

HEADQUARTERS SEVENTH DIVISION
AMERICAN EXPEDITIONARY FORCES

France, 13 February, 1919.

From: Chaplain Edgar J. Evans.
To: Personnel Officer, 7th Division.
Subject: Report of Funerals.

*De Keuster - Lester
Europe*

1. Lester De Keuster, (1159850) Private, Co. "A", 21st Machine Gun Battalion.

Place of Death: Field Hospital No. 35.

Cause of Death: Broncho-pneumonia.

Date of Burial: February 10, 1919.

Place of Burial: F. H. #35, near Minerville, Department of
Meurthe et Moselle.

Grave No. 13.

Marked with Cross.

Identification Tags: One buried with body; one placed on Cross.

2. Ralphal Hudson, (1159770) Sergeant, Co. "D", 21st Machine Gun Battalion.

Place of Death: Field Hospital No. 35.

Cause of Death: Broncho-pneumonia.

Date of Burial: February 10, 1919.

Place of Burial: F. H. No. 35, near Minerville, Department
of Meurthe et Moselle.

Grave No. 14.

Marked with Cross.

Identification Tags: One buried with body; one placed on Cross.

Edgar J. Evans
EDGAR J. EVANS,
1st Lieut., Chaplain.

EJE/ef.

G.R.S. Form #114 B
MMB

To The A. G. O.

3286

219

DEC 16 1925

DATE

1. NAME DE KEUSTER, Lester SERIAL No. 1159860

RANK Pvt. ORGANIZATION Co. A 21st MG Bn

GRAVE LOCATION St. Mihiel Amer. Cty. Thiaucourt M&M 1233
CTY. NAME NUMBER

61

Sec. 7

2

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION #13, Minorville, (M et M) 823

GRAVE

COMMUNE

DEPT.

COORDINATES 224.1 M 363.75 E

CONCENTRATED TO 5/17/19 61 Sec 7 2

DATE

GRAVE

ROW

PLOT

St. Mihiel Cty. Thiaucourt (M et M)

1233

CEMETERY

CTY. NUMBER

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

One tag on cross, Two tag s on body.

DATE OF DEATH

Feb 9 - 1919

STATE FROM WHICH HE CAME

Wis

Data form o.

MEDALS OR DECORATIONS AWARDED

None

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

WALTER F. BROWN

Captain, Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION August 9, 1922 3 6 Block D
DATE GRAVE ROW PLOT

St. Mihiel Cemetery #1233
CEMETERY

DEC 18 1925
DEC 15 1925
WORLD WAR DIV.

AUDITED BY

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 I6, 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.

24. KIRBY, C. A. LUTHERANISM (1861-1862)

1528

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

De **Keuster**, **1159850** **Lester**
(Surname). (Number). (First Name and Initials).

Prvt. **Co. A. 21 st. M.G. Bt.**
(Rank). (Organization).

PLACE OF DEATH: **F.H. 35.**

CAUSE OF DEATH: **Broncho-pneumonia.**

DATE OF BURIAL: **Feb. 10. 1919.**

PLACE OF BURIAL: **F.H. 35, near Minor-**
(Give Cemetery, Town and Department). Map reference must
specify clearly what map is used.

Dept. of Meurthe et Moselle,

GRAVE NUMBER: **13,**

HOW MARKED: Name Peg? 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:

NEAREST RELATIVE: **Unknown.**

ADDRESS: **Unknown.**

RELATIONSHIP: **Unknown.**

REPORTED BY: **Edgar J. Evans,**
1 st. Lt. Chaplain.
(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>DeFenster</i>	<i>De F</i>	3	4 5 9
BURIED	CEMETERY <i>1233</i>	1	3
	GRAVE <i>3</i>	2	0 3
	ROW <i>6</i>	2	0 6
	BLOCK <i>D</i>	1	4
STATE	<i>Wis</i>	2	5 8
RANK	<i>Priv.</i>	1	2
DIVISION	<i>7</i>	2	0 7
ORGANIZATION	<i>21</i>	3	0 2 1
ARM	<i>M.G. Bu</i>	1	2
MARITAL	<i>us</i>	1	2
NAME <i>Hanson</i>	<i>Han</i>	3	5 1 2
<i>E. Mrs.</i>	STATE <i>Ill</i>	2	5 8
<i>Route 3, Box 41</i>	COUNTY <i>La</i>	2	4 2
<i>Aconto, Wis</i>	CITY <i>Aconto</i>	3	0 1 4
RELATION	<i>Mother</i>	1	1
OTHER	<i>father</i>	1	
ELIGIBILITY	<i>Head</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		1	

AUDITED

APR 6 1932

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Ja

29/514

Rd

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WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

DeKeuster, Lester 1233 S ✓

Mrs. E. Houson,
R. #3, Box #41,
Oconto, Wisc.

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:

No.

Mother died Mar. 1911.

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

If so, give her name and address:

No

Was Not Married

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:

No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DeKeuster, Lester
1233

August 29, 1929.

Mr. Jerry DeKeuster,
R.F.D. #3, Box 15,
Oconto, Wisc.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 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:

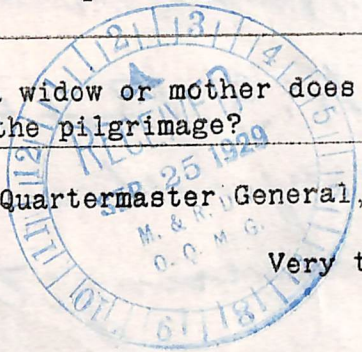
2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope


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

War Department
The Quartermaster General
Washington

Sept 1929

Dear Sirs:

This is to inform you

of Mr Jerry DeKensters Death
Jan. 12 / 1928.

Lester DeKensters Mother died Mar. 1911.

and was not married, nor had
no step-mother

Sincerely

Mrs. E. Hanson

B.S.

Am. A. daughter of Jerry DeKensters to took
the privilege of answering this letter

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
DeKuster, Lester

May 29 1929.

Mr. Jerry DeKuster,
R.F.D. # 3, Box 15,
Oconto, Wisc.

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 father of the late Private ~~Lester DeKuster~~, Co. A, 21st M. G. Bn., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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

DeKeuster, Lester 1233 S

July 9, 1930.

Mrs. E. Houson,
R. #3, Box #41,
Oconto, Wisc.

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

August 29, 1929.

DeKeuster, Lester
1233

Mr. Jerry DeKeuster,
R.F.D. #3, Box 15,
Oconto, Wisc.

Dear Sir:

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

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C
IN REPLY REFER TO DeKouster, Lester

May 20, 1929.

Mr. Jerry DeKouster,
R.F.D. # 3, Box 15,
Oconto, Wisc.

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 show that you are the father of the late Private Lester DeKouster, Co. A, 2nd Inf., 1st Div., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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. & I. DIV.

120 MAY 29 7M 23

DISPATCHED

HV

Dekuster,

(Surname)

Lester

(Christian name in full.)

1,159,860

(Army serial number.)

Pvt

Co A 21st M G Bn

(Rank and organization.)

State your relationship to the deceased father

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)

R # 3

Jerry Dekuster
Oconto

Wis.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

18
12-4-0
Kmp

Drawn by mks
1233-891
2-3-21

QM 293 A-C

DeKEUSTER, Lester - Pvt.

March 13, 1924

Mr. Jerry DeKeuster,
R.F.D. #3, Box 15,
Oconto, Wisc.

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,

1-Incl.
Record card.

Asst. QM

RD



Date June 5 1919REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: DEKUSTER, LesterNumber: 1159850Rank: UnknOrganization: Co. A 21 M.G. Bzn.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

17 May 1919Grave #13 AEF CemeteryMINORVILLE M ET M 52 SE 363.75 E 224.1 N

Reburied (Date)

in: (Give complete location) 123317 May 1919Grave #61 Sec #7 Plot #2ST MIHIEL AMERICAN CEMETERY #1233THIACOURT M ET M

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

Burial good; buried in casket; body well preserved.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body? Noen

Note:

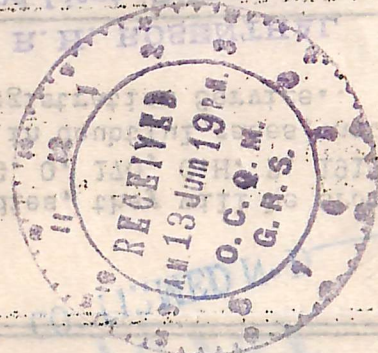
If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service..

Supervised by: Lt ScottR. H. ROSENTHALC.O. Group 2nd Lieut. Unit
LGG U.S.A.

Subscribed by:

14 30011

Whereof will be made and delivered to the State of New York
after paying certain taxes for copies to be made and delivered
to the Effects of the State of New York, as to be made and delivered
to the State of New York, as to be made and delivered



Name:

Other names of identification were found on the body, none

was one identification tag found upon the body, yes

Number of copies made in case of body, none

Below is the list of all the names and identification of body, none

NAME OF THE BODY

25 MINUTE INTERVIEW ON JAN 13 1918

14 30011

NAME OF THE BODY

Name (Date)

Name (Date complete location)

NAME OF THE BODY

14 30011

NAME OF THE BODY

Name (Date)

Name (Date complete location)

Below is the list of all the names and identification of body, none

Name

Name: NAME

Name: NAME

Name: NAME

Name: NAME

Name of:

NAME OF DISAPPEARANCE AND RECOVERY

NAME OF DISAPPEARANCE AND RECOVERY

NAME OF DISAPPEARANCE AND RECOVERY

NAME OF DISAPPEARANCE AND RECOVERY

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #94245

(a) Name DE KEUSTER, Lester Ser. No. 1159860
 (b) Rank Pvt. Organization Co. A, 21st M.G. Bn. TYP. evs
 (c) Date of death 2/9/19 (d) Cause of death Broncho Pneu. CKR. B.T.

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

(a) Grave No. 61 Row - Plot 2 Sec. 7 TYP. evs
 (b) Emerg. Address Jerry De Keuster (Father), RFD #2, Box 15, Oconto, Wisc

III. Files of soldiers dying from contagious diseases - CKR. B.T.

IV. A. G. O. DISPOSITION CARD:

Date of receipt -

(a) Name Jerry Dekeuster (b) Relationship Father
 (c) Address R 30 Oconto - Wisc
 (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 mks Date 2-3-21, 1920.

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

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

Examiner's Initials mks Date 2-3-21, 1920.

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

(a) Cancellation memos referred to? yes rpt.
 Examiner's Initials MM Date 2-3-21, 1920.

COUNTRY FRANCE

CEMETERY No. 1233

SHEET No. 891

FEB 28 1921 — ap

CARDED 2-3-21

JUN 24 1921

VII. G. R. S. Form No. 114 made Cemeterial Division, 1920.

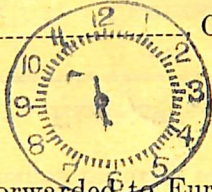
Typed by _____

Checked by _____

Cemeterial Division

Overseas Project S. L. S. 1920.

VIII. FINAL ACTION:



Following advice forwarded to Europe by

cable on _____, 1920

letter on _____, 1920

FEB 18 1921

MAR 4 1921

Par. #2, Not To Be Returned

HA

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

STATION Thiaucourt, France,

To be prepared in triplicate.

DATE Aug. 9, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DE KEUSTER, Lester

10. Name

2. No. 1159860

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. A 21st MG Bn

13. Org.

5. D.D. 2-9-19

14. (a) D.D.

6. C.D. Broncho Pneu.(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 61 Sec. 7

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9. St. Mihiel Amer.17. None18. Cemetery St. Mihiel Amer.19. Commune or town Thiaucourt20. Dept. or County M&M21. Country France22. G.R.S. Hdqrs. Code No. 123323. Disinterred (Date) Aug. 9, 1922By C.V. Russell

24. Inscription on grave marker:

Name DE KEUSTER, LesterSerial No. 1159860Rank Pvt.Organization Co. A. 21st M.G. Bn.25. Was identification disc found on grave marker? No On body? NoSignature J.T. White 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).

No evidence found to disprove identity.27. Condition of body Badly decomposed, features unrecognizable.28. Nature of burial Wooden box, U.S. uniform29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None30. Body prepared and placed in casket: Date Aug. 9, 1922 By V. Russell31. Casket sealed by C.V. Russell

Signature of Embalmer, (Supervisor)

C.V. Russell

MMB

MAILED BY
11-9-22

SHIPMENT. (Show actual marking of box.) Box No. C - 29637

32. Designation of body:

Name Lester DE KEUSTER Serial No. 1159860

Rank Pvt. Organization Co.A 21st MG Bn

33. Consigned to:

Name of Permanent Cemetery St.Mihiel Amer.Cty. Thiaucourt M&M 1233

34. Casket boxed and marked (Date) Aug.9, 1922 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

J.J.Powers, 1st Lt., Q.M.C.

36. Remarks

None

37. Shipped from point of Operation: (Date) Aug.9, 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 St.Mihiel Amer. 1233, Thiaucourt, France.

(Name)

Convoyer Signature Shipping Officer

J.J.Powers, 1st Lt., Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred August 9, 1922.

(Date)

42. Grave No. 3 Section

43. Bk. D Row 6

G.R.S. Representative

A.E. DEWEY, 1st, Lieut. Q.M.C.

REPORT OF DISINTERMENT AND REBURIAL

Place Thiaucourt, FranceDate Aug 9, 19221. REMAINS OF DE KLUSTER, Lester SERIAL NUMBER 1159860RANK Pvt ORGANIZATION Co A 31st MC Bn2. Disinterred (date) : August 9, 1922 From (give complete location):August 9, 1922. Gr. 61 Sec 7 Plot 2 Cemetery 1233.By : Group 1 Unit Sec 13. Reburied (date) August 9, 1922 In (give complete location): Gr. 3, Row 6, Bk. DCemetery 1233, Thiaucourt, (M ST H)By : Group Red Cross Unit In casket Nature of reburial same

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

Wooden box US uniformBadly decomposed, features unrecognizable5. (a) Identification tags: Buried with body? no On grave marker? no

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

No evidence found to disprove identity

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

(a) Height (actual measurement) imp 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) none visible1, 7, 8, 9, 10, 11 missing after death4 missing before death.12, 13, 14 silver fillings28 malposed rear 16, 17, 32 never erupted

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

none visible

7. Disinterment supervised by

C V Russell

Approved :

(Title)

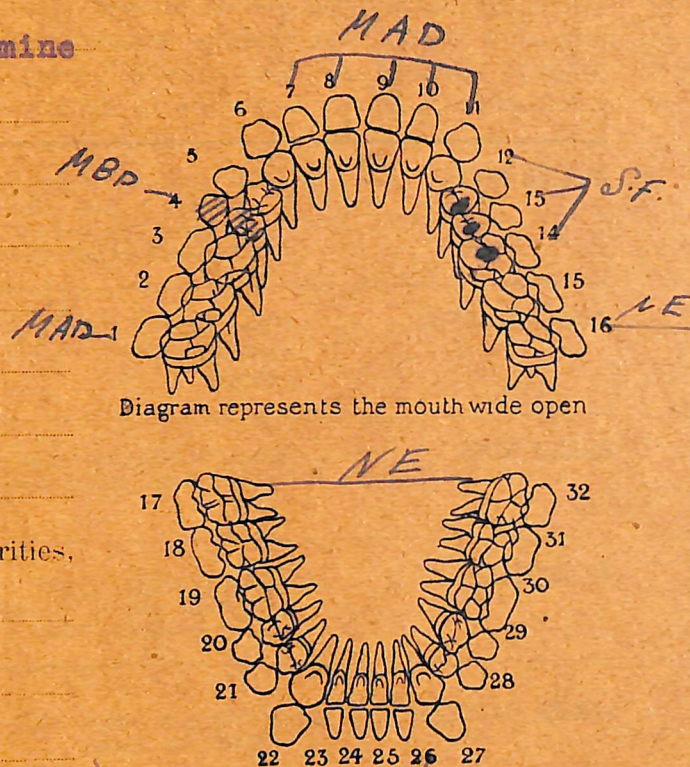
J J Powers
1st Lieut & MC

8. Reburial supervised by

H. L. KRAMER

Approved :

(Title)

A. E. DWY
1st Lieut, MCconcentration

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

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

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

MISSING TEETH

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



CROWNED TEETH

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



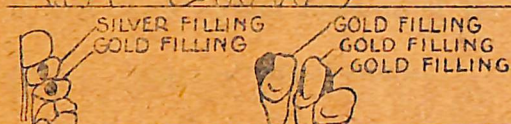
BRIDGE WORK

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



FILLINGS

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



CARIES (CAVITIES)

Outline location and size of cavity, shade in thus:



DENTURES (PLATES)

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

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

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File #94245

I. LOCATION INDEX CARD:

(a) Name.....**DE KEUSTER, Lester**.....Ser.No.....**1159860**

(b) Rank.....**Pvt.**.....Organization.....**Co. A, 21st M.G. Bn.**.....TYP.....**evs**

(c) Date of death.....**2/9/19**.....Cause of death.....**Broncho Pneu.**.....**B. J.**

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

(a) Grave No. 61 Row Plot 2 Sect 7 evs
(b) Emerg. Address Jerry De Keuster (Father), RFD #2, Box 15, Oconto, Wis TP

III. Files of soldiers dying from contagious diseases.....CKR...13.7.

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

.....

.....

.....

.....

V. Following advice forwarded to Europe by (cable on.....192.....
 (letter of transmittal on....192.....

 Par. #2, Not To Be Returned

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. MAR 2 - 1921 192

VII. SUPPLEMENTARY REQUESTS

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

This image shows a single page from an old document or notebook. The paper has a warm, aged tone and features several evenly spaced horizontal rows of small dots, typical of primary school writing guides. There are no markings, text, or illustrations on the page.

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

COUNTRY
G.R.S. FORM 115-A
August , 1920

CEMETERY NO.
1233

SHEET NO.

S/666/LML

FEB 28 1941 - ap PRIORITY 104

Address _____ Relationship _____

Date _____ Signature _____

I, the undersigned, am the _____ and nearest living next of kin of the within-named soldier, and desire the following disposition of his remains, viz: (Relationship.)

(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.

Soldier's widow _____ Signature _____

RECEIVED BY 1921
MAIL UNIT
JUN 24 1921
Cemeterial Division
Overseas Project Sub-Section

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.

RECEIVED

RECEIVED
JUN 24 1921

97525

De Keuster Lester #1159850

Pvt. Co. A. 21st M.G.Bn.

Died at Field Hospital #35

DB 2/10/19

Place of Burial: F.H. #35 ,near

Minorville, Department of
Meurthe et Moselle

Grave 13

E.

823

B703

94245

from

97525



94245

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

De
A **Keuster**, **1159850** **Lester**
(Surname). (Number). (First Name and Initials).

Prvt. **Co. A. 21 st. M.G. Bt.**
(Rank). (Organization).

PLACE OF DEATH: **F.H. 35.**

CAUSE OF DEATH: **Broncho-pneumonia.**

DATE OF BURIAL: **Feb. 10, 1919.**

PLACE OF BURIAL: **F.H. 35, near Minor-**
ville.
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

Dept. of Meurthe et Moselle,

GRAVE NUMBER: **13,**

HOW MARKED: Name Peg?.....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:

NEAREST RELATIVE: **Unknown.**

ADDRESS: **Unknown.**

RELATIONSHIP: **Unknown.**

REPORTED BY: **Edgar J. Evans,**

1 st. Lt.-Chaplain.
(Signature and Rank of Reporting Officer).

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



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

De. Keuster

Lester

De. Keuster *1159860* *Lester*
(Surname). (Number). (First Name and Initials).

Pvt. *Co. A.* *21st. N.C.Bn.*
(Rank). (Organization).

PLACE OF DEATH: *Field Hospital #35*

CAUSE OF DEATH: *Broncho-pneumonia*

DATE OF BURIAL: *February 10th, 1919.*

PLACE OF BURIAL: *Midway between Minorville & Royameix France*
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

In cemetery midway between Minorville & Royameix France on Minorville-Royameix Road.

GRAVE NUMBER: *13.*

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?

OMME. Minorville (M et M)

142 5-2 SE (CORD)

NEAREST RELATIVE: *Jerry DeKeuster (Father)*

ADDRESS: *R.F.D. #3 Box 15 Oconto Wisconsin*

RELATIONSHIP: *Father*

REPORTED BY:

Don M. Scott, 1st Lieut. 21st N.C.Bn.
(Signature and Rank of Reporting Officer).

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

_____ Daily Report No.

_____ CONTAINER LAST NO.

142-1482



LEITE

File No. 97525

Reg. Card Dept.
5-1-19

Eq. # 823
5/5/19

G.R.S. Form No. 8; Central Records Liaison.

Memo For: G.R.S. representative, C.R.O.

SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

() Surname: DE KEUSTER
() Number: 1159850 1159860
() First name: Lester
() Rank: Pvt.
() Company: Co. A.
() Organization: 21st M.G.Bn.
() Date of death: 2/9/19
() Cause: B/Pneu.
() Place:

Location of hospital:

Number " "
Class " "
() Relative: Jerry DeKeuster
() Relationship: Father
() Address: RFD #3 Box 18
() Authority: Oconto, Wisconsin
Cablegram No:
Telegram from:

dated:

- () Reported to Washington:
C.C. Nos:
(UnderSCORE the "official" C.C.)
() Remarks:
() Show present status on reverse side.

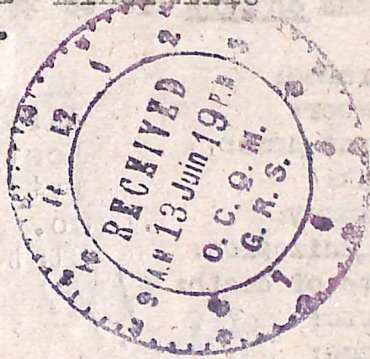
CHARLES C. PIERCE,
Lieut.-Colonel, O.M.C., U.S.A.

Initials of Reporter: ES

Buried: 2-10-18

Cty. No. 823

Cty? Amer B/a Minorville
M-et-M.



C.R.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE.

FROM : ADJUTANT GENERAL.
TO : C.O. Co. A, 21st. M.G.Bn.
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:

Jerry DeKuster

Relationship: Father

Address: R. E. D. #3 Box 15 Oconto Wisconsin

