

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER

AGR DIV., CHICAGO QM DEPOT
1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

GUNDLACH & COMPANY FUNERAL HOME
105 NORTH HIGH ST.,
BELLEVILLE, ILLINOIS

REMAINS OF THE LATE T/5 BERTRAM S. BUTZ, SN 36053766

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 201
IC RR

DUE TO ARRIVE BELLEVILLE, ILL., 10:18 AM TUES. 25 JAN. 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 11743

R. D. BLANKENHORN
LT. COL. QMC

NAT
FILE
RECORDS ANNOTATED
DATE 16 Mar 49
NAME W C Lloyd
- R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 25 day of January, 19 49
(Day) (Month)

W C Howard B. Horton
(Witness (Escort))

Gundlach & Co. Funeral Home
Walter B. Ballinger
(Consignee)

1

DISINTERMENT DIRECTIVE

68-47. amb

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4650 02813

DATE 15 04 48 DAY MONTH YEAR

NAME BUTZ BERTRAM S

SERIAL NUMBER 36053766

RANK TEC5 1

DATE OF DEATH DAY MONTH YEAR

CEMETERY MARGRATEN - AACHEN

DISPOSITION OF REMAINS 1 6100 08 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY KK 3 74 HOLLAND

CAUSE OF DEATH 2

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUNDLACH AND COMPANY FUNERAL HOME 105 NORTH HIGH STREET BELLEVILLE, ILLINOIS

NAME AND ADDRESS OF NEXT OF KIN STEPHEN L. BUTZ (FATHER) ROUTE 2 BELLEVILLE, ILLINOIS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME BERTRAM S BUTZ

SERIAL NUMBER 36053766

RANK TEC/5

DATE OF DEATH

DATE DISINTERRED 25 AUGUST 1948

IDENTIFICATION TAG ON REMAINS MARKER GRS

ORGANIZATION USAGF

RELIGION C

IDENTIFICATION VERIFIED BY CLYDE B SPINKS, CAPT. FA NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM

CONDITION OF REMAINS SKULL, L/CLAVICLE, SCAPULA HUMERUS FRACTURED

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES NONE

REMAINS PREPARED AND PLACED IN TRANSFER BOX

DATE 12 OCTOBER 1948

BY EDWARD C SETTLE III (EMBALMER)

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.

EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS CLERK RECORDER DATE 20/11/48 BY

ALL MARKINGS, PLATES & TAGS VERIFIED BY: E. C. CRIST, MAJ. CAC.

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

BERNARD P STANTON, CAPT. FA.

SIGNATURE OF GRS INSPECTOR

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

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned.

Handwritten signatures and initials at the bottom of the page.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN HOLLAND		TO ANTWERP PORT - PIER. 140	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL STANLEY J DUDA RA 32308467	
SIGNATURE OF SHIPPER LLOYD H. M... 1/DT. INF 01527166	DATE 10.11.48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 17 NOV 1948

2. SHIPPED

FROM AGRG ANTWERP BELGIUM		TO USAT BARNEY KIRSCHBAUM	
KIND OF CONVEYANCE VC-2		NAME OF CONVOYER E. B. HOWARD 1st Lt. INF	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 7 DEC 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 7 DEC 1948

3. SHIPPED

FROM NY PE		TO NY PE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE IAN 3 1949

4. SHIPPED

FROM NY PE		TO NY PE	
KIND OF CONVEYANCE train		NAME OF CONVOYER Howard G Smith 1st Lt. INF	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE JAN 4 1949	SIGNATURE OF RECEIVER L. A. BOCKSTAHLER	DATE Jan 5 1949

5. SHIPPED 1st Lt., INF

FROM		TO Chief, Operations Br.	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER CLARENCE F. DRAK (LVNELL)	DATE

6. SHIPPED

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

7. SHIPPED

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

50

INSPECTION CHECKLIST

NAME Butz, Bertram S.	RANK Tec. 5	SERIAL NUMBER 36053766
---------------------------------	-----------------------	----------------------------------

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

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
--	--

<input checked="" type="checkbox"/> FINISH (Exterior) <i>OK</i>	REMARKS
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
INSPECTED BY: <i>W. Malinowski</i>	

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
---	---

<input checked="" type="checkbox"/> FINISH (Exterior)	REMARKS <i>Scratched Rim of Handrail plate</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing)	
ODOR OR MOISTURE	
INSPECTED BY: <i>J. Lee</i>	

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
--	---

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input checked="" type="checkbox"/> <i>Robert M. Hallett</i>
---	---

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME <i>3:25 PM</i>	DATE <i>1/21/49</i>	SIGNATURE OF INSPECTING OFFICER <i>J. Lee</i>
------	------	------------------------	------------------------	------------------------	--

REMARKS

STORAGE LOCATION				PASS. LIST NUMBER 023
FLOOR	SECTION	RAY	STORAGE NUMBER 541	

STAMP INCOMING OR OUTGOING OUTGOING	CONTROL NUMBER 11743
---	--------------------------------

WU A16 12 GOVT COLLECT

BELLEVILLE ILL JAN 7 1949 855A

COMMANDING OFFICER

CHICAGO QUARTERMASTER DEPOT

CONFIRM ORIGINAL INSTRUCTIONS REMAINS LATE T/5 BERTRAM S BUTZ

CONTROL #11743

STEPHEN L BUTZ

943A

7 10 01 AM '49

Handwritten initials

FILE #11743

QMDIG DD 293
Butz, Bertram S.
T/5

TOC/fm
4 January 1949

Mr. Stephen L. Butz
Route 2
Belleville, Illinois

Dear Mr. Butz:

Enclosed is a copy of telegram from this office dated 17 December 1948. To date no reply has been received from you confirming instructions in regard to final burial of your son, the late T/5 Bertram S. Butz.

In order that records of this office may be complete, it is respectfully requested that you either confirm your original instructions, or submit new delivery instructions by telegram collect to this office.

In your reply refer to name of deceased and Control Number 11743.

Sincerely yours,

THOS. O. CALL,
Major, QMC
Chief, Admin. Br.

1 encl: cy teleg to
next of kin

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION			EXEMPT	OPERATING SIGNALS
RECEIVED SIGN. CENTER					GROUP COUNT GR

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT
18 19 W. PERSHING RD., CHICAGO, ILL. **DEC 17 1 30 PM '48**

ACTION TO:

- STEPHEN L. BUTZ *father*
- ROUTE 2
- BELLEVILLE, ILLINOIS

DELIVER & REPORT ANY CHARGES

SPACE ABOVE FOR SIGNAL CENTER ONLY

SECURITY CLASSIFICATION

PRECEDENCE FOR	
ACTION	INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE **T/S BERTRAM S. BUTZ** ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO **GUNDLACH & CO., FUNERAL HOME, 106 N. HIGH ST., BELLEVILLE, ILLINOIS.**

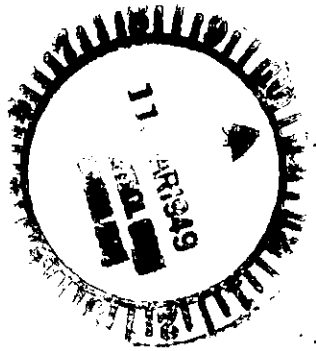
WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROAD ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST 3 DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL

NUMBER **11743** AND FULL NAME OF DECEASED.

R. D. BLANKENHORN, LT. COL, QMC

WESTERN UNION REV. 4E-1

SECURITY CLASSIFICATION	SIGNATURE	AUTHORIZATION
ORIGINATING AGENCY	THOS. O. CALL	
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE
	DEC 17 1948	Major, QMC Chief, Adm. Br., A. G. R. D.
		PAGE OF



CERTIFICATE

(AR 30-1830)

CONTROL NO. 11743 VII 11

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

FORWARD TO OFFICE OF THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
ATTN: HDORS, A. G. R. S.

PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT BUTZ, BERTRAM S.	GRADE T/5	SERIAL NUMBER 39053766	COMPONENT U S ARMY
---	---------------------	----------------------------------	------------------------------

I certify that the sum of \$ 101.50 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery:

CLAIM VALID-REDETERMINATION

FEB 17 1949

INSERT NAME OF CEMETERY Green Mount	CITY OR COUNTY Belleville	STATE Illinois
---	-------------------------------------	--------------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to:

AGR DIVISION, CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SIGNATURE OF CLAIMANT

STEPHEN L. BUTZ

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

**ROUTE 2
BELLEVILLE, ILLINOIS**

RELATIONSHIP TO DECEDENT

FATHER

DATE

1/25/49

PART B - NATIONAL OR POST CEMETERY

B REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

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

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to:

AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

SIGNATURE OF CLAIMANT

ADDRESS OF CLAIMANT (City, Street, RFD, and State)

RELATIONSHIP TO DECEDENT

DATE

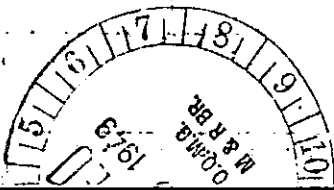
EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.



EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

RRE Form #39

13 Jul 48

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

Sm
BUTZ

(Last Name)

Bertram

(First Name)

S

(Initial)

TEC 5

(Rank)

36053766

(ASN)

11 DEC. 1948

Repatriated to the United States:

Incl #

1173

CHECK LIST FOR DISINTERMENTS

To accompany Report of Burial

Only Part I should be completed if identification tags are available
Both Part I & Part II should be completely filled out if identification tags are not available.
If information is unavailable, so indicate.

PART I
(Positive Identification)

1. Bertram S. Butz Pvt 36053766
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached 1 Ident. tag fastened to blanket about the body
Give exact location from which disinterred, furnishing coordinates and map series used First grave on left, front row, 87th Group Cem. Leisde, Holland 667150 1:100,000 Holland Sheet 4

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

3. Full name of cemetery (if buried in an organized cemetery) Military Cemetery 15th Div., 87th Group Scottish Grenadiers

4. Approximate or established date of death (state which & give basis for date selected) 29 Oct. 1944 From Marker

5. Approximate or established date of burial (give basis for date established) 31 Oct. 1944 From Marker

6. Manner in which graves was marked and all information contained on the marker 36053766 Pte B.S. Butz, U.S.A. K/A 29.10.44
Back of Cross metal strip Pte. BUTZ, B.S. U.S.ARMY 31.10.44 36053766

7. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned Metal tag with following information P.T.E. B.S. Butz U.S.A. K/S 29/10/44. Disinterred with body.

8. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information) Burgermeister of nearest town, Dourne, Holland, and Johannes Damen of L-247 Loon, Leisde, Holland
Statement is attached.

PART II
(Doubtful or Undetermined Identification)

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

2. (Est Height) (Est Weight) (Color of hair) (Color of Eyes)

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

3. Give as detailed description as possible of condition and amount of remains _____

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

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

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

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)
17. Give exact location of remains in vehicle before removal _____

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

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

20. Other pertinent information which would aid in establishing identity _____

Diego Adragas (Individual in Charge of Disinternment) **Sgt** Rank **32537948** **0306016AR** Co.

16 June 1945

Subject: -Burial Returns

ATT. LT COL RUND

To: - HQ ETOUSA AG CAS DIV.

A.P.O. 884

U.S. ARMY

From: -GHQ 2nd Echelon, 21 Army Group.

(C)

1173

Holland

The following extract from A.F.W 3314 d/1 Nov 44 is forwarded :

No.	Rank	Name	Unit.
36053766	EPFC T/5 INF	BUTZ BERTRAM, S.	USA ARMY
	17 TK BN.	KIA 28 Oct. 44	

Date of Death 31 Oct 44

Date of Burial NK

Place of Burial HOLLAND
By roadside from DEURNE
L. LIESEL (E-669450) Pl 4

By whom Buried J. A. MacRa CE
7 Seaforth

Means of Identification of body DISC

1:250,000

Sheet 3

65654042

Whitehurst
may
MAG

Date: 1, NOV 1944

DAG.,
GHQ 2nd Echelon,
21 Army Group.

HEADQUARTERS
COMMUNICATION

1173

RESTRICTED

(Holland).

Register No. 1173

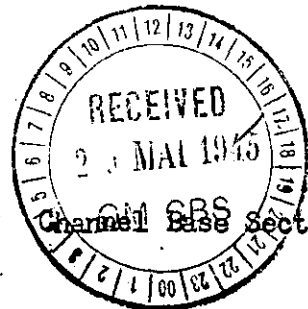
HEADQUARTERS
COMMUNICATIONS ZONE
EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Chief Quartermaster
APO 887

RGD/CEB/lml
28 MAY 1945

Q-GRE 293.9

SUBJECT: Isolated Burials.

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



Marg KK-3-74

1. The following information was received at this office concerning **military** personnel believed interred in your section:

NAME: BUTZ, Bertram S. RANK: T/5 ASN: 36053766
ORGANIZATION : 17 Tank Bn
CAUSE OF DEATH: Killed in action
DATE OF DEATH : 31 Oct. 1944 AT:

PRESENT BURIAL-DATE: AT: By roadside from DEURNE to LIESEL, Holland

REPORTED BY: British.

MEANS OF IDENTIFICATION: Identification tag

ADDITIONAL INFORMATION : Grave is located at map ref: 1:250,000, sheet 3, GSGS 4042, (E-669-150).

2. Request that investigation, disinterment and reburial be made in accordance with technical directive "Search of Battlefields for Isolated Burials & Unburied Remains", and GR Form No. 1 be attached to this letter and returned to this headquarters.

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



H. W. BOBRINK
Colonel, OMC

Chief, Graves Registration & Effects Division

RESTRICTED

1st Ind.

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

NAME _____ GRADE _____ ASN _____ ORGN _____

Investigation made and results thereof:

Reburial completed - Date:

at:

Plot:

Row:

Cemetery
Grave:

1st Ind.

WHE/ab

HEADQUARTERS, 3060 QUARTERMASTER GRAVES REGISTRATION COMPANY
APO 228 UNITED STATES ARMY, 16 July 1945

TO: Commanding Officer, 603rd Qm. Graves Reg. Co., APO 228
U.S. Army.

1. Investigation and disinterments of isolated burials,
Case No. 1173, Holland, completed as directed in Par. 2 B/C.
Request further action by your headquarters on reburials and
preparation of G.R. Form No 1 in subject case.

For the Commanding Officer

Incls: 4
Added: 4 2 Ident. forms
1 report of Investigation
1 statement of witnesses
2nd Indl

William H. Ewing
WILLIAM H. EWING
1st Lt. QMC

HEADQUARTERS 603rd QM GRAVES REGISTRATION COMPANY, APO 562,
US ARMY; 19 July 1945

TO: Graves Registration Officer, Chanor Base Section, APO 562,
US Army (THRU: GR/E Q-183, APO 562, US Army)

Deceased referred to in report of investigation reinterred
in US Military Cemetery, Margraten, Holland. Report of Burial
enclosed herewith.

For the Commanding Officer

Edwin H. Miller
EDWIN H. MILLER
1st Lt., QMC

Incl: 1 report of Investigation
1 Statement of Witness
2 Reports of Burial w/check list

293
HQ, Q-183, 52ND QM BASE DEPOT, 3rd Ind
APO 562, US ARMY

Ho Wessel 1173
TAO/nl
20 July 45

TO: Quartermaster, Hq, Chanor Base Section, APO 562, US ARMY
(Attn: Graves Reg. Officer)

Attention invited to

[Signature]
T. A. O.

Incl - n/c

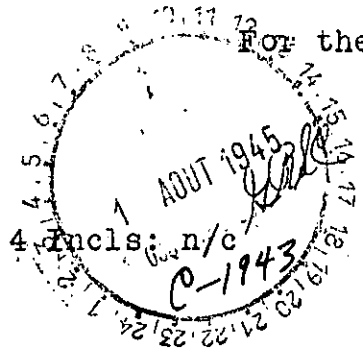


(Holland 1173)
QM-GR 293.9 (Margraten, KK-3-74) 4th Ind. JAS/jbm
OQM, HQ. CHANOR BASE SECTION, APO 562, U. S. ARMY. 27 July 1945.

TO: Graves Registration Service Command, Hq., USFET, APO 887, U. S. Army.

1. Attention invited to preceding indorsements and attached Report of Investigation.

For the Base Section Quartermaster:



James A Seuss
JAMES A. SEUSS
Capt., QMC
Assistant

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Tec 5 Bartram S. Butz, 36 053 766
 Plot KK, Row 3, Grave 74,
 United States Military Cemetery,
 Margraten, Holland

5 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, STEVEN L. BUTZ (Please indicate relationship to the deceased by placing an "X" in the proper box.)
 (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

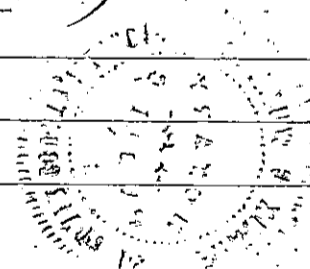
HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

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

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

_____ (NONE)
 DD Proc 5/4/48

Coded
 21 Apr 48
 74 Baker



OQMG FORM 345 MILITARY
 14 NOV 1946

APR 26 1948

[Handwritten signature]

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
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE NO.
EXPRESS OFFICE (Nearest railroad passenger station)		

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 <i>GUNDLACH & CO. FUNERAL HOME</i>			
NUMBER AND STREET <i>105 No. High St.</i>	CITY OR TOWN <i>BELLEVILLE</i>	COUNTY OR PROVINCE <i>ST. CLAIR</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>ILLINOIS</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>BELLEVILLE ILLINOIS</i>	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.)

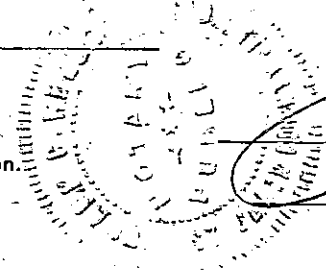
AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

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.

Stephen L. Butz
 (SIGNATURE OF NEXT OF KIN)
 STEVEN L. BUTZ
 (NAME PRINTED OR TYPED)

ROUTE # 7
 (STREET AND NUMBER)
BELLEVILLE ILLINOIS
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30TH day of DECEMBER 1947, at city (or town) of BELLEVILLE, county of ST. CLAIR, and State (or Territory or District) of ILLINOIS



Edward C. Muller
 (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.

_____ (SIGNATURE OF NEXT OF KIN)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
	_____ (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.

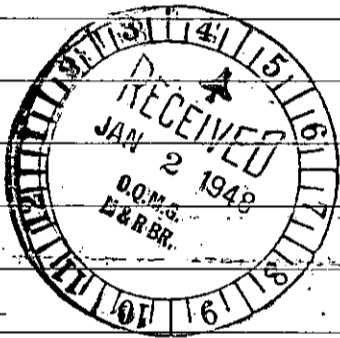
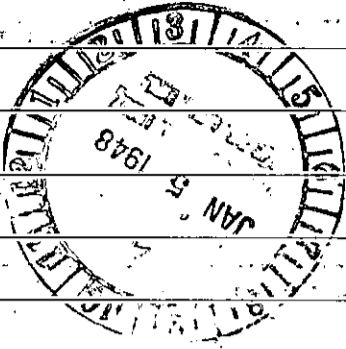
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

_____ (SIGNATURE)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
	_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Dec 5
Tec 5 Bertram S. Butz, 36 053 766
Plot KK, Row 3, Grave 74,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mr. Steven L. Butz
Route #2
Belleville, Illinois

Dear Mr. Butz:

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

how

7 November 1946

Mr. Steven L. Butz
Route #2
Belleville, Illinois

Dear Mr. Butz:

293
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fifth Grade Bertram S. Butz, A.S.N. 36 053 766.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot KK, row 3, grave 74. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, 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,

T. B. LARKIN
Major General
The Quartermaster General

EC

NOV 7 2 24 PM '46
O. O. M. C.
& RECORDS BRANCH
lh

CORRECTIONS AND ADDITIONS TO BURIAL REPORT AS TAKEN FROM AG CASUALTY CARD79
NAME —RANK T/5-ASN —ORGANIZATION 17 TANK B.N.DATE OF DEATH 28 OCT 44PLACE OF DEATH —CAUSE OF DEATH —24.

(Signature)

REPORT OF BURIAL

69 17 July 1945

TM 10-630 AND AR 30-1915

Date

293

Butz, ~~Bertman~~ Bertram

S.

Pvt

TEC 5
JMH

36053766

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

28 Oct 44
~~29 Oct 1944~~

Organization

Leisle, Holland

KIA

Place of Death

Date of Death

Cause of Death

1500 17 July 1945

U.S. Mil. Cemetery, Margraten

Hol. VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

74

3

KK

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave

located at Leisle, Holland
667150

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

Who is buried on:

McBride

73

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Dasso

75

Deceased's Left:

Name

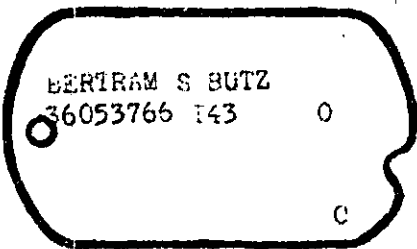
Serial No.

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

Cath.

Religion

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

none

Case # 1173
~~1052~~ (Holland)

Edwin H. Miller

Signature of Officer or other person reporting burial

EDWIN H. MILLER, 1st Lt., QMC
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

11

1173

LIST FOR DISINTERMENT

To accompany Report of Reburial

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

If information is unavailable, so indicate.

43

PART I
(Positive Identification)

1. Bertram S. Butz Pvt. 36053766
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached. 1 Ident. tag fastened to blanket about the body
Give exact location from which disinterred, furnishing coordinates and map series used. First grave on left, front row. 87th Group Cem. Leisle, Holland 667150 1:100,000 Holland Sheet 4

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

3. Full name of cemetery (if buried in an organized cemetery) Military Cemetery 15th Div., 87th Group Scottish Grenadiers

4. Approximate or established date of death (state which & give basis for date selected) 29 Oct. 1944 From Marker

5. Approximate or established date of burial (give basis for date established) 31 Oct. 1944 From Marker

6. Manner in which graves was marked and all information contained on the marker 36053766 Pte B.S. Butz, U.S.A. K/A 29.10.44

Back of Cross metal strip Pte. BUTZ, B.S. U.S. ARMY 31.10.44 36053766

7. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned. Metal tag with following information P.T.E. B.S. Butz U.S.A. K/A 29/10/44. Disinterred with body.

8. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information) Birgermeister of nearest town, Deurne, Holland, and Johannes Damen of L-247 Loon, Leisle, Holland
Statement is attached.

PART II
(Doubtful or Undetermined Identification)

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

(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

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

✓
File
11-28-45
SM

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

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

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

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

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)

17. Give exact location of remains in vehicle before removal _____

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

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

20. Other pertinent information which would aid in establishing identity _____

Biggio Adragna Sgt. 32537948 3060 G.B. Co.
(Individual in Charge of Disinternment) (Rank) (ASN) Organization

16 July 1945
(DATE)

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

REPORT OF DEATH

DATE 24 November 1944

RF 4627

FULL NAME 293 Butz, Bertram S.		ARMY SERIAL NUMBER 36,053,766	GRADE T/5										
HOME ADDRESS Belleville, Illinois.		ARM OR SERVICE Infantry	DATE OF BIRTH 2 June 1917										
PLACE OF DEATH European Area.	CAUSE OF DEATH Killed in action.		DATE OF DEATH 28 Oct 1944										
STATION OF DECEASED European Area.		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 January 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Eva Butz, mother, Rt. 2, Belleville, Illinois.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Eva Butz, mother,) Steven L. Butz, father,) Rt. 2, Belleville, 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	X

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:		
S. O. O.	F. B. I.	F. O., U. S. A.
S. O. C. M. G.	G. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 801 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

File 4/10/45
alt
James Penhart
 ADJUTANT GENERAL

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

J.R.M. Bines
Case No. 298038
Date 19 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Bertrom A. Butz, 36059766 late a
(Name of decedent) (Army Serial Number)
Technician Fifth Grade, Infantry who died
(Grade) (Organization, Army or Service)
on the 28 day of October, 1944, 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 P.O., 228 Hq., KCCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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 11 April 1945, pursuant to Special Orders 228, Headquarters KCCM Depot, dated 25 September 1943, the application or affidavit of

Steven L. Butz 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, Steven L. Butz of (Name of person found entitled)

Route #2, Belleville State of
(Number, Street or Avenue) (City, Town or Village)
Illinois, is the father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, G.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Steven L. Butz

SHIP TO:

Route 2

T/5 Bertrem S. Butz

Belleville, Illinois

Effects of:

Name

36053766

ASN

298038 D

Case No.

Wt.

JRM:DW:crw

DATE 14 April 1945

V. F. Trissell

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

1 @ tr

FRANKED

REMARKS:

✓

APR 17 1945

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

AA

Shipping Clerk

298088

JRM:DW:crw
April 13, 1945

Mr. Steven L. Butz
Route 2
Belleville, Illinois

Dear Mr. Butz:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fifth Grade Bertram S. Butz.

These effects are 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 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. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

65
4
SCREENED

298038

PACKAGE DESCRIPTION <i># 1000</i>	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. <i>7250</i>
		INV. DATE <i>21 March 1945</i>
		ORIG. NO OF PKGS. <i>1</i>
NAME <i>BERTRAM S. BUTZ</i>	RANK <i>T/5</i>	BOX NO.
A.S.N. <i>36053766N</i>		SHEET OF <i>1</i> SHEETS
		ORGANIZATION <i>Hq Co. 17 Tank Bn.</i>

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

MP

REMARKS <i>Norbert Butz. Carlyle Rd. RR.#2. Belleville Ill. (niece) Dorothy Ziner. RR#2. Mascoutah Ill. * Second Hand + Crystal missing & not in Running order C.A.T. None.</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>2 Inventories</i>	
WAREHOUSE SPACE	STORED BY	WEIGHT	G.I. REMOVED
<i>2569</i>	<i>Wm</i>		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
INVENTORIED BY			IDENT. TAGS REMOVED
<i>Beard</i>			DIARY REMOVED
PACKED BY	CHECKED BY	DATE SHIPPED	LOCKED STORAGE
<i>[Signature]</i>	<i>[Signature]</i>	<i>APR 17 1945</i>	LAUNDRY REMOVED
		<input checked="" type="checkbox"/> #43 OR ADDITIONAL	FILM REMOVED

D

SHORTAGES

U. S. GOVT. CHECK SHORT

1 nail file

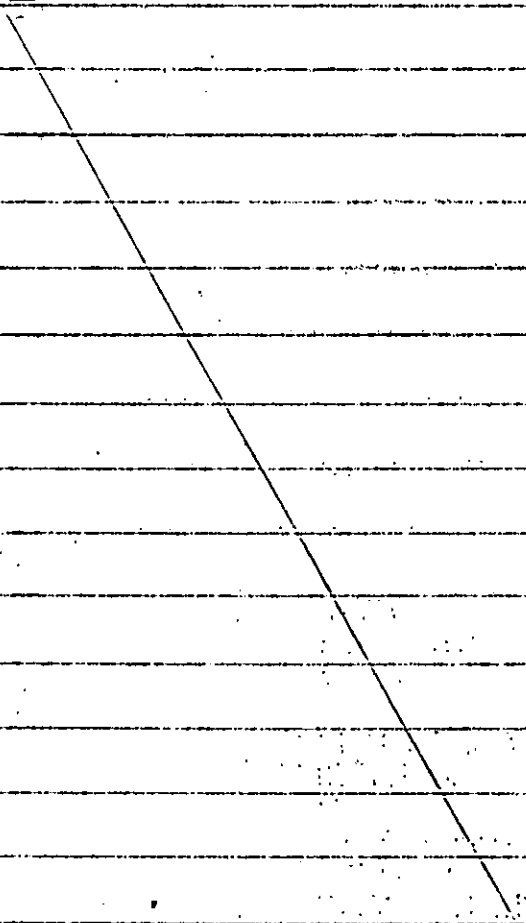
1 pencil

NUMBER

DATE

SYMBOL

AMOUNT



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

Beard
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME BUTZ, BERTHAM T/SGT. 3760

BAY	PALLET	BOX	TALLY
	11		7250
TYPE OF PKG.		WHSE. SPACE	INVENTORIED
CTN DAMAGED			

BUTZ, BERTMAN S

T/5

36053766

KIA

1 PKG

Rec 13 Nov 44

Shipped to eff qm, apo 513, 27 Nov 44

297034

EQUIZ Form # 4

NAME : BUTZ, Bertran S.

FAITH : T/5.

DNIP :

STATUS : Deceased

REMARKS :
I-1ce

ASN 36853766

CASE NO.

Shipping List No: R D 163

Date shipped : 17 Dec 44

Destination : K City

Whse Sp

RESTRICTED

30 Oct. 1944
Date

SUBJECT: Inventory of Personal Effects of:

BUTZ BERTRAM S T/5 36053766
(Last Name) (First Name) (MI) (Rank) (ASN)

TD: Effects Quartermaster, Communication Zone, APO 887
US Army

The above named individual of Hq. Co. 17th TANK BN.
(Unit)

7th A.D. was reported KILLED
(Organization) (Status-Killed, ~~WIA~~)

about 28 OCT. 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1- FORK, SILVER HANDLE ✓
 - 1- CLOTHES BRUSH ✓
 - 1- PACK OF YARN & LACE ✓
 - 1- PIPE ✓
 - 1- CASE, CIGARET ✓
 - 1- WATCH, POCKET ✓
 - 1- FOUNTAIN PEN (WASP.) ✓
 - 1- CIGARET LIGHTER ✓
 - 4- NAIL FILES ○
 - 2- PENCILS ○
 - 2- PR. ROSARIES ✓
 - 4- U.S. BUTTONS ✓
 - 1- TANK BUTTON ✓
 - 1- OVERSEAS RIBBON ✓
 - 2- LETTERS ✓
- filed*

RESTRICTED

R E S T R I C T E D

Money in the amount of _____ has been turned into

(Name of finance officer and symbol number)

Form WDFD 38

enclosed:

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 for-
warded to the Effects Depot by *L. C. R.* on
(Rail, Truck, etc.)

31 Oct 1944.

Name *Lawrence E. Ahearn*

Rank & ASN *Capt. 01012627*

Organization *Hq 617th Lh Bw*

Any additional pertinent information: