

293 GOUAK, WALTER R. 33172464 CPL. COFPS OF ENGRS. EUR. AREA (DA)

Declassified in accordance with D.O. 13526



ARR1-354115093

REQ203311113

WNR-01-09-020-1-001-04-002

Transfer#: W092-70A0001

3231 Box:7 CC:00

Asset#: AAC1-23781225

Whole Container: N

C/F: CPL. GOUAK, WALTER R. TASKER#11-7498

Created: 3/31/2011

General Reference

Temporary Loan of Records

Standard

Standard (billed)

N/A

To: LISA TINDAL
HRC-PDC-P, 1600 SPEARHEAD DIVISION AVE.
FT. KNOX, KY, 40122
P : (502) 613-8206 F : (703) 325-1844

**US ARMY HRC
CASUALTY AND
MORTUARY AFFAIRS
OPERATIONS CENTER**

293 IDPF

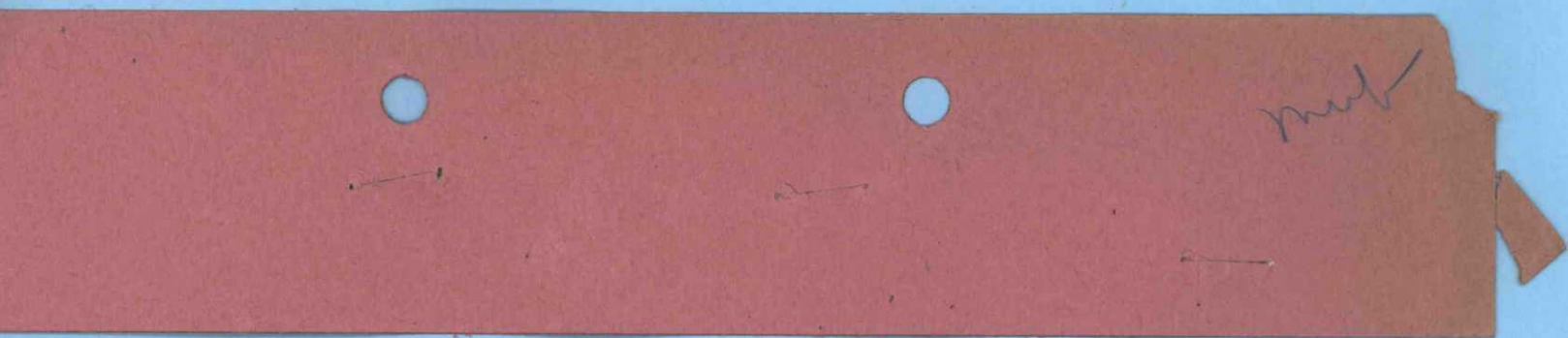
SCANNED INTO DCIPS

**DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON**



DEPARTMENTAL RECORDS BRANCH, A.G.O.

**Departmental Records Branch, AGO
210 North Lee Street
Alexandria, Virginia**



met

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A5 023573

DATE OF REQUEST 10-12-51

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293. Youak, Walter R									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE T. Hood 5-4180				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER 33172464 O O m 5 Rlc					
RETURN TO	Departmental Records Branch, AGO 219 North Lee Street Alexandria, Virginia				DATE RETURNED		TO RETURN FILE, INITIAL HERE			
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

No. A5 023573

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exhaust.

No. A5 023573

TRANSFER COUPON

TO: 293 Youak Walter R

NOTE THAT FILE OF: 33172464

HAS BEEN TRANSFERRED TO: (Name) Record Sec.

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. Memorial Dwn

DATE 10-15-51 SIGNATURE K. Noel

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

U. S. GOVERNMENT PRINTING OFFICE 1951-933601

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



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)

SAVE THE EASY WAY
BUY U.S. BONDS ON
PAYROLL SAVINGS

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

WALTER R. GOUAK

RANK

CORPORAL

SERIAL NUMBER

33172464

NAME OF NEXT OF KIN

EMMA L. GOUAK

RELATIONSHIP

WIFE

OLD ADDRESS

4235 PAUL ST PHILA 24 PA

NEW ADDRESS

PRESIDENTIAL APARTMENTS
APT 318, WASHINGTON HOUSE
RIVER PARK

REMARKS

PHILA 31, PENNA

MOVING ABOUT 10-22-51

*NAT
file
15 Oct 51*

293 Youak, Walter R. 33172464
army



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

Att. Gouak

IN REPLY REFER TO
QMGMG 293
Gouak, Walter R.
SN 33 172 464

16 February 1950

Storage

Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Pennsylvania

Dear Madam:

The National Cemetery Regulations require that gravesite reservations in national cemeteries be renewed periodically. It is now necessary that you complete the renewal request form below and return it, using the enclosed self-addressed postage-free envelope, in order that this Office will be informed of your wishes. It is important that you reply promptly, as failure to do so may result in the cancellation of your reservation. It is also important that you notify this Office of any change in your permanent address.

The remarriage of a non-service widow or widower of a deceased serviceman or woman automatically terminates the privilege of interment in a national cemetery. Cancellation of a reservation, except when due to remarriage, does not preclude the privilege of burial in the same grave with the deceased.

Sincerely yours,

R. G. Amlong

R. G. AMLONG
Colonel, QMC
Memorial Division

1 Incl
Return Envelope

-----DO NOT DETACH-----

I have remarried Yes No

I desire to renew the following gravesite reservation Yes No

Cemetery Arlington, Section 12, Lot _____,
Grave 5390, beside the late Corporal Walter R. Gouak.

Signature *Emma L. Gouak*

Date 2-22-50

Address 4235 Paul St.

City and State Phila 24 Penna

*File
2/24/50
pp4*



DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D.C.

The National Security Agency has received information...
...of a certain nature...
...which is of a confidential nature...
...and which is being furnished to you...

The contents of this communication are strictly confidential...
...and are intended only for the use of the recipient...
...and should not be disseminated to other personnel...

Administrative
Information

1. This
information is classified

I have reviewed this information and it is correct and complete.

I desire to retain the information for my personal use.

1950 FEB 23 4 11 PM
1950 FEB 24 AM 8 51



BRANCH



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

IN REPLY REFER TO
QMGM 293
Gouak, Walter R.
SN 33 172 464

16 February 1950

JRH

Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Pennsylvania

Dear Madam:

The National Cemetery Regulations require that gravesite reservations in national cemeteries be renewed periodically. It is now necessary that you complete the renewal request form below and return it, using the enclosed self-addressed postage-free envelope, in order that this Office will be informed of your wishes. It is important that you reply promptly, as failure to do so may result in the cancellation of your reservation. It is also important that you notify this Office of any change in your permanent address.

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Sincerely yours,

R. G. ANLONG
Colonel, QMC
Memorial Division

JFH

1 Incl
Return Envelope

es
23/61

-----DO NOT DETACH-----

I have remarried Yes No

I desire to renew the following gravesite reservation Yes No

Cemetery Arlington, Section 12, Lot _____,

Grave 5390, beside the late Corporal Walter R. Gouak.

Signature _____

Date _____

Address _____

City and State _____

RECEIPT OF REMAINS

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

AGR DISTRIBUTION CENTER, PHILA QM DEPOT

SUPERINTENDENT
ARLINGTON NATIONAL CEMETERY
FORT MYER, VIRGINIA

DAY LETTER
XXXXXX

243 Gouak, Walter L. 33 172 464

FIFTY-SIX (56) REMAINS DELIVERED TO YOU BY THIS DEPOT
ACCOMPANIED BY MILITARY ESCORT AT APPROXIMATELY SEVEN
AM THIRTY FIRST AUGUST.

C. R. YOST, LT. COL., QMC

NAT
FILE
RECORDS ANNOTATED
DATE 20 Oct 1948
NAME *Hesterly*
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 31st day of August, 19 48
(Day) (Month)

A. F. Johnson

J. J. Walsh, Sr., Supt.

M Sgt., USMC

(Witness (Escort))

(Consignee)

Date 22 September 1948

TO: Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Penna.

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

EXECUTIVE OFFICE
ARLINGTON NATIONAL CEMETERY

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

292 To be filled in by Superintendent or Commanding Officer

Name of Veteran Walter R. Gouak
Rank, etc. Cpl, US Army
Grave or lot No. 5391 Section 12
Date of death SEPT 19, 1944
Date buried 9 Sept 1948

To be filled in by Next of Kin

State desired PENNSYLVANIA
Religious emblem desired LATIN CROSS
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)
Date of birth MARCH 23, 1920
Address of kin 4235 PAUL STREET, PHILADELPHIA, PENNA
Signature Emma L. Gouak Date 9-24-48

*not
file
12 Oct 48
selection*

DISINTERMENT DIRECTIVE									
SECTION A — NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER 3547 02026		DATE 15 02 48 DAY MONTH YEAR		
NAME GOUAK WALTER R			SERIAL NUMBER 33172464		RANK CPL	ARM 1	DATE OF DEATH DAY MONTH YEAR		
CEMETERY LIMEY TOUL					DISPOSITION OF REMAINS 1 3322 03 CODE DIST. PT.	CAUSE OF DEATH 1			
PLOT 0	ROW 2	GRAVE 26	COUNTRY FRANCE						
SECTION B — CONSIGNEE AND NEXT OF KIN									
NAME AND ADDRESS OF CONSIGNEE ARLINGTON NATIONAL CEMETERY FORT MYER, VIRGINIA					NAME AND ADDRESS OF NEXT OF KIN MRS. EMMA L. GOUAK (WIFE) 4235 PAUL STREET PHILADELPHIA, PENNSYLVANIA				
SECTION C — DISINTERMENT AND IDENTIFICATION									
NAME GOUAK, Walter, R		SERIAL NUMBER 33172464		RANK Cpl	DATE OF DEATH Est 15 Sept 44		DATE DISINTERRED 20 May 1948		
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF			RELIGION P	IDENTIFICATION VERIFIED BY Philip F PFUFF, Embalmer NAME AND TITLE			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL Military clothing					CONDITION OF REMAINS Advanced stage of decomposition; extremities disarticulated; skull & facial bones shattered; mandible fractured.				
OTHER MEANS OF IDENTIFICATION Embossed plate found on marker. Report of Burial found. Cpl stripes found in debris.									
MINOR DISCREPANCIES 1 No identification tag found with remains.									
REMAINS PREPARED AND PLACED IN transfer box									
DATE 24 May 1948			BY Philip F Pfuff, Embalmer						
CASNET SEALED BY BYRON F JOHNSTON, MORGUE DIRECTOR					EMBALMER (Signature) BYRON F JOHNSTON, MORGUE DIRECTOR				
CASNET BOXED AND MARKED 9/7/48 CHARLES R CARDER CLERK RECORDER					SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by C. R. MAC DONALD, CAPT., SMC.				
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 Joseph E Monnerat, Capt. Inf. DET "A" AGRC.									
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.									

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM <i>France</i>		TO <i>Belgium</i>	
KIND OF CONVEYANCE <i>Train</i>		NAME OF CONVOYER <i>T/5/ C Husmenna</i>	
SIGNATURE OF SHIPPER <i>E. C. Nomms</i>	DATE <i>18/6/48</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <i>22 JUN 1948</i>

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT LAWRENCE VICTORY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER JOSEPH J. CARROLL, 1st LT. TC	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE -5 10/11/1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 5 10/11/1948

3. SHIPPED

FROM <i>[Faint]</i>		TO NYPE	
KIND OF CONVEYANCE <i>[Faint]</i>		NAME OF CONVOYER <i>[Faint]</i>	
SIGNATURE OF SHIPPER <i>[Faint]</i>	DATE <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE AUG 19 1948

4. SHIPPED

FROM NYPE		TO DC 3	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER JAMES L. McKINNON COLONEL, T. C.	DATE AUG 21 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE AUG 24 1948

5. SHIPPED

FROM WASHINGTON NATIONAL CEMETERY		TO WISCONSIN (MIL)	
KIND OF CONVEYANCE <i>[Faint]</i>		NAME OF CONVOYER <i>[Faint]</i>	
SIGNATURE OF SHIPPER <i>[Faint]</i>	DATE <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>	DATE <i>[Faint]</i>

6. SHIPPED

FROM <i>[Faint]</i>		TO <i>[Faint]</i>	
KIND OF CONVEYANCE <i>[Faint]</i>		NAME OF CONVOYER <i>[Faint]</i>	
SIGNATURE OF SHIPPER <i>[Faint]</i>	DATE <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>	DATE <i>[Faint]</i>

7. SHIPPED

FROM <i>[Faint]</i>		TO <i>[Faint]</i>	
KIND OF CONVEYANCE <i>[Faint]</i>		NAME OF CONVOYER <i>[Faint]</i>	
SIGNATURE OF SHIPPER <i>[Faint]</i>	DATE <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>	DATE <i>[Faint]</i>

O.I.		INSPECTION CHECK LIST			
8136		(For Use at Distribution Point)			
Name		Rank		Serial Number	
GOUAK, WALTER R.		CORPORAL		33172464	
Source		Consignee			
Mrs. Emma L. Gouak (Wife) 4235 Paul St., Phila., Pa.		Supt., Arlington Nat. Cemetery Fort Myer, Va.			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One)			
		<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory			
<input checked="" type="checkbox"/> FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE HEALTH PERMIT MARKER HEALTH PERMIT NUMBER		Remarks <i>J.F.</i>			
CASKET - General Appearance (Check ONLY Discrepancies)					
<input checked="" type="checkbox"/> FINISH (Exterior) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (Sealing) ODOR OR MOISTURE		Remarks <i>J.F.</i>			
R O U T E D T H R O U G H					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP			
Condition of Remains		Casket Repaired			
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Necessary Disinfection (Explain)		Casket Exchanged			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Repaired			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Exchanged			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Remarks			
Time	Date	Signature or Mortician		Time	Date
					8-30-48
				Signature of Inspector	
				<i>Edwin C. Smith</i>	
Remarks					
<i>Arlington</i> <i>J.F. Gouak</i>					

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP AUG 16 1948
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) PHILADELPHIA QUARTERMASTER DEPOT, PHILA., PA.			SECURITY CLASSIFICATION		
ACTION TO: • MRS. EMMA L. GOUAK • 4235 PAUL STREET • PHILADELPHIA, PENNSYLVANIA			PRECEDENCE FOR ACTION INFORMATION DAY LETTER		
INFORMATION TO: DLR AND CHECK ANY CHGS			<input checked="" type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WE HAVE BEEN ADVISED REMAINS OF THE LATE <u>CPL. WALTER R. GOUAK</u> ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS INTERRED IN <u>ARLINGTON</u> NATIONAL CEMETERY. WITHIN FORTY EIGHT 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 PHILA. QUARTERMASTER DEPOT, PHILA. PENNA. 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 FORTY EIGHT HOURS. WHILE FINAL INTERMENT OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO THE NATIONAL CEMETERY FOR SEVERAL WEEKS. HOWEVER NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. INTERMENT EXPENSE ALLOWANCE OF SEVENTY FIVE DOLLARS IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p style="text-align: right;">C. R. YOST, LT COL., QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF

WD AGO FORM 11-168
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

c6-16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

WESTERN
UNION

WESTERN
UNION

WESTERN
UNION

WESTERN
UNION

A.G.R. DIVISION
PHILA. QM DEPOT

1948 AUG 16 PM 1:54

WU 248 22 BL COLLECT

PHILADELPHIA PENN AUG 16 1200P

GO

PHILA QM DEPOT LT G R YOST

WISH TO CONFIRM ORIGINAL INSTRUCTIONS INTERMENT CPL.

WALTER R GOUAK MY CORRECT MAILING ADDRESS IS 4235

PAUL STREET PHILADELPHIA 24 PENNA

MRS EMMA L GOUAK

1224P

4235 24..





NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

PHILADELPHIA PENN AUG 16 1948

08

PHILA BN DEPOT LT C R 1951

WISH TO CONFIRM ORIGINAL INSTRUCTIONS INTERNET CPL.

WALTER R GOUK MY CORRECT MAILING ADDRESS IS 4332

PAUL STREET PHILADELPHIA PA PENNA

MRS EMMA J GOUK

15549

4332 34..

RRE Form #39
13 Jul 48

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

GOUAK	Walter	R.	Cpl	33 172 464
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

RePatriciated to the United States: 10 AUG 1948

Incl #

STATION FILE

59537
RESTRICTED

26 November 1944
(Day) (Month) (Year)

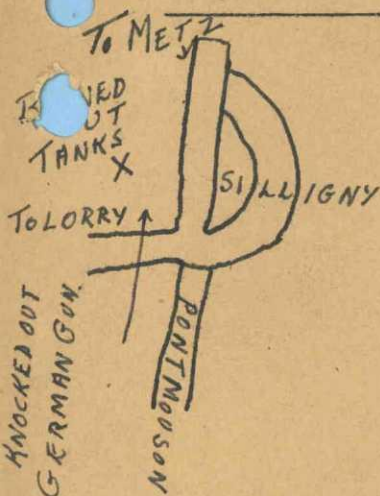
1. I, the undersigned, certify that these remains which I have personally viewed are those of:

Unknown
(Name) (Rank) (Serial Number)
7th Armd Division
(Organization)

2. I base my identification on personal acquaintance of the deceased, covering a period of _____ months, (years).

3. Remarks: This body was found with the two (2) bodies of Willis Schwartz R 37196881 & Vincent J. Constanzo 36706689 at Silligny, France.

Diagram & Map coordinates follow.



Signed Carl Nameth
Rank Private
Serial Number 15014974
Organization Service Co 11th Inf.

Sheet 13
France 1:25000
44-7
84-8

A TRUE COPY
James T. Passman
JAMES T. PASSMAN QMC
Captain 0455018
Commanding
609th QM Gr Reg Co

RESTRICTED

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl. Walter R. Gouak, 33 172 464
Plot O, Row 2, Grave 26,
United States Military Cemetery
Limay, France

21 July 1947

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, EMMA L. GOUAK (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
(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 ARLINGTON NATIONAL CEMETERY
FORT MYER, VIRGINIA
(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

ADPROC MAR 1 1948

Coded
10 Feb 48
m Baker



AUG 1 8

BS

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.

Emma L. Gouak
(SIGNATURE OF NEXT OF KIN)

4235 PAUL STREET
(STREET AND NUMBER)

EMMA L. GOUAK
(NAME PRINTED OR TYPED)

PHILA. 24, PENNA
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29 day of July, 1947, at city (or town) of Philadelphia, county of Phila., and State (or Territory or District) of Pa.

Marvin G. Stokes

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

NOTARY PUBLIC
My Commission Expires March 29, 1949
(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.

_____	_____
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

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

_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Cpl. Walter R. Gouak, 33 172 464
Plot O, Row 2, Grave 26,
United States Military Cemetery
Limey, France

21 July 1947

Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Pennsylvania

Dear Mrs. Gouak:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls 4

JUL 24 12 10 PM '47
O. Q. M. G.
MAIL & RECORDS BRANCH

37-2

m
QMR 293
Gouak, Walter R.
A.S.N. 33 172 464

JW

28 April 1947

Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Pennsylvania

Dear Mrs. Gouak:

Inclosed herewith is a picture of the United States Military Cemetery Liney, France, in which your husband, the late Corporal Walter R. Gouak, 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,

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

1 Incl
Photograph

APR 29 11 50 AM '47
MAIL & RECORDS DIVISION

[Handwritten signature]

fgt

AIR MAIL

FORM 314.6
Graves Registration
(European, U. S. Misc.)

6 JUN 1947

SUBJECT: Burial Records

TO: Commanding General
American Graves Registration Command
European Area
APO 56, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery Linzy, France, be changed to read as underscored:

<u>NAME</u>	<u>RANK</u> <u>GRADE</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>DATE OF DEATH</u>
Gleab, Murray F.	<u>Pfc</u>	42 048 803	K	1	23	<u>10 Nov 1944</u>
<i>293</i> Gouck, Walter R.	<u>Col</u>	53 172 464	O	2	28	<u>12 Sept 1944</u>
Pearce, Hal J.	<u>Pfc</u>	33 628 717	D	11	263	<u>16 Dec 1944</u>
Pearson, Granville	<u>Pvt</u>	35 637 414	R	1	14	<u>3 Dec 1944</u>
Pecaro, Joseph P.	<u>Pvt</u>	36 976 027	O	12	284	<u>17 Dec 1944</u>
Peck, Burton S.	<u>Pfc</u>	39 539 159	T	7	163	<u>3 Dec 1944</u>

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMG
Memorial Division

pdp

AIR MAIL

KH

20 August 1946

Mrs. Emma L. Gouak
4235 Paul Street
Philadelphia, Pennsylvania

Dear Mrs. Gouak:

293 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Corporal Walter R. Gouak, A.S.N. 35 172 464. *JMS*

The records of this office disclose that his remains are interred in the United States Military Cemetery Limey, plot O, row 2, grave 26. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located eighteen miles northwest of Nancy, 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,

T. B. LARKIN
Major General
The Quartermaster General

[Handwritten signature]
AUG 21 3 21 PM '46
O. Q. M. G.
MAIL & RECORDS BRANCH

RESTRICTED 54557

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

30 Nov 1944

Date

-213 GOUAK Walter R Unknown 33172464
 Last Name First Initial Rank Serial No.
 Unit: 33d Engineer Co 7th Arm'd Div
 Sillegny, France Date of Death: 19 15 Sept 1944 (Estimated) Cause of Death: H.E. Shell Blast
 Place of Death Date of Death Cause of Death
 1300 30 Nov 1944 U S Military Cemetery Limey, France
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 26 2 Cross
 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? Clothing Markings: Back of raincoat; "Walter R. Gouak 33172464"

Wool O D trouser waistband; "Walter R. Gouak, 33172464"
 Wool O D trouser waistband; "G2464"
 Cotton underwear drawers; "G2464"

What means of identification were buried with the body?
 GRS Form # 1 in sealed GRS bottle

IDENTIFICATION ACCEPTED

Initial: *[Signature]*

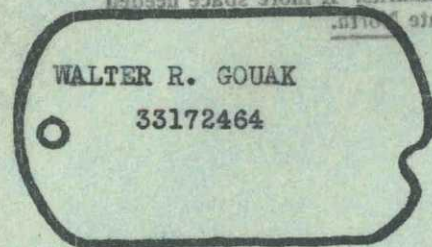
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Beginning of Row				
Deceased's Left:	LANDSMAN	37212779	Unknown	Probably 5th Div	27

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

NO IDENTIFICATION TAGS
 If print of identification tag is not affixed fill in below:



Emergency Addressee: Unknown
 Name: _____
 Address: _____
 Religion: Unknown

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

NO PERSONAL EFFECTS

Signature of Officer or other person reporting burial:

JAMES T. PASSMAN Verified by G.R.S. Officer
 Captain QMC
 Commanding 609th QM Gr Reg Co

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

Deceased's Name

RESTRICTED

Inc #25

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

(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.

Left Hand

1

Thumb

Left Hand

1

Thumb

Right Hand

2

Thumb

Right Hand

2

Thumb

What means of identification were found, such as letters, photographs, probable organization of deceased, etc.:

Initial _____

GRS Form # 1 in sealed GRS bottle

Cotton underwear drawers: "G248"

Wool O D trouser waistbands: "G248"

Wool O D trouser waistbands: "Walter R. Gouak, 33172464"

Clothing Markings: Back of raincoat; "Walter R. Gouak, 33172464"

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

IDENTIFICATION ACCEPTED

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.

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

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

Characteristics:

Other Data:

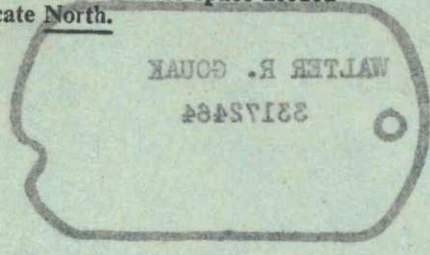
Signature of Officer or other person reporting: _____

WEDDED BY GRS OFFICER: _____

Commanding 602th GM Gr Reg Co
Captain GRC
JAMES T. PASSEMAN

NO PERSONAL EFFECTS

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



AG P BR HQ SOS

722560

RESTRICTED

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

REPORT OF DEATH

DATE 28 December 1944
nrb 4631

FULL NAME Gouak, Walter R.		ARMY SERIAL NUMBER 33,172,464	GRADE Opl.										
HOME ADDRESS Fort Washington, Pa.		ARM OR SERVICE Corps of Engrs.	DATE OF BIRTH 23 March 30										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 19 September 1944										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 March 1942	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YEARS	MONTHS	DAYS							
YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Emma L. Gouak, Wife, 4235 Paul St., Philadelphia, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Emma Louise Lafferty Gouak, Wife, same as above Mrs. Anna Gouak, Mother, Fort Washington, Pa.													
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

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 September 1944 until such absence was terminated on 20 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

final
FILE
 JAN 5 - 1945
HGP

256,953
lw

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

REPORT OF DEATHDATE 28 December 1944
nrb 4631

FULL NAME <u>Gouak, Walter R.</u>		ARMY SERIAL NUMBER <u>33,172,484</u>	GRADE <u>Cpl.</u>										
HOME ADDRESS <u>Fort Washington, Pa.</u>		ARM OR SERVICE <u>Corps of Engrs.</u>	DATE OF BIRTH <u>23 March 30</u>										
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>19 September 1944</u>										
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>7 March 1942</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Emma L. Gouak, Wife, 4235 Paul St., Philadelphia, Pa.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Emma Louise Lafferty Gouak, Wife, same as above</u> <u>Mrs. Anna Gouak, Mother, Fort Washington, Pa.</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											<input checked="" type="checkbox"/>		

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 September 1944 until such absence was terminated on 20 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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2. G. O. M. S.	C. 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:

Eli S. Fowler

ADJUTANT GENERAL



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

256953

358

—BATTLE CASUALTY REPORT

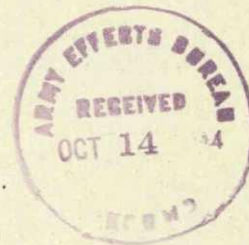
NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
GOUAK WALTER R	33172464	CPL	CE	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT
	DAY	MONTH	YEAR	
FRANCE 9	19	SEP	44	MIA
				SHIPMENT NUMBER
				210

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS. EMMA L. GOUAK	WIFE	9 Oct 44 lmb
NO. AND NAME OF STREET—CITY—STATE		
4235 PAUL STREET	PHILADELPHIA	PENNSYLVANIA

REMARKS:

 CORRECTED COPY


ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY *Silbert 9 Oct 44* REVIEWED BY *Yard*

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

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

DISTRIBUTION "A" 20 COPIES

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

DISTRIBUTION "B" _____ COPIES

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

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

JRM:AC:cl

Case No. 256953Date 30 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Walter R. Gouak, 53172464 late a
 (Name of decedent) (Army Serial Number)
Corporal, Corps of Engineers who died
 (Grade) (Organization, Army or Service)
 on the 19 day of September, 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 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 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 30 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Emma L. Gouak 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. Emma L. Gouak of
 (Name of person found entitled)

4235 Paul Street, Philadelphia State of
 (Number, Street or Avenue) (City, Town or Village)

Pennsylvania, is the Widow 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

256953

RIB:AC:cl
July 30, 1945

Mrs. Emma L. Gouak ✓
4235 Paul Street ✓
Philadelphia, Pennsylvania ✓

Dear Mrs. Gouak:

The Army Effects Bureau has received from overseas some property of your husband, Corporal Walter R. Gouak.

This property, consisting of a few items, is being sent you. Regrettably, part of the property was damaged prior to receipt at this Bureau.

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

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

Yours very truly,

al

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Emma L. Gouak

SHIP TO:

4235 Paul Street

Cpl. Walter R. Gouak

Philadelphia, Pennsylvania

Effects of:

33172464

Name

256953 D

ASN

Case No.

Wt.

DATE 30 July 1945
RTB:AC:cl

Blount
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.

REMARKS:

Ship damaged property

Fracked FRANKED AUG 4 1945
Est. Exp. Chgs. _____
Est. Fre. Chgs. _____
No. of packages 1

J.K.
Shipping Clerk

PACKAGE DESCRIPTION
H.I. Pkg

ARMY EFFECTS BUREAU INVENTORY

*256,953
C.A.*

DECEASED
MISSING
P.O.W.
ABANDONED
TALLY NO. *9447*
INV. DATE *14 July 45*
ORG. NO. OF PKGS. *1*
BOX NO. *49*
SHEET *1*
OF *1* SHEETS
ORGANIZATION
*Co C
33 Armd
Engn Bn*

NAME *WALTER R. BOUAK*
A.S.N. *33172464* RANK *CPL*

Belt	TOWELS & WASHCLOTHS	KINGS
BELT MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	EMERGENCY IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker <input checked="" type="checkbox"/>
Gloves, Pr.	Glasses	KIT, SEW, KIT, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	<i>X</i> MISC. <input checked="" type="checkbox"/>	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DUTY)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Rings	Shoe shine Articles
Trousers, Pr.	Tobacco	SHORT SNORTER
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	WATCH	SOUVENIR MONEY
		Stationery
		TESTIMONIES
		U.S. MONEY (AMOUNT)

TH

DAMAGED

REMARKS: *no information* ATTACHMENTS: *2-Inventory*
Rechecked
Note: *Photos damaged by moisture & discarded*
** Badly worn & mangled*

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>308</i>	STORED BY <i>MW</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>V. Pisser</i>	DATE SHIPPED <i>AUG 4 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>L. Crain</i>	CHECKED BY <i>MW</i>	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

ADDITIONAL REMARKS

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

EQMCZ Form # 2

Tally-in No: _____

TALLY IN -- INVENTORY RECORD

NAME: GOVAK, WALTER, R. RANK: CPL. ASN: 33172464

CONSIGNOR: _____

ORGANIZATION: CO "C" 33RD ARMD. ENG. BN.

DATE: 15/12/44 CASE NO: LEATHER KIT PARCEL: _____ STATUS: MIA

ITEMS	DESCRIPTION	REMARKS
16	EA. PICTURES ✓	
1	EA STEEL MIRROR ✓	
1	EA SHAVE BRUSH ✓	
1	EA SOAP CASE ✓	
1	EA TOOTHBRUSH, W/ HOLDER ✓	
1	EA. AFTER SHAVE POWDER ✓	
1	EA SHAVE KIT, LEATHER ✓	

INVENTORIED: T/15 Marshall Bell. W/SE SPACE: _____

TYPE CONTAINER: _____

R E S T R I C T E D

27 October 1944
Date

SUBJECT: Inventory of Personal Effects of:

Gouak Walter R Cpl 33172464
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of Co "C" 33 Armd Engrs BN
(Unit)

_____ was reported MIA
(Organization) (Status-Killed, MIA,

_____ about 19 September 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

-
- 15 Each Pictures INVENTORY OF EFFECTS
 1EA Steel Mirror
 1EA SHAVE BRUSH
 1EA SHAVE Leather Kit
 1EA SOAP CASE

R E S T R I C T E D

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.

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 on (Rail, Truck, etc.)

10-28 1944.

Name _____

Rank & ASN _____

Organization Co "C", 33rd Armd Engr. Bn.

Any additional pertinent information:

R E S T R I C T E D

NAME GOUAK, WALTER R CPL 2464

BAY	PALLET	BOX	TALLY
	25	49	9447
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

Eff. QM Form 43

