

# INDIVIDUAL DECEASED PERSONNEL FILE

4 NOV 1948 LIST

DUPLICATE

### APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

**FLAT GRANITE**

#### CHECK TYPE REQUIRED

(See Instructions attached)

- UPRIGHT MARBLE HEADSTONE
- FLAT MARBLE MARKER
- FLAT GRANITE MARKER
- BRONZE MARKER (NOTE RESTRICTIONS)

ENLISTMENT DATE  
**March 5, 1943**

DISCHARGE DATE

SERIAL No.  
**31329105**

PENSION No.

EMBLEM (Check one)

- CHRISTIAN
- HEBREW
- NONE

NAME (Last, First, Middle Initial)

**993 JACOB ROBERT J**

STATE: **Conn.** RANK: **S/SGT** COMPANY: **Co. C**

DATE OF BIRTH (Month, Day, Year): **May 11, 1923**

DATE OF DEATH (Month, Day, Year): **October 4, 1944**

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION  
**38th Armored Inf. Bn.  
7th Armored Division**

NAME OF CEMETERY  
**Mountain Grove**

LOCATION (City and State)  
**Bridgeport, Conn.**

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

**Richard Barrett Trucking Co.**  
(SIGNATURE OF CONSIGNEE)

NEAREST FREIGHT STATION (City and State)  
**Bridgeport, Conn.**

POST OFFICE ADDRESS OF CONSIGNEE  
**42 Plymouth St., Stratford, Conn.**

#### DO NOT WRITE HERE.

FOR VERIFICATION: **NOV 19 1948**

ORDERED

B/L

SHIPPED

**FILE 6 JAN 1949**

I certify this application is submitted for a stone for the unmarked grave of a veteran.  
I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

*William J. Jacob*  
APPLICANT'S SIGNATURE

**Nov. 6, 1948**  
DATE OF APPLICATION

ADDRESS (Street, City, State)  
**187 Crown St., Stratford, Conn.**

OQMG FORM REV 15 APR 47

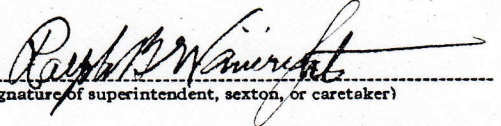
IMPORTANT—Complete Reverse Side

16-11453-6 GPO

FOR USE 3 JAN 1949

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

*(Be sure you have noted what type is indicated by applicant on form)*

  
\_\_\_\_\_  
(Signature of superintendent, sexton, or caretaker)

Date May 15 - 1948.

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,  
MEMORIAL DIVISION,  
WASHINGTON 25, D. C.

**ORIGINAL ORDER**

**WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.**

**FLAT GRANITE MARKER**

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

**UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.**

**INSCRIPTION: LATIN CROSS**

ROBERT J JACOB / CONNECTICUT / ~~STAFF SGT~~ <sup>S SGT</sup> 38 ARMD INF BN 1  
WORLD WAR II / MAY 11 1923 OCT 4 1944

SHIP TO: RICHARD BARRETT TRUCKING CO  
8 42 PLYMOUTH ST  
STRATFORD  
CONNECTICUT

R. R. STATION: BRIDGEPORT  
CONNECTICUT

FOR:

R. R. STATION:

NOV 30 1948

~~FOR ORD. 26 NOV 1948~~

APPLICANT: WILLIAM J JACOB  
187 CROWN ST  
STRATFORD  
CONNECTICUT

CEMETERY: MOUNTAIN GROVE  
BRIDGEPORT  
CONNECTICUT

*Do NOT REMAIN*  
*FILE 6 JAN 1949*

OQMG FORM  
Rev. 1 NOV. 45 312

APPROVAL AND ACCEPTANCE

*William J. Jacob*  
SIGNATURE

*AME*

38 ARMD. INF. BN. 7<sup>TH</sup> ARMD. DIV.

Mat  
12/10/48  
Ady  
7th Armd. Div. should  
be added if possible.

FILE 6 JAN 1949

Lougher

RECEIPT OF REMAINS

HEADQUARTERS, NYPE - DISTRIBUTION CENTER #1, AGRS  
DISTRIBUTION CENTER 58th ST. & 1st AVE., BROOKLYN, N.Y. ROUTINE

REMAINS CONSIGNED TO:

MULLINS AND REDGATE  
1297 PARK AVENUE  
BRIDGEPORT, CONN.

REMAINS OF THE LATE S SGT ROBERT J. JACOB ACCOMPANIED BY AN  
ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN  
NUMBER 68 NEW HAVEN RAILROAD AT TEN THIRTY AM EST  
ON TUESDAY 2 NOVEMBER AND DUE TO ARRIVE AT BRIDGEPORT  
AT ELEVEN FIFTY FIVE AM EST ON SAME DATE  
PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE  
NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: SGT RAYMOND K. DURFEE  
ER-20155885, DET #5, 1300 ASU

G. H. BARE

COLONEL, QMC

NAT  
FILE  
RECORDS ANNOTATED  
DATE 12/19/48  
NAME Kimberley

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
this 2<sup>nd</sup> day of November, 1948  
(Day) (Month)

*Raymond K. Durfee Sgt.*  
(Witness (Escort))  
ER-20155885

*Mullins Redgate*  
(Consignee)  
*J. Leo Redgate*

89-55 amb  
LH

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 4650 07999		DATE 15 04 48 DAY MONTH YEAR		
NAME JACOB ROBERT J			SERIAL NUMBER 31329105		RANK S SG 1		ARM 1
CEMETERY MARGRATEN - AACHEN			DISPOSITION OF REMAINS 1 1100 01 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR		
PLOT III			ROW 9		GRAVE 212		COUNTRY HOLLAND
CAUSE OF DEATH 2							

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MULLINS AND REDGATE 1297 PARK AVENUE BRIDGEPORT, CONNECTICUT		NAME AND ADDRESS OF NEXT OF KIN WILLIAM J. JACOB (FATHER) 187 CROWN STREET STRATFORD, CONNECTICUT	
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME ROBERT J JACOB		SERIAL NUMBER 31329105		RANK S/SGT		DATE OF DEATH 3 AUG 1948		DATE DISTINTERRED	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION C		IDENTIFICATION VERIFIED BY: JAMES L McCULLER CAPT TC NAME AND TITLE			

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS REMAINS COMPLETE. ADVANCED STAGE OF DECOMPOSITION.	
OTHER MEANS OF IDENTIFICATION NONE			
MINOR DISCREPANCIES NONE			

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 4 AUGUST 1948 BY JACK B WALL, EMBALMER

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV. EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS, CLERK RECORDER ALL TAGS, PLATES & MARKINGS VERIFIED BY: R. E. LEWIS, CAPT. CAV.

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

Ernest J Oglesby Jr  
ERNEST J OGLESBY JR, 1ST LT CAV  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>USMC MARGRATEN, HOLLAND</b>		TO <b>ANTWERP PORT PIER 140</b>	
KIND OF CONVEYANCE <b>RAIL</b>		NAME OF CONVOYER <b>M/SGT ORMA C PATTERSON, RA 6102170</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>L/1LT INF 01327166</b>	DATE <b>26/8/48</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>27 AOUT 1948</b>

### 2. SHIPPED

FROM <b>AGRC ANTWERP, BELGIUM</b>		TO <b>USAT GARROLE VICTORY</b>	
KIND OF CONVEYANCE <b>ZEC</b>		NAME OF CONVOYER <b>K. W. WHEREOTT CAPT. T. C.</b>	
SIGNATURE OF SHIPPER <b>L E Butler Lt. Col. Inf.</b>	DATE <b>16 SEPT 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>16 SEPT 1948</b>

### 3. SHIPPED

FROM <b>AGRC</b>		TO <b>NYPE</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>COB</b>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>JAMES L. MCKINNON</b>	DATE <b>14 OCT 1948</b>

### 4. SHIPPED

FROM <b>NYPE</b>		TO <b>DETROIT</b>	
KIND OF CONVEYANCE <b>Tractor</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>MCKINNON COLONEL, T. C.</b>	DATE <b>OCT 2 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>M. MATISOFF Lt. Col. QMC</b>	DATE <b>OCT 11 1948</b>

### 5. SHIPPED

FROM <b>BRIDGEBOBI CONNECTICAL</b>		TO <b>CONNECTICAL</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CONNECTICAL</b>	
SIGNATURE OF SHIPPER <b>WID BEDCVLE</b>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>WCOB (LYLINE)</b>	DATE

### 6. SHIPPED

FROM <b>NYPE</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

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



866

INSPECTION CHECKLIST  
(FOR USE AT DISTRIBUTION POINT)

NAME JACOB ROBERT J.	RANK S/SGT	SERIAL NUMBER 31329105
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NEXT OF KIN 5.5	ADDRESS
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<b>SHIPPING CASE - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS OK
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	

<b>CASKET - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS Respray casket OK
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing)	
ODOR OR MOISTURE	

ROUTED THROUGH

<input checked="" 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 (Explain)  1 Plug	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input checked="" type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS Filler + Sandwood

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
	10/29/48	J. Williams	10/29/48		Harrell

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

10/27

Inspected

Bill

DIRECTORS OF FUNERALS

**MULLINS - REDGATE**  
INCORPORATED  
1297 PARK AVE. BRIDGEPORT, CONN.



Headquarters. Fri. 11-5-48.  
N. Y. Port of Embarkation  
Distribution Center #1, AGRS.  
1st Ave. & 58th Street.  
Brooklyn, N. Y.

We are enclosing completed forms QMC 1256, for the late Robert J. Jacob.

The family are inquiring for his identification tag. We did not receive one and would ask if it might be possible for you to send them one or have it sent to us and we will see that they receive same.

Very truly yours,  
Mullins & Redgate.

*Certificate removed  
by S. J. Friedman for  
payment of burial  
allowance \$75.00*

10 November 1948

Mullins - Redgate  
1297 Park Avenue  
Bridgeport, Conn.

Gentlemen:

In reply to your letter of 5 November inquiring as to the possibility of securing identification tag of the late S/Sgt. Robert J. Jacob, please be advised that this tag is withing the casket with the remains.

Sincerely yours,

JAMES McCARTHY  
Major, T.C.  
Executive Officer  
A.G.R. Division

RECEIVED  
GREENWICH MEAN TIME (Z)

OCT 1 02 37 1948

SIGNAL CENTER  
HQ. NYE. BKLYN. N.Y.

*PL reads S/Sgt. Robert J. Jacobs*

WUB045 37 5 EXTRA COLLECT BRIDGEPORT CONN SEP 30

830P

G H BARE COL QMC

DIS #1 NYPOE NYK

ORIGINAL PLANS HAVE NOT BEEN CHANGED REMAINS

OF LATE SGT ROBERT J JACOBS REMAINS WILL BE RECEIVED

BY MULLINS AND REDGATE 1297 PARK AVE BRIDGEPORT CONNEC-

TICUT FUNERAL DIRECTOR HAS BEEN NOTIFIED

WM J JACOBS FATHER 187 CROWN ST STARTFORD CONN

1297 187

)936P

DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

RECEIVED  
GREENWICH MEANS MESSAGE  
I certify that this message is on official  
business and that its transmission with a  
lower precedence, or by air mail, regular  
mail, or scheduled messenger would be pre-  
judicial to the public interest.

WILLIAM J JACOB  
187 CROWN ST  
STRATFORD, CONN

SIGNAL CENTER  
HQ. NYPT. BKLYN. N.Y.

JAMES McCARTHY  
Major, TC  
Admin O, AGR Div.

CARROLL VICTORY

PLEASE BE ADVISED THE REMAINS OF THE LATE **S SGT ROBERT J JACOB**  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO **MULLINS & REBGATE, 1297 PARK AVE, BRIDGEPORT, CONN**

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM  
FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL  
DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND  
THE REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO  
ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU  
SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY  
MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZA-  
TION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY  
INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM  
COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW  
INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE  
WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT  
HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

RELEASED TO W U  
DOG

SEP 30 1948

220

INFORMATION FOR NEXT OF KIN OF WORLD WAR II DECEASED

You have just been advised by telegram from Distribution Center #1 that the remains of your loved one is enroute to the United States. The purpose of this letter is to explain to you what will happen between the time you received the telegram and the time the remains will be delivered. This should help you in making your plans for burial arrangements.

The telegram that you received was dispatched several days before the arrival of the mortuary ship at the New York Port of Embarkation. As soon as the mortuary ship arrives in the United States, individual remains are debarked from the vessel and carefully checked against the passenger list deceased. The casketed remains together with the outer protective cases are then moved in special mortuary railroad cars under military guard to the distribution center, which will eventually deliver remains to the final destination.

The honored American dead being returned to the next of kin in Metropolitan New York, northern New Jersey, New England States and northern Pennsylvania are moved through Distribution Center #1 which is a Quartermaster installation located in the New York Port of Embarkation. This Distribution Center will, upon receiving remains for delivery to its area, make up a delivery schedule that will be accomplished over a period of several weeks after remains have arrived at the U. S. Port of Entry. This schedule will take into consideration the availability of appropriate escorts, transportation facilities and the operational workload of the Distribution Center itself.

Delivery of the war dead is accomplished essentially in the order in which the remains are debarked from each vessel and are delivered to the custody of the Distribution Center. There is no priority established because of rank or alphabetical order. Delivery of the remains from each vessel is completed before a delivery schedule is made for remains arriving on a subsequent ship. A period of from one to six weeks will elapse before the remains of your loved one will be delivered. This period is necessary to permit a careful inspection of the casket and its outer protective case, to determine transportation routing and to select proper military escort to deliver the remains to the place designated by the next of kin.

The remains are escorted home individually by a service man who is of equal or higher rank, of the same branch of service, of the same race and sex as the deceased.

You have already received one telegram giving advance notification

of the arrival of the remains in the United States. It was stated in this initial notification that a second telegram will be dispatched three to four days prior to the time the escort will leave the Distribution Center with the remains.

In case the burial is in a national cemetery, the family will be notified by the Superintendent of the cemetery. This notification will give the date and time of the burial service. You will receive this notification in sufficient time to make arrangements to attend. The time will usually be from three to five days. The expense of attending the ceremony at the national cemetery must be borne by the next of kin. Chaplains of the three major faiths are in attendance at the national cemetery and will conduct proper religious service. The next of kin may select a clergyman of their own choice if they so desire. Military honors are always provided by the U. S. Government at the national cemeteries.

In case of burial in a private cemetery, the funeral director or other consignee will be notified by telegram three to five days prior to delivery and he in turn is requested to notify next of kin immediately so you will have adequate time to make funeral arrangements.

The casket used in the repatriation of World War II dead is made of 18 gage seamless steel, hermetically sealed. The entire interior is quilted silk lined, consisting of upholstery, mattress and pillow. The casket is inclosed in an outer protective plywood metal-lined shipping case, which is suitable for use as a burial vault and is used for this purpose in all national cemeteries. Upon delivery of the remains, the shipping case becomes the property of the next of kin.

Transportation of the remains from this Distribution Center to the point designated by you will be at government expense. If burial is to be in a private cemetery, a government allowance of not to exceed \$75.00 is authorized to cover actual burial expenses incurred by the next of kin. Expenses in excess of this amount must be borne by the next of kin or other individual incurring such expenses. The necessary papers for applying for Government allowance, in the case of private burials, will be furnished by the escort at the time the remains are delivered. No interment allowance is authorized in the case where burial is accomplished in a national cemetery. All expenses are assumed by the U. S. Government when burial is consummated in a national cemetery.

Please feel free to call upon this Distribution Center if you think we can be of assistance to you. Letters should be addressed to the Commanding Officer, Distribution Center Number 1, New York Port of Embarkation, Brooklyn, New York.

RRE Form #39  
13 Jul 48

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

*J*  
J A C O B                  R O B E R T                  J                  S    S G                  31329105  
(Last Name)                  (First Name)                  (Initial)                  (Rank)                  (ASN)

Repatriated to the United States: 25 SEP 48

STATION FILE

Incl #



2059 CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial

Only Part I should be completed, if identification tags are available  
Both Part I & Part II should be completely filled out if identification tags  
are not available.

If information is unavailable, so indicate,

Register No: 2059

PART I

(Positive Identification)

- 1. Jacob, Robert J S Sgt 31 329 105 38th Armd Inf Bn.  
(Full name of deceased) (Rank) (ASN) (Organization)
- 2. State if identification tags were attached to remains, how many, and where attached Button hole of coat, One Identification Tag.
- 3. Give exact location from which disinterred, furnishing coordinates and map series used Coord: 784351, St. Anthony, Sheet 19 N.W.

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS:

- 4. Full name of cemetery (if buried in an organized cemetery) Not applicable
- 5. Approximate or established date of death (state why & give basis for date selected) Est: 4 October 1944. Report given by basic communication.
- 6. Approximate or established date of burial (give basis for date established) Establ: 2 March 1945. Report from British.
- 7. Manner in which graves was marked and all information contained on the marker Marker (Name and serial number) Constructed by British.
- 8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned no personal effects in possession of unauthorized military personnel or civilians.
- 9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) A. Gans, Vindlingbach, Hill and Durrwachter, The afore mentioned advised collecting teams of this unit that all people of this area were evacuated during the fighting.

PART II

(Doubtful or Undetermined Identification)

- 10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_
- 11. \_\_\_\_\_  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
- 12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. \_\_\_\_\_

13. Give as detailed description as possible of condition and amount of remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

\_\_\_\_\_  
\_\_\_\_\_

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

\_\_\_\_\_

(Type) (WD Serial No.) (Organization) (Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal

\_\_\_\_\_

18. If buried in a coffin; give description and markings

\_\_\_\_\_

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Other pertinent information which would aid in establishing identity

\_\_\_\_\_

(Individual in Charge of Disinterment)

*James C. Smith*  
*James C. Smith*

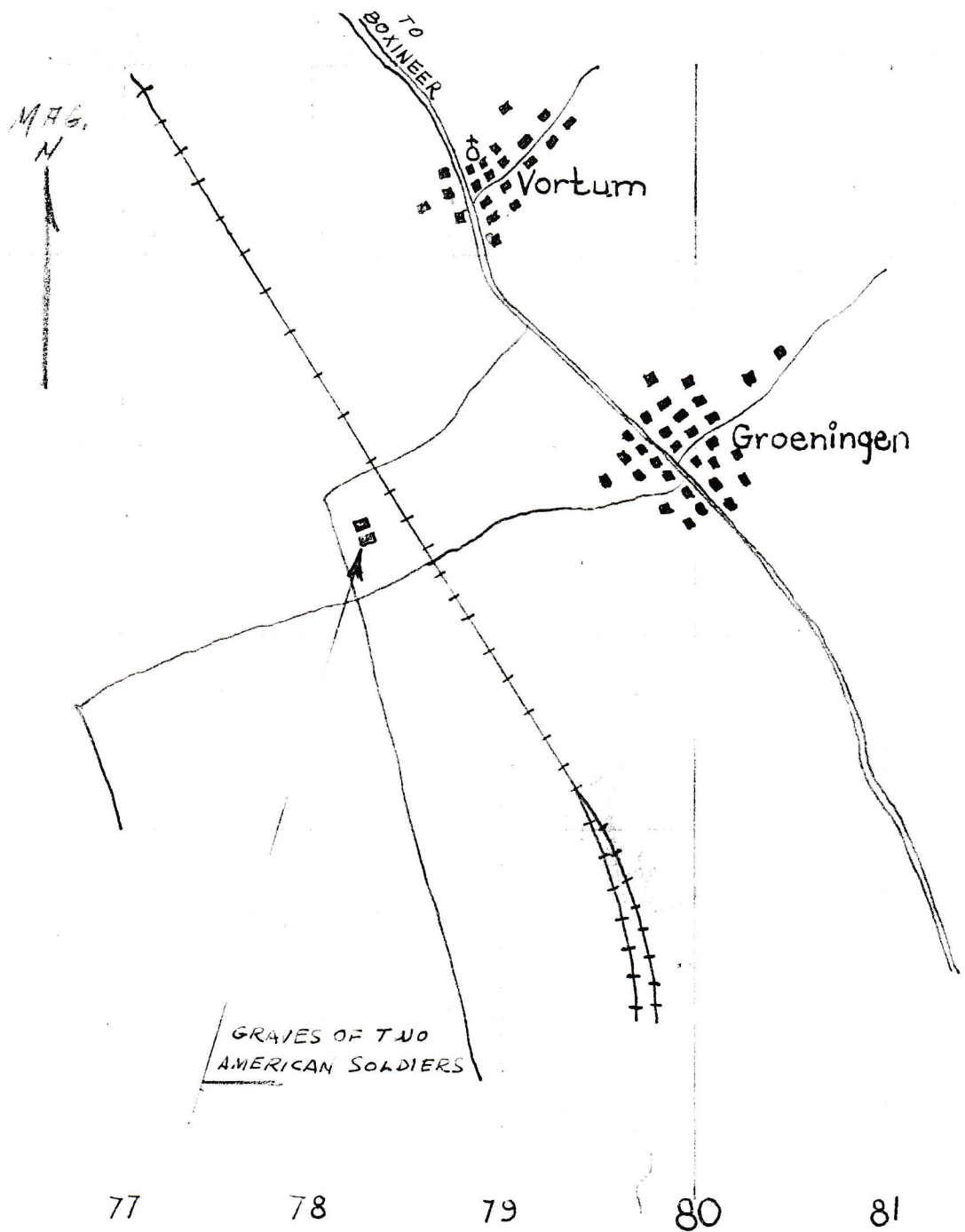
(Rank)

(ASN)

(Organization)

50 (DATE)  
1945

2059



This sketch is taken from a 1:100,000 and blown up to this size. Grid Reference is E 784356

- ==== Main Road
- ++++ Railroad
- \_\_\_\_\_ Secondary Road

Case No 2059

HEADQUARTERS  
COMMUNICATIONS ZONE  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Chief Quartermaster  
APO 887

RGD/CEB/lml

Q-GRE 293.9

SUBJECT: Isolated Burials

TO : Graves Registration Officer, Channel Base Section, APO 228, U.S. ARMY.

1. The following information was received at this office concerning (military personnel believed interred in Holland, at map coordinates 784351, St-Anthonys Sheet 19 N.W.

<i>W/C</i> - SUTIERREX, Luis	Pvt	38582229	407 Inf. Regt.	MIA	4 Oct. 44.
JACOB, Robert J.	S/Sgt	31329105	38 Armd Inf. Bn	KIA	4 Oct. 44.

Above isolated burials reported were reported by the British who also stated that deceased is accounted side by side in one grave near spot where found. Delay in Burial is accounted for by the fact that vicinity was heavily mined and apparently under floods for some time.

Copy of Army Form W 3314, dated 2 March 1945, is inclosed.

*Reg. No. 2059 - Margraten (H) - III - 9-212*

2. It is requested that bodies be removed to the nearest established U.S. Military Cemetery and GR Forms #1, be attached to this correspondence and returned to this headquarters.

3. If bodies are not located or have been previously disinterred, request details be furnished this office under proper heading on reserve side of this letter.

H.W. BOBRINK  
Colonel OMC

Incl/ a/s.

Chief Graves Registration & Effects Division

(Slip attached below, to be used if additional suspense required)

SUBJECT: Isolated Burials

TO : OCQM, Hq, Com Z, ETO, APO 887, U.S. Army.

1. Request \_\_\_\_\_ days, additional suspense on your letter dated \_\_\_\_\_, Register No. \_\_\_\_\_.

# CERTIFICATE

(AR 30-1830)

WW II

**PAID**

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

### A

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
JACOB ROBERT J	S/SGT	31329105	USAGF

*W* I certify that the sum of \$ 85 <sup>25</sup>/<sub>100</sub> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
MOUNTAIN GROVE CEMETERY	BRIDGEPORT	CONN.

INSTRUCTIONS TO PERSON SIGNING THIS FORM	SIGNATURE OF CLAIMANT
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: HEADQUARTERS NEW YORK PORT OF EMBARKATION D - C #1 AGR 1st Avenue & 58th Street Brooklyn, N.Y.	<i>William J. Jacob</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>187 Crown St. Stratford, Conn.</i>
	RELATIONSHIP TO DECEDENT <i>Father</i>
	DATE <i>Nov-5, 1948</i>

## PART B - NATIONAL OR POST CEMETERY

### B

### REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
INSTRUCTIONS TO PERSON SIGNING THIS FORM <i>J. C. Kovarik</i> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:  <div style="text-align: center;"> <p>NOV 1948</p> <p>Sym. 210-344</p> <p>Sta. 625</p> </div>	SIGNATURE OF CLAIMANT  ADDRESS OF CLAIMANT (City, Street or RFD, and State)  RELATIONSHIP TO DECEDENT  DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333  
3/11/48  
mod

**S/Sgt Robert J. Jacob, 31 329 105**  
**Plot III, Row 9, Grave 212,**  
**United States Military Cemetery**  
**Margraten, Holland**

**5 December 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, WILLIAM J. JACOB (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- 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

MOUNTAIN GROVE CEMETERY BRIDGEPORT, CONN.  
(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.)

None

*W. J. Jacob*  
*4/28/48*

*5/12/48*  
*eps*

*M. H. T.*

**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 <b>JACOB</b>	FIRST NAME <b>WILLIAM</b>	MIDDLE INITIAL <b>J.</b>
NUMBER AND STREET <b>187 CROWN ST.</b>	CITY OR TOWN <b>STRATFORD</b>	COUNTY OR PROVINCE <b>FAIRFIELD</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>RAILWAY EXPRESS AGENCY</b>	TELEGRAPH ADDRESS <b>WESTERN UNION BRIDGEPORT, CONN.</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>CONN.</b>
		TELEPHONE No. <b>7-1748</b>

**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 <b>MULLINS and REDGATE</b>			
NUMBER AND STREET <b>1297 PARK AVENUE</b>	CITY OR TOWN <b>BRIDGEPORT</b>	COUNTY OR PROVINCE <b>FAIRFIELD</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>CONN.</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>RAILWAY EXPRESS AGENCY</b>	TELEGRAPH ADDRESS <b>WESTERN UNION BRIDGEPORT, CONN.</b>	TELEPHONE No. <b>6-2129</b>	

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 <b>JACOB</b>	FIRST NAME <b>CHRISTINE</b>	MIDDLE INITIAL <b>E.</b>	RELATIONSHIP TO DECEASED <b>MOTHER</b>
NUMBER AND STREET <b>187 CROWN ST.</b>	CITY OR TOWN <b>STRATFORD</b>	COUNTY OR PROVINCE <b>FAIRFIELD</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>CONN.</b>

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.

William J. Jacob  
(SIGNATURE OF NEXT OF KIN)

WILLIAM J. JACOB  
(NAME PRINTED OR TYPED)

187 Crown St.  
(STREET AND NUMBER)

Stratford Conn.  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 15<sup>TH</sup> day of December,

1947, at city (or town) of STRATFORD, county of FAIRFIELD, and State (or Territory or

District) of CONNECTICUT

George M. Mueler  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
(OFFICIAL TITLE)

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



DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

QMGMF 293

Jacob, Robert J.  
SN 31 329 105

30 January 1948

Mrs. Christine E. Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mrs. Jacob:

Your letter pertaining to the remains of your son, the late Staff Sergeant Robert J. Jacob, has come to my attention.

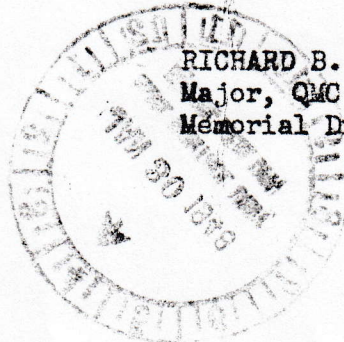
The "Request for Disposition of Remains" questionnaire was mailed to Mr. William J. Jacob, who, according to the present records of the Department of the Army, is the only next of kin legally authorized to direct the final disposition of the remains of your son.

The Disposition Form has been received from Mr. Jacob. The Department of the Army will make every effort to comply with the feasible wishes of the next of kin in regard to the final resting place of the remains of their loved ones.

I greatly regret the delay in answering your letter and wish to extend my deepest sympathy in the loss of your son.

Sincerely yours,

RICHARD B. COOMBS  
Major, QMC  
Memorial Division



*[Handwritten signature]*  
REC

*[Handwritten initials]*  
5:03 PM '48  
d. H. G.  
RECORDS ADMIN

CORRESPONDENCE ACTION SHEET

Mr.   
 Miss.   
 Addressee: Mrs. Christine E. Jacob Mother   
 Relationship   
 State 157 Crown Street   
 City, State Stratford, Connecticut '47   
 Date letter

Cemetery   
 Temporary: \_\_\_\_\_   
 Permanent: \_\_\_\_\_   
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS   
 (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165A

87B

Mr. William J. Jacob - 1st par only

166A

The Disposition Form has been received from Mr. Jacob. The Department of the Army will make every effort to comply with the feasible wishes of the next of kin in regard to the final resting place of the remains of their loved ones.

Decedent:

Last, Jacob   
 First, Robert   
 Initial R.   
 Rank 1st Lt   
 ASN 31329105

ED

Analyst Typist Reviewer

Modifications

OKed

26 Jan

Nov. 10, 1947  
Stratford, Conn.

Attention Major Richard B. Combs.

Dear Sir  
Your letter of Nov. 7, 1947 received  
this a.m.

I have never as yet received any  
thing pertaining to have my dear son  
removed back to the States.  
I believe the undersigned is the  
information you would like to  
have.

File No. 193

a 3 PD-B 201 JACOB, ROBERT J - STAFF SEGT.  
(5 SEP 45) 31329105-

Killed in Action Oct. 4, 1944 in Holland  
Entered in U. S. Military Margarten Cemetery  
Plot III, Row 9, Grave 212. Hope  
you will give this your attention  
and have his body brought home  
soon.

Also father  
per. Dr.

Thanking you,  
Mrs. Christine E. Jacob  
187 Crown St.  
Stratford,  
Conn.

S/Sgt Robert J. Jacob, 31 329 105  
Plot III, Row 9, Grave 212,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mr. William J. Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob:

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

Incls.

chb

DEC 11 10 03 PM '47  
O. O. H. G.  
MAIL & RECORDS DIV.

7112  
QMGYG 293  
Jacob, Robert J.  
S.N. 31 329 105

*cc*  
Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

21 June 1946

Mrs. Christine Elsie Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mrs. Jacob:

Your letter concerning your son, the late Staff Sergeant Robert J. Jacob, has been received in this office.

The War Department has now been authorized to remove, at Government expense, to the final resting place designated by the next of kin, the remains of those American citizens who died while serving overseas with our armed forces during this war.

When the necessary preliminaries have been completed, a letter with an information pamphlet and a "Request for Disposition" form attached will be sent to the next of kin of those American dead. The "Request for Disposition" form, when properly filled out, will constitute the formal expression of the next of kin's detailed desires. Since letters to the next of kin will be dispatched automatically and according to the records here, communications with this office regarding this subject will not be necessary.

As you probably know, the supply of steel for the manufacture of caskets, is at present uncertain. Without this essential item, the movement of remains cannot properly be initiated. This fact and the necessity for complete coordination of movement in many parts of the world make it impossible, at this time, to estimate when these forms will be mailed. Responses to them will be acted upon with a minimum of delay.

Please be assured that your feelings in this matter are fully appreciated.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN  
1st Lieut, QMC  
Assistant

vja

JUN 19 4 05 PM '46  
RECORDS BRANCH

JUN 19 2 47 PM '46  
RECORDS BRANCH

*cc*

Stratford, Conn<sup>ct</sup>  
May 27, 1946.

Office of the Quartermaster General,  
Washington 25. D.C.

Dear Sir:

Would like application  
for removal of my Son's Body.  
Revering to . 293

A.G. FD-R. 251. JACOB, ROBERT-J.  
(5 SEP 45) 31329105.

Killed in action Oct. 4, 1944.

Buried in Margraten  
military cemetery, Holland.  
I am next of kin

(mother)  
Christine Elsie Jacob.  
187 Crown St.  
Stratford,  
(Aux. 23.) Conn.

SP 293

Jacob, Robert J.  
S. N. 31 329 105

26 September 1945

Mr. William J. Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob:

Acknowledgment is made to your letter referred to this office for reply concerning your son, the late Staff Sergeant Robert J. Jacob.

The official report of interment received in this office reveals that the remains of your son were interred in the United States Military Cemetery, Margraten, Holland, Plot III, Row 9 Grave 212. With reference to other larger cities the approximate location of Margraten is twelve miles northwest of Aachen, Germany and eight miles southeast of Maastricht, Holland.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

M. V. TURNER  
Colonel, QMC  
Assistant

JLP

vmb

SEP 25 1 51 PM '45  
O O M G  
MAIL & RECORDS BRANCH

*pu*

SEP 25 12 04 AM '45  
MEMORIAL DIVISION

WAR DEPARTMENT  
ARMY SERVICE FORCES

**URGENT**  
**TRANSMITTAL SHEET**

<b>TO</b>	Director, Memorial Division, OQMG, Rm 1007, Tempo C, Washington, D. C.	
	(Service, division, or organization)	(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)	(Attention)
	Mr. William J. Jacob	General Marshall
	(Originator)	(Addressee)
<b>FROM</b>	Staff Sergeant Robert J. Jacob, 31329105	5 September 1945
	(Subject)	(Date)
<b>FROM</b>	Casualty Branch, AGO, Room 4641, Munitions Building	AGPC-G 201
	(Service, division, or organization)	(File No.)
		79584
		(Telephone)

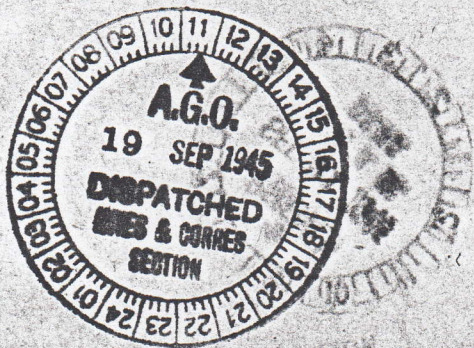
19 September 1945

The attached copy of communication from Mr. William J. Jacob, 187 Crown Street, Stratford, Connecticut, is forwarded for direct reply relative to so much thereof as pertains to burial. Staff Sargeant Robert J. Jacob, 31329105, was killed in action in Holland on 4 October 1944 after having been previously been missing in action on that date. Official report of death was furnished your office on 23 May 1945.

*[Signature]*  
Adjutant General

2 Inclosures  
Cpy ltr 5 Sep 45  
Cpy reply, this office

**PHILIP H. NEWCOMB**  
Captain, A. G. O.





AGFC-G 201 Jacob, Robert J.  
(5 Sep 45) 31339105

19 September 1945

Mr. William J. Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob:

Due to the stress of official business, General Marshall has asked me to reply to your letter of 5 September 1945, concerning your son, the late Staff Sergeant Robert J. Jacob.

The initial casualty message received in the War Department stated that Sergeant Jacob had been missing in action in Holland since 4 October 1944 and subsequently, a report was received which stated that your son had in fact been killed in action on that date. In this connection, it may be stated that the commanding generals of our overseas theaters report as "missing in action" personnel whose whereabouts due to enemy action is unknown. In many of these cases our overseas commanders subsequently obtain conclusive evidence of death, such as the recovery of remains, and as soon as information of this nature is secured a report is submitted to the War Department giving the date on which the evidence discloses that death occurred.

The Quartermaster General, Washington, D. C., has jurisdiction over all matters pertaining to the burial of our military personnel whose death occur overseas and a copy of your letter has, therefore, been forwarded to that official for appropriate attention and direct reply to you.

It is evident that the letter returned to you marked "hospitalized" was erroneously indorsed. Great care is exercised by our overseas commanders to insure that casualty mail is correctly indorsed, but because of the great volume of mail being handled, errors sometime unfortunately occur in the stamping of mail of this nature.

Your inquiry concerning your son's entitlement to an award is receiving attention and will be made the subject of a separate communication.

Enc1#2

AGFC-0 301 Jacob, Robert J.  
(5 Sep 45) 31329105

With respect to the assignment of Sergeant Jacob, I hope you will realize that due to the needs of the service, no assurance could be given military personnel regarding assignments and decisions in this regard were made by our field commanders who were governed by military necessity.

My heartfelt sympathy is with you in the great loss you have been called upon to bear. It is my hope that the cherished memory of your brave son, who made the supreme sacrifice in this struggle to maintain the freedom of our country, will be a source of pride and comfort to you and sustain you in the days ahead.

Sincerely yours,

Edward F. Witsell

EDWARD F. WITSELL  
Major General  
Acting The Adjutant General of the Army

(COPY)

BRONSON HAWLEY POST, NO. 134  
AMERICAN LEGION

BRIDGEPORT, CONNECTICUT

September 5, 1945

File No.  
AG 201 Jacob, Robert J.  
PC-N ETO219

Gen. George C. Marshall  
War Department  
Washington, D. C.

Dear General:

Writing you in regards to our son, S/Sgt. Robert J. Jacob, 31,329,105 38th Armored Inf. Bn., 7th Armored Div. who was reported killed in action on October 4, 1944 in Holland. The answers we have received from various officials were never to our satisfaction so asking your help to clarify matters.

On October 23, 1944 received telegram that Robert was missing in action in Holland. Seven months later on V-E Day, May 8, 1945 another telegram that he was killed in action on October 4, 1944. One month later received a letter from his C.O. telling us "Your son was engaged in a hazardous mission meeting intense enemy resistance endangering many of our men's lives, but due to the heroic action of men of the caliber of your son, our mission was successful, although it lost for you a devoted son and for us a loyal friend and soldier."

On August 16, 1945 we received a letter telling us that the evidence of death was May 7, 1945. This letter was in reference to his pay.

A letter that we sent the boy one week before his reported death was returned to us nine weeks ago with the notation "Hospitalized" January, 1945, a copy of which we sent to Gen. Ulio. We were never told if his body was ever found and if it was, where he was buried. That is one of the things we wish to know.

Now, if he was sent on a hazardous mission and lost his life in doing so why is he not entitled to the awards given for such bravery? He was very capable and was promoted to S/Sgt/ the first nine months in the Army. He started with the 106th Div. where he received all his promotions. After the maneuvers he went to Camp Atterbury, Ind. While there the F.B.I. in Indianapolis sent for him to work on a case that he had started for them while on a week-end pass. He reported to them and through his efforts captured two Nazi spies. After that he volunteered to go overseas one month ahead of his outfit with a promise of

(COPY)

-2-

a promotion which he never received. Upon arrival there on Sept. 10, 1944 he was transferred to the Armored Inf. in charge of a half-track. In the space of three weeks he was at the front with the above results. It did not seem fair to him to have been sent to the front in an armored outfit after training in the foot infantry here.

Hoping that we have a satisfactory reply to this case as Robert is our only child and his loss was a great shock to us.

Sincerely yours,

/s/ William J Jacob

William J. Jacob  
187 Crown Street  
Stratford, Conn.

SPQYG 293  
Jacob, Robert J.  
S.N. 31 329 105

20 September 1945

PFC Bernard J. McDermott 32651246  
Headquarters, Company , 36th Infantry Division  
APO 36, c/o Postmaster  
New York, New York

Dear Private McDermott:

Acknowledgment is made of your letter referred to this office concerning the late Staff Sergeant Robert J. Jacob.

I regret to inform you that no information has been received in this office pertaining to the burial location of Staff Sergeant Jacob. It is suggested that you contact the Chief Quartermaster, European Theater of Operations, APO 887, c/o Postmaster, New York, New York, who will furnish you all the available information regarding his place of burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

M. V. TURNER  
Colonel, QMC  
Assistant

JLF

BR  
irz

SEP 19 12 20 PM '45  
O Q M S  
MAIL & RECORDS BRANCH

SEP 19 10 59 AM '45  
MEMORIAL DIVISION

48

SUBJECT: Location of burial place of soldier

AGOB-C 201 Jacob,  
Robert J. (13 Aug 45)

1st Ind

hbb/1D-863

WD, AGO, Washington 25, D. C., 24 August 1945

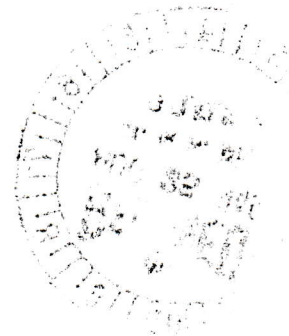
TO: The Quartermaster General, Memorial Division, 1005 Tempo "C",  
Washington 25, D. C.

For direct reply concerning burial place of soldier. Records  
of this office indicate that Robert J. Jacob was killed in action  
4 October 1944, in Holland.

297

BY ORDER OF THE SECRETARY OF WAR:

*Edward Mark*  
Adjutant General



MEMORIAL DIVISION  
AUG 22 3 53 PM '45  
WAR DEPARTMENT REGISTRATION SECTION

HEADQUARTERS COMPANY 36TH INFANTRY DIVISION  
APO #36 U. S. Army

OB

13 August 1945.

SUBJECT: Verification of Death and Location of Cemetery.

TO : Office of Adjutant General, Washington, D. C.

In December 1944, my wife's cousin, Robert J. Jacob, ASN 31329105, was reported missing in Action. Approximately five months thereafter, his parents were notified that he had been killed in action at Meigel, which to the best of my knowledge is in Belgium. He was a member of the 38th Inf. Div. Bn., 7th Armored Div., Co., APO 257. (There seems to be an error in the outfit, or he may have been in the 38th Inf. Div. attached to the 7th Armored Div.)

I am at present located in Geislingen, Germany. My wife thought that perhaps my being over here, I might be able to find out something definite as to the location of the Cemetery in which he is interred, but due to the movement of troops going home and being redeployed, I have been unable to find out anything about Robert J. Jacob.

My Commanding Officer advised me to write you, in the hope that you would be able to clear this matter up. It has been cause for anxiety on the part of his parents for a long time now, and anything you can do in regard to straightening this affair up, I know will be gratefully appreciated by his parents.

Thanking you, I am,

Bernard J. McDermott.  
BERNARD J. MC DERMOTT, Pfc,  
32651246,  
Hq. Co., 36th Inf. Div.,  
APO #36,  
3PM, N.Y.C.

EW 201 Jacob, Robert J.  
(13 Aug 45)

CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial

Only Part I should be completed, if identification tags  available

~~Both Part I & Part II should be completely filled out if identification tags are not available.~~

If information is unavailable, so indicate,

Register No: 2059

PART I

(Positive Identification)

1. Jacob, Robert J S Sgt 31 529 105 38th Armd Inf Bn.  
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached Button hole of coat, One Identification Tag

3. Give exact location from which disinterred, furnishing coordinates and map series used Coord: 734351, St. Anthony Sheet 19 N.W.

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) Not applicable

5. Approximate or established date of death (state which & give basis for date selected) Est: 4 October 1944. Report given by basic communication.

6. Approximate or established date of burial (give basis for date established) Establ: 2 March 1945. Report from British.

7. Manner in which graves was marked and all information contained on the marker Marker (Name and serial number) Constructed by British

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned No personal effects in possession of unauthorized military personnel or civilians.

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) A. Gans, Vierlingsbeek, Holland; Burgemeister. The aforementioned advised collecting teams of this unit that all people in this area were evacuated during the fighting.

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_

11. \_\_\_\_\_  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. \_\_\_\_\_

*2000*  
*8-14-45*  
*nmr*



13. Give as detailed description as possible of condition and amount of remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

\_\_\_\_\_  
\_\_\_\_\_

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

\_\_\_\_\_

(Type) (WD Serial No.) (Organization) (Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal

\_\_\_\_\_

18. If buried in a coffin; give description and markings

\_\_\_\_\_

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Other pertinent information which would aid in establishing identity

\_\_\_\_\_

James C Smith Sgt 38468801 3060th Gr Reg Co.  
(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)  
James C Smith

June 30 - 1945  
30 June 1945

# REPORT OF BURIAL

TM 10-630 AND AR 30-1315

2 July 1945

Date

Jacob	Robert	J	S/Sgt	31329105
Last Name	First	Initial	Rank	Serial No.
Vic. Groeningen, Holland			38th Armd. Inf. Bn.	Organization
Place of Death		4 Oct. 1944	KIA Body decomposed	
Date of Death		Margroeten, Holland		Cause of Death
Time and Date of Burial		Name of Cemetery		VK 645482
212	9	III	Name or Coordinates of Location	
Grave Number	Row Number	Plot Number	Cross	
			Type of Marker	

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

If No Identification Tags  
How were remains identified?

**BURIAL**

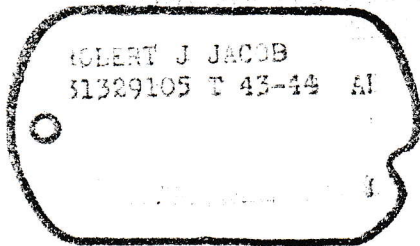
What means of identification were buried with the body?

Previously buried in isolated grave  
784351  
Vic Groeningen, Holland

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

Who is buried on:	Unknown A-1180			
Deceased's Right:	Name	Serial No.	Rank	Organization
	Ferry	4209/271		
Deceased's Left:	Name	Serial No.	Rank	Organization

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:

Register No. 2059  
(Holland)

*Edwin H. Miller*

EDWIN H. MILLER, 1st Lt. MC  
603rd Ch. Gr. Reg. Co.

Verified by G.R.S. Officer

*File - 45*  
*9-7-45*

# IF DECEASED UNIDENTIFIED

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

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(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.

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

Left Hand		
2		2
1		1
Thumb		Thumb
		Right Hand
		3

## 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 Left								
	8	7	6	5	4	3	2	1	8
	8	7	6	5	4	3	2	1	8
Upper	8	7	6	5	4	3	2	1	8
Lower	8	7	6	5	4	3	2	1	8

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; linking anchor teeth; replacements by artificial teeth by A

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

AG P BR HQ SOS

/22560

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

**REPORT OF DEATH**

DATE 23 May 1945 mb

<b>FULL NAME</b> Jacob, Robert J.		<b>ARMY SERIAL NUMBER</b> 31 329 105		<b>GRADE</b> S/Sgt	
<b>HOME ADDRESS</b> Stratford, Connecticut		<b>ARM OR SERVICE</b> Infantry		<b>DATE OF BIRTH</b> 11 May 23	
<b>PLACE OF DEATH</b> European Area		<b>CAUSE OF DEATH</b> Killed in action		<b>DATE OF DEATH</b> 4 Oct 44	
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 5 Mar 43		<b>LENGTH OF SERVICE FOR PAY PURPOSES</b> YEARS MONTHS DAYS	
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Christine Jacob (mother) 187 Crown St., Stratford, Connecticut					
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Christine Jacob (mother) same as above Mr. William Joseph Jacob (father) same as above					
<b>INVESTIGATION MADE?</b>		<b>IN LINE OF DUTY</b>		<b>OWN MISCONDUCT</b>	
YES	NO	YES	NO	YES	NO
<b>WAS DECEASED ON DUTY STATUS</b>		<b>AUTHORIZED ABSENCE</b>		<b>IN FLYING PAY STATUS</b>	
YES	NO	YES	NO	YES	NO
					X
<b>OTHER PAY STATUS (SPECIFY BELOW)</b> YES NO					

**ADDITIONAL DATA AND/OR STATEMENT**

BATTLE  NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 4 Oct 44 until such absence was terminated on 7 May 1945 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

**COPIES FURNISHED:**

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

BY ORDER OF THE SECRETARY OF WAR:

*J. H. Ourl*  
 JUN 1 - 1945  
 ADJUTANT GENERAL

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

266768

**REPORT OF DEATH**

DATE 23 May 1945 mh

FULL NAME <b>Jacob, Robert J.</b>		ARMY SERIAL NUMBER <b>31 329 105</b>		GRADE <b>S/Sgt</b>	
HOME ADDRESS <b>Stratford, Connecticut</b>		ARM OR SERVICE <b>Infantry</b>		DATE OF BIRTH <b>11 May 23</b>	
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>4 Oct 44</b>	
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>5 Mar 43</b>		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Christine Jacob (mother) 187 Crown St., Stratford, Connecticut</b>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Christine Jacob (mother) same as above Mr. William Joseph Jacob (father) same as above</b>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
		YES	NO	YES	NO
		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
		YES	NO	YES	NO
			<b>X</b>		

**ADDITIONAL DATA AND/OR STATEMENT**

BATTLE     NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 4 Oct 44 until such absence was terminated on 7 May 1945 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

*J. H. Ourl*

ADJUTANT GENERAL

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

265768

—BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
JACOB ROBERT J.				31329105			S SC		INF		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
HOLLAND9				DAY	MONTH	YEAR			MIA		219	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME				RELATIONSHIP				DATE NOTIFIED			
MRS CHRISTINE <del>JE</del> JACOB				MOTHER				23 OCTOBER 44			
NO. AND NAME OF STREET—CITY—STATE											
187 CROWN STREET STRATFORD CONNECTICUT											

REMARKS:

CORRECTED COPY

11

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ _____														
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____														
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES _____ (AS INDICATED BELOW):														
FILE NO.			MESSAGE NO.			TYPE			DATE AND AREA			E. A. NOTIFIED		
FORWARDED TO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & N. NON-DEL.														
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY <i>Waverly</i> REVIEWED BY <i>Gessler</i>														

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

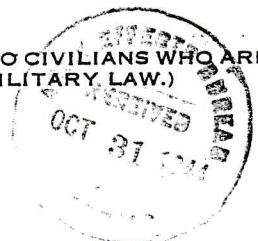
ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE				COMP	RACE									
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A"  35 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  \_\_\_\_\_ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)  
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.





ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

RTB:FR:mp  
December 27, 1945

266768

IN REPLY REFER TO \_\_\_\_\_

Mr. William J. Jacob  
187 Crown Street  
Stratford, Connecticut

WJ

Dear Mr. Jacob:

I have your recent inquiry regarding the personal effects of your son, Staff Sergeant Robert J. Jacob.

Due to the condition of the billfold, it was considered unfit for shipment and was removed and destroyed. No information is available regarding the watch about which you inquire.

So that you may better understand the difficulties encountered in the recovery of personal effects, I am inclosing an information circular on the subject.

Yours very truly,

1 Incl—  
Form 51

HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch

Reply No.  
266,768

December 10, 1945

Harry Niemiec  
2nd Lt., OMC  
Chief, Correspondence Branch

Dear Sir:

The so called effects of Staff Sergeant Robert J. Jacob have been received by us and instead of using a ~~large carton~~ it could of been sent in a three cent stamped envelope. Our son surely had more personal property than you sent us. He had a brand new wrist watch also an expensive bill fold which must of contained the few effects that was sent us.

The only things sent us were a 2, 5 and 10 franc note, a medal and two money order receipts, sent in a small paper bag shipped in a ~~large carton~~.

It is very obvious that his belongings were taken by someone who were not entitled to them, and I don't suppose you or any one else can do any thing about it as it has been a long time since Oct. 4, 1944.

Thanking you for your sympatetic letter, I remain,

Sincerely yours,

*William J. Jacob*

William J. Jacob  
187 Crown Street  
Stratford, Conn.

*mf*  
*12-18*

*file mps*



AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLUDE VA	LES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES		CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)		INVENTORY
	RANK			FORM 20
<p>Mr. William J. Jacob 187 Crown Street Stratford, Connecticut</p> <p>S/Sgt. Robert J. Jacob 31329105 266,768 D</p>				<input checked="" type="checkbox"/> LETTER
				NO. & TYPE OF CONTAINER
				ENVELOPE
				CARTONS
				<input checked="" type="checkbox"/> PACKAGE
				FOOT LOCKER
				SPECIAL INSTRUCTIONS
				REMOVE GI
				SHIP BLOODSTAINED
				SHIP DAMAGED
				REMOVE BL'DSTAINED
				REMOVE DAMAGED
				FILMS REMOVED
				DIARY REMOVED
RTB:FR:lr		SUMMARY COURT DATA		
DATE OF FINDING	APPLICANT			
20 Nov 1945	William J. Jacob, father			
REMARKS	<p>in the ... Send no clothing in effects</p>			
				DATE ACTION TAKEN
				MAIL REVIEWER (initials)
				SHIPPED
				FRANKED <input checked="" type="checkbox"/>
				EXPRESS
				FREIGHT
				DATE SHIPPED
				NOV 29 1945
				SHIPPING CLERK
				ROUTING
				ACCOUNTING BRANCH
				WAREHOUSE <input checked="" type="checkbox"/>
				FILE
ORDER FOR ACTION				

EFF OM FORM 14  
10 OCT 1945

ATTACHMENTS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL
<input type="checkbox"/>	WILL OR POWER OF ATTY.
<input checked="" type="checkbox"/>	TALLY IN FORM 43

**EFFECTS INVENTORY  
ARMY EFFECTS BUREAU**

STATUS	
<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	MISSING
<input type="checkbox"/>	P. O. W.
<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>	UNKNOWN

<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	PENCIL, MECHANICAL
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	PEN, FOUNTAIN
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	PHOTOS
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	PIPES
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS
<input checked="" type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	SCARFS
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	SHIRTS
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	SOCKS, PR.
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	STATIONERY
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	TIES
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	TOILET ARTICLES
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	TOWELS
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	TROUSERS, PR.
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	TRUNKS, PR.
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR

CONTAINERS ADDRESSED TO	INFORMATION
<i>none</i>	<i>none</i>
	<i>Rechecked</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY		DATE	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	

TALLY NO. <i>4140</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>31-Oct-45</i>	BOX NO.	SHEET OF _____ SHEETS
NAME <i>ROBERT J JACOBY</i>			A. S. N. <i>31329100-2</i>	CASE NO.
ORGANIZATION			RANK <i>S/SGT</i>	
WAREHOUSE SPACE <i>878</i>	EXAMINED BY <i>Rome</i>	DIARY REMOVED		
PACKED BY <i>[Signature]</i>	INSPECTED BY <i>[Signature]</i>	PHOTO FILM REMOVED		
STORED BY	SHIPPED	MOTION PICTURE FILM REMOVED		
	DATE <i>NOV 29 1945</i>	BY WHOM <i>[Signature]</i>		

1. Billfold, damaged  
by body fluid and  
blood stained, rotten  
fleshy (removed) PA

Gov paper money  
P.O. receipts, Religious  
article, dark brown  
stains, bad odor,  
White family bad odor,

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME

JACOB, ROBERT J. . SGT ---- 9105

BAY	PALLET	BOX	TALLY
18		23	4140

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Ref. QM Form 43

MAR ATEN MILITARY CEMETERY

RESTRICTED

INVENTORY FORM

2 July 1945

DATE

SUBJECT: Inventory of Personal Effects of:

Jacob, Robert J.

S/Sgt.

31320105

(LAST NAME)

(FIRST NAME)

(MI)

(RANK)

(ASN)

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

The above named individual of 38th Armd. Inf. Bn.

(UNIT)

(ORGANIZATION)

was reported KIA about Est. 4 Oct. 1944 1944.

STATUS (KIA, MIA, Hosp. etc.)

(DATE)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

One Wallet ✓

Money in the amount of None has been turned into

(NAME OF FINANCE OFFICE AND

Form WDFD 38 enclosed.

SYMBOL NUMBER)

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 on 194

(RAIL, TRUCK, ETC.)

Name Edwin H. Miller

Rank & ASN 1st Lt. QMC 0-1501314

Organization 603RD QM GR. REG. CO.

Any additional pertinent information:

Serial No. 313 29105 Name JACOB, ROBERT J.  
Grade S/SGT Rank \_\_\_\_\_  
Organization 38 ARMD. INF.  
Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_  
Address \_\_\_\_\_  
Killed in Action YES Died of Disease \_\_\_\_\_  
Date EST. 4 OCT 1944 Hospital \_\_\_\_\_  
Battle Area YES Information \_\_\_\_\_  
Place of Burial U.S. MIL. CEM. MARGARETAN, HOLLAND  
Point of Coordination \_\_\_\_\_  
Description of Body \_\_\_\_\_  
Members Missing \_\_\_\_\_

Signed \_\_\_\_\_  
*[Signature]*

KANSAS CITY QUARTERMASTER DEPOT  
601 Hardesty Avenue  
Kansas City 1, Missouri

Date 23 November 1945

SUBJECT: Report of transactions in disposing of the effects of

Robert J. Jacob, 31329105 late a  
(Name of decedent) (Army Serial Number)  
Staff Sergeant, Infantry who died  
(Grade) (Organization, Army or Service)  
on the 4 day of October, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KOCM 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 decedent's 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. none.)

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 none, Incl. none)

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 20 November 1945, pursuant to Special Orders 228, Headquarters, KOCM Depot, dated 25 September 1943, the application or affidavit of William J. Jacob 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, William J. Jacob  
(Name of person found entitled)

187 Crown Street, Stratford State of  
(Number, Street or Avenue) (City, Town or Village)

Connecticut, 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)

W. F. HEHMAN, Major, QMC  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

266,768

RTB:FR:lr  
November 23, 1945

IN REPLY REFER TO \_\_\_\_\_

Mr. William J. Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob:

Thank you for the information recently given the Army Effects Bureau in connection with disposal of personal effects belonging to your son, Staff Sergeant Robert J. Jacob.

This property, consisting of a few small items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Sincerely yours,

HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch



WILLIAM J. JACOB, COMMANDER  
187 CROWN STREET  
STRATFORD, CONN. Phone 7-1748

TELEPHONE 4-9846

CHARLES COOPER, ADJUTANT  
11 LITTLE STREET



Bronson Hawley Post, No. 134  
AMERICAN LEGION

Post Quarters--1430 MAIN STREET--Lyric Theatre Building  
BRIDGEPORT, CONNECTICUT

Reply to  
266,768

November 13, 1945

SHIPMENT CLERK

Kansas City Depot  
Army Effects Bureau

Harry Niemiec  
2nd Lt., QMC

Dear Sir:

Replying to your letter of November 8th, 1945 in regards to personal effects of Robert J. Jacob, Staff Sergeant.

We do not care to have any clothing of any kind sent back to us but any personal things things-such as bill fold with money or jewelry or any such articles we would like returned to us.

Our Son was not married and he names as next of kin his mother Mrs. Christihe E, Jacob, 187 Crown Street, Stratford, Conn.

Hoping this reply is satisfactory, I remain,

Sincerely yours,

*William J. Jacob*

William J. Jacob  
187 Crown Street  
Stratford, Conn.  
Aux. 23

*ent 11-20*

*W. J. Jacob*

260,708

RTB:FR:mr  
November 8, 1945

Mr. William Joseph Jacob  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob:

The Army Effects Bureau has received from overseas some personal property of your son, Staff Sergeant Robert J. Jacob.

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.

Not infrequently, due to exposure to the weather and other natural conditions, certain articles received here have peculiar or sometimes even disagreeable odor. Such an odor may develop from the length of time the articles have been packaged in transit from overseas. All the effects of your son received here are in this condition. Since it is our desire to spare the recipient any avoidable unpleasant reaction, I wish to acquaint you with this condition and ask that you tell me whether you, nevertheless, desire this property sent you. Unless your reply in this regard is received here within fifteen days from date of this letter, it necessarily will be assumed that the property is acceptable.

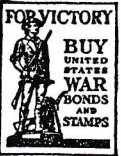
If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

For your convenience in replying there is inclosed an addressed envelope which requires no postage.

Sincerely yours,

HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch

1 Incl-- Envelope



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

IN REPLY REFER TO \_\_\_\_\_

266768 ✓

RTB:FR:cc  
July 20, 1945 ✓

CB

Mr. William J. Jacob ✓  
187 Crown Street  
Stratford, Connecticut

Dear Mr. Jacob: ✓

This refers to your letter written on July 6 to The Adjutant General, Washington 25, D. C., regarding personal effects of your son, Staff Sergeant Robert J. Jacob. ✓

I am sorry to report that the Army Effects Bureau has not yet received any of his property. It is reasonable to assume, however, that his belongings ultimately will reach here, as all War Department agencies have instructions to forward the personal effects of military personnel to this Bureau for disposition. Transportation delays generally are encountered in delivery of effects, and considerable time should be allowed for the return of property from overseas. ✓

Promptly upon receipt here of any of your son's belongings, disposal action will be taken. ✓

Yours very truly,

HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch

SPXAC-C 201 Jacob, Robert J. 1st Ind.  
(6 Jul 45)  
Hq ASF, AGO, Washington 25, D. C.

14 July 1945

TO: CC, The Army Effects Bureau, Kansas City Quartermaster Depot,  
Kansas City, Missouri.

Referred for consideration of so much of basic communication as  
pertains to personal belongings. The writer has been advised of  
this reference.

BY COMMAND OF GENERAL SOMERVELL:

*H. B. Reynolds*  
Adjutant General



*SPK  
7-19  
File  
cc*

WILLIAM J. JACOB, COMMANDER  
187 CROWN STREET  
STRATFORD, CONN. Phone 7-1748

TELEPHONE 4-9846

CHARLES COOPER, ADJUTANT  
11 LITTLE STREET



Bronson Hawley Post, No. 134  
AMERICAN LEGION

Post Quarters--1430 MAIN STREET--Lyric Theatre Building  
BRIDGEPORT, CONNECTICUT

July 6, 1945

AG 261 Jacob, Robert J.  
PC-N 126077

J. A. Ulio  
Major General  
The Adjutant General of the Army

Dear Sir:

There has been so many conflicting information received in the case of our son who was first missing in action then reported killed in action that I would appreciate a complete review of this case.

On October 23, 1944 a telegram was received that he was missing in action on October 4, 1944, in Holland. On V-E Day May 8, 1945 another telegram received that he was killed in action on October 4, 1944 in Holland.

During that seven months many letters were sent to him that has since been returned with different notations that are very confusing such as the one that I am enclosing a copy of same.

S/Sgt. Robert J. Jacob was in the 38th Armored Infantry Bn. and I suppose that was the 7th Armored Infantry. this last letter arrived overseas two days before his death and took eight months before being returned to us. The notations on same shows no record of any of his connections with these outfits and the notation that he was hospitalized January 24, 1945, three months after his supposed death, does not make sense.

We were never told the true facts of this case such as where he is buried and his grave number or ever received his belongings like other people who have suffered this great loss of their only child.

Hoping you can help us to get the true facts in this case which may help in a small way to ease our burden, I remain,

Sincerely Yours,

*William J. Jacob*  
William J. Jacob  
187 Crown Street  
Stratford, Conn.

*1 Incl. ✓*

*7-10-45*