

OK

G.R.S. Form #114 B

To The A. G. O.

13682

MMB

No Corres.

OCT 9 - 1926

DATE 3/23/22

1. NAME DENZIO, Luigi

SERIAL No. 3105235

RANK Pvt. ORGANIZATION Co. G 304th Inf. 76 Div.

GRAVE LOCATION French Mil. Cty. Bar-le-Duc, Meuse #542

CTY. NAME

NUMBER

41

Amer.

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Nothing of record

GRAVE

COMMUNE

DEPT.

COORDINATES Not known

CONCENTRATED TO Nothing 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 Sept. 25, 1918

STATE FROM WHICH HE CAME Penna.

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS Nothing of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR W. M. Cline

Wm M. CLINE

Captain Q M C.

3. FINAL GRAVE LOCATION 3/23/22 14 33 H

DATE

GRAVE

ROW

Block

PLOT

AUDITED BY M.M.E. 2-23-23

Meuse Argonne American Cty # 1232 Romagne sous Montfaucon

CEMETERY

Robert O. Davis, Major General, The Adjutant General

By Oct 13

OCT 13 1920

A. G. O. OCT 11 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 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.



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

IN REPLY
REFER TO

WW/AI/1-208

SUBJECT: Verification

April 16, 1927

To: The Quartermaster General,
Washington, D. C.

1. A reexamination of the records in the case of Luigi Denzio, army serial #3105235, shows that at the time of his death he was a member of Company B, 304th Engineers, 79th Division.

By order of the Secretary of War:

Immanuel
Adjutant General.

1 Inclosure
GRS Form 114-B

Noted m H. L.

Rept as Dengie Luigi
EN 12711180ng
GRAVE LOCATION BLANK.

Died of Dis. 9/25/18. O.C. 273.
LOCATION OF THE GRAVE OF

Rept
Dengie 3105230 Luigi
(Surname.) (Number.) (First Name and Initials.)
Pvt Co B 304 Engineers
(Rank.) (Organization.)

DATE OF BURIAL..... Sept 26, 1918.....

PLACE OF BURIAL..... Bar-le-Duc, France.....

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

..... Military Cemetery, American Flat.....

GRAVE NUMBER..... Section 4 No. 1.....

HOW MARKED : Name Peg?..... Cross?..... X.....
Headboard?..... Bottle?.....

IDENTIFICATION TAGS :

Was one buried with body?..... yes.....

Was one fastened to name peg or stake used as a grave marker?..... no.....

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

Name plate on cross

REPORTED BY :

Jules Fontaine 1st Lt, A G O
(Signature and Rank of Reporting Officer.)

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

RECEIVED
3 OCT 1918

Stet
G. H. Q. A. L. I.
2 - OCT 1918

No green carbon

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Den	3	45-4 ⁰
BURIED	CEMETERY	1	1
	GRAVE	2	14
	ROW	2	33
	BLOCK	1	8
STATE	Pa.	2	44
RANK	Rot.	1	2
DIVISION	79	2	79
ORGANIZATION	304	3	304
ARM	Engro	1	4
MARITAL	No	1	2
NAME	Dez	3	45-6 ¹²
STATE		2	
RESIDENCE		2	
CITY		3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
Country	Italy	2	01

AUDITED

JAN 16 1938
RM

RM

29/514

PAB

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8-25-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
 Denzio, Luigi Pvt. 3105235 ✓ Co. C, 304th Inf. 9-25-18

STATE CTY. NO. 1232 GRAVE 14 ROW 33 BLOCK H

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: ✓ :	all rel foreign
	STEPMOTHER (For the year prior to commencement of service)	: :	14/23/3 -
NAME	MOTHER THROUGH ADOPTION (For the year prior to commencement of service)	: :	
AND	MOTHER THROUGH ADOPTION (For the year prior to commencement of service)	: :	
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: :	(M)
	WIDOW (Who has not remarried)	: :	<u>Rosaria Fanci</u>
	<u>Single man</u>	: :	<u>Redora Dizi</u>
		: :	<u>Tortoreto</u>
		: :	<u>Prov - di Teramo</u>
		: :	<u>Italy</u>

Veterans Bureau Claim Number XC 59819 ✓ #9
 29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Denzio, Luigi	Pvt.	3105235	Co. C, 304th Inf.	9-25-18

STATE	CTY. NO. 1232	GRAVE 14	ROW 33	BLOCK H
-------	---------------	----------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
		:	<i>F. died</i>
	MOTHER	:	(M)
	STEPMOTHER (For the year prior to commencement of service)	:	<i>Mrs Rosaria Fani vedova Dezi.</i>
NAME	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	<i>Zortoreto.</i>
AND	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	<i>Provincia di Teramo, Italy</i>
ADDRESS	MOTHER IN LOCO PARENTIS (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)	:	_____
		:	_____
		:	_____

Veterans Bureau Claim Number

4659819

7/267

In reply refer to:
293,8 C-R

24190

March 12, 1923

Mr. Enidio Denzio,
Tortoreto, Teramo,
Abruzzi, Italy.

Dear Sir:

The Quartermaster General desires that you be informed that
the permanent grave of

Pvt. Luigi Denzio, Co. C, 304th Inf., is
No. 14, Row 33, Block H, 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, 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 main-
tained by this Government in a manner befitting the last resting
place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

MAILED

MAR 13 1923

G.R.S.

22/1423/ARK

MR

e

Place Barle Duc, Meuse.,

REPORT OF DISINTERMENT AND REBURIAL

Date October 19-21

1. REMAINS OF Denzio Luigi SERIAL NUMBER 3105235

RANK Pvt. ORGANIZATION Co. C. 304th Inf.

2. Disinterred (date): October 19-21 From (give complete location) Grave 41 Cem. 542

By: Group 2 Unit F.S.# 3.

3. Reburied (date): March 23, 1922, Meuse Argonne Cty #1232, Gr. 14, Bl. H. Row 33.
In (give complete location):

By: Group Reburials Unit Lined casket,
Nature of reburial

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

Blanket, Hospital shroud and pin e box. Found under cross.
Badly decomposed recognition impossible.

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

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

No effects. Metal plate on top of burial box reads Luigi Denzie 304th Inf.

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

(a) Height (actual measurement) impossible to determine 10 behind # 11 irregular

(b) Weight (estimated) impossible to estimate

(c) Hair—Color Apparently dark Brown

Quantity Impossible to determine

Characteristics straight

(d) Hair on face—Color None visible.

Location None visible.

Quantity None.

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

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

None visible.

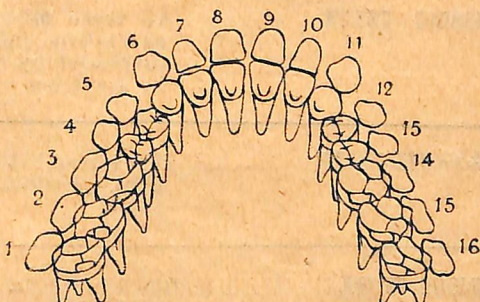
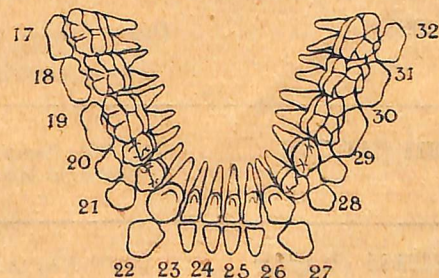


Diagram represents the mouth wide open



7. Disinterment supervised by H. L. Harbut

Approved: W. H. Roach, 1st Lt. QMC.

(Title)

8. Reburial supervised by W. B. Sheild






Approved A. E. Dewey, 1st Lt. QMC.

(Title)

REPORT OF DISINTERMENT AND REBURIAL
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:	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p>GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p>SILVER FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p>CAVITY DECAYED</p>
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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.

G.R.S. FORM #114-A.

STATION

October 19-21

To be prepared in triplicate.

DATE

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

DENZIO, Luigi

Discrepancy found upon exhumation of body

1. Name 3105235

10. Name

2. No. Pvt.

11. No.

3. Rank Co. C 304th Inf.

12. Rank

4. Org. 9-25-18

13. Org.

5. D.D. Double Pulmonary Congestion

14. (a) D.D.

6. C.D.

(b) D.B.

41

Discrepancy found upon disinterment

7. Grave No. Amer. Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot None Row

9. French Mil. Cty.

17. Bar-le-Duc

18. Cemetery Meuse

19. Commune or town France

20. Dept. or County #542

21. Country

22. G.R.S. Hdqrs. Code No. October 19-21

H. L. Hurlbut

23. Disinterred (Date)

By

24. Inscription on grave marker:

Name Luigi Denzio

Serial No. Co. C. 304th Inf.

Rank Pvt.

Organization

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

S. I. Talmadge

Signature Junior Technical Assistant

PREPARATION

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

Metal plate on top of burial casket reads Denzio Luigi 304th Inf No effects

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial Blanket and Pine box, found under cross. Hospital shroud.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above?

30. Body prepared and placed in casket: Date

October 19-21

H. L. Hurlbut

By

31. Casket sealed by

H. L. Hurlbut

Signature of Embalmer, (Supervisor)

H. L. Hurlbut

SHIPMENT. (Show actual marking of box.) Box No. C-8789

32. Designation of body:

Name DENXIO, Luigi Serial No. 3105235

Rank Pvt. Organization Co. C 304th Inf.

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) October 19-21 By H. L. HOFFMANN

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

Signature of G.R.S. Inspector [Signature]
W.H. Roach, 1st Lt. QMC.

36. Remarks

37. Shipped from point of Operation: (Date) October 19-21

To point of Concentration St. Remondoul Farme (Name)

Convoyer James Flynn Signature Shipping Officer [Signature]
W.H. Roach, 1st Lt. QMC.

38. Received at Railhead or Point of Concentration: Date Oct 19-21.

By G.R.S. Representative [Signature]
T.A. Luke, Capt., F.A.

39. Shipped from Railhead or Point of Concentration: Date Nov 11, 1921

To Permanent Cemetery Meuse Argonne Cemetery Romagne (Name)

Convoyer James Garner Signature Shipping Officer [Signature]
W.H. Roach, 1st Lt. QMC.

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cty #1232, March 23, 1922 (Date)

42. Grave No. 14 Section

43. Plot H Row 33

G.R.S. Representative [Signature]
A.E. Dewey, 1st Lt. QMC.

egg

COMPILATION OF DISPOSITION OF REMAINS DATA

1/21/21 Exhumed for concentration in Masse - Argonne, #1232 (AES 12-8-21)

I. LOCATION INDEX CARD:

File #24190

(a) Name DENZIO, Luigi Ser. No. 3105235
(b) Rank Pvt. Organization Co.C, 304th Inf. TYP. egp
(c) Date of death 9-25-18 (d) Cause of death Double Pul. congestion. CKR. agw

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

(a) Grave No. 41 Row - Plot Amer. Sec. Teramo, TYP. egp
(b) Emerg. Address Mr. Emidio Denzio (father) Tortoreto, Abruzzi, Italy. *(over)*

III. Files of soldiers dying from contagious diseases NO CARD CKR. agw

IV. A. G. O. DISPOSITION CARD:

no card in file - E.S. 1-25-21
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. _____

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 E.S. Date 1-20-1921

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

No request for disposition

(a) Cancellation memos referred to? Yes PT

Examiner's Initials PT Date 1-21-, 1920.

COUNTRY France CEMETERY No. 542 SHEET No. 15

IA
7-21-21

check

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 **JAN 27 1921**, 1920

Par. 2 Not to be returned. (JEM)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*BA-N.P. Mr Emidio Denzio (Father)
Torlorato, Teramo, Abruzzi, Italy
2-7-21*

Director
Foreign Index

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION

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

Harlow, G.W.

Please Rush.

NAME OF DECEASED SOLDIER

C 59819

CEMETERY NO.

DATE

DENZIO, Luigi.

Pvt.

542 - 15.

1/22/21.

SERIAL NUMBER

ORGANIZATION

3105235.

Co. C, 304th Inf.

Date of death, 9-25-18.

WAR RISK INSURANCE INFORMATION

Copy fwd to Adj Dept.

DATE 2 - 9 - 21
C

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Emidio Denzio

Father

Address
Tortoreto, Teramo, Abruzzi, Italy.

S/709/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

11/21/21 Exhumed for concentration in Muse - Argonne #1232 (12-7-21 AES)

I. LOCATION INDEX CARD:

File #24190

(a) Name DENZIO, Luigi Ser. No. 5105235
 (b) Rank Pvt. Organization Co. C, 304th Inf.
 (c) Date of death 9-25-18 Cause of death Double Pul. congestion.

TYP. *egp*
Alan

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

(a) Grave No. 41 Row - Plot Amer. Sect. Teramo,
 (b) Emerg. Address Mr. Emidio Denzio (father) Tortoreto, Abruzzi, Italy.

TYP *egp*
(over)

III. Files of soldiers dying from contagious diseases NO CARD

OKR *Alan*

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

No card in file (1-21-21 CS)
No request for disposition

H.S. 4-21-21

V. Following advice forwarded to Europe by - (cable on 192
 (letter of transmittal on JAN. 21 1921)

Par: 2 Not to be returned (J.P.M.)

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

CEMETERY NO.

SHEET NO.

S-666/MB

France

542

15

J. 4-21-21

29-11-15

Sarabato, Sarabato, Sarabato, Sarabato

B.A. M.P. - Mrs. Enrica Bengio (Father)

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Dengie 3105235 Luigi
(Surname.) (Number.) (First Name and Initials.)
Pvt Co B 304 Engineers
(Rank.) (Organization.)

DATE OF BURIAL Sept 26, 1918

PLACE OF BURIAL Bar-le-Duc, France

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

Military Cemetery, American Plat

GRAVE NUMBER Section 4 No. 1

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? yes

Was one fastened to name peg or stake used as a grave marker? no

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

Name plate on cross

REPORTED BY:

Jules Fontana 1st Lt, A G O
(Signature and Rank of Reporting Officer.)

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

24190

542

5 OCT 1918

1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's Name

3. Denzie, Luigi
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps
304 Inf.

5. Sept. 25, 1918.
Date of Death Cause, if known

6. Fr. Mil.
Date of Burial Cemetery

7. Bar-le-Duc Meuse
Town or Commune (in block letters) Department

8. 41
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.

12. Map Reference, if interment is outside of cemetery

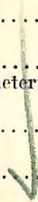
13. Give name of Chaplain or Burial Officer

Signed. H. B. McC.

Group. Hq. 1st Army U. S. G. R. S.

24190

542



1. G. R. S. Form No. 1
 2. Soldier's Name
 3. Details
 4. Rank
 5. Unit or Corps
 6. Date of Birth
 7. Town or Community (in block letters)
 8. Grave No.
 9. Name of Cross
 10. Attached to Grave Markers
 11. If name unknown and tags missing, give marks and description
 12. Map Reference, if interment is outside of cemetery
 13. Give name of Chaplain or Burial Officer
 14. Signed



1. G. R. S. Form No. 1
 2. Soldier's Name
 3. Details
 4. Rank
 5. Unit or Corps
 6. Date of Birth
 7. Town or Community (in block letters)
 8. Grave No.
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 10. Attached to Grave Markers
 11. If name unknown and tags missing, give marks and description
 12. Map Reference, if interment is outside of cemetery
 13. Give name of Chaplain or Burial Officer
 14. Signed