



INDIVIDUAL DECEASED PERSONNEL FILE

RECEIPT OF REMAINS

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

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:
JOHN GRAHAM & SON INC
4221 PARK AVE
NEW YORK N Y

42124582

REMAINS OF THE LATE S SG GEORGE M FREY ACCOMPANIED BY
AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING
ON WEDNESDAY 23 MARCH PLEASE MAKE ARRANGEMENTS TO ACCEPT
REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME
OF ARRIVAL.

ESCORT:

SCALES, EUGENE C. SGT 1cl
RA 32 957 718
DET 5 1300 ASU

G. H. BARE

COLONEL, QMC

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 23 DAY OF March, 19 49
DAY MONTH

Eugene C Scales S.F.C.
WITNESS (Escort)
RA 32957718

John Graham Inc
CONSIGNEE
B. B. B. B.

FILE
RECORDS ANNOTATED
DATE 22 Apr. 49
NAME Shufers
B & B MR.

DISINTERMENT DIRECTIVE

28-51 (1)

| | | | |
|--|-----------------|---------------------------------------|---|
| SECTION A— NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 1225 00851 | DATE 15 07 48 DAY MONTH YEAR |
| NAME FREY GEORGE M | | SERIAL NUMBER 42124582 | RANK S SGT |
| CEMETERY FOY BASTOGNE | | ARM 1 | DATE OF DEATH DAY MONTH YEAR |
| PLOT E | ROW 5 | GRAVE 115 | COUNTRY BELGIUM |
| DISPOSITION OF REMAINS 1 2300 01 CODE DIST. PT. | | | CAUSE OF DEATH 1 |

SECTION B — CONSIGNEE AND NEXT OF KIN

| | |
|---|--|
| NAME AND ADDRESS OF CONSIGNEE JOHN GRAHAM & SON, INC. 4221 PARK AVENUE NEW YORK, NEW YORK | NAME AND ADDRESS OF NEXT OF KIN FLORENCE H. FREY (WIFE) 1969 MC GRAW AVENUE NEW YORK, NEW YORK |
|---|--|

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|----------------------------------|----------------------|---|--|
| NAME GEORGE M FREY | SERIAL NUMBER 42124582 | RANK S/SGT | DATE OF DEATH 24 SEPTEMBER '48 | DATE DISTINTERRED 24 SEPTEMBER '48 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | ORGANIZATION USAGF | RELIGION P | IDENTIFICATION VERIFIED BY JOHN ORAZEN, CAPT. QMC. NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|---|--|
| NATURE OF BURIAL UNIFORM | CONDITION OF REMAINS FRACTURED R/TIBIA, FIBULA. LARGE AMOUNT OF FLESH DECOMPOSED. BODY COMPLETE. |
| OTHER MEANS OF IDENTIFICATION NONE. | |
| MINOR DISCREPANCIES NONE. | |

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **Transfer box.**
DATE **27 SEPTEMBER 1948** BY **MELVIN W. BLACKBURN, EMBALMER.**

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

CASKET BOXED AND MARKED
DATE **15 DEC, 1948** BY **KENDEL B. RISER CLK.**
SHIPPING ADDRESS VERIFIED BY **E.N. HEISEY, 1/LT. Q.M.C.**
MARKINGS VERIFIED BY *E.N. Heisey*

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.

Alvin C. Beck
ALVIN C. BECK, 1/LT INF.

SIGNATURE OF GRS INSPECTOR

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

| CASE NO. | | INSPECTION CHECK LIST | | | | | SPACE NO. |
|---|---------------|---|--|----------|------------------------|------|-----------|
| NAME OF DECEASED (Last, First, Middle Initial) | | BRANCH OF SERVICE | RACE | RELIGION | SEX | DATE | |
| FREY GEORGE M | | GF | W | | M | | |
| RANK OR GRADE | SERIAL NUMBER | CONSIGNEE | | | | | |
| S SGT | 42 124 582 | JOHN GRAHAM & SON INC 4221 PARK AVE NEW YORK NY | | | | | |
| SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies) | | | CONDITION OF SHIPPING CASE (Check One) | | | | |
| | | | <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | | | |
| FINISH (Exterior) | | | REMARKS | | | | |
| FINISH (Interior) | | | OK | | | | |
| HANDLES | | | | | | | |
| HANDLE BOLTS | | | | | | | |
| STENCILING—NAME PLATE | | | | | | | |
| HEALTH PERMIT MARKER | | | | | | | |
| HEALTH PERMIT NUMBER | | | | | | | |
| CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies) | | | CONDITION OF CASKET (Check One) | | | | |
| | | | <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | | | |
| FINISH (Exterior) | | | REMARKS | | | | |
| HANDLES AND FASTENINGS | | | Respray casket | | | | |
| STENCILING—NAME PLATE | | | OK | | | | |
| CAM LOCKS (Sealing) | | | | | | | |
| ODOR OR MOISTURE | | | | | | | |
| ROUTED THROUGH | | | | | | | |
| <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 OF MORTICIAN | TIME | DATE | SIGNATURE OF INSPECTOR | | |
| | | | | | Inspected Harold | | |
| REMARKS | | | | | | | |

RECEIVED

1949 MAR 4 20 27

WU X245 26 COLLECT 7 EXTRA

NEWYORK NY MAR 4 1109A

COLONEL C H BARE

DIST CENTER ONE NYPOE

THIS IS TO CONFIRM INSTRUCTIONS IN YOUR TELEGRAM
CONCERNING DELIVERY OF REMAINS OF S SGT GEORGE M FREY
FLORENA H FREY 1969 MC GRAW AVE NY 62 NY

324P

RECEIVED

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

1949 FEB 26

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

FLORENCE H FREY

1900 MC GRAW AVE

NEW YORK NY

JAMES McCARTHY
Major, TC
Admin O, AGR Div.

USAT BARNEY KIRSCHBAUM

S SGT GEORGE M FREY

PLEASE BE ADVISED REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO
4221 PARK AVE NEW YORK NY

JOHN GRAHAM & SON INC

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

RELEASED TO W U

3 MAR 49

G. H. BARE, COL, QMC

FOX

572A

| REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES <small>(Read Explanation on Reverse Side before completing form)</small> | | DATE |
|--|--------------------------|---|
| NAME OF DECEDENT (Last, First, Middle Initial) 293 FREY GEORGE M D | | 25 MAR 49 |
| BRANCH OF SERVICE GF | | TO BE FILLED IN BY CLAIMANT |
| RANK OR GRADE S SGT | SERIAL NO. 42 124 582 | A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) |
| | | B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery) |
| INSTRUCTIONS TO PERSONS SIGNING THIS FORM | | |
| <ol style="list-style-type: none"> 1. This form is NOT to be signed by Funeral Director. 2. Fill in as required and sign four copies. 3. Check Box "A" or Box "B" above, not both. 4. Check Box "A" when interment is in a civilian or private cemetery. 5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery. | | |
| FILL IN THIS STATEMENT IF BOX "A" IS CHECKED | | FILL IN THIS STATEMENT IF BOX "B" IS CHECKED |
| I certify that the sum of \$ 75. was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: Woodlawn CITY OR COUNTY: BRONX COUNTY STATE: New York | | 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: (City, town, or place from which remains were shipped) TO: (Name and Location of National or Post Cemetery) Florence H Frey SIGNATURE OF CLAIMANT 1969 McGraw Ave N.Y. 62 ADDRESS (Street number or RFD, City and State) Wife RELATIONSHIP TO DECEDENT |
| RETURN FOUR COPIES TO | | |
| REMARKS | | |
| J. C. Kovarik Col., F. D. Brooklyn, N. Y. APR 1949 Sym. 210-344 Sta. 625 | | |

REQUEST FOR DISPOSITION OF REMAINS

BUDGET BUR

DECEASED NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

S/Sgt George M. Frey, 42 124 582
Plot E, Row 5, Grave 115,
United States Military Cemetery
Foy, Belgium

5 January 1948

| | | | |
|---|--|---|--|
| 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, Florence H. Frey
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Woodlawn Cemetery Bronx, New York
(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 _____

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (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

Coded: O.R. 1111
7-6-48

100 Proc. 72648

OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

26 MAY 1948

M. K. H.

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 | | | |
| John Drakow & Sons, Inc. | | | |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 4221 Park Ave | New York | Brooklyn | U. S. A. |
| EXPRESS OFFICE (Nearest railroad passenger station) | TELEGRAPH ADDRESS | TELEPHONE No. | |
| AMERICAN EXPRESS | AMERICAN EXPRESS | | |

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 |
| Frey | George | | FATHER |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 90 First St. | YONKERS, N.Y. | Westchester | U. S. A. |

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.

Florence H. Frey (SIGNATURE OF NEXT OF KIN) 1969 Mc Graw Ave (STREET AND NUMBER)
 _____ (NAME PRINTED OR TYPED) N.Y. 62, N.Y. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 2nd day of Feb., 1948, at city (or town) of New York, county of New York, and State (or Territory or District) of New York

Jerome Benjamin
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 NOTARY PUBLIC, STATE OF NEW YORK
 Residing in Westchester County
 OFFICIAL TITLE
 Cert. filed in N. Y. OFFICIAL TITLE Reg. No. 981J-9
 Commission expires March 30 1949

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

| | |
|----------------------------|---------------------|
| _____ | _____ (DATE) |
| (SIGNATURE OF NEXT OF KIN) | (STREET AND NUMBER) |
| _____ | _____ |
| (NAME PRINTED OR TYPED) | (CITY AND STATE) |

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



MEMORIAL DIVISION
FEB 4 2 28 PM '48
RECORDS BRANCH

Phone TRemont 8-7600

John Graham & Son, Inc.

FUNERAL HOME

The Largest Funeral Chapel in the Bronx

near Tremont Avenue

4221-4223 PARK AVENUE
BRONX 57, N. Y.

293
George M. S/304
42124572

nAT - widow completed
form for option #2
24 May 45 M. Hitt

FILE

Name M. Hitt

Action nAT

Acceptance Section

Family Corres. Branch

George M. Frey, 42 124 582
Row 5, Grave 115,
States Military Cemetery
Belgium

5 January 1948

Mrs. Florence S. Frey
969 McGraw Avenue
Bronx, New York

Dear Mrs. Frey:

The people of the United States, through the Congress have authorized the interment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility for 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," "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

45 12 20 PM '48
G. G. M. C.
U. S. RECORDS BRANCH

AIR MAIL

QMGR 314.6
Graves Registration
(European - U. S. Misc.)

4 APR 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, 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 Foy, Belgium be changed to read as follows:

| NAME | RANK GRADE | SERIAL NO. | DATE OF DEATH | ORGAN. | PLOT | ROW | GRAVE |
|-----------------|---------------|------------|------------------|---|------|-----|-------|
| Posse, Earl L. | Pfc. | 36 380 040 | 18 Dec 44 | Hq. 2nd Tank Bn. | J | 1 | 11 |
| Frey, George M. | S/Sgt. | 42 124 582 | 23 Dec 44 | Co. "B" 38 Armd. Inf. Bn. 7 Armd. Div. | E | 5 | 115 |
| Fuiek, Edward | Pfc. | 33 573 020 | 20 Dec 44 | Hqs. Co. A 110 Inf. Regt. 28 Inf. Div. | A | 10 | 229 |

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, QMC
Memorial Division

AIR MAIL

15

MEMORIAL
SEP 27 11 50 AM '45

1 223 (Copy, George H. S.N. 42 124 502) 1st Int.

OGD, Washington 25, D. C. 29 September 1945.

gk

Commanding General, Headquarters, District One, Social Service Command,
145 Broadway, New York 6, New York.

ATTN: Major Robert G. Hanson, Personnel Affairs Officer.

The enclosed copy of letter dated 7 August 1945, addressed to Mrs. Florence
W. 1569 Hudson Avenue, New York, New York is forwarded for your information.

FOR THE QUARTERMASTER GENERAL:



H. V. FISHER
Colonel, GSC
Assistant

1:
104 29 Sep 45

JLP

FTM/tms

- Frey, George M. S/Sgt. (dec)

14 July 1945

SUBJECT: S/Sgt. George M. Frey, ASN 42,124,582 (deceased)

: Quartermaster General, Grave Registration Service,
Washington, D. C.

1. We are writing on behalf of Mrs. Florence O. Frey,
19 McGraw Avenue, Bronx, N. Y., widow of the above veteran.
2. Mrs. Frey is desirous of receiving information as to
where her husband is buried and the grave number.
3. We request that you forward a copy of your letter to
Mrs. Frey to this office.

FOR THE COMMANDING GENERAL:

HUBERT G. HANSON

OG 293 (Frey, George M. S.N. 42 124 582) 1st Ind.

, OQMG, Washington 25, D. C.

29 September 1945.

Commanding General, Headquarters, District One, Second Service Command,
165 Broadway, New York 6, New York.

ATTN: Major Hubert G. Hanson, Personal Affairs Officer.

The inclosed copy of letter dated 7 August 1945, addressed to Mrs. Florence
Frey, 1969 McGraw Avenue, New York, New York is forwarded for your information.

FOR THE QUARTERMASTER GENERAL:

M. V. TURNER
Colonel, OQMG
Assistant

encl:
y ltr 29 Sep 45

SPQYG 293
Frey, George M.
S.N. 42 124 582

7 August 1945

Mrs. Florence O. Frey
1969 McGraw Avenue
New York, New York

Dear Mrs. Frey:

Acknowledgment is made of your letter, referred to this office requesting information concerning your husband, the late Staff Sergeant George M. Frey.

At the beginning of the war it became necessary to adopt the policy that the remains of military personnel interred outside the United States would not be returned until cessation of hostilities in all theatres of operation. However, you may be assured that a notation has been made on the official records of this office that it is your desire to have the remains of your husband returned to this country for final interment after the war.

The official report of interment received in this office reveals that the remains of your husband were interred in the United States Military Cemetery #1, Foy, Belgium, Plot E, Row 5, Grave 115. With reference to other larger cities the approximate location of Foy, Belgium is four miles northeast of Bastogne and twenty miles southeast of Marche, both in Belgium.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

MEMORIAL DIVISION

AUG 7 2 25 PM '45

CCP:
CCP:

AUG 7 3 53 PM '45
MAIL & RECORDS SECTION

at

293
201 Frey, George M.
45)

18 May 1945

Mrs. Florence O. Frey
1969 McGraw Avenue
New York, New York

Dear Mrs. Frey:

Reference is again made to your letter addressed to The Adjutant General, Washington, D. C., requesting additional information regarding the death of your husband.

The original casualty message received from the Commanding General of the European Theater of Operations stated that your husband, Staff Sergeant George M. Frey, Army serial number 42 124 582, Infantry, was missing in action since 23 December 1944 in Belgium. A later report from the same source stated that he was killed in action on 10 January 1945 in Belgium. However, this was followed by a corrected report which stated only that he was killed in action in Belgium on 23 December 1944, the same day he was previously reported missing. Additional records now available show that at the time he was reported missing, he was near Filot, Belgium. I regret that no further details have been received but I am sure you will understand how extremely difficult it is under actual battle conditions to record all details concerning casualties.

It is sincerely regretted that a discrepancy occurred in the original report regarding your husband's death with reference to the date. Despite every precaution, mistakes in reporting casualty information from theaters of operation sometimes, unavoidably, are made.

It is unfortunate that you have not yet received a communication from overseas. The delay is probably due to military conditions.

The Quartermaster General of the Army, Washington 25, D. C., has jurisdiction over matters pertaining to the burial and return of the remains of our military personnel who die overseas. A copy of your letter has accordingly been forwarded to that officer for necessary action.

Permit me to extend my sympathy.

Sincerely yours,

E. C. GAULT
Colonel, AGD
Chief of Branch

FOR:
Quartermaster General
Washington 25, D. C.

1.
Extract copy ltr dtd 27 Apr 45

EXTRACT COPY OF LETTER FROM WIFE OF GEORGE M. FREY,
42 124 582, WHO WAS KIA ON 23 DEC 44 IN BELGIUM

1969 McGraw Ave.
New York City
April 27, 1945

Major General J. A. Ulio

I would like to know ***** where he is buried because after
the war I intend to bring him home.

(Mrs) Florence C. Frey

MEMORIAL DIVISION
APR 28 8 55 AM
OFFICE REGISTRATION SECTION

MEMORIAL DIVISION

APR 28 11 05 AM '45

att

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

**Corrected

REPORT OF DEATH Org. Fwd 12 Apr 45

DATE 19 Apr 45 abk

| | | | |
|--------------------------------------|------------------------------------|--|---|
| FULL NAME Frey, George M. | | ARMY SERIAL NUMBER 42 124 582 | GRADE s/sgt |
| HOME ADDRESS New York, New York | | ARM OR SERVICE Infantry | DATE OF BIRTH 19 Nov 1912 |
| PLACE OF DEATH European Area | CAUSE OF DEATH Killed in action | | DATE OF DEATH **23 Dec 44 |
| STATION OF DECEASED European Area | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 44 | LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS |

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Florence O. Frey, wife, 1969 McGraw Avenue, Bronx, New York

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Florence O. Frey, wife and Robert G. Frey, son, same as above
Mrs. Pauline D. Frey, mother, 90 First Street, Yonkers, New York
Mr. George Frey, father, same as mother's

| 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

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 28 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander of the European Area. **Correction for date of death--previously reported 10 Jan 45.

| COPIES FURNISHED: | | |
|-------------------|-------------|----------------------|
| 4 S. O. | F. B. I. | F. O., U. S. A. |
| 7 O. C. M. G. | O. F. D. | ARMY EFFECTS BUREAU |
| 3 A. O. | VET. ADMIN. | CASUALTY BRANCH FILE |
| | | A. G. 201 FILE |

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

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

12 Apr 45 Mag

REPORT OF DEATH

DATE

| FULL NAME <i>Frey, George M.</i> Frey, George M. | | | | ARMY SERIAL NUMBER 42 124 582 | | | | GRADE S/Sgt | | | | | | | | | | | | | | | | | | |
|--|-------------|----------------------|----|------------------------------------|----|--|----|----------------------------|----|--|------|-------------------------------------|----|--|----------|----------|-----------------|----------------|----------|---------------------|--|--|----------------------|--|-------------|----------------|
| HOME ADDRESS New York, New York | | | | | | ARM OR SERVICE Inf | | DATE OF BIRTH 19 Nov 12 | | | | | | | | | | | | | | | | | | |
| PLACE OF DEATH European Area | | | | CAUSE OF DEATH Killed In Action | | | | DATE OF DEATH 10 Jan 45 | | | | | | | | | | | | | | | | | | |
| STATION OF DECEASED European Area | | | | | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 44 | | | | LENGTH OF SERVICE FOR PAY PURPOSES | | | | | | | | | | | | | | | | |
| | | | | | | | | YEARS | | MONTHS | DAYS | | | | | | | | | | | | | | | |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Florence O. Frey, Wife, 1969 McGraw Avenue Bronx, N.Y. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | <input checked="" type="checkbox"/> BATTLE | | <input type="checkbox"/> NON-BATTLE | | | | | | | | | | | | | | |
| <p>The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 28 Mar 45, when considered sufficient to establish the fact of his death 10 Jan 45 was received by the Secretary of War from Commander of European Area.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <th colspan="3">COPIES FURNISHED:</th> </tr> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td>F. O., U. S. A.</td> </tr> <tr> <td>S. G. O. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td></td> <td></td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td>VET. ADMIN.</td> <td>A. G. 201 FILE</td> </tr> </table> | | | | | | | | | | | | COPIES FURNISHED: | | | S. G. O. | F. B. I. | F. O., U. S. A. | S. G. O. M. G. | O. F. D. | ARMY EFFECTS BUREAU | | | CASUALTY BRANCH FILE | | VET. ADMIN. | A. G. 201 FILE |
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| | | | | | | | | | | BY ORDER OF THE SECRETARY OF WAR: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | <i>Eli S. Fowler</i> | | ADJUTANT GENERAL | | | | | | | | | | | | | | |

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

WAR DEPARTMENT

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

386823

**Corrected

REPORT OF DEATH Org. Fwd 12 Apr 45

DATE 19 Apr 45 abk

| | | | | | | | | | | | | | |
|---|----|--|----|---|----|-----------------------------|----|--------------------|----|----------------------|-------------------------------------|----------------------------------|----|
| FULL NAME <u>Frey, George M.</u> | | ARMY SERIAL NUMBER 42 124 582 | | GRADE s/sgt | | | | | | | | | |
| HOME ADDRESS New York, New York | | ARM OR SERVICE Infantry | | DATE OF BIRTH 19 Nov 1912 | | | | | | | | | |
| PLACE OF DEATH European Area | | CAUSE OF DEATH Killed in action | | DATE OF DEATH **23 Dec 44 | | | | | | | | | |
| STATION OF DECEASED European Area | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 44 | | LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS | | | | | | | | | |
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| 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

BATTLE NON-BATTLE

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| | | A. G. 201 FILE |

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

SENSITIVE INFORMATION - HANDLE WITH CARE

386 823

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

DATE 12 Apr 45 Mag

REPORT OF DEATH

| FULL NAME Frey, George M. | | | | ARMY SERIAL NUMBER 42 124 582 | | | | GRADE S/Sgt | | | | | | | | | | | | | | | | | | | | |
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| YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | | | | | | | | | | | | | | | |
| | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | BY ORDER OF THE SECRETARY OF WAR: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | <i>Cliff Fowler</i> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | ADJUTANT GENERAL | | | | | | | | | | | | | | | | | |

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

386823

—BATTLE CASUALTY REPORT

| | | | | | | | | |
|--------------------------------------|--|--|------------------|----------------------------------|------------------------------------|--------------------------------|------------------------------|---------------------------------|
| NAME FREY GEORGE M | | | | SERIAL NUMBER 42124582 | | GRADE S SG | ARM OR SERVICE INF | REPORTING THEATRE ETO |
| PLACE OF CASUALTY BELGIUM9 | | | DATE OF CASUALTY | | FLYING OR JUMPING STAT V | TYPE OF CASUALTY MIA | | SHIPMENT NUMBER 008 |
| | | | DAY 23 | MONTH DEC | YEAR 44 | | | |

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 MRS FLORENCE O FREY | RELATIONSHIP WIFE | DATE NOTIFIED 16 JAN 45 da |
| NO. AND NAME OF STREET—CITY—STATE 1969 MC GRAW AVENUE BRONX NEW YORK | | |

REMARKS:

CORRECTED COPY



ARMY SERVICE BRANCH A.G.O.
 RECEIVED
 JAN 14 3 26 PM '45

RECEIVED

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 McTurner REVIEWED BY Dance

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" 23 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.

386823

RTB:AC:dn
August 22, 1945

Mrs. Florence O. Frey
1969 McGraw Avenue
Bronx, New York

Dear Mrs. Frey:

The Army Effects Bureau has received from overseas some personal effects of your husband, Staff Sergeant George M. Frey.

These effects are being forwarded to you in two packages.

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 husband.

Yours very truly,

P. L. KOEB
1st Lt., QMC
Officer-in-Charge
SJ Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Florence O. Frey
1969 McGraw Avenue
Bronx, New York

SHIP TO:

Effects of: S/Sgt. George H. Frey
42124552
386823 D

See No.

22 August 1945
RTB:AC:mb

H. Winstock
FOR: Effects Quartermaster

MARKS:

| | |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check | <input type="checkbox"/> Remove G.I. |
| Acct. No. _____ | <input type="checkbox"/> Note discrepancy in _____ |
| Amount _____ | <input type="checkbox"/> Films removed |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed |

ROUTING:

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Accounting Branch |
| <u>1</u> | Warehouse Division |
| <u>2</u> | Files Branch, Adm. Div. |

MARKS:

SHIP DAMAGED PROPERTY

FRANKED AUG 30 1945

Franked _____

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages 2

#1 Pkg = Aug 9
#2 ✓ = ✓ 11

EK
Shipping Clerk

NAME FREY, GEORGE M. SGT. 4582

| BAY | PALLET | BOX | TALLY |
|--------------|-------------|-----|-------------|
| 18 | 18 | | 9997 |
| TYPE OF PKG. | WHSE. SPACE | | INVENTORIED |

Est. QM Form 43
CEN.

Sgt. GEORGE M FREY

42124582

MIA

.24 Dec. 1944

38th A.I. Bn, 4th A.D.

RESTRICTED
INVENTORY FORM

5 Jan 45
Date

SUBJECT: Inventory of Personal Effects of:

FREY GEORGE M. 8/SGT 42 124 582
(Last Name) (First Name) (MI) (Rank) (ASN)

Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of B 32nd Inf Ar
(Unit) (Organization)

was reported MIA about 24 Dec 1944
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

- 1 - KIT TOILET ✓
- 1 - PA GLASSES ✓
- 2 - TONGUE-PADS ✓

INVENTORY OF EFFECTS

Money in the amount of _____ has been turned into _____
(Name of Finance Office
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 forwarded to the Effects Depot
by _____ on _____ 194____.
(Rail, Truck, etc.)

Name Claude D. Emmons
Rank & ASN capt
Organization 3298MD INF BN

Any additional pertinent information:

| ATTACHMENTS | | EFFECTS INVENTORY ARMY EFFECTS BUREAU | STATUS | |
|-------------------------------------|------------------------|--|----------|-------------------------------------|
| <input checked="" type="checkbox"/> | INBOUND INVENTORY | | DECEASED | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | G. R. OR SUB GR LABEL | | MISSING | |
| <input checked="" type="checkbox"/> | WILL OR POWER OF ATTY. | | P. O. W. | |
| <input checked="" type="checkbox"/> | TALLY IN FORM 43 | ABANDONED | | |
| | | UNKNOWN | | |

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

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

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

| | | | | |
|----------------------------|-----------------------------|----------------------------------|--------------------------|-----------------------------|
| TALLY NO. <i>711</i> | ORIG. NO. OF PKGS. <i>1</i> | EXAMINING DATE <i>9 Aug 1945</i> | BOX NO. <i>70</i> | SHEET OF <i>1</i> SHEETS |
| NAME <i>GEORGE M. FREY</i> | | | A. S. N. <i>42124582</i> | |
| ORGANIZATION | | | RANK | CASE NO. <i>386823</i> |
| WAREHOUSE SPACE <i>84</i> | EXAMINED BY <i>Ban</i> | DIARY REMOVED | PHOTO FILM REMOVED | MOTION PICTURE FILM REMOVED |
| PACKAGE DESCRIPTION | WEIGHT | INSPECTED BY | DATE <i>AUG 20 1945</i> | BY WHOM |
| | | STORED BY | | |

FREY (Last Name) George M Unk 421245
 (First Name) (MI) (Rank) (ASN)
 TO: Effects Quartermaster, Communications Zone, APO 887 US Army
 The above named individual of Unk
 (Unit) (Organization)
 was reported deceased about 10 Jan 1945
 (Status-Killed, MIA, Hospitalized, etc.) (Date)
 Designated Beneficiary if information readily accessible
 Unk

INVENTORY OF EFFECTS

- 1 Wasp fountain pen ✓
- 12 Souvenir coins ✓
- No currency

Money in the amount of NONE has been turned into _____
 and symbol number) Form WFD 38 enclosed. (Name of Finance Officer)

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 ~~will~~ be forwarded to the Effects
 Depot by truck on will be 1 Mar 1945.
 (Rail, Truck, etc.) (Date)

Name William E Samson
 Rank & ASN 1st Lt OMC
 Organization 3045 QMGR CO

Any additional pertinent information:

SUBJECT: Report of transaction in disposing of the effects of
George M. Frey 42124582 Date 22 August 1945
 (Name of deceased) (Army Serial Number)
Staff Sergeants Infantry who died
 (Grade) (Organization, Army or Service)

on the 23 day of December, 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. KCM 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 1 & 1 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 21 August 1945, pursuant to Special Orders 296, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of

Mrs. Florence O. Frey 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. Florence O. Frey of

(Name of person found entitled)
1969 McGraw Avenue Bronx State of
 (Number, Street or Avenue) (City, Town or Village)
New York 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)