

**INDIVIDUAL DECEASED
PERSONNEL FILE**

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

Bretschneider, George

3875

DATE OF 7 5

NAME : BRETSCHUEIDER. G.

ASN 33153167

UNIT : UPL.

STATUS : KIR

CASE NO.

PEB

297-535

Shipping List No: PD. 526

Date Shipped : 2/28/44

Destination : KIR

Wise Sp.

R E S T R I C T E D
I N V E N T O R Y F O R M

27 November 1944
Date

SUBJECT: Inventory of Personal Effects of:

BRETSCHNEIDER GEORGE CPL. 38 158 167
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 871 US Army

The above named individual of Co. "C" 23d Armd Inf. Bn.
(Unit) (Organization)

was reported DOW about 17 October 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____


I N V E N T O R Y O F E F F E C T S

None

Money in the amount of None has been turned into _____
(Name of finance office and symbol number) Form WDFD 38 enclosed.

Unknown
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 STEPHEN M. KEW
Rank & ASN 1st Lt., O-41672
Organization 23d Armd Inf. Bn.

Any additional pertinent information:

297535

JRM:DW:crw
April 14, 1945 ✓

Mrs. Josephine Bretschneider
637 Tree Street
Philadelphia, Pennsylvania

Dear Mrs. Bretschneider:

The Army Effects Bureau has received overseas some personal effects of your son, Corporal George Bretschneider.

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

Yours very truly,

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

4 15

6978

Serial No. 33155167
 Name KREISENMEIER, O
 Rank CPT 23 HRMD INF
 Organization
 Address
 Nearest Relative
 Address
 Killed in Action
 Date 24-02-1944
 Hospital
 Died of Disease
 Battle Area Belgium
 Information
 Place of Burial
 Point of Coordination
 8350
 Description of Body
 Members Missing
 Signed

NAME

BRETSCHNEIDER, S. CPL

BAY	PALETT	BOX	TALLY
		3	8978
TYPE OF PKG.			INVENTORIED
GRB			
MS. OR FORM NO.			

INVENTORY OF EFFECTS
(See AR 600-550)

Protractor

George

39155167

CUJ (Last Name) (First Name) (Middle Initial) (ASN)

23rd Army Div.

Late a 21st (Grade) (Organization of Arm or Service)

who died on the day of 19

CLASS I -- Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

1. Number : of false teeth Articles 2. one notebook 3. one bag No.

22. : one shaving brush 3. 100. notes and papers

3. : one religious piece and chain 9. two crucifix

4. : one heavy

5. : one sig. lighter

6. : one bible

*To be filled out only in case of shipment to the ADJUTANT GENERAL.

CLASS II -- Other Effects

Number

Articles

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21.

RICHARD C. ST. G. U.S.A. 1-2 18. 19.

| | | | |
|---------------------|--------------|--------------------|-------------------------|
| LAUNDRY | APR 17 1945 | STORIED BY
M.A. | WAREHOUSE SPACE
1009 |
| LOCKED STORAGE | DATE SHIPPED | | |
| DIARY REMOVED | | | |
| REMOVED IDENT. TAGS | | | |
| REVERSE SHOWN ON | | | |
| GI REMOVED | WEIGHT | | |

REMARKS: Broken
 1702 8.50 at
 1945 R Job
 1702 8.50 at
 1945 R Job

ATTACHMENTS: FORM #100

| | | | |
|--------------------------------|-------------------------------------|------------------------|-------------------------------------|
| U.S. MONEY (AMOUNT) | | | |
| TESTAMENTS | | | |
| STATIONERY | | | |
| SOUVENIR MONEY | | | |
| SOUVENIRS | | | |
| SHORT SHORTER | | | |
| SHOE SHINE ARTICLES | | | |
| PHOTO | <input checked="" type="checkbox"/> | WATCH | |
| PAPERS, PERSONAL | <input checked="" type="checkbox"/> | TOILET ARTICLES | |
| LETTERS | <input checked="" type="checkbox"/> | TOBACCO | |
| DIARY (REMOVED FOR DEPARTMENT) | | RINGS | |
| BOOKS, PILOT LOG | | RELIGIOUS ARTICLES | <input checked="" type="checkbox"/> |
| BOOKS, NOTE | | PIPES | |
| BOOKS, ADDRESS | | PENCIL, MECHANICAL | |
| BOOKS | <input checked="" type="checkbox"/> | TELEPHONE, DETACHMENT | |
| PAPERS AND MISCELLANEOUS | | KNIVES | |
| KIT, WRITING | | MISC. ITEMS | |
| KIT, TOILET | | MISC. INSTONIA | |
| KIT, SEWING | | LIGHTERS | |
| FOOTLOCKER | | KNIVES | |
| CASE | | GLASSES | |
| BILLFOLD, (NO MONEY) | | CAMERAS | |
| BAGS, TRAVEL | | BRUSHES | |
| BAGS, CLOTH | | TOILET, IDENTIFICATION | |
| CONTAINERS | | | |

ARMY EFFECTS BUREAU INVENTOR

ORIGINAL NUMBER OF PACKAGES: 3

INVENTORY DATE: 6 9 78

TALLY NUMBER: 3155 167

EFFECTS OF: 3155 167

ASST. ORGANIZATION: 3155 167

PACKAGE DESCRIPTION: 3155 167

DECEASED:

MISSING:

P O M:

ABANDONED:

CASE NUMBER: 297535

RANK: 2nd Lt

NAME: George Bretskneil

ORGANIZATION: 3155 167

PACKAGE DESCRIPTION: 3155 167

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Josephine Bretschneider
637 Tree Street
Philadelphia, Pennsylvania

SHIP TO: Cpl. George Bretschneider

SHIP NO:

297535 D

33155167

Name

Effects of:

Case No.

Wt.

JHF:DW:CTW
DATE 16 April 1945

FOR: Effects Quartermaster

Josephine Bretschneider

REMARKS:

Include Bureau Check
Acct. No.
Amount
Include "Valuable" item
Ship "Valuable" item (a)

Remove G.I.
Note discrepancy in
Articles removed
Dairy removed
Laundry removed

ROUTING:

Accounting Branch
1 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS:

1 y. pkg

Franked
Est. Exp. Chgs.
Est. Int. Chgs.
No. of packages

APR 17 1945

Shipping Clerk

[Signature]

PORT OF BURIAL

TM 10-630 AND AR 30-1815

Bretschneider, George Last Name / **George** First / **GP1.** Rank / **23rd Armd. Inf.** Organization / **88** Grave No. / **25 October 1944** Date

Belgium Place of Death / **24 October 1944** Date / **WIA** Cause of Death / **1600 Hrs. 25 October 1944** Time and Date of Burial / **Hosses # 1** Name of Cemetery / **835043** Name or Coordinates of Location / **23** Row Number / **2** Plot Number / **CROSS** Type of Marker

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

No Identification Tags How were remains identified?

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

Who is buried on:
Deceased's Right: **HARTELSON** Name / **1401475** Serial No. / **Pvt.** Rank / **Inf Bn, 66 Armd Regt** Organization / **24** Grave No.
Deceased's Left: **WITTECK** Name / **33362165** Serial No. / **unk.** Rank / **unk.** Organization / **22** Grave No.

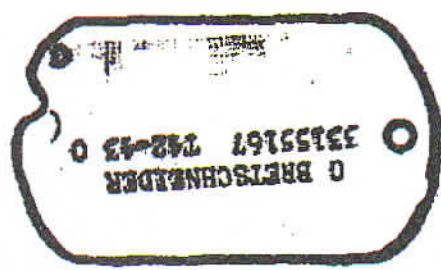
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

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

Mrs. Helen A. Banning Name / **1702 S. Lee St. Philadelphia, PA.** Address / **D** Religion

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

1. Set false teeth
2. shaving brush
3. Religious piece and chain
4. one rosary
5. one cig. lighter
6. one bible
7. paybook WDAGO # 28
8. Misc. papers and photos
9. two crucifix



Signature of Officer or other person reporting burial
 Verified by C.R.S. Officer
RICHARD C. STEEGMULLER, 1ST Lt., OMC

47819
25 October 1944

| Deceased's Right | | | | | | | | Deceased's Left | | | | | | | |
|------------------|---|---|---|-------|---|---|---|-----------------|---|---|---|-------|---|---|---|
| Upper | | | | Lower | | | | Upper | | | | Lower | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

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

Characteristics: _____

Other Data: _____

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.

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:

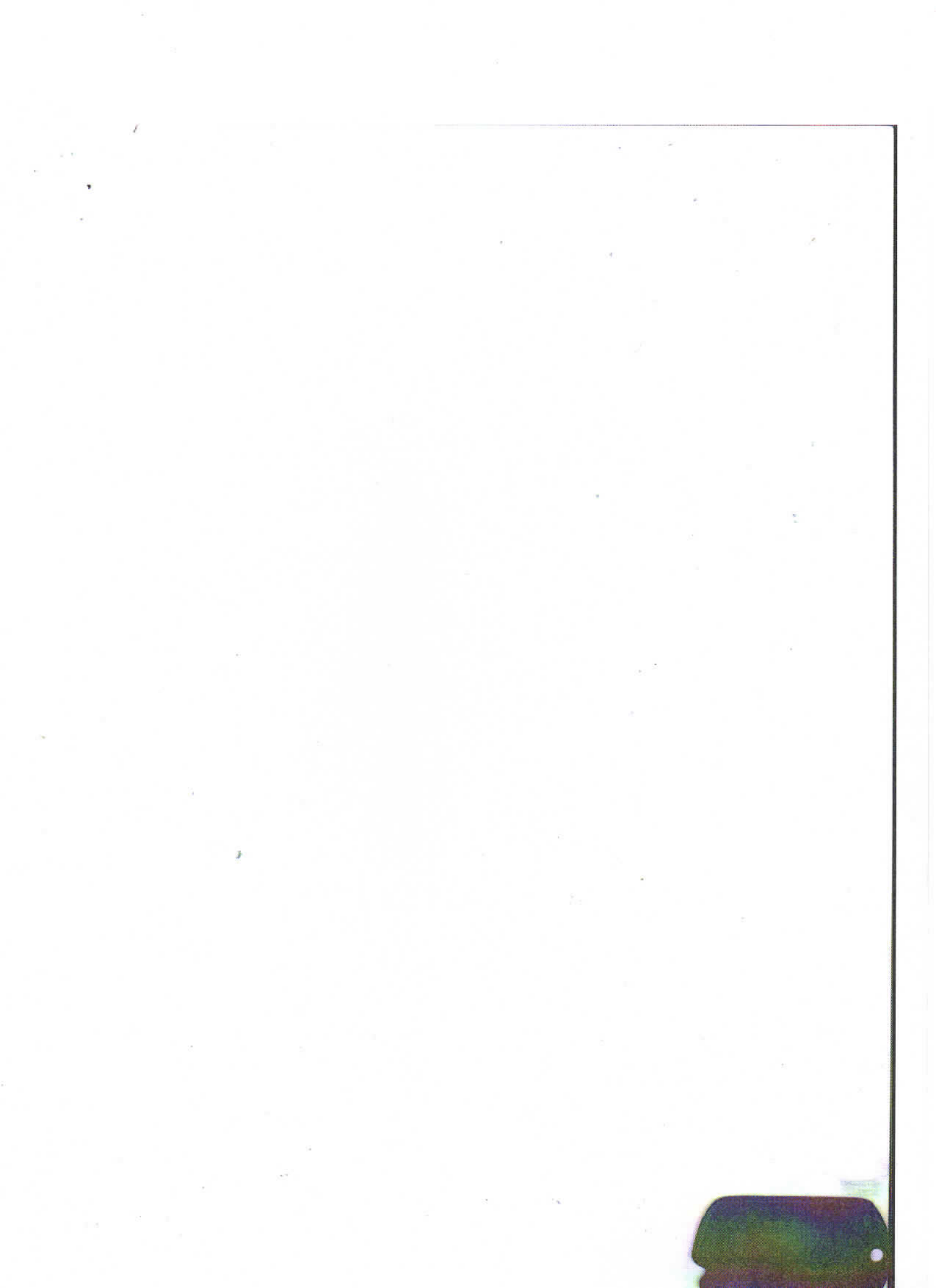
Height: _____
 Weight: _____
 Color of Eyes: _____
 Color of Hair: _____
 Race: _____

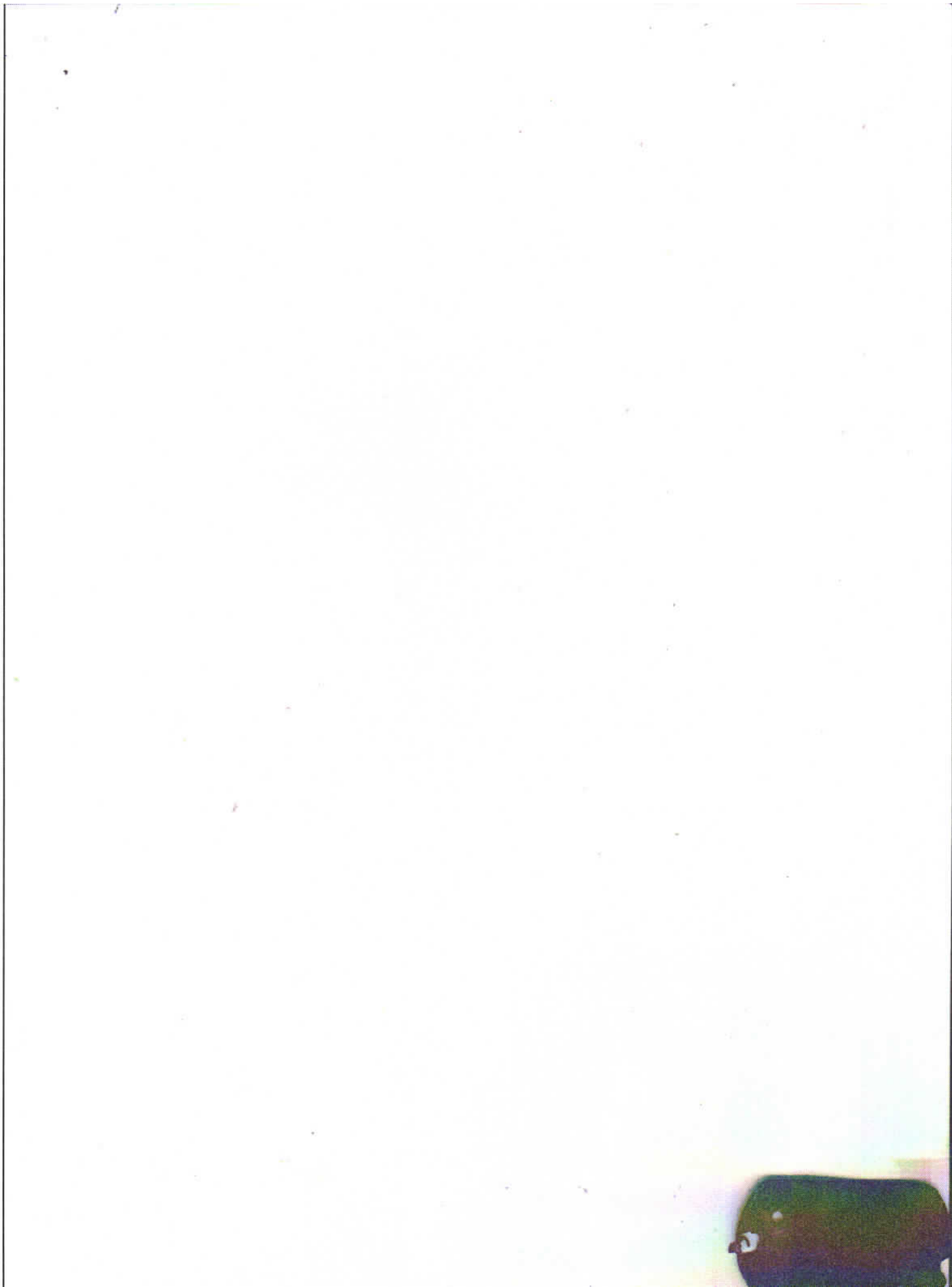
(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

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

| Right Hand | | Left Hand | |
|------------|----|-----------|----|
| Thumb | 1 | 2 | 3 |
| 1 | 1 | 2 | 3 |
| 2 | 4 | 5 | 6 |
| 3 | 7 | 8 | 9 |
| 4 | 10 | 11 | 12 |





2014

FILE

Ass't Oper. Officer
1st Lt
RAYMOND G. JOHNSON

Raymond G. Johnson

CERTIFIED TRUE COPY

/s/ E. N. Helsey
Signature of Verifying Officer
/t/ E. N. Helsey

33155167 142-43 0

Imprint of Tag:

BRETSCHNEIDER (Last Name) G (First Name) (Initial) (Rank) (ASN)
33155167

Identification Tag indicates:

BRETSCHNEIDER, GEORGE (Last Name) (First Name) (Initial) (Rank) (ASN)
33155167 CPL

QMC Form 1194 indicates:

The attached identification tag(s) removed for the following reason:

WA
BRETSCHNEIDER, GEORGE (Last Name) (First Name) (Initial) (Rank) (ASN)
33155167 CPL

I certify that I have removed the attached identification tag(s) from the remains of:

C E R T I F I C A T E

GRU 332.3(0) USMC FOSSE, BELGIUM PLOT H, ROW 2, GRAVE 23

HEADQUARTERS
7855 AGRZ ZONE ONE
APO 58 (Liege) US ARMY

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

DATE 26 Mar. 1945

WASHINGTON 25, D. C. Original issued 22 Nov 44

* Corrected Rpt.

| | | | | | |
|--|--|---|--|--|--|
| FULL NAME
Bretschneider, George | | ARMY SERIAL NUMBER
33 155 167 | | GRADE
Cpl. | |
| HOME ADDRESS
Philadelphia, Pa. | | ARMY OR SERVICE
Infantry | | DATE OF BIRTH
4 Nov 1918 | |
| PLACE OF DEATH
European Area | | CAUSE OF DEATH
Died of wounds rec'd in action | | DATE OF DEATH
24 Oct 1944 | |
| STATION OF DECEASED
European Area | | DATE OF ENTRY ON
CURRENT ACTIVE SERVICE
11 Mar 1942 | | LENGTH OF SERVICE
FOR PAY PURPOSES
YEARS MONTHS DAYS | |
| EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS)
Mrs. Helen A Banning, sister, 1702 So. Lee Street, Philadelphia, Pa. | | | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
* Helen A. Banning, sister, same address as above
Francis F. Bretschneider, brother, 637 Tree Street, Philadelphia, Pa. | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------|-----|----|-----------------|-----|----|----------------|-----|----|-----------------------------|-----|----|--------------------|-----|----|----------------------|-----|----|----------------------------------|-----|----|
| INVESTIGATION MADE | YES | NO | IN LINE OF DUTY | YES | NO | OWN MISCONDUCT | YES | NO | WAS DECEASED ON DUTY STATUS | YES | NO | AUTHORIZED ABSENCE | YES | NO | IN FLYING PAY STATUS | YES | NO | OTHER PAY STATUS (SPECIFY BELOW) | YES | NO |
|--------------------|-----|----|-----------------|-----|----|----------------|-----|----|-----------------------------|-----|----|--------------------|-----|----|----------------------|-----|----|----------------------------------|-----|----|

ADDITIONAL DATA AND/OR STATEMENT
 BATTLE NON-BATTLE

* Awarded Expert Infantryman Badge per GO #33, Hq. 7th Armored Inf. dated 6 Aug 1944.
 * Corrected for change in beneficiaries and Expert Infantryman order number.

| | | |
|----------------------------------|---|------------------|
| U. S. G. P. S. I. | P. O. U. S. A. | COPIES FURNISHED |
| U. S. G. M. O. | A. M. Y. E. F. F. C. T. S. B. U. R. E. A. U. | |
| U. S. G. V. S. T. A. D. M. I. N. | C. A. S. U. A. L. T. Y. B. R. A. N. C. H. F. I. L. E. | |
| U. S. G. A. G. I. | A. G. S. I. F. I. L. E. | |

NO ADD FORM 831 THIS FORM SUPERSEDES WAR DEPT FORM 831, 22 MAY 1944, WHICH STAYS AND REMAINS.

BY ORDER OF THE SECRETARY OF WAR
Samuel B. ...
 ADJUTANT GENERAL

32
 100-107
 15

add

FILE

- 7. ~~Coert's presence is/ is not~~ desired at funeral services
- 6. The funeral was held at 11 00 hours, on 10 May 49
- 5. I did/ did not attend the funeral services.

1813 5th St. Phila. Pa. on 10 May 49 at 10 30 hours
(address) (date)

4. First contact was made with next of kin, Francis Betschneider (Berlin)
(Name)

3. First contact was made with undertaker on ~~10 May 49~~ 10 May 49 at ~~10 30~~ 10 00 hours
(date)

Arrived at Beverly Nat Cem on 10 May 49 at 10 00 hours
(destination) (date)

If train, give hour of departure from New York City and station

for Beverly Nat Cem. by Street Vehicle
(destination - city and state) (Gov't vehicle or train)

2. Departed ACPD, NYPT, on 10 May 49 at 05 30 hours
(Name, rank, serial number) (date)

1. Robert Kelly Sgt RA 3433615 2 accompanying the remains of Betschneider George Cpl 33155167
(Name, rank, serial number of escort)

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPT, THIS REPORT WILL BE DRAWN UP BY AND REPORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL
OF DEPARTED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.
THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS

HEADQUARTERS
NEW YORK PORT OF REPARATION
AMERICAN GRAVES REGISTRATION DIVISION
1st Avenue & 68th Street
Brooklyn, N. Y.

11 May 49
PCL

Name of Receiver: Richard W. McKeon
 (Name, Rank, Serial Number or Escort)
 Organization: Co. B. 1st S. 1300 ASV
 Date Received: 10th May 49

16. Receipt of twenty-one (21) rounds of blank ammunition is acknowledged (if no blanks were issued with "blanks") none

15. Remarks (unusual circumstances): none
 at 1620 hours.

14. Departed 15 hours Arrived at AGND, NY on 10th May 49
 (Govt. vehicle or train) Govt Vehicle on 10 May 49
 (date) 10 May 49

13. (Name, address of hotel and length of stay where billeted)
 12. The next of kin was not bring up the subject of identity of the remains.

11. Flag was presented to Francis Brotschneider (Brother)

10. Burial honors were provided by U.S. Army

9. Burial honors were not provided because
 8. Burial honors were/were not provided at the funeral.

J. B. LARKIN
Major General
The Quartermaster General

Sincerely yours,

Please accept my sincere sympathy in your great loss.
The War Department has now been authorized to comply, at Government expense, with your feasible wishes regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part provide you with full information and solicit your detailed desires.
This cemetery is located approximately six miles northwest of Hammur and seven miles southeast of Charleroi, both in Belgium, and is under the constant care and supervision of United States military personnel.
The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Fosse, Belgium, plot H, row 2, grave 23.
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Corporal George Bretschneider, A.S.N. 33 155 167.

Dear Mrs. Bretschneider:

Mrs. Josephine Bretschneider
637 Tree Street
Philadelphia, Pennsylvania

3 June 1946

[Handwritten signature and scribbles]

Name
 Action
 1948

1813 S. Front Street
 Phila., 48, Pa.

Yours very truly,
Francis Breischneider

My present address is - 1813 S. Front Street
 Philadelphia 48, Pa.

The card which was enclosed with your letter of January
 5, 1948 - addressed to 637 Tree Street, Phila., 48, 1948
 has been mislaid - and I hereby state that I am no longer
 residing at 637 Tree Street, Phila., 48, Pa.

Gentlemen:

Office of the Quartermaster
 Washington 25, D.C.

George W. Breischneider

January 28, 1948

File
6-25-46
RSD

To: *James F. Brotekman - Author*
James - address

From - *George F. Brotekman - mother*
637 Spruce St.
Tridon, Pa.

Walt of Ken

Officer's Initials *Walt*
pphr

1. AGD.
2. _____
3. _____
4. _____
5. _____

Changes made in information on Form 333 are from sources listed below:

~~293 Brotekman, George~~

B

REST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl George Breasmeider, 33 155 167
Plot B, Box 2, Grave 23,
United States Military Cemetery
Fosse, Belgium

5 January 1948

DO NOT WRITE ABOVE THIS LINE

| | | |
|---|---|--|
| A | C | |
| B | D | |

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, Pranols Breasmeider (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

3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Beverly, New Jersey (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.)

Name

24 JAN 1949

DDMG FORM 345 MILITARY 14 NOV 1945

JAN 8 1948

Page 1

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.

| | | | | | | | | |
|-----------|------------|----------------|-------------------|--------------|--------------------|---|-------------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A. OR COUNTRY | TELEGRAPH ADDRESS | 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 | | NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A. OR COUNTRY | TELEGRAPH ADDRESS | TELEPHONE NO. |
| | | | | | | | |

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 |
| Bratschneider | Lorraine | J. | Brother |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A. OR COUNTRY |
| 545 N. DELA. ST. | Phila. 48 | Philadelphia | Penna., USA |

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.

Signature of Next of Kin: *Lorraine Bratschneider*
 (SIGNATURE OF NEXT OF KIN)
 1813 S. Front Street
 (STREET AND NUMBER)
 Phila. 48, Pa.
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 28th day of January, 1947, at city (or town) of Phila., county of Phila., and State (or Territory or District) of Penna.

Signature of Notary: *[Signature]*
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 COMM. EXPIRES: _____
 COUNTY: _____

57

G. H. SAHRE, COL, GMC

ITEM

INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.
 CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOUR
 EXTENSION. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH
 INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF
 WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY IN-
 STIONS OR BY AIRMAIL OR NAVAL PERSONNEL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS
 HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS' ORGANIZA-
 TION IN CASES WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE POINT MILITARY
 OF SEVENTY FIVE DOLLARS INTRUMENT EXPENSE ALLOWANCE IS NOT REPEAT NOT AUTHORIZED
 TAKE PLACE. MILITARY ESCORT WITH ACCOMPANY REMAINS TO NATIONAL CEMETERY. PAYMENT
 THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE FUNERAL CAN
 SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. IT IS EXPECTED
 WILL NOTIFY YOU BY TELEGRAM GIVING DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN
 WE CANNOT GIVE A DEFINITE DELIVERY DATE, BUT SURRENDERMENT OF NATIONAL CEMETERY

HEARST NATIONAL CEMETERY, HEARST, NEW JERSEY

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOUR WISH REMAINS BURIED IN
 PLEASE BE ADVISED REMAINS OF THE LATE
 CPT. GEORGE BRETSCHNEIDER

BRETSCHNEIDER

JAMES MCCARTHY
 Major, TC
 Adm'n of, AGR DIA

7 MAY 1951

PHILADELPHIA, PA
 1819 SOUTH FRONT STREET
 FRANCIS BRETSCHNEIDER

I certify that this message is an official
 business and that its transmission with a
 precedence, or by air mail, regular
 mail, or scheduled messenger would be pro-
 judicial to the public interest.

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

WU051 GOVT PD

TDBW BEVERLY NJER APR 26 329P

COMMANDING GENERAL

NYK PORT OF EMBARKATION BROOKLYN NY

FUNERAL SERVICE FOR CPL GEORGE BRETSCHNEIDER 33155167

SCHEDULED FOR 11 AM TUESDAY 10 MAY 1949 PLEASE CONFIRM

AND GIVE TIME OF ARRIVAL

FRANK A LOCKWOOD SUPT BEVERLY NATIONAL CEMETERY

BEVERLY NEW JERSEY

415P

33155167 11 AM 10 1949..

APR 26 21 20

181300
843A
FRANCIS BRETSCHNEIDER 1813 SOUTH FRONT ST
ATTEND FUNERAL SERVICES AT BEVERLY CEMETERY
IN TELEGRAM THAT WE WILL BE NOTIFIED IN DUE TIME TO
CPL GEORGE BRETSCHNEIDER AGREE WITH EVERYTHING AS STATED
DEAR SIR; RECEIVED TELEGRAM REFERENCE REMAINS MY BROTHER
71 NEW YORK PORT OF EMBARKATION BROOKLYN NY
COL G H BARE, QM DISTRIBUTION CENTER
PHILADELPHIA PENN MAR 9
WUA046 38 4 EXTRA NL COLLECT
1949 MAR 10 13 53

RECEIVED

| CASE NO. | | INSPECTION CHECK LIST | | SPACE NO. | |
|---|------|---|------|---|------------------------|
| NAME OF DECEASED (Last, First, Middle Initial) | | BRANCH OF SERVICE | | DATE | |
| BRETSCHEIDER GEORGE | | USARV | | M | |
| RANK OR GRADE | | SERIAL NUMBER | | CONSIGNEE | |
| CPL | | 331551671 | | HEBERTY NATIONAL CEMETERY
HEBERTY, NEW JERSEY | |
| SHIPPING CASE - GENERAL APPEARANCE
(Check ONLY Discrepancies) | | CONDITION OF SHIPPING CASE (Check One) | | REMARKS | |
| <input checked="" type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | <input checked="" type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | FINISH (Exterior) <i>Good</i>
FINISH (Interior) <i>Good</i>
HANDLES
HANDLE BOLTS
STENCILING - NAME PLATE <i>Clear</i>
HEALTH PERMIT MARKER
HEALTH PERMIT NUMBER | |
| CASKET - GENERAL APPEARANCE
(Check ONLY Discrepancies) | | CONDITION OF CASKET (Check One) | | REMARKS | |
| <input checked="" type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | <input checked="" type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | FINISH (Exterior) <i>Good</i>
HANDLES AND FASTENINGS
STENCILING - NAME PLATE
CAM LOCKS (Sealing)
ODOR OR MOISTURE | |
| ROUTED THROUGH | | | | | |
| MORTUARY OPERATING ROOM | | REPAIR SHOP | | REMARKS | |
| <input type="checkbox"/> MORTUARY OPERATING ROOM
<input type="checkbox"/> REPAIR SHOP | | <input type="checkbox"/> CASKET REPAIRED
<input type="checkbox"/> CASKET EXCHANGED | | SHIPPING CASE REPAIRED
SHIPPING CASE EXCHANGED | |
| CONDITION OF REMAINS | | CASKET REPAIRED | | REMARKS | |
| <input type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | <input type="checkbox"/> CASKET REPAIRED
<input type="checkbox"/> CASKET EXCHANGED | | SHIPPING CASE REPAIRED
SHIPPING CASE EXCHANGED | |
| NECESSARY DISINFECTION (Explain) | | CASKET EXCHANGED | | REMARKS | |
| <input type="checkbox"/> SATISFACTORY
<input type="checkbox"/> UNSATISFACTORY | | <input type="checkbox"/> CASKET REPAIRED
<input type="checkbox"/> CASKET EXCHANGED | | SHIPPING CASE REPAIRED
SHIPPING CASE EXCHANGED | |
| TIME | DATE | SIGNATURE OF MORTICIAN | TIME | DATE | SIGNATURE OF INSPECTOR |
| | | | | | <i>[Signature]</i> |
| REMARKS | | | | | |

INDICATE RECORD OF CUSTODIAL TRANSFER ON REVERSE SIDE

VAW.

| | | | | | | | | |
|---|--|------------------------------|--|------------------------------|--------------|-------------|--|----------------------|
| SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
DATE | | NAME
BRETSCHNEIDER GEORGE | | SERIAL NUMBER
33155167CPL | GRADE
CPL | ARM
1 | RACE
REGIION | DAY
MONTH
YEAR |
| | | CEMETERY
FOSSE BELGIUM | | PLOT
H | ROW
2 | GRAVE
23 | DISPOSITION OF REMAINS
CODE
DIST. CTR. | |
| SECTION B - CONSIGNEE AND NEXT OF KIN
NAME AND ADDRESS OF CONSIGNEE
NAME AND ADDRESS OF NEXT OF KIN | | | | | | | | |
| SECTION C - DISINTERMENT AND IDENTIFICATION
NAME
GEORGE BRETSCHNEIDER
GRADE
CPL
DATE OF DEATH
20 JULY 1948
IDENTIFICATION TAG ON
ORGANIZATION
IDENTIFICATION TAG ON
REMAINS
MARKER | | | | | | | | |
| SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL
MATTRESS COVER
CONDITION OF REMAINS
REMAINS COMPLETE, ADVANCE DECOMPOSITION. | | | | | | | | |
| OTHER MEANS OF IDENTIFICATION
NONE | | | | | | | | |
| MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)
ID TAGS STAFF G INSTEAD OF GEORGE. | | | | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX
DATE
20 JULY 1948
BY
LEONARD P UNDERWOOD EMBALMER | | | | | | | | |
| CASKET SEALED BY
MELVIN W. BLACKBURN, EMBALMER
DATE
20 OCT 48
CHARLES A. MORGANT
BY
CLERK RECORDED | | | | | | | | |
| CASKET BOXED AND MARKED
ALL PLATES MARKINGS &
TAGS VERIFIED BY
ROGER 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 | | | | | | | | |
| SIGNATURE OF AGRS INSPECTOR
Wm. C. Beck 15/1/48 | | | | | | | | |
| REMARKS AND SPECIAL INSTRUCTIONS | | | | | | | | |

DISINTERMENT OPERATIONS RECORD

1

458

DMC FORM 1194 REV 11 FEB 48

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS INSPECTOR

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

DATE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

CASKET SEALED BY

EMBALMER (Signature)

BY

DATE

REMAINS PREPARED AND PLACED IN CASKET

MINOR DISCREPANCIES (Prepare Discrepancy Report DMC Form 1194a for major discrepancies.)

SEE ATTACHED SHEET

OTHER MEANS OF IDENTIFICATION

NATURE OF BURIAL

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

CONDITION OF REMAINS

REMAINS
 MARKER

USAGF

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINERRED

SECTION C - DISTINERMENT AND IDENTIFICATION

BEVERLY NATIONAL CEMETERY
BEVERLY, NEW JERSEY

FRANCIS BRETSCHNEIDER
(BROTHER)
1813 SOUTH FRONT STREET
PHILADELPHIA, PENNSYLVANIA

NAME AND ADDRESS OF NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

SECTION B - CONSIGNEE AND NEXT OF KIN

FOSSÉ BELGIUM

CEMETERY

BRETSCHNEIDER GEORGE

SERIAL NUMBER 35155167CPL

GRADE

ARM

1

RACE

1 2

RELIGION

15 01 49

DATE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1220 00238

DATE

DISINTEMENT DIRECTIVE

18.54 (3)

RECEIPT OF REMAINS

HEADQUARTERS, NYPE
DISTRIBUTION CENTER #1, AGRS
38th ST. & 1st AVE.
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:
SUPERINTENDENT
BEVERLY NATL CEM
BEVERLY N J

REMAINS OF THE LATE
CPL GEORGE BRETSCHNEIDER
ACCOMPANIED BY

AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE ~~AT~~ ABOUT TEN AM
ON TUESDAY 10 MAY

ESCORT SGT. 1st BOLUS ACKEL
RA 34 236 152
DET 5 1300th ASU

G. H. BARE
COLONEL, OMC

FILE
RECORDS
DATE 24 May 49
NAME 24 May

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED
THIS 10 DAY OF May 19 49

WITNESS (Sign) *John J. [Signature]*
CONSIGNEE *Frank A. Lockwood per [Signature]*

Dr. 34236152

GED. T. HARRIS
 Colonel, G.O.
 Memorial Division
 DATE JUL 1 1949

1 Incl
 G.O Form 14

FOR THE QUARTERMASTER GENERAL:

2. This information is required in the processing of a headstone application. Therefore, it is requested that the annotated G.O Form 14 be returned promptly so that a properly inscribed headstone can be provided for the decedent without delay.

Remarks (FOR COMPLETE ORGANIZATION.

Decorations and Awards

Date of Birth
 Organization in which decedent held his highest rank

Serial Number
 Discharge Date
 State of Residence

Name
 Rank
 Date of Death

1. It is requested that the information indicated by below be verified or inserted on the attached G.O Form 14 in red pencil or ink; please do not type any changes or additional data on G.O Form 14, or erase any information shown in green on the form.

FROM: Memorial Division, Cemetery Branch, Operations Section
 Washington 25, D. C.

TO: AFRR, ST LOUIS, WW II CORRESPONDENCE SECTION

SUBJECT: Headstone Application Data

QMFB 293 Bretschneider, George, Cpl., 33156167
 27 June 1949

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

Beverly

INSCRIPTION DATA FOR HEADSTON (READ INSTRUCTIONS CAREFULLY)

TO
 Mr. Francis Bretschneider
 1813 S. Front St.
 Philadelphia, Pa.
 DATE 10 May 1949

As the next of kin of the decedent listed below, this form is sent to you for necessary information concerning the inscription to be shown on the headstone.

Please fill out Part II and return to the address indicated in Part I within fifteen (15) days from the date shown above. Otherwise the headstone will be ordered with data as to state, religious emblem, and date of birth inscribed as shown in the official records. NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

The authorized inscription for a general type government headstone includes:

- (1) Name, rank, and organization of decedent.
- (2) The dates of birth and death.
- (3) The state or U.S. possession or territory. This may be the state of birth, residence, or from which enlisted. Names of foreign countries are not permitted.
- (4) Religious emblem.

THE ABOVE INSCRIPTION DOES NOT APPLY TO THOSE DECEDENTS WHO SERVED ONLY DURING THE CIVIL AND SPANISH AMERICAN WARS.

PART I - TO BE FILLED IN BY SUPERINTENDENT OR COMMANDING OFFICER

NAME OF DECEDENT (Last, First, Middle Initial) BRETSCHNEIDER, George
 RANK Cpl
 ORGANIZATION 48 Armd Inf 7th Armd Div
 DATE OF DEATH (Month, Day, Year) 76 Section G
 GRAVE OR LOT NUMBER 10 May 1949

RETURN THIS FORM TO:

U. S. NATIONAL CEMETERY
 BEVERLY, N. J.

PART II - TO BE FILLED IN BY NEXT OF KIN

NAME OF STATE, U.S. POSSESSION OR TERRITORY, TO BE INSCRIBED PENNA.
 (Foreign countries not applicable)
 DATE OF DECEDENT'S BIRTH (Month, Day, Year) Nov. 4th 1918

RELIGIOUS EMBLEM (Check type desired)

- LATIN CROSS FOR CHRISTIAN FAITH
 STAR OF DAVID FOR HEBREW FAITH
 NONE

ADDRESS OF NEXT OF KIN

1813 S. FRONT STREET

SIGNATURE

Francis Bretschneider

DATE

May 22nd 49

REMARKS

FILE JUL 12 1949