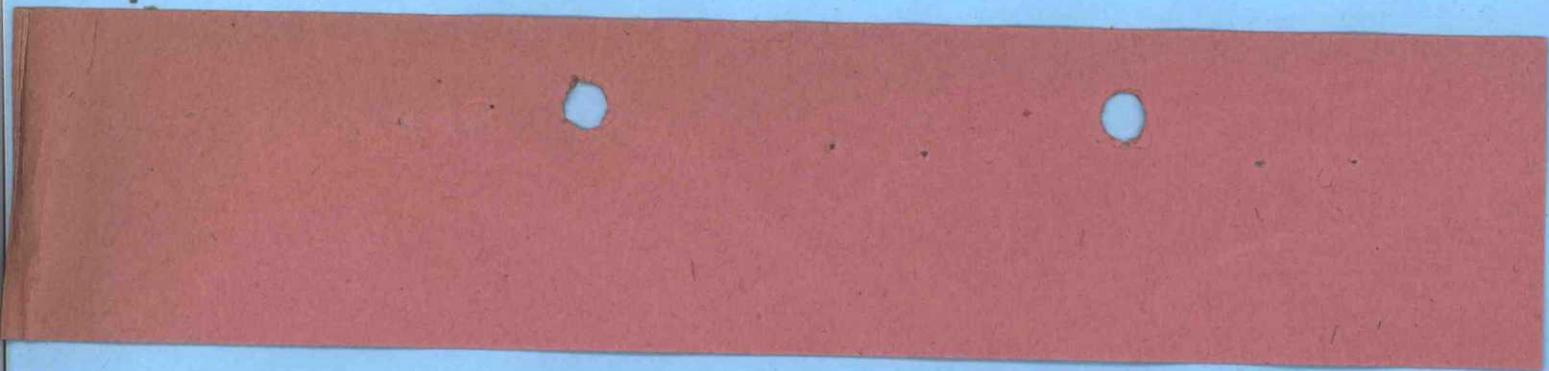


293 BRUESEWITZ, HAROLD E. 16 095 193 Sgt. INF. EUROPEAN AREA (WISC.) mm 45

mk

92-704-1
BX 871
9/16/00



Serial No. 16095793 Name BRUESEWITZ, H. F.
 Grade _____ Rank _____
 Organization 7. A.B.
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action _____ Died of Disease _____
 Date EST. 29 JAN 1945 Hospital _____
 Battle Area ST. VITH B. BELGIUM Information M
 Place of Burial _____
 Point of Coordination _____
 Description of Body _____
 Members Missing 182 IPI

*File
me*

Signed _____

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 30 Feb 1945

913 *Brusewitz, Harold E.*

FULL NAME Brusewitz, Harold E.				ARMY SERIAL NUMBER Imp 2431 16 095 193				GRADE Sgt					
HOME ADDRESS Spencer, Wisconsin				ARM OR SERVICE Infantry				DATE OF BIRTH 20 Jan 1921					
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in action				DATE OF DEATH 25 Jan 1945					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 28 Aug 1942				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Nellie Brusewitz, Mother, Rt. 2, Box 174, Spencer, Wisc.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nellie Brusewitz, Mother, Rt. 2, Box 174, Spencer, Wisc. Fred Brusewitz, Father, Rt. 2, Spencer, Wisc.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Awarded Combat Infantryman Badge, per GO #60, Par 1, Hq. 7th Armd. Div., dated 13 Nov 1944.

Evidence of death received in War Dept. 12 Feb 1945.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O. U. S. A.
2. G. O. M. G.	G. F. D.	ARMY EFFECTS BUREAU
G. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF

Final file

James Rinkhart
ADJUTANT GENERAL

WD AGO FORM 53-1
1 DECEMBER 1944THIS FORM SUPERSEDES WD AGO FORM 53-1, 29 MAY 1944, WHICH
STOCKS ARE EXHAUSTED.

5 MAR 1945

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

423789 m

REPORT OF DEATH

DATE 20 Feb 1945

FULL NAME Brussewitz, Harold E.		ARMY SERIAL NUMBER Imp 2831 16 095 193		RANK Sgt									
HOME ADDRESS Spencer, Wisconsin		ARM OR SERVICE Infantry		DATE OF BIRTH 20 Jan 1921									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 25 Jan 1945									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 28 Aug 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Nellie Brussewitz, Mother, Rt. 2, Box 174, Spencer, Wisc.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nellie Brussewitz, Mother, Rt. 2, Box 174, Spencer, Wisc. Fred Brussewitz, Father, Rt. 2, Spencer, Wisc.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Awarded Combat Infantryman Badge, per GO #80, Par 1, Hq. 7th Armd. Div., dated 15 Nov 1944.

Evidence of death received in War Dept. 13 Feb 1945.



COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
2. G. O. N. G.	G. F. D.	ARMY EFFECTS BUREAU
G. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR

James W. Pinkhart
ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Fred Bruesewitz
Route #2, Box 174
Spencer, Wisconsin

SHIP TO:
Sgt. Harold M. Bruesewitz
16095193
423789-D

Effects of:
Name
ASN
Case No.
Wt.

DATE 5 June 1945
GHG:IB:amr

B. Taylor
Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. _____
Amount _____
 Inclose "Valuables" item
 Ship "Valuables" item(s)

Remove G.I.
 Note discrepancy in _____
 Films removed
 Diary removed
 Laundry removed

ROUTING:

Accounting Branch
 Warehouse Division
 Files Branch, Adm. Div.

RECEIVED
AMG 6-48

1 pkg

REMARKS:

SHIP BLOODSTAINED & DAMAGED
ITEMS

Fracked FRANKED
Est. Exp. Chgs. _____
Est. Pkt. Chgs. _____
No. of packages 1

JUN 8 1945

me
Shipping Clerk

PACK	DESCRIPTION	ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
				MISSING	<input type="checkbox"/>
		423,789 18		P.O.W.	<input type="checkbox"/>
				ABANDONED	<input type="checkbox"/>
				TALLY NO.	7671 ✓
				INV. DATE	3 May 45 ✓
				ORIG. NO. OF PKGS.	1
				BOX NO.	2
				SHEET OF	1 SHEETS ✓
				ORGANIZATION	7th. Army Div. ✓

NAME HARDID E. BRUESEWITZ
 A.S.N. 14095193 RANK P. F.C.

BELT		TOWELS & WASHCLOTHS		WINGS
BELT, MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
CLOTH, WASH		BRACELET IDENT.		BILLFOLD, (NO MONEY)
COATS		BRUSHES		CASE
FOOTWEAR, PR.		CAMERAS		FOOTLOCKER
GLOVES, PR.		GLASSES		KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS		KNIVES	* X	BOOKS ✓
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS	X	MISC. INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUR)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.	X	RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES		RIBBONS, DECORATION		PHOTOS
TOWELS	**	RINGS		SHOE SHINE ARTICLES
TROUSERS, PR.		TOBACCO		SHORT SNORTER
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH	X	SOUVENIR MONEY ✓
				STATIONERY
				TESTAMENTS
				U.S. MONEY (AMOUNT)

DENIED TO BE BLOOD STAINED DAMAGED

File
nls

REMARKS <i>mather:</i> Mrs Nellie Bruesewitz Spencer, Wisconsin	ATTACHMENTS	FORM #54	FORM #100
* - appears to be blood stained. ** - Broken, and stone missing. C.A.T. none.		1- Inventory ✓ 1- U.P. label ✓ 1- Form 28 ✓ removed nls.	
WAREHOUSE SPACE	STORED BY	WEIGHT	G.I. REMOVED
1812	MC lu		X SHORTAGE ON REVERSE ✓
INVENTORIED BY <i>Bain</i>		DATE SHIPPED JUN 8 1945	IDENT. TAGS REMOVED
PACKED BY <i>Parker & Corp</i>	CHECKED BY <i>H</i>		DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

mk

ADDITIONAL REMARKS

SHORTAGES

1- Locket.

U. S. GOVT. CHECK SHORT.

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

Bain

INVENTORY CLERK

SUPERVISOR

G.J. REMOVED

NAME

EWITZ, H. E. 5193

DAY	PALLET	BOX	TALLY
		2	7671
TYPE OF PKG.	WISE SPACE	INVENTORIED	
GRB			

EE. QM Form 43

RESTRICTED
INVENTORY FORM

III 182 H. C.

31 Jan 45
Date

Direct to KC
Pouch no. 150
Reg. No. 120

SUBJECT: Inventory of Personal Effects of:

Brucewita H. E. Unk 16095193
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Unk 7th Army Div.
(Unit) (Organization)

was reported buried about 31 Jan 45 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unk

INVENTORY OF EFFECTS

- 1 Prayer book ✓
- 1 fountain pen ✓
- 1 pencil ✓
- 1 ring ✓
- 1 pocket knife ✓
- 1 knife in sheath ✓
- 2 inf. buttons ✓
- tobacco pouch ✓
- souvenir money ✓
- pictures ✓
- 1 locket ✓
- receipts ✓
- 1 religious medal ✓

*File
pls*

Money in the amount of _____ has been turned into _____
(Name of finance office and

_____ Form WDFD 38 enclosed.
symbol number)

Unk

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by reg mail on _____ 194____.
(Rail, Truck, etc.)

Name H. Shackelford
Rank & ASN 1st Lt. OMC
O-1596803
Organization G. R. O.

Any additional pertinent information:



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

423789

IN REPLY REFER TO _____

GHG:IB:dn
June 5, 1945

Mr. Fred Bruesewitz
Route # 2, Box 174
Spencer, Wisconsin

Dear Mr. Bruesewitz:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your son, Sergeant Harold E. Bruesewitz.

These effects are being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

I wish to express my sympathy in the loss of your son.

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

Summary Court-Martial
 ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPOT
 601 Hardesty Avenue
 Kansas City 1, Missouri

JRM:IB:amr
 Case No. 423789
 Date 5 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Harold E. Bruesewitz, 16095193 late a
 (Name of deceased) (Army Serial Number)
Sergeant, Infantry who died
 (Grade) (Organization, Army or Service)
 on the 25 day of January, 1945, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 1 June 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Fred Bruesewitz for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of

A.W. 112, Fred Bruesewitz of
 (Name of person found entitled)

Route #2, Box 174, Spencer State
 (Number, Street or Avenue) (City, Town or Village)

Wisconsin, is the father of the
 (Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel Q.M.C.

(Name, Rank, Organization)
 SUMMARY COURT MARTIAL

DISINTERMENT DIRECTIVE						V.J. MH
SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 1240 01895	DATE 15 07 47 DAY MONTH YEAR	
NAME 243 BRUESEWITZ HAROLD E		SERIAL NUMBER 16095193	RANK SGT	ARM 1	DATE OF DEATH DAY MONTH YEAR	
CEMETERY HENRI CHAPELLE EUPEN				1	DISPOSITION OF REMAINS 6300 08 CODE DIST. PT.	
PLOT III	ROW 10	GRAVE 182	COUNTRY BELGIUM	CAUSE OF DEATH 1		
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE SWARTOUT FUNERAL HOME SPENCER, WISCONSIN			NAME AND ADDRESS OF NEXT OF KIN MR. FRED H. BRUESEWITZ RURAL FREE DELIVERY #2 SPENCER, WISCONSIN			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME BRUESEWITZ HAROLD E		SERIAL NUMBER 16095193	RANK SGT	DATE OF DEATH Est 27 Jan 1945	DATE DISINTERRED 6 Sept 1947	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		ORGANIZATION CO B, 38 ARMD INF BN 7TH ARMD DIV		RELIGION P	IDENTIFICATION VERIFIED BY Orville R. Steffer, Capt QMC 544 Qn Sv Co NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL In uniform and mattress cover			CONDITION OF REMAINS Right humerus fractured. Body complete.			
OTHER MEANS OF IDENTIFICATION None						
MINOR DISCREPANCIES None						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 11 Sept 1947		BY Ray E. Bower, Emb. Supv.				
CASKET SEALED BY Ray E. Bower, Emb. Supv.			EMBALMER (Signature) Ray E. Bower, Emb. Supv. 562 Qn Sv Co			
CASKET BOXED AND MARKED Charles E. Hackler DATE 11 Sept 1947 Clk Rec			SHIPPING ADDRESS VERIFIED BY Ray E. Bower, Emb. Supv.			
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 GRS INSPECTOR David L. Benshoff, Capt. 1st.		FILE NAT E. KATZ 23 Dec 47
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						
Control # 347						

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MC Henri Chapelle, Belgium		TO Liege, Belgium (Barge Loading Point)	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Sgt. Lupe J. Valenzuela, RA 39570049	
SIGNATURE OF SHIPPER <i>Capt. Mark Ray</i>	DATE 15/9/47	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 15/9/47

2. SHIPPED

FROM Liege, Belgium (Barge Loading Point)		TO Antwerp Port - Pier 140	
KIND OF CONVEYANCE Barge Caroline		NAME OF CONVOYER M/Sgt Edward J. Malloy, RA 6129790	
SIGNATURE OF SHIPPER Capt. Paul McGee, 0605337 MIS	DATE 15/9/47	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 19 SEP 1947

3. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT JOS V CONNOLLY	
KIND OF CONVEYANCE ZEG		NAME OF CONVOYER Wm G Henderson Capt T C	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 4 OCT 1947	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 4 OCT 1947

4. SHIPPED

FROM JOSEPH V. CONNOLLY		TO N 9 PE	
KIND OF CONVEYANCE JOSEPH V. CONNOLLY		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE OCT 25 1947	SIGNATURE OF RECEIVER JAMES B. MCKINNON	DATE 27 OCT 1947

5. SHIPPED

FROM N 9 PE		TO D. C & Chicago, Ill	
KIND OF CONVEYANCE Train		NAME OF CONVOYER SPENCER, [Signature]	
SIGNATURE OF SHIPPER JAMES B. MCKINNON	DATE 29 OCT 1947	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

6. SHIPPED

FROM III 10 185 BELGIUM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HVLETTE EOLBE	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

N2 WH

RECEIPT OF REMAINS

DISTRIBUTION CENTER AGR DIVISION, CHICAGO QUARTERMASTER DEPOT
1819 W. Pershing Rd., Chicago 9, Ill.

SWARTOUT FUNERAL HOME
SPENCER, WISCONSIN

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE SGT. HAROLD E. BRUESEWITZ, #16095193
BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT T/SGT. GEORGE E. COCHRAN
ON TRAIN NUMBER 209, C. & N. W. RR.
LEAVING CHICAGO 4:10 PM., TUESDAY 2 DECEMBER 1947
AND DUE TO ARRIVE MARSHFIELD, WIS., 10:30 PM., TUES. 2 DEC. 1947
REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL
AND THAT YOU IMMEDIATELY INFORM THE NEXT-OF-KIN. REFER TO
CONTROL NUMBER 347.

CARROLL J. GRINNELL
LT. COL. Q.M.C.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 2nd DAY OF December, 1947
DAY MONTH

T/sgt. George E Cochran
WITNESS (Escort)

Swartout Funeral Home
BC Swartout
CONSIGNEE

18-B

VEB

QMGMR 293
Brusewitz, Harold E.
A.S.N. 16 095 193

14 January 1947

Mr. Fred Brusewitz
Route #2
Spencer, Wisconsin

Dear Mr. Brusewitz:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your son, the late Sergeant Harold E. Brusewitz, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

G. A. HORKAN
Brigadier General, QMG
Assistant

1 Incl
Photograph

eb

MAIL & DECOR

M

mta

347

WU A36 54/52 GOVT COLLECT 4 EXTRA
MARSHFIELD WIS OCT 25 1947 311P
AMERICAN GRAVES REGISTRATION DIV

CHGO QM DEPOT

REFER CONTROL NUMBER 347 SGT HAROLD E BRUESEWITZ 16095193
DELIVER REMAINS OF LATE HAROLD E BRUESEWITZ 16095193 TO
SWARTHOUT FUNERAL HOME SPENCER WIS MILITARY HONORS TO BE
GIVEN BY HUBER SCHMITT BRUESEWITZ VFW POST 2224 COLBY WIS
AND LEE PICKETT AM LEG POST NUMBER 298 SPENCER WIS
FRED H BRUESEWITZ RFD 2 SPENCER WIS.

OCT 26.

347 16095193 16095193 2224 298 2.

FILE

RECEIVED
SPENCER CENTER
OCT 26 8 52 AM '47

LIFE

2. REG. #3888 REGISTRATION

OCT 26

EDWARD H. SPENCER, JR.

AND GEE PICKETT VIA REG POST NUMBER 588 SPENCER

GIVEN BY NUMBER SCHWITZ SPENCER NEW POST 5554 COLBY

SMARTHOUS ENGINEER HOME SPENCER MILITARY HONORS TO BE

DELIVER REMAINS OF CIVIL WAR OF SPENCER TO

REGISTRATION NUMBER 247 SGT HAROLD E. SPENCER

CHGO ON DEPT

AMERICAN GRAVES REGISTRATION DIV

WASHINGTON OCT 25 1942

NO 428 24725 COLLECT & EXTRA

REC'D CHI QMD
AGR DISTR OCT 26

OCT 26 AM 9:12

QMGYG 293
Bruesewitz, Harold E.
SN 16 095 193

21 October 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Henri-Chapelle, Belgium, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Bruesewitz, <u>Harold E.</u>	Sgt	16 095 193	III	10	182

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

cdb

MARTIN G. RILEY
Major, QMG
Assistant

MEMORIAL REGISTRATION
OCT 21 3 20 PM '46
GENERAL REGISTRATION AND RECORDS BRANCH

VD
gmk

OCT 21 3 50 PM '46
U.S. M.C.
MAIL & RECORDS BRANCH

REPATRIATION RECORDS BRANCH

14 OCT 40
Date

NAME BRUESEWITZ HAROLD E SGT

SERIAL NO. 16095193

CEMETERY HENRI CHAPELLE BEL

PLOT III

ROW 10

GRAVE 182

LETTER FIELD

Correct Records to Read:
BRUESEWITZ HAROLD E

Maryjane
Special Checker

file
12 Oct 46
Wright
nat

ato

SPQYG 293
Bruesewitz, Harold E.

mb

4 September 1945

Mr. Fred Bruesewitz
Route 2
Spencer, Wisconsin

Dear Mr. Bruesewitz:

The War Department is most desirous that you be furnished the burial location of your son, the late Sergeant Harold E. Bruesewitz.

The records of this office disclose that he is interred in the U. S. Military Cemetery #1, Henri Chapelle, Belgium, plot III, row 10, grave 182.

This cemetery is located approximately 7 miles southwest of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

orig dispatch

el
GRAVES REGISTRATION SECTION
SEP 4 12 10 PM '45
MEMORIAL DIVISION

(A60) 293 Bruesewitz, Harold E 16,095,193

134 8T955

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1945)

RESTRICTED
REPORT OF BURIAL

31 Jan. 1945

Date

Bruesewitz, H. E.

Unknown

16095193

Last Name

First

Initial

Rank

Serial No.

Unknown

38 Army Div

7th Arm'd Div.

Unit

Organization

St. Vith, Belgium

27 Jan. 1945 (est)

S.W. Abdomen

Place of Death

Date of Death

Cause of Death

1400 31 Jan. 1945

Henri Chapelle # 1

K 721-348

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

182

10

III

Perm.

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags

How were remains identified?

1 Pay Book

1 Church Card

What means of identification were buried with the body?
Note below any identifying class for the body, probable organization of deceased, etc.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:

Cano, Miguel

38676959

183

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Bolton, Henry S.

38562367

181

Name

Serial No.

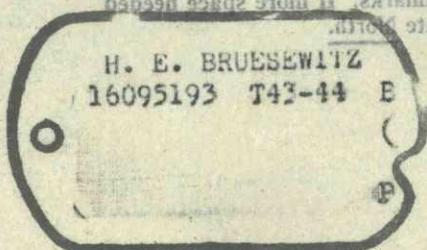
Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:



Emergency Addressee

Name

Address

Religion

List only Personal Effects Found on Body and disposition of same:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

N. F. RAKE

1st Lt, QMC

518237

G. R. O.

RESTRICTED

RESTRICTED
REPORT OF BURIAL
IF DECEASED UNIDENTIFIED

Form No. 1
(Revised 1 Sept 1945)

Date: 31 Jan. 1945
Serial No.: 1805213

Take fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____ Race: _____

Laundry Marks: _____ Number of Rifle: _____ Wear Glasses? _____ Is Tooth Chart Attached? _____

Name: St. Vith, Belgium
Place of Death: _____
Time and Date of Burial: 1400 31 Jan. 1945
Grave Number: 188

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.)

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

How were remains identified? No Identification Tags

What means of identification were buried with the body?
1 Church Card
1 Pay Book

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

To determine Right or Left use Deceased's Right and Left:

Who is buried on:
Deceased's Right: _____
Deceased's Left: _____

Organization: _____
Name: _____
Serial No.: _____
Grave No.: 181

Organization: _____
Name: Bolton, Henry S.
Serial No.: 3856367
Grave No.: 182

TOOTH CHART
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

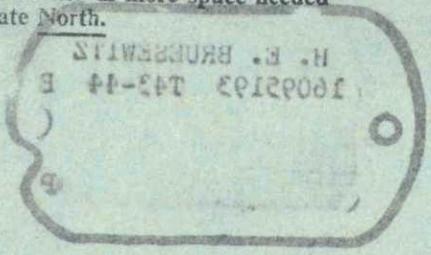
Deceased's Right		Deceased's Left	
Upper	Lower	Upper	Lower
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
8	8	8	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Name: _____
Address: _____
Religion: _____
Emergency Address: _____

Characteristics: _____
Other Data: _____

Signature of Officer or other person reporting: _____
Verified by G.S. Officer: _____



List only Personal Effects Found on Body and disposition of same:

RESTRICTED
AG P BF HO 505 722560

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO: ME. FRED H. BRUESEWITZ RURAL FREE DELIVERY #2 SPENCER, WISCONSIN			PRECEDENCE FOR ACTION INFORMATION		
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WAR DEPARTMENT WILL DELIVER REMAINS OF LATE SGT. HAROLD E. BRUESEWITZ, 16095193</p> <p>IN NEAR FUTURE. RECORDS OF THIS OFFICE INDICATE THAT YOU WISH REMAINS DELIVERED TO SWARTOUT FUNERAL HOME, SPENCER, WISCONSIN.</p> <p>PRIOR TO SHIPMENT FUNERAL DIRECTOR WILL BE NOTIFIED OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS UPON ARRIVAL. REQUEST IMMEDIATE CONFIRMATION OF ABOVE DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO AMERICAN GRAVES REGISTRATION DIVISION CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. IF YOU DESIRE MILITARY HONORS AT FUNERAL MAKE ARRANGEMENTS WITH LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR OWN CHOICE. ADVISE THIS OFFICE THE NAME OF ORGANIZATION SELECTED. IN YOUR TELEGRAM REPLY REFER TO CONTROL NUMBER 347 AND NAME OF DECEASED.</p>					
4-E		SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY			SIGNATURE		
SYMBOL		DATE-TIME GROUP OCT 24 1947		OFFICIAL TITLE	
				PAGE OF	

FILE

follow up

INSPECTION CHECKLIST

NAME BRUESEWITZ, HAROLD E.	RANK SGT	SERIAL NUMBER 16095193
--------------------------------------	--------------------	----------------------------------

NEXT OF KIN	ADDRESS
-------------	---------

SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF SHIPPING CASE <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY
<input checked="" type="checkbox"/> FINISH <i>(Exterior)</i> <input type="checkbox"/> FINISH <i>(Interior)</i> <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE	REMARKS <i>screws missing tighten all screws.</i>
	INSPECTED BY: <i>D.R. Dykstra</i>

CASKET - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF CASKET <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
<input type="checkbox"/> FINISH <i>(Exterior)</i> <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS <i>(Sealing)</i> <input type="checkbox"/> ODOR OR MOISTURE	REMARKS INSPECTED BY: <i>B. M. Mahler</i>

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
NECESSARY DISINFECTION <i>(Explain)</i>	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
------	------	------------------------	------	------	---------------------------------

REMARKS

STORAGE LOCATION					PASS. LIST NUMBER
FLOOR 3	SECTION C	BAY M	STORAGE NUMBER 636		CONTROL NUMBER 347
STAMP INCOMING OR OUTGOING					
INCOMING					

CERTIFICATE OF INTERMENT EXPENSES

DEC 17 1947

DATE 4 December 1947

Mr. Fred H. Bruesewitz, RFD #2, Spencer, Wisconsin

I, _____
(Name and address of person incurring interment expenses)

hereby certify that the total sum of \$ 75.00 was incurred by me in con-

nection with the interment of the remains of the late Sgt. Harold E. Bruesewitz
(Name)

293

BRUESEWITZ, Harold E. - SGT - 16096193 - U S Army

(Grade, Social Number, & Arm of Service of Decedent)

who died while on active duty with the United States Armed Forces on

25 January 1945
(Date of death)

Name of Cemetery: West Spencer
Address: Spencer
County: Marathon
State: Wisconsin

Fred H. Bruesewitz
(Signature)

NOTE 1. This certificate will be completed in quadruplicate and signed by the person who engaged the receiving undertaker and is responsible for payment of his bill. It is NOT to be accomplished or signed by the funeral director.

2. Returns to: U. S. ARMY, CHICAGO, ILL.
Commanding Officer
Chicago Quartermaster Depot
1819 West Pershing Road
Chicago 9, Illinois

PAID ON MONEY ACCOUNTS OF R. K. LeBROU, COL., U. S. ARMY, CHICAGO, ILL. DEC 17 1947
COL., U. S. ARMY, CHICAGO, ILL. DEC 17 1947
FORWARD COPY
QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
ATTN: HDQRS., A. G. R. S.

AMERICAN GRAVES REGISTRATION DIVISION

TO OFFICE OF

ATTN: HDQRS., A. G. R. S.

347

CLAIM VALID-REPATRIATION

DEC 11 1947

(Control Number)

32 MAY 41
CNC 102W B-2000

DEC 17 1947

(Contract Number)

OFFICE OF THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE



MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]

DATE: [Illegible]

CERTIFICATE OF INTEREST EXPENSES

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

Sgt. Harold E. Bruesewitz, 16 095 193
Plot III, Row 10, Grave 182,
United States Military Cemetery
Henri-Chapelle, Belgium

11 March 1947

A	C
B	D

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Fred. H. Bruesewitz

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
West Spencer Cemetery Spencer, Wisconsin
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

All are correct

Closed 9 July 47
Wm Baker

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
Swartout. Funeral Home (B.C. Swartout.)			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Spencer 08	Marathon	Wisconsin
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Spencer 08	Spencer	2672	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Fred H. Bruesewitz (SIGNATURE OF NEXT OF KIN) R. 7. A. #2 (STREET AND NUMBER)
Fred. H. Bruesewitz (NAME PRINTED OR TYPED) Spencer, Wisconsin (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 20 day of March, 1947, at city (or town) of Marshfield, county of Wood, and State (or Territory or District) of Wisconsin

*NOTE.—Page 4 is part of the notarial attestation.

[Signature]
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
[Signature]
 (OFFICIAL TITLE)

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)
NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.
THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.

THE STATE OF MICHIGAN

BEFORE ME, the undersigned authority, on this _____ day of _____, 19____, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires _____

STATE OF MICHIGAN

CITY OF _____

NUMBER AND STREET _____

RELATIONSHIP TO THE DECEDENT _____

DATE _____

STREET AND NUMBER _____

(SIGNATURE OF NEXT OF KIN)

(NAME AND ADDRESS)



PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEDENT SHOULD BE DETERMINED BY THE COURT.

NAME _____

RELATIONSHIP TO THE DECEDENT _____

NUMBER AND STREET _____

CITY OR TOWN _____

STATE OR COUNTY _____

DATE _____

STREET AND NUMBER _____

(SIGNATURE)

Sgt. Harold E. Bruesewitz, 16 095 193
 Plot III, Row 10, Grave 182,
 United States Military Cemetery
 Henri-Chapelle, Belgium

11 March 1947

Mr. Fred Bruesewitz
 Route 2
 Spencer, Wisconsin

Dear Mr. Bruesewitz:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

csb

MAR 17 1947
 5-12 08 PM '47
 MAIL & RECORDS BRANCH

1378

LIFE
5 0 NOV 1946

RECEIVED
NOV 19 1946
REGISTRATION AND RECORDS BRANCH
Nov 19 3 25 PM '46
MEMORIAL DIVISION

NOV 19 1946

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

FOR THE COMMUNIST OFFICER:

Basic communication completed with

TO: The Chief, General, Washington 25, D.C.

FROM: SAC, New York, 9 November 1946.

RE: [Illegible] REGISTRATION BOARD, [Illegible]

NY (New York Office, 100-10182) [Illegible]

NY 100-10182, October 1946, [Illegible] [Illegible]

[Faint handwritten notes and signatures on the right side of the page]

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293Bruesewitz, Harold E.
SN 16 095 193

21 October 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

HEADQUARTERS 892 A. G. R. C.
30 OCT. 1946
IN

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Henri-Chapelle, Belgium, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Bruesewitz, <u>Harold E.</u>	Sgt	16 095 193	III	10	182

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

Martin G. Riley
MARTIN G. RILEY
Major, QMC
Assistant

Oct 21 3 53 PM '46

D.O.M.C.
MAIL & RECORDS BRANCH

Very truly yours,
WILLIAM C. HIGLEY

TO: THE ATTORNEY GENERAL

As indicated above, the records of the Department and have been found to be correct and the records of the Department have been found to be correct.

100-100000	100-100000	100-100000	100-100000	100-100000	100-100000
NAME	NAME	NAME	NAME	NAME	NAME

Very truly yours,
WILLIAM C. HIGLEY

New York, New York
100-100000
100-100000
100-100000
100-100000

TO: THE ATTORNEY GENERAL
SUBJECT: [illegible]

100-100000
100-100000
100-100000

21 October 1946

100-100000
100-100000

100-100000

WASHINGTON, D.C.
OFFICE OF THE ATTORNEY GENERAL
MAIL DEPARTMENT

Felt

Spencer, Wis.

May 28, 1945

P. L. Koob,

2nd Lt. D.M.C.

423789

Officer-in-Charge.

S.F. Unit.

Dear Sir,

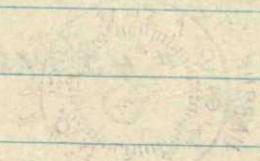
Received

your letter of May 24th.

Sergeant Harold E. Bruesewitz was not married and did not leave any Will. So please send all his personal property, including his Prayer Book even if it is stained, as anything that belonged to him is dear to us.

Thanks a lot. Yours Truly,

fw *fw* Fred H. Bruesewitz, Box 174
Spencer, Wis R# 2



KANSAS CITY, MO.

MAY 30 1945

1-1-1-1

2

(S-6-24-45)

GHG:IB:bt

May 24, 1945

423789

Mr. Fred Bruesewitz
Route #2, Box 174
Spencer, Wisconsin

Dear Mr. Bruesewitz:

The Army Effects Bureau has received from overseas some personal property of your son, Sergeant Harold E. Bruesewitz.

To make proper disposition of this property, it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow.

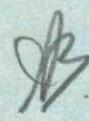
If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

I regret to advise that included among your son's effects is a prayer book which is damaged, apparently by bloodstain. Please say whether you want this item sent with the remainder of the property. It is our desire to refrain from sending any article which would be distressing; at the same time, we do not feel justified in removing the item without your consent in the event it is determined that you are the appropriate recipient.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate delivery of the property.

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit



1 Incl--Envelope

70