

1. **NAME** DE MARCO, Antonio **SERIAL No.** 1297410  
**RANK** Pvt. **ORGANIZATION & DIVISION** Evacuation Hosp. 32  
**GRAVE LOCATION** American Cty., Rimaucourt, Haute-Marne. **CTY. NAME** none **NUMBER** 92

368  
**GRAVE** **ROW** **PLOT**

2. **ORIGINAL BATTLE AREA GRAVE LOCATION** 368 RIMAUCOURT (Haute-Marne)

**GRAVE** **COMMUNE** **DEPT.**

**COORDINATES** E. 323.2 N.165.3

**CONCENTRATED TO** Not of record

**DATE** **GRAVE** **ROW** **PLOT**

**CEMETERY** **CTY. NUMBER**

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

**DATE OF DEATH** Jan 21, 1919

**STATE FROM WHICH HE CAME** Pa

**MEDALS OR DECORATIONS AWARDED** none

**SUBSEQUENT REBURIALS** Not of record

**DATE** **GRAVE** **ROW** **PLOT** **CEMETERY**

**DATE** **GRAVE** **ROW** **PLOT** **CEMETERY**

**SIGNATURE, AREA SUPERVISOR** WALTER F. BROWN, CAPT.QMC., Supervisor Area N°

3. **FINAL GRAVE LOCATION** Aug. 23, 1922 **DATE** 19 **GRAVE** 20 **ROW** Block B **PLOT** 4

**CEMETERY** St. Mihiel American No. 1233, This court

Robert C. D...  
 The Adjutant General  
 By RLR

NOV 6 - 1925



# 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.

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Demarco ..... 1297410 ..... Antonio .....  
(Surname.) (Number.) (First Name and Initials.)

Private ..... Co. E. H. #32 ..... Med. Dept. ....  
(Rank.) (Organization.)

Place of Death: Donjeaux, Hte. Marne, France.

DATE OF BURIAL: January 23, 1919.

Cause of Death: Typhoid Fever.

PLACE OF BURIAL: Military Cemetery, Hospital  
Centre, Rimaucourt, Haute Marne, France.  
(Give Cemetery, Town and Department.) Map reference must  
specify clearly what map is used.

GRAVE NUMBER: 368.

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 :

(Mobile Hospital # 11, Failed to furnish  
information, Name and address of nearest  
Relative. )

REPORTED BY: Robert C. Davis  
Robert C. Davis,  
1<sup>st</sup> Lt. M. C. Registrar,  
Base Hosp. # 338, APO, 919, AEF.  
(Signature and Rank of Reporting Officer.)

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>DeMarco</i>	<i>DEM</i>	3	<i>45<sup>0</sup>3</i>
BURIED <i>Antonio</i>	CEMETERY <i>1233</i>	1	<i>3</i>
	GRAVE <i>19</i>	2	<i>19</i>
	ROW <i>20</i>	2	<i>20</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Penna</i>	2	<i>44</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>Med C</i>	2	<i>52</i>
ORGANIZATION	<i>32</i>	3	<i>032</i>
ARM	<i>Evacu. Hosp.</i>	1	<i>3</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>LiMarco</i>	<i>Li M</i>	3	<i>49<sup>0</sup>3</i>
<i>Maria Sadeola</i> RESIDENCE <i>in</i> <i>No loco</i>	STATE	2	
	COUNTY	2	
	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 TRIP	MO.	1	
	YR.	1	
ACCEPTANCE <i>9 B 29/514/</i> <i>Country</i>	<i>Italy</i>	1 2	<i>01</i>

AUDITED  
MAR 11 1943  
RAM

892

Acad

DATE

February 10 1930

*Do us*

Single

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
DeMarco Antonio	Pvt	1297410	Evac Hosp 32	Jan 21 1919

STATE	CTY. NO.	GRAVE	ROW	BLOCK
Pennsylvania	1233	19	20	B

	Check relationship	Living - Deceased	
	MOTHER <i>Comp</i>	: X :	: C 152-852
	STEPMOTHER (For the year prior to commencement of service)	: : :	: 2/14
NAME	MOTHER THRU ADOPTION	: : :	: (M)
AND	(For the year prior to commencement of service)	: : :	: Maria Iadecola in DiMarco,
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	: <u>Viali Ferrovia,</u>
	WIDOW (Who has not remarried)	: : :	: <u>Cassino, Prov, di Frosinone,</u>
		: : :	: <u>Italy</u>
		: : :	: <u>2-24-33</u>

*Single*

Veterans Bureau Claim Number 29/156

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Dellarco, Antonio

May 29 1929.

Mr. Joseph Cherry,  
226 William St.,  
Herkimer, N. Y.

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 <sup>uncle of the</sup> late Private Antonio Dellarco, Evac. Hosp. # 32, 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

August 29, 1929.

DeMarco, Antonio  
1233

Mr. Joseph Cherry,  
226 William St.,  
Herkimer, N.Y.

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

IN REPLY REFER TO QM 293 A-C  
DeMarco, Antonio

May 29 1929.

Mr. Joseph Cherry,  
226 William St.,  
Herkimer, N. Y.

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 <sup>uncle of the</sup> late Private Antonio DeMarco, Evac. Hosp. # 52, 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.

O. Q. M. G. V. 214

MAY 29 1929

DISPATCHED

HJ ✓

De Marco Antonio

1,297,410

(name.)

(Christian name in full.)

(Ar. serial number.)

Pvt

Evac Hosp 42

(Rank and organization.)

State your relationship to the deceased

*uncle*

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)

*Joseph Shury*

226 William S. ...

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

~~Joseph Cherry~~  
~~226 Williams St~~

Letter sent to:

Joseph Cherry  
226 Williams St  
Herkimer, N.Y.



Brown by  
229271  
12-9-20

DE MARCO, Antonio Pvt.

February 21, 1924

Mr. Joseph Cherry,  
226 William St.,  
Herkimer, N. Y.

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.

O.Q.M.G.  
Central Mail & Files B.

R. L. FOSTER  
Assistant.

MFK  
LOR



FEB 21 1924  
H. B.

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name DEMARCO, Antonio Ser. No. 1297410 )  
 ) TYP. JS  
 (2) Rank Pvt Organization Evac. Hosp. #32 )  
 ) CKR. med  
 (3) Date of death 1/21/19 )  
 B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.) )  
 (4) Cause of death Peritonitis complicating Typhoid ) TYP. TW.  
 ) Fever. )  
 (5) Grave No. 368 Row -- Plot -- Sect. -- ) CKR. F.L.R.

*8W*  
*6/26/22*  
*Ext. Bureau*  
*San. Concentration*  
*St. Michael #1233*  
*maelB. 6-16-22*

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD Date of receipt none

(6) Relationship Uncle  
 (7) Name Joseph Cherry  
 (8) Address 226 Williams St. Parkersburg, W. Va.  
 (9) Desires remains brought to U. S.? No  
 (10) Desires remains brought to U. S. and interred in National Cemetery at \_\_\_\_\_  
 (11) If brought back, what shipping instructions? \_\_\_\_\_

*V.M. 4-6-20.*

C. A. G. O. CORRESPONDENCE Date of communication \_\_\_\_\_

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. \_\_\_\_\_

(13) A. G. O. Files EXAMINED by T.D. (Date) 4-6-20

D. (14) G. R. S Files - Correspondence. (Has reference been made to File No. Cancellation memos.?) yes. Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? yes  
 (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

No correspondence in file.

(15) G. R. S. Files EXAMINED by A.C. (Date) 4-9-20

**CARDED**

**FORM 115A COMPLETED**

*11-15-137*

*checked by 02/12/11-20*

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) .....

(16) Removal of Remains (within custody of G.R.S.) to .....

(17) Instructions that remains be left undisturbed .....

(18) Typed by ..... Checked by ..... (Date) .....

B. G. R. S. FORM NO. 114 made (Date) 4-19-20 .....

(19) Typed by ..... Checked by ..... (Date) 4-19-20 .....

C. SUSPENSION REMARKS:

D. Dispatched (Date) ..... (Let. Trans. No. 4/5/21)

*Par. #2. Not to be returned. (F.L.)*

*Antonio Demarco.*  
Approved by .....

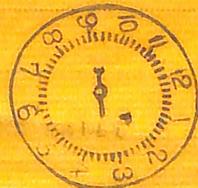
(Date) .....

OVERSEAS PROJECT SUB. SEC.  
GENERAL INVESTIGATIVE DIVISION

MAY 8 1921

RECEIVED.

JAN 12 1921



GENERAL INVESTIGATIVE DIVISION

COMPLETION OF DISPOSITION OF REMAINS

File #87683

*See Form 115 - 20023 6-16-22*

I. LOCATION INDEX CARD:

*H1-15-13.7.*

(a) Name DEMARCO, Antonia Ser. No. 1297410  
 (b) Rank Pvt. Organization Evac. Hosp #32 TYP. OK  
 (c) Date of death 1/21/19 Cause of death Peritonitis complicating Typhoid Fever

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

(a) Grave No. Row Plot Sect. TYP. cbm  
 (b) Emerg. Address

III. Files of soldiers dying from contagious diseases no card CKR B7.

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

A.G.O. Card, no date, Mr. Joseph Cherry, Uncle, requests body be left in Europe.

V. Following advice forwarded to Europe by - (cable on 192 (letter of transmittal on 1/5/1921)

Par. 2, not to be returned.

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. Jan. 11, 1921 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. 5/3 192 1.

COUNTRY FRANCE CEMETERY NO. 92 SHEET NO. 71  
 G.R.S. FORM 115-A  
 August, 1920

3-666/AB

FORM 115-A COMPLETED  
 HOBOKEN, Jan. 17, 1921

*B7*

*m*

Place Rhinocourt, Ht. Marne

# REPORT OF DISINTERMENT AND REBURIAL

Date Jan 23, 1922

1. REMAINS OF DEMARCO, Antonio SERIAL NUMBER 1297410  
RANK Pvt ORGANIZATION Evac. Hosp. Np. 32

2. Disinterred (date): Jan 23, 1922 From (give complete location): Gr. 368  
Aner. Cem. No. 92 Rhinocourt, Ht. Marne

By : Group 1 Unit 4

3. Reburied (date): August 23 1922 In (give complete location): Grave 19, Block B, Row 20, Cem 1233.

By : Group Reburial Unit \_\_\_\_\_ Nature of reburial Casket & Shipping Case.

4. Report as to nature of original burial and condition of body upon disinterment :  
Uniform and wooden box. Body badly decomposed, recognition impossible.

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

(b) Other means of identification found upon disinterment, and general remarks :  
No effects found. Graves 368 on end of row. Body in grave 367 identified under proper cross. No irregularities in row.

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

(a) Height (actual measurement) Unable to determine

(b) Weight (estimated) Unable to determine

(c) Hair—Color Unable to determine

Quantity Unable to determine

Characteristics Unable to determine

(d) Hair on face—Color None

Location None

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unable to determine

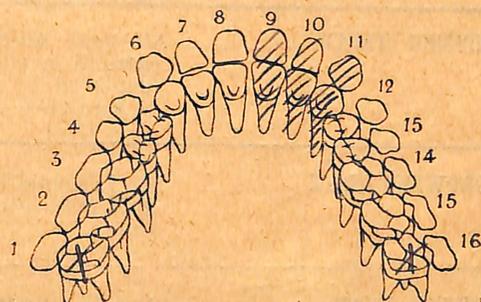
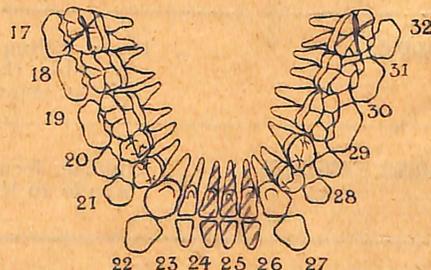


Diagram represents the mouth wide open



(f) Wounds or missing parts (received at time of casualty) NG. 1, 16, 17, 32 MAD, 1, 10, 11, 24, 25, 26

None

7. Disinterment supervised by

E. G. Scott  
E G Scott

Approved: \_\_\_\_\_  
RB

R L Fain  
R L Fain, Capt. QMC  
(Title)

8. Reburial Supervised by

H. L. KRAMER  
H. L. KRAMER

Approved: \_\_\_\_\_

A. E. DEWEY  
A. E. DEWEY 1st Lt. QMC.  
(Title)

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.  
 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

To be prepared in triplicate.

DATE Jan 23 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT *imo.* COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DE MARCO, Antonio

2. No. 1297410

3. Rank Pvt.

4. Org. Evacuation Hosp 32  
*(F-29-20)*

5. D.D. 1-21-19 *OK*

6. C.D. Peritonitis

10. Name \_\_\_\_\_

11. No. \_\_\_\_\_

12. Rank \_\_\_\_\_

13. Org. \_\_\_\_\_

14. (a) D.D. \_\_\_\_\_

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 368 Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

17. None

18. Cemetery American Cty.,

20. Dept. or County Haute-Marne,

22. G.R.S. Hdqrs. Code No. 92

19. Commune or town Rimaucourt,

21. Country France.

23. Disinterred (Date) Jan 23 1922

By E G Scott

24. Inscription on grave marker:

Name DE MARCO, Antonio

Rank Pvt

Serial No. 1297410

Organization Evac. Hosp. No. 32

Gr. No. 368

25. Was identification disc found on grave marker? Yes On body? No

*Ray Brown*  
Signature Junior Technical Assistant  
Ray Brown

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 effects found. Grave No. 368 on end of row. Body in grave no 367 identified under proper cross. No irregularities.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial Uniform and wooden box.

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 Jan 23 1922 By E G Scott

31. Casket sealed by E G Scott

Signature of Embalmer, (Supervisor *E G Scott*  
E G Scott

SHIPMENT. (Show actual marking of box.) Box No. C-26358

32. Designation of body:

Name Antonio DE MARCO Serial No. 1297410

Rank Pvt. Organization Evacuation Hosp 32.

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty., 1233, Thiaucourt, M-et-M.

34. Casket boxed and marked (Date) Jan 23 1922 By E G Scott

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 L Fain, Capt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Jan 23, 1922

To point of Concentration Chaumont, Ht. Marne

Convoyer \_\_\_\_\_ Signature Shipping Officer WALTER F. BROWN

38. Received at Railhead or Point of Concentration: Date Captain, Q.M. Corps, U.S. Army

By G.R.S. Representative C. J. BLAKE

39. Shipped from Railhead or Point of Concentration: Date \_\_\_\_\_

To Permanent Cemetery St. Mihiel (1233) Thiaucourt, M et M

Convoyer Michael Plotkin Signature Shipping Officer WALTER F. BROWN

40. Received: Date 23 FEB 1922

G.R.S. Representative G. D. GAMBLE, Captain, Q. M. C.,

41. Reinterred August 23 1922 (Date)

42. Grave No. 19 Section \_\_\_\_\_

43. ~~Plot~~ Block B Row 20

G.R.S. Representative A.E. DEWEY, 1st Lt. QMC.

AUDITED BY  
SAB 9/6/23

Return this form to Washington

- 1. Form 115 corrected by *1-15-21 RLN*
- 2. Form 115 A corrected by *1-15-21 RLN*
- 3. Reg. Rec. corrected by *1-15-21 RLN*

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

*87683*  
*in charge*

G.R.S. Form 8-W-A-0  
Information requested of A.G.O.

Date 1/15/21.

File No. *87683* Requisition.

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

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

**FILE**

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

*Information from P.C.*

- a. Surname **De Marco,**
- b. Christian name **Antonia, Antonia.**
- c. Serial Number **1297410.**
- d. Organization **Evac. Hosp. #32.**
- e. Rank **Pvt.**
- f. Date of death *11/29/20.* **1/21/19.**
- g. Cause of death
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship

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

DENTAL CHARTS  
(See Physical report of examination prior to enlistment)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight

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

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

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

BY:

CEMETERY NO: **92.**

SHEET NO: *71*

TYPED BY: **rln.**

H. J. CONNER,  
1st. Lieut. Q.M.C.

Return this form to Washington

ARMY DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

Date 1/15/21

Information reported to A.G.O.  
Form 10-1-1-0

Registration

To: The Adjutant General of the Army, 521 A B Bldg., H. H. H. Building, Washington, D. C.  
From: The Quartermaster General, U. S. Army, (General's Aviation)

Subject: Information reported for O.R.S.

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

- a. Surname De Marco
- b. Christian name Antonio
- c. Social Number 123456
- d. Organization Base. Hosp. 4567
- e. Rank Pvt.
- f. Relationship
- g. Date of birth 1/21/19
- h. Cause of death
- i. Authority (O.O.#)
- j. Emergency address

PHYSICAL EXAMINATION (See page 2 of the Service Record)

- 1. Age of enlistment
- 2. Color of eyes
- 3. Color of hair
- 4. Height
- 5. Weight
- 6. Permanent marks and physical defects or disfigurement (Old fractures or breaks)
- 7. Strike out when missing
- 8. Upper right
- 9. Lower right

GENERAL INVESTIGATIVE DIVISION  
COMMUNICATIONS SECTION

RECEIVED  
MAR 2 1921  
H. L. ROGERS,  
Quartermaster General, U.S.A.

H. J. CONNER,  
Act. Lieut. Col., U.S.A.

BY:



GENERAL INVESTIGATIVE DIVISION  
COMMUNICATIONS SECTION

FROM: O. Q. M. G.  
CEMETERIAL DIVISION  
Munitions Building  
Room 1128

PLEASE  
EXPEDITE

WAR. DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-O

Information requested of A.G.O.

Date 12/13/20.

File No. *87683* Requisition.

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

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 *De Marco,* ✓

b. Christian name *Antonio,*

c. Serial Number *1297410.* ✓

d. Organization *Evac. Hosp. #32.* ✓  
*Evac. Hosp. #42.*

e. Rank *Pvt.* ✓

f. Date of death *1-29-20*  
*1/21/19.*

g. Cause of death *Typhoid fever*  
*Peritonitis*  
*complicating typhoid.*

h. Authority (C.O.#) *W.D. Determination*

i. Emergency address *Joseph Cherry (uncle)*

j. Relationship *226 Williams St.*  
*Brooklyn, N.Y.*

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

*Donnelly - Lea*  
*C.P. - 12-14-20*

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

BY:

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

CEMETERY NO: 92.

SHEET NO: 71.

TYPED BY: rln.

8/713/LML

Recd World War Div.  
Date DEC 14 1920

MAY 10 1970

92-71

G. R. S. Form #120  
Shipping Inquiry.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
GRAVES REGISTRATION SERVICE  
WASHINGTON

tvh

FROM: Chief, Graves Registration Service, Q.M.G.  
TO: **Joseph Cherry, 226 Williams St., Herkimer, N. Y.**  
SUBJECT: Disposition of remains of **Pvt. Antonia Demarco.**

Records of this office show your request to be as follows:

Remains to be not returned to United States Interred .....

Shipped to .....

If any modifications of the foregoing are desired please write same fully on the other side of this sheet.

The nearest living relative may choose between, (1) return of remains to homes for burial; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

You are requested to fill out the following without delay and return in enclosed penalty envelope, which does not require postage.

By authority of the Quartermaster General:

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

NAME OF	NO. & STREET	TOWN	STATE
Widow			
Children (Name oldest first)			
Father			
Mother			
Brothers			
Sisters			

Date .....

Signature .....

Address .....

Relationship .....

<p>STANDARD</p> <p>STANDARD</p> <p>STANDARD</p> <p>STANDARD</p> <p>STANDARD (NAME OF THE UNIT)</p> <p>STANDARD</p>	<p style="text-align: center;"><b>RECEIVED.</b></p> <p style="text-align: center;"><b>MAY 3 1921</b></p> <p style="text-align: center;"><b>OSMETERIAL DIVISION</b> <b>OVERSEAS PROJECT SUB-SEC.</b></p>		
<p>NAME OF</p>	<p>NO. &amp; SERIAL</p>	<p>CLASS</p>	<p>DATE</p>

OFFICE OF THE SUPERVISOR  
GENERAL INVESTIGATION DIVISION

BY authority of the Superintendent of the  
 and taken to the office of the Superintendent of the  
 and the results of the investigation are as follows:  
 (1) The results of the investigation are as follows:  
 (2) The results of the investigation are as follows:  
 (3) The results of the investigation are as follows:

of the

of the

of the office of the Superintendent of the

SUBJECT: Investigation of the results of the

TO: General Investigative Division

FROM: Chief, General Investigative Division

WASHINGTON

GENERAL INVESTIGATION DIVISION

OFFICE OF THE SUPERVISOR

GENERAL INVESTIGATION DIVISION

11/11/21

11/11/21

11/11/21

11/11/21

C-152852

*Please Rush*

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

21 Wash 5/21/21  
HOBOKEN, N.J.

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE OF DEATH
<u>Demarco, Antonio</u>	<u>92 - 71</u>	<u>1/29/20</u>
SERIAL NUMBER	ORGANIZATION	DATE
<u>1297410</u>	<u>Evac. Hosp. #32</u>	<u>1/26/21</u>

WAR RISK INSURANCE PRE-SECTION

NAME OF BENEFICIARY	RELATIONSHIP
<u>Mr Joseph Cherry</u>	<u>(Uncle)</u>
Address	Em Address
<u>226 Williams Street Herkimer, New York.</u>	
Cor. Sec.	

Copy forwarded to  
Adjustment Department  
Date 5/3/21..w.

*file  
90.*

*80*

OFFICE OF THE DIRECTOR  
GENERAL INVESTIGATIVE DIVISION  
U.S. DEPARTMENT OF JUSTICE

NOVEMBER 1921

MAIL ROOM

NOV 1921

1/23/21

25 - 11

ORGANIZATION

GENERAL INVESTIGATIVE DIVISION

DEPT

Gen. Inv. Div.

11/23/21

GENERAL INVESTIGATIVE DIVISION

FILE

INVESTIGATION

GENERAL INVESTIGATIVE DIVISION  
RECEIVED PROJECT

JAN 28 1921

RECEIVED

GENERAL INVESTIGATIVE DIVISION  
RECEIVED PROJECT SUB-SECTION

MAY 19 1921

RECEIVED  
MAIL UNIT

GENERAL INVESTIGATIVE DIVISION

MAY 7 1921



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

COPY

FILE

<u>Hoboken, N.J.</u>		
NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
<u>Demarco, Antonio</u>	<u>92 - 71</u>	<u>1/29/20</u>
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
<u>1297410</u>	<u>Evac. Hosp. #32</u>	<u>1/26/21</u>

WAR RISK INSURANCE INFORMATION

DATE \_\_\_\_\_

<u>Mr. Joseph Cherry</u>	<u>Uncle</u>
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE	RELATIONSHIP

<u>226 Williams St., Herkimer, New York</u>	<u>(Em. Address)</u>
ADDRESS	

PERSON RECEIVING DEATH COMPENSATION	RELATIONSHIP
-------------------------------------	--------------

Original Forwarded  
to Hoboken

Date 5/8/21 - W.

Adjustment Made

5-15 1922

File No. 87680

DO NOT USE SMALL SLIPS.

Each clerk will sign his surname to steps  
taken by him.  
Indicate dates thus: 4-8-18.

DO NOT USE SMALL SLIPS.

THIS SPACE FOR OFFICE MEMORANDA.

Verify date of death

De Marco, 1297410, Antonio  
Put Evac Hosp #32

A G.O. 8-W-9 gave 1/29/20  
however, Grave location blank signed  
by Chaplain gives date of burial 1/23/19

D-60854

cty 92

case not held.

1-21-1919 (P.D.)

called

# GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

DeMarco ..... 1297410 ..... Antonio .....  
(Surname.) (Number.) (First Name and Initials)

Private ..... Co. E. H. # 32 Med. Dept. ....  
(Rank.) (Organization.)

Place of Death: Donjeaux, Hte. Marne, France.

DATE OF BURIAL: January 23, 1919.

Cause of Death: Typhoid Fever.

PLACE OF BURIAL: Military Cemetery, Hospital...  
Centre, Rimaucourt, Haute Marne, France.

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

GRAVE NUMBER... 368.

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 grave marker? ... Yes.

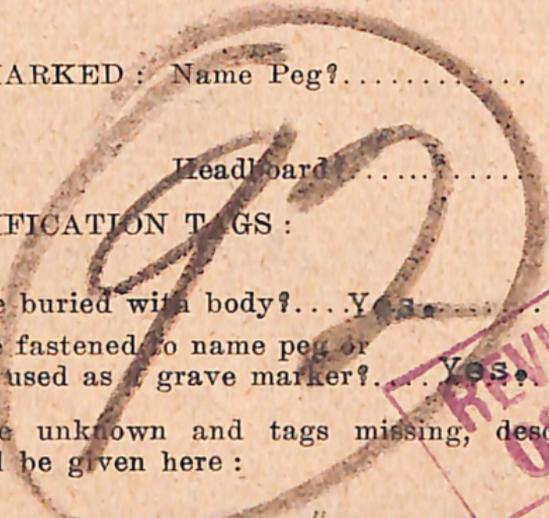
If name unknown and tags missing, description and marks should be given here:

\*

(Mobile Hospital # 11, Failed to furnish information, Name and address of nearest Relative.)

REPORTED BY: *Robert C. Davis*  
Robert C. Davis,  
1<sup>st</sup> Lt. M. C. Registrar,  
Base Hosp. # 238, APO. 919. AEF.  
(Signature and Rank of Reporting Officer.)

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





RECEIVED

29 JANV 1919

O. C. Q. ...  
G.R.S.