

MMB

DATE

1. NAME DE ROSA, Emiddio SERIAL No. 3135227

RANK Pvt. ORGANIZATION Co. I 111th Inf.

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

157

Sec. 20

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Near Xannes, (M et M) @-244  
GRAVE COMMUNE DEPT.

COORDINATES 243.5 N. 362.5 E.

CONCENTRATED TO 6/18/19. 157 Sec 20. 4  
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.

Tag on body and contents.

DATE OF DEATH

STATE FROM WHICH HE CAME

Data Form 1.

SUBSEQUENT REBURIALS MEDALS OR DECORATIONS AWARDED  
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

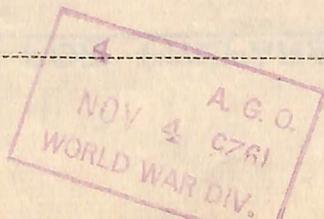
A. L. DEWEY

1st Lieut. Q. M. C.

3. FINAL GRAVE LOCATION August 16, 1922 28 3 Block #3  
DATE GRAVE ROW PLOT

Robert C. Davis, Major General, The Adjutant General

St. Mihiel Cemetery #1233 CEMETERY



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.

Co. I, 111th Infantry  
28th division.

De Rosa, Emiddio, Pvt 3135227

On the morning of November 4th 1918, our battalion was rushed up to the front line above Kammes on the Thiaccourt sector. Co I, of which De Rosa was a member when ordered to advance up to the Valley toward Chary. As we entered the valley the enemy threw over a heavy barrage in order to check our advance. We pushed on through the shell fire when a large H.B. shell landed within a few yards of our platoon, wounding severely and instantly killing De Rosa. His left leg being almost blown off. He was carried back to Kammes where he was buried by burying detail of the 3rd. Battalion.

Informant : Campbell, Grover C - Sgt. 2059780  
Co. I, 111th Infantry

Home : 2952 W. Path Street, Chicago Ill

Searcher : J.F.W. Davis, 2nd Lt. 111th Inf.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name DEROSA, Eddio

Number: 3135227

Rank: Unkn

Organization: Co. I. 111th., Inf.

Disinterment and Reburial made by (Group

Unit

Disinterred (Date)

From: (Give complete location)

18th., June, 1919

Grave ISOLATED. XMMES, M. et M.

Map. 52 N. E. E. 363. N. 244.3

Reburied (Date)

in: (Give complete location)

18th., June, 1919

Grave #157 Sec. #20 Plot #4

ST. MIHEL AMERICAN CEMETERY. #1233

THIAUCOURT. M. et M.

*1233*

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

Burial good. Buried in uniform. Badly decomposed.

Was one identification tag found upon the body? Yes

What other means of identification were found upon the body? None

**CONFIRMED N°D**

*11907*

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G. H. O. 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 Capt. Orbeck.

**R. H. ROSENTHAL**  
**2nd Lieut. Q.M.C.U.S.A.**

C.O. Group

Unit

Date Recd., June, 1919

REPORT ON DISINTERMENT AND BURIAL

Name of:

Name: DUNN, Ambrose

Number: 318823

Rank: Unit

Organization: Co. I. 11th Inf.

Districament and Regimental name by Group

Districament (Date) (Give complete location)

18th June, 1919

Grave location: Y. 1000, N. of H.

Reg. No. N. 1. 305, N. 244.8

Regimental (Date)

the (Give complete location)

18th June, 1919

Grave location: Y. 1000, N. of H.

ST. MICHAEL'S CEMETERY, 1888

THIAOUBI, N. of H.

Account as to nature of original burial and condition of body when disinterred

Burial good. Buried in uniform. Body decomposed.

Was the identification tag found with the body? Yes

What other means of identification were found upon the body? None

If upon disinterment, officers are found upon the bodies, they will be reported to the Medical Department, as is required by G. O. No. 1312, and a report will be made and reported to G. O. No. 1312, and a report will be made and reported to G. O. No. 1312.

H. H. HORNSTADT  
2nd Lieut. O.M.D.U.S.A.

Examined by Capt. Crick



No green carbon

HEADING	SUB-HEADING	NO. OF COLS	CODE	
NAME	De Rosa	DER	3	4 5 8
BURIED	CEMETERY	1233	1	3
	GRAVE	28	2	28
	ROW	3	2	03
	BLOCK	B	1	2
STATE	Pres		2	43
RANK	Pvt		1	2
DIVISION	28		2	28
ORGANIZATION	111		3	111
ARM	Inf		1	1
MARITAL	No		1	2
NAME	RAFFALLS	RAF	3	08 16
Barone			2	
RESIDENCE			2	
all rel. foreign			3	
RELATION	Mother		1	1
OTHER	Sister		1	2
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	Country	Italy	1	01
29/514/			2	

AUDITED

FEB 22 1938  
RSM

9.0  
RCA

RCB

WAR DEPARTMENT  
 OFFICE OF THE QUARTERMASTER GENERAL  
 WASHINGTON

DATE 8-26-31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH  
DERosa, Emiddio Pvt. 3135227 Co I 111th Inf Nov. 5, 1918

STATE Oregon CITY. NO. 1233 GRAVE 28 ROWS BLOCK B

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	<u>MOTHER</u> <i>living in 18 - no later info</i>	<input checked="" type="checkbox"/>	<i>VC 129912</i>
NAME	STERMOTHER (For the year prior to commencement of service)	:	<i>Barone Raffaels</i>
AND	MOTHER THROUGH ADOPTION (For the year prior to commencement of service)	:	<i>Fagnano Castello</i>
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	<i>Prov. of Cosenza</i>
	WIDOW (Who has not remarried)	:	<i>Italy - old add</i>
	<i>Single man</i>	:	<i>S. Italy</i>
		:	<i>Maria Grazia De Rosa</i>
		:	<i>Vico Liori</i>
		:	<i>Fagnano Castello</i>
		:	<i>Prov. di Cosenza</i>
		:	<i>Italy</i>

Veterans Bureau Claim Number C 129912  
 29/156

*all rel - found 2/14/33*

DE ROSA, Emiddio Pvt.

*Forerger*

March 1, 1924

Miss Maria Grazia DeRosa,  
Vico Frori, Fagnano, Costello,  
Province of Cosenza, Italy.

Dear Madam: 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.

Assistant.

MFK

R. L. FOSTER

*LOC*

CENTRAL MAIL ROOM



MAR 1 1924

B. O. C.

*file  
2/11  
7-11-24*

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #55093

## I. LOCATION INDEX CARD:

(a) Name De Rosa, Emoddio Ser. No. 3135227 } TYP. evs  
 (b) Rank Pvt. Organization Co. I, 111th Inf. } CKR. B.I.  
 (c) Date of death 11/5/18 (d) Cause of death k/a

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

(a) Grave No. 157 Row - Plot 4 Sec. 20 TYP. evs  
 (b) Emerg. Address Miss Maria Grazie DeRosa, (Sister), Fagnano, Costello,

III. Files of soldiers dying from contagious diseases (over) Italy B.I.  
 CKR. B.I.

## IV. A. G. O. DISPOSITION CARD:

no card in file L.G. 2-3-21  
 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 L.G. Date 2-3-, 1920.

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

no Request for Disposition

(a) Cancellation memos referred to? \_\_\_\_\_

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

COUNTRY FRANCE CEMETERY No. 1233 SHEET No. 910

Checked M  
2-26-21

AT. 4-21-21.

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 \_\_\_\_\_, 1920

FEB 18 1921

Par. #2, Not To Be Returned

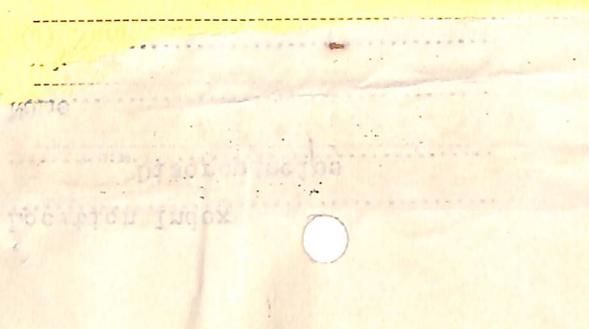
17

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *B.A.W.R. Miss Maria Grazia de Rosa, (Sister).  
Nico Frori, Fagnano, Costello, Province of Cosenza, Italy. (Pm 2-26-21)*



To be prepared in triplicate.

DATE Aug 16, 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 ROSA, Emiddio  
 2. No. 3135227  
 3. Rank Pvt.  
 4. Org. Co. I 111th Inf.  
 5. D.D. 11-5-18  
 6. C.D. M.I.A.

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 157 Sec. 20  
 8. Plot 4 Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. None

18. Cemetery St. Mihiel Amer.

19. Commune or town Thiaucourt

20. Dept. or County M&M

21. Country France

22. G.R.S. Hdqrs. Code No. \_\_\_\_\_

1233

23. Disinterred (Date) Aug. 16, 1922

By C.V. Russell

24. Inscription on grave marker:

Name DE ROSA, Emiddio

Serial No. 3135227

Rank Pvt.

Organization Co. I. 111th Inf.

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

J.T. White  
 Signature Junior Technical Assistant

PREPARATION

J.T. White

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).

Tag on body reads: Emiddio DeRosa, ---5227

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Wooden box, U.S. uniform

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 Aug. 16, 1922 By C.V. Russell

31. Casket sealed by C.V. Russell

Signature of Embalmer, (Supervisor)

C.V. Russell  
MMB C.V. Russell

848 10/6/23

SHIPMENT. (Show actual marking of box.) Box No. C - 29644

32. Designation of body:

Name Emiddio DE ROSA Serial No. 3135227

Rank Pvt Organization Co. I 111th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Aug. 16, 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. 16, 1922

To point of Concentration

Convoyer \_\_\_\_\_ (Name)  
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.

Convoyer \_\_\_\_\_ (Name)  
Signature Shipping Officer J. J. Powers, 1st Lt., Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred August 16, 1922

42. Grave No. 28 (Date)  
Section

43. Plot Block "B" Row 3

G.R.S. Representative A. E. Dewey,  
1st Lieut., Q.M.C.

Place Thi court France

# REPORT OF DISINTERMENT AND REBURIAL

Date August 16, 1922.

1. REMAINS OF DE ROSA Emiddio SERIAL NUMBER 3135227  
 RANK Pvt ORGANIZATION Co. I 111th Inf

2. Disinterred (date) : August 16, 1922 From (give complete location) : Gr. 157 Sec 20 Pl 4 Cem 1233

By : Group 1 Unit ( Sec 1

3. Reburied (date) August 16, 1922 In (give complete location) : Cty 1233 Gr 28 Row 3 Blk B

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

4. Report as to nature of original burial and condition of body upon disinterment :  
Wooden box, U. S. uniform.  
Badly decomposed, unrecognizable.

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

(b) Other means of identification found upon disinterment, and general remarks :  
Tag on body reads "Emiddio De Rosa - - - 5227"

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) -do

(c) Hair—Color -do

Quantity -do

Characteristics -do

(d) Hair on face—Color -do

Location -do

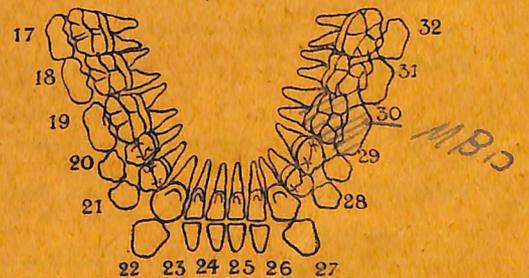
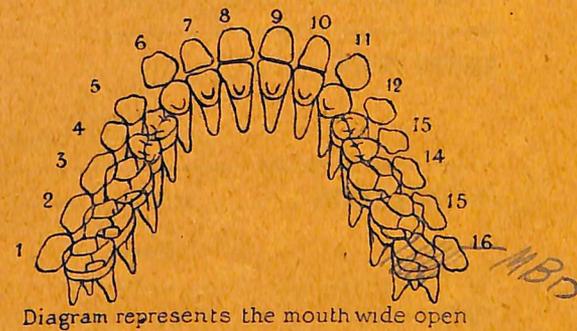
Quantity -do

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

teeth 16 30 missing before death

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

skull shattered JTW



7. Disinterment supervised by C. V. Russell Approved: [Signature]  
 (Title) 1st Lieut QMC

8. Reburial supervised by H. I. Kramer Approved: [Signature]  
 (Title) 1st Lieut., Q.M.C.  
concentration

## 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.



# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*De Rosa 3135227 Euddio*  
(Surname). (Number). (First Name and Initials).

(Rank).

(Organization).

PLACE OF DEATH: *On Line in Front of Xammes*

CAUSE OF DEATH: *Killed in action*

DATE OF BURIAL: *Nov 13, 1918.*

PLACE OF BURIAL: *On Right of R.R.*

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

*Running E. of N. of Xammes  
about 1 K. from "*

*Coordinates 362.7 - 244.3  
Map Chamblay 5-6  
scale 1-20000*

GRAVE NUMBER: 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? *yes.*

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

*E. Tetreau 1st Lt & Chaplain*  
(Signature and Rank of Reporting Officer).





Control List No. \_\_\_\_\_  
Daily Report No. \_\_\_\_\_

274-607

*Copy*

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

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

De Ross, Maddio, Pvt.

SERIAL NUMBER

ORGANIZATION

1253 - 910

2/5/21.

3135227

Co. I, 11th Inf.

Date of death - 11/5/18.

*Adjustment Made*

*5-1 1922*

WAR RISK INSURANCE INFORMATION

File No. 55093

DATE \_\_\_\_\_

NAME OF BENEFICIARY

RELATIONSHIP

Miss Maria Grazia de Rosa,  
Address

Sister

Vico Frovi, Fagnano, Costello, Province of Cosenza, Italy.

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

*Revised  
initial  
C-1299/2*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

De Rosa, Emiddio, Pvt.

1233 - 910

2/5/21.

SERIAL NUMBER

ORGANIZATION

3135227

Co. I, 111th Inf.

Date of death - 11/5/18.

WAR RISK INSURANCE INFORMATION

*Copy forwarded to  
Adjustment dept.  
on 2-26-21*

DATE \_\_\_\_\_

NAME OF BENEFICIARY

RELATIONSHIP

Miss Maria Grazia De Rosa

Sister

Address

Vico Fronti, Pagnano, Costello, Province of Cosenza, Italy.

S/709/LML