Organization Co. L, 7th Inf. ✓
- e. Rank Pvt. ✓
- f. Date of death 10/23/18. ✓
- g. Cause of death K/A. ✓
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship Brother Sharpsburg, Pa.

NOTED FORM 113  
DATE 4-11-21

BODY DESCRIPTION

(See page #2 of the Service Record)

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

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

Adjustment Made

APR 14 1921

86103

g

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

BY: H. J. Conner  
H. J. CONNER,  
1st. Lieut. Q.M.C.

C.W. 15818 89A  
CEMETERY NO: 1232-Sec 34.  
SHEET NO: 42  
TYPED BY: I.W.  
S/713/LML  
Dormally 711  
and Prof rec w7  
4/9/21

Rec'd World War Div.  
Date APR 8 - 1921

Rec'd S & S Div., A.G.O.  
APR 8 1921 6

1. G. R. S. Form No. 1.

Hq. G. R. S. File

86103

2. Soldier's No. 542939

3. Dejogvski Ignatz  
Surname (in block letters) First Name and Initials

4. Pvt. L 7th. Inf.  
Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Date of Burial B. A. C.  
Cemetery

7. Cunel Meuse  
Town or Commune (in block letters) Department

8. 19  
Grave No. Plot No. or Letter

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

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

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

699

12. "A" sketch 38  
Map Reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

GROUP No. 4 Signed Lt. Caswell

Group.....Unit.....G. R. S.

PROV. UNIT "A" G.R.S.



G.R.S Form No. 8-W; Central Records  
Cards Sec. #3. Liaison.

Jan. 21, 1920.

Memo For: G.R.S. representative, C.R.O.  
Subject: Information required for G.R.S.

1. Items checked are to be completed:

✓ Surname: ~~Dejgowski~~ Dejowski  
 ✓ Number: 541,939 542939  
 ✓ First name: Ignatz Ignatz  
 ✓ Rank: Pvt. Pvt.  
 ✓ Company: L  
 ✓ Organization: 7th Inf. 7th Inf.  
 ✓ Date of death: Oct. 23, 1918  
 ✓ Cause: Killed in action  
 ✓ Place: no record.

Location of hospital:

Number " "

Class " "

✓ Emergency address: Artiflic Dejgowski  
 38 North Main St., Sharpsburg, Md.

✓ Relationship: Brother

Authority:

✓ Cablegram No: 496

Telegram from: \_\_\_\_\_

dated:

✓ Reported to Washington: March 29, 1919.

C.C. Nos.

(Underscore the "official" C.C.)

Remarks:

CHARLES C. PIERCE,  
Colonel, O.M.C., U.S.A.



OSP-SS  
Form No. 1009

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

Harlow C.W.

JUL 29 1921

NAME OF DECEASED SOLDIER

Dejowski, Ignatz, Pvt.

CEMETERY NO.

1232-Sec.34 - 42

DATE

4/7/21.

SERIAL NUMBER

51239

ORGANIZATION

Co. L, 7th Inf.

DATE OF DEATH

10/23/18.

Original Attached to  
Form 115

WAR RISK INSURANCE INFORMATION

Date

6-25-21  
ARB.

DATE

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS

Anton Dejowski

Brother

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

S/1868/LML

Ed. Mr. Auto Wiggowski (Bro)  
38 North Main St  
Sharpsburg Pa.

Name appears on



FILE

86103



J

For further data see Casualty Files

Dyggowski Ignaty - 5429639  
Dyggowski  
Pt. Col 7 Aug. 542939

1st Burial - Cem. Comme 249,  
Cunel mass (unc.)

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

FROM: O. Q. M. G.,  
CEMETERIAL DIVISION  
Munitions Building  
Room ~~1108~~ 1109

PLEASE  
EXPEDITE

Date March 19, 1921

File No. 86103 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. DEJGOWSKI or DYGOUSKI ✓

✓ f. Date of death. 10-23-18 ✓

✓ b. Christian name. Ignatz, ✓

✓ g. Cause of death. K/A ✓

✓ c. Serial number. 5429639 or 541939 ✓

✓ h. Authority (C. C. No.) 496 ✓

✓ d. Organization. Co. L. 7th Inf ✓

✓ i. Emergency address. Anton Dejgowski,  
38 W. Main St.,  
Sharpsburg, Pa.

✓ e. Rank. Pvt. ✓

✓ j. Relationship. (Brother)

**BODY DESCRIPTION.**

(See page 2 of the Service Record.)

**DENTAL CHARTS.**

(See physical report of examination prior to enlistment.)

a. Age at enlistment.

a. Strike out teeth missing:

b. Color of eyes.

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

c. Color of hair.

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

d. Height.

e. Weight.

f. Permanent marks and physical defects at enlistment. (Old fractures or breaks.)

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

By

H. J. CONNER,  
1st Lt Captain, Q. M. C.

Mr. Wilson  
DTD

Rec'd World War Div.  
Date... MAR 21 1921

Dunnally B. F. S.  
Ent. Per. Rec. 7009 3/21/21

Rec'd S. S. Div. 2120  
MAR 21 1921

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

Date March 19, 1921

File No. 86103 Registration

From: The Quartermaster General, U. S. Army (Cometarial Division)

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

Subject: Information reported for G. R. S.

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

a. Date of death 10-23-18

a. Surname DELGOWSKI or DYDOWSKI

b. Cause of death K/A

b. Christian name Ignatz

c. Authority (C. G. No.) 492

c. Serial number 5422639 or 542232

d. Emergency address

d. Organization Co. I. 7th Inf

e. Relationship

e. Rank Pvt.

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

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 dental and physical defects at enlistment (Old fractures or breaks)

RECEIVED  
MAR 22 1921

H. L. ROGERS

Quartermaster General, U. S. A.

By

H. J. CONNER

Adj. Lt. Garrison, Q. M. C.

Mr. Wilson  
DTD

MAR 21 1921