

293 CONTE, MICHAEL M. O-1,321,101 2nd LT EUROPEAN AREA INF. (ILL.) '44 hjs



JCD GWA

1

Interred 14 March 1949  
B-2-11 St James  
A. F. Hill  
H. F. Hill, Capt. QMC

DISINTERMENT DIRECTIVE

Gen. Supt.  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3594 00051

DATE  
15 10 48  
DAY MONTH YEAR

NAME: CONTE MICHAEL M  
SERIAL NUMBER: 013211012  
GRADE: LT  
ARM: 1  
RACE: 1  
RELIGION: 2

CEMETERY: VILLENEUVE FRANCE  
PLOT: A  
ROW: 7  
GRAVE: 154  
DISPOSITION OF REMAINS: 3504 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN Flag sent 18 March 1949

NAME AND ADDRESS OF CONSIGNEE  
ST. JAMES, FRANCE

NAME AND ADDRESS OF NEXT OF KIN  
ANITA I. HAMELBERG (SISTER)  
4733 WEST BYRON STREET  
CHICAGO, ILLINOIS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: Conte, Michael M.  
SERIAL NUMBER: 01321101  
GRADE: UTD  
DATE OF DEATH: 1 July 1948  
DATE DISTINTERRED: 1 July 1948

IDENTIFICATION TAG ON:  REMAINS,  MARKER  
ORGANIZATION: USAGF  
RELIGION: Cath.  
IDENTIFICATION VERIFIED BY: George Avakian, Embalmer  
NAME AND TITLE: NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UTD  
CONDITION OF REMAINS: Skeletal form.

OTHER MEANS OF IDENTIFICATION  
None.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
None.

REMAINS PREPARED AND PLACED IN/CASKET Transfer case.

DATE 1 July 1948 BY George Avakian

CASKET SEALED BY ROY HALFORD EMBALMER (Signature)

CASKET BOXED AND MARKED  
DATE 17 Sep 48 BY Roy Halford  
SHIPPING ADDRESS VERIFIED BY All tags, markings and plates verified by: J. J. ANDREWS, 1st Lt, Inf.

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 GRS INSPECTOR  
RAFAEL T. RUIZ, 1st Lt, Inf.

REMARKS AND SPECIAL INSTRUCTIONS  
Copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

FILE  
REFATRIATION BR. N. H. MEM. DIV.

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 21 APR 1949

59



APR 1948

### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM USMC Villeneuve		TO USMC St. James	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc J. Dalaney	
SIGNATURE OF SHIPPER R. B. McDANIEL, Capt, FA	DATE 17 Jul 48	SIGNATURE OF RECEIVER H. F. HILL, Capt, OMC	DATE 17 Jul 48

NEW DIA  
100-100000  
100-100000  
100-100000  
FILE

#### 2. SHIPPED

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

#### 3. SHIPPED

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

#### 4. SHIPPED

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

#### 5. SHIPPED

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

#### 6. SHIPPED

FROM JAMES E. EVANCE		TO ANITA I. HANBERG (SISTER)	
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

CMV



*[Handwritten signature]*

21 April 1949

2931 2/Lt Michael M. Conte, ASN 01- 321 101  
Plot B, Row 2, Grave 11  
Headstone: Cross  
St. James (France) U. S. Military Cemetery

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN  
Major General  
The Quartermaster General

APR 21 1 26 PM '49  
U. S. M. C.  
MAIL & RECORDS DIVISION

*[Handwritten initials]*



REQUEST FOR DISPOSITION OF REMAINS

7-21-48

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

DATE:

2nd Lt Michael M. Conte, 01 321 101  
Plot A, Row 7, Grave 154,  
United States Military Cemetery  
Villeneuve-Sur-Auvers, France

26 May 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, MRS. ANITA I. HAMELBERG

(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. St. James, Fr.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF 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 \_\_\_\_\_ (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.

*WJM*  
loaded 10-21-48  
L. H. Scott

DDP NOV 8 1948

OQMG FORM 345 MILITARY  
14 NOV 1946

16-50411-1

PAGE 1

OCT 5 1948

*despatch*  
*20 SEP*

*+* Guil #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.

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	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
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

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

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

Mrs. Anita J. Hamelberg 4733 W. Byron St.,  
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)  
MRS. ANITA J. HAMELBERG Chicago 41, Ill.,  
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23 day of June, 1948, at city (or town) of Chicago, county of Cook, and State (or Territory or District) of Illinois

Ray Edmunds  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
(OFFICIAL TITLE)

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



**PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)

\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)

**PART III**

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

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

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

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)



ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for handwritten notes and instructions.





*Att  
Mans  
5/26/48*

QMDIG 293-C

Conte, Michael M., 2nd Lt., *CS*  
01 321 101, Villeneuve-Sur-Auvers 1st Ind.

Hq., Chicago Quartermaster Depot, AGR Division, Chicago 9, Illinois,  
8 July 1948

TO: The Quartermaster General, Department of The Army, Washington 25,  
D. C. Attention: Memorial Division, RR Branch

1. Attached hereto is completed Form 345, accomplished by  
Mrs. Anita J. Hamelberg, (Sister), 4733 West Byron Street, Chicago,  
Illinois requesting the remains be interred in a permanent American  
Military Cemetery overseas.

FOR THE COMMANDING OFFICER:

*Carroll J. Grinnell*  
CARROLL J. GRINNELL  
Lt. Colonel, QMC  
Chief, AGR Division

1 Incl.  
Form 345



**FILE**  
Name *Haughter*  
Action *S-1-acc*  
Date *29 Sep 48*  
Acceptance Section  
Family Corres. Branch



Q 119 202-6

Comdr. Michael M. End Lt. Col. J. J. Wilkerson - Sur-Averses 1st Ind.

Chicago Quartermaster Dept., AGH Division, Chicago 9, Illinois  
8 July 1948

TO: The Quartermaster General, Department of The Army, Washington 25  
D. C. Attention: Memorial Division, RA Branch

Attached hereto is completed Form 145, accompanied by  
Mrs. Anita E. Hamelburg (Sister), 4723 West Byron Street, Chicago,  
Illinois requesting the remains be interred in a permanent American  
Military Cemetery overseas.

FOR THE COMMANDING OFFICER:

CARROLL J. CHINMILL  
Lt. Colonel, GSC  
Chief, AGH Division

Form 145  
1 1948





*noted int*

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

In Reply Refer To RR Br: QMGMR 293 Conte, Michael M., 2nd Lt., 01 321 101  
Plot A, Row 7, Grave 154  
United States Military Cemetery  
Villeneuve-Sur-Auvers, France

26 May 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding Officer, Chicago Quartermaster Depot  
1819 West Pershing Road  
Chicago, Illinois  
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from \_\_\_\_\_ sister

(relationship)

Mrs. Anita I. Hamelberg, 4733 West Byron Street, Chicago, Illinois.  
(name) (address)

2. It is requested that the attached OQMG Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

BY COMMAND OF MAJOR GENERAL LARKIN:

*John O. Hyatt*

JOHN O. HYATT  
Colonel, QMC  
Memorial Division

Incls.



**FILE**  
Name *Slughter-Led*  
Action *S-17 acc*  
Date *29 Sep 48*  
Acceptance Section  
Family Corres. Branch



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

In Reply Refer to HQ Br: / OMBR 203 Conte, Michael M., 2nd Lt., 01 321 101  
Plot W, Row V, Grave 154  
United States Military Cemetery  
Villeneuve-sur-Avignon, France

26 May 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding Officer, Chicago Quartermaster Depot  
1819 West Pershing Road  
Chicago, Illinois  
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from \_\_\_\_\_ (relationship)

Mrs. Anita I. Hamsberg, \_\_\_\_\_ (name)  
4733 West Byron Street, Chicago, Illinois. \_\_\_\_\_ (address)

2. It is requested that the attached OMB Form 345 be properly completed, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that \_\_\_\_\_ (name) be contacted with the next of kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to the office since receipt by you of this request. In the event you are unable to make disposition instructions from the next of kin, it is further requested that \_\_\_\_\_ (name) be furnished this office as a basis for final disposition representative be furnished this office as a basis for final disposition of remains of the decedent.



BY COMMAND OF MAJOR GENERAL \_\_\_\_\_

*John O. Hyatt*

JOHN O. HYATT,  
Colonel, GMC  
Memorial Division

Incls.



MAIL & RECORDS BRANCH  
JUN 3 11 03 AM '48

Family Counsel Branch  
Memorial Division  
Chicago, Illinois  
JUN 8 1948



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

In Reply Refer To RR Br:

QMGR 293 Conte, Michael M., 2nd Lt., O1 321 101  
Plot A, Row 7, Grave 154  
United States Military Cemetery  
Villeneuve-Sur-Auvers, France

26 May 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding Officer, Chicago Quartermaster Depot  
1819 West Pershing Road  
Chicago, Illinois  
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from sister

Mrs. Anita I. Hamsberg, 4733 West Byron Street, Chicago, Illinois.  
(name) (relationship) (address)

2. It is requested that the attached QMG Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

BY COMMAND OF MAJOR GENERAL LARKIN:

Incls. *lcb*

mew

JOHN O. HYATT  
Colonel, QMC  
Memorial Division

JUN 3 11 03 AM '48  
O. Q. M. G.  
MAIL & RECORDS BRANCH

*Handwritten signature*



2nd Lt. Michael M. Conte, OI 321 101  
Plot A, Row 7, Grave 154,  
United States Military Cemetery  
Villeneuve-sur-Auvers, France

20 August 1947

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

Reference is made to the "Letter of Inquiry - Disposition of Remains" sent to you about 30 days ago, requesting you to complete and mail the "Request for Disposition of Remains" form to this office.

The War Department is obliged to inter in permanent U. S. Military Cemeteries the remains of World War II Dead whose next of kin do not request their return to the United States for final burial. After burial in a permanent American Military Cemetery overseas, the next of kin will be mailed the interment flag that was actually used during the military funeral service and advised of the name and the location of the cemetery, together with the plot, row and grave number in which final interment was made.

If the form, "Request for Disposition of Remains," or a reply to this letter is not received from you within fifteen days, the War Department will proceed on the assumption that you do not wish the remains returned to the United States for permanent burial.

Sincerely,

GEO. A. HORKAN  
Brigadier General, QMC  
Chief, Memorial Division

Aug 20 3 04 PM '47

O. C. H. S.  
MAIL & RECORDS BRANCH

REGISTERED  
NO. 1318434

RETURN RECEIPT DEMANDED O.G.M.G.

DC sent 26 may 48



2nd Lt. Michael M. Conte, OI 321 101  
Plot A, Row 7, Grave 154,  
United States Military Cemetery  
Villeneuve-sur-Auviers, France

24 June 1947

Mrs. Anita I. Heselberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Heselberg:

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

7 Incls.  
*[Handwritten initials]*

*[Handwritten signature]*

how

JUN 24 1947  
O. G. & REC'D  
BRANCH

B7D



QMR 293  
Conte, Michael M.  
A.S.N. 01 321 101

*at*

1 April 1947

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

Inclosed herewith is a picture of the United States Military Cemetery Villeneuve-sur-Auvers, France, in which your brother, the late Second Lieutenant Michael M. Conte, is buried.

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

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

Sincerely yours,

*18*

1 Incl  
Photograph

G. A. HORKAN  
Brigadier General, GAC  
Chief, Memorial Division

APR 3 10 59 AM '47  
DOWNS M & R BR

how

*1372*



20 September 1946

Mrs. Anita I. Hansberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hansberg:

The War Department is most desirous that you be furnished information regarding the burial location of your brother, the late Second Lieutenant Michael M. Conte, A.S.N. O-1 321 101.

9 293

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Villeneuve-sur-Auvers, plot A, row 7, grave 154. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-seven miles south of Paris, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin 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 the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

SEP 20 11 21 AM '46  
MAIL & RECORDS

T. B. IARKIN  
Major General  
The Quartermaster General

EC



GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1949)

**RESTRICTED**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

38026

26 Aug 1944

Date

243 Conte Michael M 2nd Lt. 01321101  
 Last Name First Initial Rank Serial No. 4855  
 Co. A Unit P.R. 7 Organization 5th ARMED DIV.  
 Sain Leu, France Date of Death 25 Aug 1944 KIA  
 Place of Death Date of Death Cause of Death  
 1900 26 Aug 1944 U S Military Cemetery Villeneuve sur Auvers, France  
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
 154 7 A Stake  
 Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

By Identification Tag and Pay Book

What means of identification were buried with the body?

1 Identification Tag

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

Who is buried on:  
 Deceased's Right: Mandau, Robert A. 32246385 S/Sgt. Co.F-87 Rcn 153  
 Name Serial No. Rank Organization Grave No.  
 Deceased's Left: Mordo, John L. 33179957- Pvt 1cl Unknown 155  
 Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unknown Name  
 Address  
 Religion Catholic

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

- |                     |                        |
|---------------------|------------------------|
| Class I             | Class II               |
| 1 Wallet            | 1 Cross Rifle Insignia |
| 1 Religious Emblem  | 1 2nd Lt.'s Bar        |
| 1 Fountain Pen      | 3 Souvenir Bills       |
| 1 Cigarette Lighter | Miscellaneous Papers   |
| 1 Lead Case         | 2 Photos               |
| 1 Nail Clip         |                        |
| 4 Keys and Chain    |                        |
|                     | 3110 Francs            |
|                     | \$10.00-American       |

*E. R. DeWeese*  
 Signature of Officer or other person reporting burial  
 E. R. DeWEESE  
 2nd Lt. OMC  
 Verified by G.R.S. Officer  
 609th QM GR REG. CO.

Handwritten notes: F. De 145, 5-6-45, aetw

jf  
*DeWeese*



### 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.:

4		4
3		3
2		2
1		1
Thumb		Thumb

#### TOOTH CHART

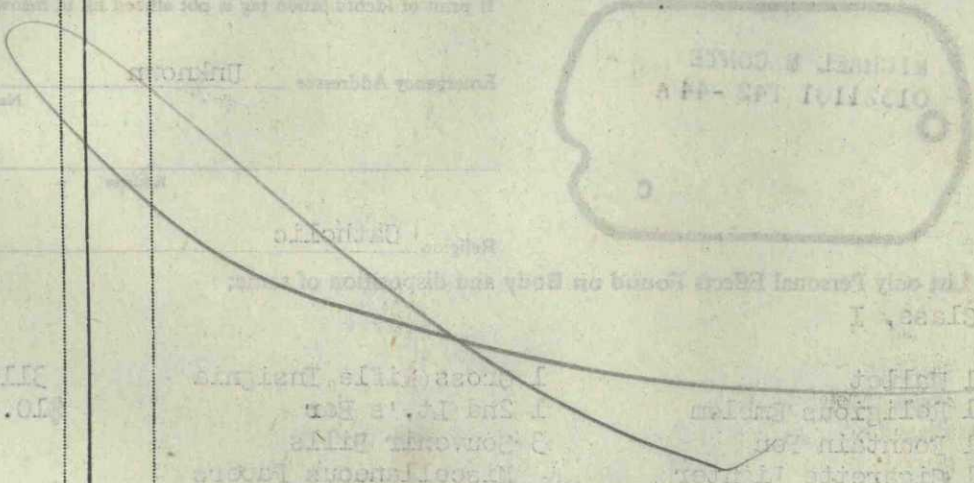
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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:



AG P BR HQ SOS

722560



WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 18 Sept. 44

glm/4621

FULL NAME <i>293</i> Conte, Michael M.		ARMY SERIAL NUMBER O-1 321 101		GRADE 2nd Lt.									
HOME ADDRESS <i>ms</i> Chicago, Illinois		ARM OR SERVICE Infantry		DATE OF BIRTH 13 June 20									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 26 Aug. 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 June 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Anita I. Hamelberg, sister, 4733 West Byron St., Chicago, Illinois													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Anita I. Hamelberg, sister, address shown above. Mrs. Jean T. Gullang, sister, 1818 N. Monitor, Chicago, Illinois													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

26 SEP 1944 FILE  
*HEP*

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

*James W. Hamhart*

ADJUTANT GENERAL



km



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

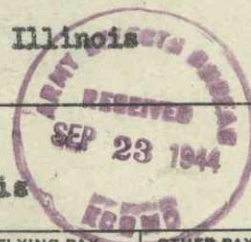
229065

## REPORT OF DEATH

DATE 18 Sept. 44

glm/4627

FULL NAME <b>Conte, Michael M.</b>		ARMY SERIAL NUMBER <b>0-1 321 101</b>	GRADE <b>2nd Lt.</b>	
HOME ADDRESS <b>Chicago, Illinois</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>13 June 20</b>	
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>26 Aug. 44</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>19 June 43</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Anita I. Hamelberg, sister, 4733 West Byron St., Chicago, Illinois</b>				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Anita I. Hamelberg, sister, address shown above. Mrs. Jean T. Gullang, sister, 1818 N. Monitor, Chicago, Illinois</b>				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
				NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
OTHER PAY STATUS (SPECIFY BELOW)				
YES	NO			
	X			



## ADDITIONAL DATA AND/OR STATEMENT

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

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

ADJUTANT GENERAL



*vd*

229,065

JRM:VB:ag  
May 2, 1945

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

The Army Effects Bureau has received from overseas some more property of your brother, Second Lieutenant Michael M. Conte.

This property, contained in one package, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

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

*SL5*



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

SHIP TO:  
2nd Lt. Michael M. Conte

Effects of:  
Name 0-1321101  
ASN 229,065 D  
Case No.  
Wt.

DATE 2 May 1945

*Virginia Schreiber*  
FOR: Effects Quartermaster

REMARKS: JRM:VB:ag  
     Inclose Bureau Check  
    Acct. No.           
    Amount           
     Inclose "Valuables" item  
     Ship "Valuables" item(s)

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

ROUTING:

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

REMARKS:

*1 pkg*

**FRANKED**  
Franked           
Est. Exp. Chgs.           
Est. Frt. Chgs.           
No. of packages   1  

*mk*  
Shipping Clerk  
**MAY 5 1945**



PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED	<input checked="" type="checkbox"/>
MISSING	<input type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	7148
INV. DATE	11-Apr-45
ORIG. NO. OF PKGS.	1
BOX NO.	
SHEET	1
OF SHEETS	1
ORGANIZATION	COA 48AB

NAME **MICHAEL M CONTE**  
 A.S.N. **01321101**  
 RANK **2nd Lt**

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

*full*

REMARKS  
 Mrs Anita J Hamelberg  
 4133 W wyron street  
 Chicago, Ill.

ATTACHMENTS

FORM #54

FORM #100

*Inventory*  
*1 form 138*  
*1 G.R. Label*

WEIGHT	G.I. REMOVED
	<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
	<input type="checkbox"/> IDENT. TAGS REMOVED
	<input type="checkbox"/> DIARY REMOVED
DATE SHIPPED	<input type="checkbox"/> LOCKED STORAGE
	<input type="checkbox"/> LAUNDRY REMOVED
<input checked="" type="checkbox"/> #43 OR ADDITIONAL	<input type="checkbox"/> FILM REMOVED

C.A.T. *none*

WAREHOUSE SPACE

*1269*

STORED BY

*mk*

INVENTORIED BY

*milligan*

PACKED BY

*Yallaby*

CHECKED BY

*mk*

*PT*



ADDITIONAL REMARKS

SHORTAGES

1 Cig Lighter  
3110 francs  
\$10.00 American

U. S. -CVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

*Williams*

INVENTORY CLERK

*Smart*

SUPERVISOR

G.J. REMOVED



26 Aug 1944

(Date)

SUBJECT: Inventory of Personal Effects of:

Conte	Michael	M	2nd Lt	01321101
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_, U.S. Army.

The above named individual of See Organization  
(Unit)

Co A 48 A. B. was reported KIA  
(Organization) (Status-Killed, MIA, Hospitalized,  
about 25 Aug 1944.  
(Date)

Designated Beneficiary if information readily accessible UnknownINVENTORY OF EFFECTS

## Class I

- 1 Wallet ✓
- 1 Religious Emblem ✓
- 1 Fountain Pen ✓
- 1 Cigarette Lighter ⊕
- 1 Lead Case ✓
- 1 Nail Clip ✓
- 1 Cross Rifle Insignia ✓
- 1 2nd Lt.'s Bar ✓
- 4 Keys and Chain ✓
- 3 Souvenir Pills ✓
- 2 Photos ✓
- Miscellaneous Papers ✓

## Class II

- ⊕ 3110 Francs
- ⊕ \$10.00 American

*File  
first*

*E. R. Dewese*  
E. R. DEWESE  
2nd Lt. QM

609th QM CR. REG. CO.



Money in the amount of 3110 Francs & \$10.00 American has been turned into H. D. Caldwell, Major, FD, 66 Fin. Insp. Sec. Form WDFD 38 enclosed.  
(Name of Finance Officer and symbol number)

None

Names and addresses of any Bank 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 *E. R. Downes*  
E. R. DOWNES  
Rank & AFN 2nd Lt. GAO  
Organization 609th CM CR REG CO

Any additional pertinent information:



NAME CONTE, MICHAEL M I

BAY	PALLET	BOX	TALLY
		2	7148

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		



WAR DEPARTMENT  
Finance Department  
Form No. 33

WAR DEPARTMENT  
FINANCE DEPARTMENT

RECEIPT FOR MISCELLANEOUS COLLECTIONS

Approved Nov. 24, 1930

APQ 574, U. S. Army, 26 August 1944

~~5606~~  
~~72.74~~

2d Lt. E R De Weese, (Station) 1595463, 609 (Data) Reg. Co  
on behalf of 2d Lt. Michael H. Conte, deceased, O-1521101, 48A.B.

\*Received in cash of  
\*Collected on You

Dollars and 76/100 Cents,

on account of Cash funds from deceased.

APP. TF 218916

P.A.

which sum I have passed to the credit of the United States, and hold myself account-  
able therefor.

H. D. CALDWELL  
Major, FD.

H. D. CALDWELL, Major, F. D.

By H. D. Caldwell  
(Signature)  
(Duty)

Finance Department

\*Strike out words not applicable.



A-7-159

Serial No. 01321101 Name CONTE, MICHAEL M.  
 Grade \_\_\_\_\_ Rank 2ND LT.  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Nearest Relative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Killed in Action \_\_\_\_\_  
 Date \_\_\_\_\_ Died of Disease \_\_\_\_\_  
 Battle Area \_\_\_\_\_ Hospital \_\_\_\_\_  
 Information \_\_\_\_\_  
 Place of Burial U.S. MIL. CEM. VILLENEUVE-SUR-  
 Point of Coordination AUVRES, FRANCE  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signed PT. GRULNICK





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

IN REPLY REFER TO ~~239066~~

JRM:SP:eg  
March 27, 1945

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

The Army Effects Bureau has received some additional property of your brother, Second Lieutenant Michael M. Conte.

Inclosed herewith is one bank book which was found in your brother's effects. The remainder of the property is being forwarded to you in one carton and one footlocker. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

HARRY NIMMIG  
2nd Lt. Q.M.C.  
Chief, Correspondence Branch

1 Incl--  
Bank book



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Anita I. Hamelberg

4733 West Byron Street

Chicago, Illinois

Effects of:  
Name 2nd Lt. Michael M. Conte

ASN 0-1321101

Case No. 229065 D

Wt.

*File  
first*

*Alice Thomson*  
FOR: Effects Quartermaster

JRM:SP:eg  
DATE March 27, 1945

REMARKS:

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

Remove G.I.  
 Note discrepancy in \_\_\_\_\_  
 Films removed  
 Diary removed  
 Laundry removed

ROUTING:

Accounting Branch  
 Warehouse Division  
 Files Branch, Adm. Div.

*#1 foot locker inv. 2-26-45  
#2 carton inv. 2-21-45*

REMARKS:

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 2

MAR 29 1945

APR 9 1945

*HML*  
Shipping Clerk



SHEET <u>1</u> OF <u>1</u> SHEETS	<b>ARMY EFFECTS BUREAU INVENTORY</b>		DECEASED MISSING P O W ABANDONED
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES <u>1</u>	P	
TALLY NUMBER <u>6711</u>	INVENTORY DATE <u>26 Feb 45</u>	CASE NUMBER <u>229065 DL</u>	
EFFECTS OF <u>MICHAEL M. CONTE</u>			RANK <u>Lt</u>
A. S. N. <u>0-1321101</u>	ORGANIZATION <u>16. th Repl. Depot RE. exers officers Co.</u>		

PACKAGE DESCRIPTION #1 Footlocker

CLOTHING		PERSONAL ITEMS		CONTAINERS	
<input checked="" type="checkbox"/>	BELT	<input checked="" type="checkbox"/>	BRACELET, IDENTIFICATION	<input checked="" type="checkbox"/>	BAGS, CLOTH
<input checked="" type="checkbox"/>	BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	BRUSHES	<input checked="" type="checkbox"/>	BAGS, TRAVEL
<input checked="" type="checkbox"/>	CLOTH, WASH	<input checked="" type="checkbox"/>	CAMERAS	<input checked="" type="checkbox"/>	BILLFOLD (NO MONEY)
<input checked="" type="checkbox"/>	COATS	<input checked="" type="checkbox"/>	GLASSES	<input checked="" type="checkbox"/>	CASE
<input checked="" type="checkbox"/>	FOOTWEAR, PR.	<input checked="" type="checkbox"/>	KNIVES	<input checked="" type="checkbox"/>	FOOTLOCKER
<input checked="" type="checkbox"/>	GLOVES, PR.	<input checked="" type="checkbox"/>	LIGHTERS	<input checked="" type="checkbox"/>	KIT, SEWING
<input checked="" type="checkbox"/>	HANDKERCHIEFS	<input checked="" type="checkbox"/>	MISC. INSIGNIA	<input checked="" type="checkbox"/>	KIT, TOILET <u>cloth</u>
<input checked="" type="checkbox"/>	HEADWEAR	<input checked="" type="checkbox"/>	MISC. ITEMS	<input checked="" type="checkbox"/>	KIT, WRITING
<input checked="" type="checkbox"/>	JACKETS	<input checked="" type="checkbox"/>	PEN, FOUNTAIN	<input checked="" type="checkbox"/>	PAPERS AND MISC.
<input checked="" type="checkbox"/>	OVERCOATS	<input checked="" type="checkbox"/>	PENCIL, MECHANICAL	<input checked="" type="checkbox"/>	BOOKS
<input checked="" type="checkbox"/>	SCARFS	<input checked="" type="checkbox"/>	PIPES	<input checked="" type="checkbox"/>	BOOKS, ADDRESS
<input checked="" type="checkbox"/>	SHIRTS	<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	<input checked="" type="checkbox"/>	BOOKS, NOTE
<input checked="" type="checkbox"/>	SOCKS, PR.	<input checked="" type="checkbox"/>	RIBBONS, DECORATION	<input checked="" type="checkbox"/>	BOOKS, PILOT LOG
<input checked="" type="checkbox"/>	TIES	<input checked="" type="checkbox"/>	RINGS	<input checked="" type="checkbox"/>	DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/>	TOWELS	<input checked="" type="checkbox"/>	TOBACCO	<input checked="" type="checkbox"/>	FILMS
<input checked="" type="checkbox"/>	TROUSERS, PR.	<input checked="" type="checkbox"/>	TOILET ARTICLES	<input checked="" type="checkbox"/>	LETTERS
<input checked="" type="checkbox"/>	TRUNKS, PR.	<input checked="" type="checkbox"/>	WATCH	<input checked="" type="checkbox"/>	PAPERS, PERSONAL
<input checked="" type="checkbox"/>	UNDERWEAR	<input checked="" type="checkbox"/>	WINGS	<input checked="" type="checkbox"/>	PHOTOS
					SHOE SHINE ARTICLES
					SHORT SNORTER
					SOUVENIRS
					SOUVENIR MONEY
					STATIONERY
					TESTAMENTS
					U.S. MONEY (AMOUNT)

*fill in*

*1 Pr coveralls*  
*2 Pillow cases*

REMARKS: Beather  
Mr Tony Conte  
1006 North Trumbull  
Chicago Ill

ATTACHMENTS: Form #54 Form #100  
1 Inventory

C.A.T. <u>MAR 29 1945</u>	WEIGHT	GI REMOVED
		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
WAREHOUSE SPACE <u>565X</u>	STORED BY <u>[Signature]</u>	IDENT. TAGS REMOVED
INVENTORIED BY <u>Walters</u>	DATE SHIPPED <u>MAR 29 1945</u>	DIARY REMOVED
PACKED BY <u>[Signature]</u>	CHECKED BY <u>E</u>	LOCKED STORAGE
	<input checked="" type="checkbox"/> #43 OR ADDITIONAL	LAUNDRY REMOVED
		FILM REMOVED

*HML*



SHORTAGES	
1 Wool Sweater	U.S. GOVT. CHECK SHORT
1 Pr Kaki Trousers	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

*Walters*  
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED



SHEET 1 OF 1 SHEETS	ARMY EFFECTS BUREAU INVENTORY	DECEASED X
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES 1	MISSING
		P.O.W.
		ABANDONED

TALLY NUMBER 6880	INVENTORY DATE 21 Feb 1945	CASE NUMBER 229065
-------------------	----------------------------	--------------------

EFFECTS OF Michael M. Conte	RANK Lt.
-----------------------------	----------

A.S.N. 0-1321101	ORGANIZATION Express Officer Co.
------------------	----------------------------------

PACKAGE DESCRIPTION #1 ctn

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input checked="" type="checkbox"/> BELT	<input type="checkbox"/> BRACELET, IDENTIFICATION	<input type="checkbox"/> BAGS, CLOTH
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> BRUSHES	<input checked="" type="checkbox"/> BAGS, TRAVEL
<input checked="" type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> BILLFOLD (NO MONEY)
<input checked="" type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE,
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> KIT, SEWING
<input checked="" type="checkbox"/> HANDKERCHIEFS	<input checked="" type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> KIT, TOILET
<input checked="" type="checkbox"/> HEADWEAR	<input type="checkbox"/> MISC. ITEMS	<input checked="" type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input checked="" type="checkbox"/> SHIRTS	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input checked="" type="checkbox"/> TIES	<input type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS
<input checked="" type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> WATCH	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINGS	<input checked="" type="checkbox"/> PHOTOS
		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHORT SNORTER
		<input type="checkbox"/> SOUVENIRS
		<input type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATUERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

full box

1 Check Book  
1 sweater

REMARKS: (sister) Mrs. Anita Hamelburg 4733 Bryan St. Chicago, Ill.	ATTACHMENTS: 1 Bank Book Label	FORM #54	FORM #100
---	--------------------------------	----------	-----------

C.A.T. none	WEIGHT	GI REMOVED
WAREHOUSE SPACE 1559X	STORED BY [Signature]	SHORTAGE ON REVERSE
INVENTORIED BY [Signature]	DATE SHIPPED MAR 29 1945	IDENT. TAGS REMOVED
PACKED BY [Signature]	CHECKED BY [Signature]	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

69







NAME

CONTE, M. M. LT

BAY	ALLET	BOX	TALLY
	11		6880

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
SUITCASE		

ER. QM Form 43



NAME

CONTE, MICHAEL M.

LT.

BAY	PALLET	BOX	TALLY
50	63		6711

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
F.L.		



WAR DEPARTMENT  
EFFECTS QUARTERMASTER CZ  
APO 837, US ARMY

Official Business

Penalty for private  
use to avoid payment  
of postage \$300

RECEIVED

TO: Army Effects Bureau

Kansas City QM Depot

Kansas City, Mo.

U.S.A. # 6-132/1101



PERSONAL EFFECTS OF:

*file in*

*Conte, M. M. Lt.*



I certify to the best of my knowledge that there is no unauthorized government property contained in this footlocker.

The following items are contained within in this footlocker,

- One (1) Pair Fatigues, ←
- One (1) Barracks bag, ←
- One (1) Wool sweater, ① ←
- One (1) Pr Rubber Boots, ←
- One (1) Pr. Low Cut shoes, ←
- One (1) Officers Peak Cap, ←
- One (1) Pr leather gloves, ←
- One (1) Kahaki Cap, ←
- Four (4) Khaki Shirts, ←
- Four Khaki Trousers, ① ←
- Two (2) Pillow Slips, ←
- Two (2) Ties, ←
- Four (4) Pr Wool Sox, ←
- Two (2) Manuals, ←
- One Cigarette Lighter, ←
- Miscellaneous Toilet Articles, ←
- Personal Papers, ←

*full  
over*

Signed June 20th, 1944

*Michael M. Conde*

Michael M. Conde, 2nd Lt. Inf. 01321101

I hereby certify the abobe to correct.

Signed

\_\_\_\_\_  
1st. Lt.



Summary Court-Martial  
ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT Case No. 229065  
601 Hardesty Avenue  
Kansas City 1, Missouri Date 19 March 1945

JRM:WA:np

SUBJECT: Report of transactions in disposing of the effects of

Michael M. Conte, O-1321101 late a  
(Name of deceased) (Army Serial Number)

Second Lieutenant, Infantry who died  
(Grade) (Organization, Army or Service)

on the 26 day of August, 19 44, at European Area.

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

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

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

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

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

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

## FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 3 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Anita I. Hemelberg 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, Mrs. Anita I. Hemelberg of  
(Name of person found entitled)

4733 West Byron Street, Chicago State of  
(Number, Street or Avenue) (City, Town or Village)

Illinois, is the Sister of the  
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)

SUMMARY COURT MARTIAL





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

JRM:JS:oly  
March 5, 1945

229,065

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

Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Dear Mrs. Hamelberg:

The Army Effects Bureau has received from overseas some personal effects of your brother, Lieutenant Michael M. Conte.

I am inclosing a check for \$72.74, representing funds which belonged to him. The remainder of the property is being forwarded to you in one carton.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer action 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 officer's legal residence.

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

Yours very truly,

A. G. SCHUMACHER  
1st Lt. Q.M.C.  
Asst. Chief, Adm. Division

1 Incl--  
Check



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Anita I. Hamelberg  
4733 West Byron Street  
Chicago, Illinois

Effects of:  
Name 2nd Lt. Michael M. Conte  
ASN 0-1321101  
Case No. 229065 D  
Wt.

DATE 3 March 1945  
Sumpter:lal

*Studie Hayath*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 70740  
Amount \$72.74  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I. ...  
 Note discrepancy in \_\_\_\_\_  
 Films removed  
 Diary removed  
 Laundry removed

ROUTING:

1 Accounting Branch MAR 6 A.M. 319-11 52784 fy  
2 Warehouse Division 70740  
3 Files Branch, Adm. Div. 229065

March 9 45

Anita I. Hamelberg

72.74

Seventy-Two and 74/100

*1 CW*

REMARKS:

Franked ~~FRANKED~~ MAR 12 1945  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

MAR 15 1945

*AB*

Shipping Clerk



SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>6808</u>	INVENTORY DATE <u>20 Feb 1945</u>	CASE NUMBER <u>229065</u>	P.O.W. <input type="checkbox"/>
EFFECTS OF <u>MICHAEL M. CONTE</u>		RANK <u>2nd LT.</u>	ABANDONED <input type="checkbox"/>
A.S.N. <u>0-132 1101</u>	ORGANIZATION <u>48th Armd. Inf. Bn. 7th Armd. Div.</u>		
PACKAGE DESCRIPTION <u>#1 Carton</u>			

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input type="checkbox"/> BELT	<input type="checkbox"/> BRACELET, IDENTIFICATION	<input checked="" type="checkbox"/> BAGS, CLOTH
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> BAGS, TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> BILLFOLD (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE, _____
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> KIT, SEWING
<input type="checkbox"/> HANDKERCHIEFS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> KIT, TOILET
<input type="checkbox"/> HEADWEAR	<input checked="" type="checkbox"/> MISC. ITEMS	<input type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input checked="" type="checkbox"/> SHIRTS	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input checked="" type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input checked="" type="checkbox"/> TIES	<input type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> LETTERS
<input checked="" type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> WATCH	<input type="checkbox"/> PAPERS, PERSONAL
<input checked="" type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINGS	<input type="checkbox"/> PHOTOS
<u>1 Pr Coveralls</u>		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHORT SNORTER
		<input type="checkbox"/> SOUVENIRS
		<input type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

*File  
JH*

REMARKS: No Information

ATTACHMENTS:  FORM #54  FORM #100

Rechecked

Inventories

MAR 1 1945

C.A.T. none

WAREHOUSE SPACE 706

STORED BY [Signature]

INVENTORIED BY Fleming

PACKED BY Wade

CHECKED BY [Signature]

WEIGHT	GI REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED MAR 12 1945	LOCKED STORAGE
	LAUNDRY REMOVED
<input checked="" type="checkbox"/> #43 OR ADDITIONAL	FILM REMOVED



REMOVED BY:	REMOVED BY:	REMOVED BY:
REMOVED BY:	REMOVED BY:	REMOVED BY:
REMOVED BY:	REMOVED BY:	REMOVED BY:
REMOVED BY:	REMOVED BY:	REMOVED BY:
REMOVED BY:	REMOVED BY:	REMOVED BY:
REMOVED BY:	REMOVED BY:	REMOVED BY:

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER	
DATE	
SYMBOL	
AMOUNT	


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

INVENTORY CLERK  
 SUPERVISOR

G.I. REMOVED







NAME  
CONTE, MICHAEL M. LT.

BAY	PALLET	BOX	TALLY
	9	2 ■ ■	6808
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

Eff. QM Form 49



File 2th  
Tally in No. TIP 8

TALLY IN INVENTORY RECORD

NAME CONTE, MICHAEL M RANK 2/KT. ASN 0-132 1101

SHOWN ON CONSIGNORS T.O. AS

ORGANIZATION 48TH. ARMD. INF. BN. 7TH. ARMD. DIV.

DATE 3/NOV/44 CASE          PARCEL DUFFLE BAG STATUS KIA

ITEMS	DESCRIPTION	REMARKS
1	Coveralls ✓	Duffle bag recd. open
	Socks ✓	
	Underwear ✓	S.I. removed
	Ties ✓	Many items missing
1	Serial stamp ✓	possibly this another parcel

INVENTORIED Barbera WISE SPACE \_\_\_\_\_  
TYPE CONTAINER \_\_\_\_\_



RESTRICTED4 SEPT 1944  
Date

SUBJECT: Inventory of Personal Effects of:

<u>CONTE</u>	<u>MICHAEL</u>	<u>M</u>	<u>2ND LT</u>	<u>0-1321101</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_  
US ArmyThe above named individual of 48TH ARMD INF BN 7TH ARMD DIV.  
(Unit)COMPANY -A was reported KILLED IN ACTION  
(Organization) (Status-Killed, MIA,\_\_\_\_\_ about 25 AUGUST 1944  
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

<u>NO.</u>	<u>ITEM</u>	<u>INVENTORY OF EFFECTS</u>		<u>NO</u>	<u>ITEM</u>
1 EA.	BLOUSE			6 PR	SOCKS
3 PR	TROUSERS, WOOL O.D.			2 EA	TIES
1 EA	BAG, TRAVELLING			1 PR	COVERALLS, H. B. T.
1 PR	TROUSERS, PINKS			1 EA	PORTFOLIO
2 EA	BELT, WEB WAIST				(LETTERS, CHECK BOOK, ETC.)
2 EA	CAP, GARRISON (1 WOOL - 1 KHAKI)				
1 EA	SWEATER, WOOL				
3 EA	SHIRT, WOOL O.D.				
2 EA	SHIRT, KHAKI				
2 EA	TROUSERS, KHAKI				
7 EA	HANDKERCHIEF				
4 EA	UNDERSHIRT, WOOL				
2 EA	TOWEL				
3 EA	UNDERSHIRT, COTTON				
9 EA	DRAWERS, COTTON				
1 EA	JACKET, FIELD				

RESTRICTED



R E S T R I C T E D

Money in the amount of NONE has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed. MONEY + FORMS 65-1, 81 + 77 EVACUATED WITH BODY

THIRD NATIONAL BANK - NASHVILLE, TENN.

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 TRUCK, S-4 on (Rail, Truck, etc.)

4 SEPT 1944.

Name Ronald E. Gadden

Rank & ASN Capt Def 1-1283106

Organization 48th A.I. Bn

Any additional pertinent information:

R E S T R I C T E D