

INDIVIDUAL DECEASED PERSONNEL FILE

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 58TH STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE



REMAINS CONSIGNED TO:

Superintendent,

LONG ISLAND

National Cemetery

FARMINGDALE NY

THERE ARE BEING TRANSMITTED THE REMAINS OF THE LATE PVT HARVEY I MALUMUD

32 993 740

USAGF

FOR INTERMENT IN YOUR CEMETERY.

ESCORT IS S SGT RICHARD F RYAN AF 42 160 334 DET 5 1300 ASU

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

THIS 9 DAY OF Sept, 1948
DAY MONTH

Sgt Richard F Ryan
WITNESS (Escort)

John P. Johnson
CONSIGNEE

42160334 AF

NAT
FILE
RECORDS ANNOTATED
DATE 29 Sept 48
NAME McDon
R & R ER

DISINTERMENT DIRECTIVE

57-52 7A.K-

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE	
		3547 03321		15 03 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
MALAMUD HARVEY I		32993740	PVT	1	DAY MONTH YEAR
CEMETERY				DISPOSITION OF REMAINS	
LIMEY TOUL				1 2321 01 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
L	9	215	FRANCE	3	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
LONG ISLAND NATIONAL CEMETERY FARMINGDALE, NEW YORK	MRS. ZELDA H. SCHLEY (MOTHER) 179 EAST 205TH STREET BRONX, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
MALAMUD HARVEY I	32993740	PVT	12 Sept 1944	14 May 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION H	IDENTIFICATION VERIFIED BY ROBERT A PITTMAN ^{mer} Embal- NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Military clothing	Skeletal state. Small amount of decomposed flesh.
OTHER MEANS OF IDENTIFICATION	
None	

MINOR DISCREPANCIES /

None

REMAINS PREPARED AND PLACED ~~IN CASKET~~ transfer box

DATE 14 May 1948 BY *Robert A Pittman*
ROBERT A PITTMAN ^{mer} ~~Embalmer~~

CASKET SEALED BY	EMBALMER (Signature)
RICHARD N. CONRAD EMB. SUPV.	<i>Richard N. Conrad</i> RICHARD N. CONRAD EMB. SUPV.

CASKET BOXED AND MARKED	SHIPMENT ADDRESS VERIFIED BY
RICHARD N. CONRAD EMB. SUPV. DATE 2/7/48 BY	All markings plates & tags verified by: <i>R.D. Miller</i> R.D. MILLER MAJ. T.C.

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

Elmer R King
ELMER R KING 2nd Lt Inf 539 OM SV CO.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
Lincy, France		Antwerp, Belgium	
KIND OF CONVEYANCE Rail		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 10-6-48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 19 JUN 1948

2. SHIPPED

FROM ZEC 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 10-6-48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 19 JUN 1948

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER AUG 19 1948	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE AUG 13 1948	SIGNATURE OF RECEIVER M. W. [Signature] Lt. Col. GNC	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER CONTEA (WOLNEY)	DATE

6. SHIPPED

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

7. SHIPPED

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

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION POINT)

NAME MALAMUD, HARVEY I. ✓ 792	RANK PVT ✓	SERIAL NUMBER 32993740 ✓
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NEXT OF KIN MRS ZELDA H. SCHLEY (MOTHER)	ADDRESS 179 EAST 205TH ST, BRONX, 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) <i>new</i> FINISH (Interior) ✓ HANDLES <i>adjust</i> HANDLE BOLTS ✓ STENCILING - NAMEPLATE <i>new</i>	REMARKS <i>Re-stencil</i>

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
✓ FINISH (Exterior) <i>clean & polish</i> ✓ HANDLES AND FASTENINGS <i>adjust</i> STENCILING - NAMEPLATE ✓ CAM LOCKS (Sealing) <i>by Helen</i> ODOR OR MOISTURE	REMARKS <i>2 Cam locks - white cover</i> <i>Temperature on lid of case</i>

ROUTED THROUGH

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

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
---	---

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS <i>Temperature on lid of case</i>

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

Temperature on lid of case

RECEIVED

1918 AUG 17 17 27

RECEIVED
TELEGRAPH OFFICE
LONDON

WU B111 18 COLLECT

FP NEW YORK NY 17 1039A

G H BARE COL

QMC DISTR CTR ARMY BASE

REGARDING REMAINS OF PVT HARVEY I MALAMUD WISH SAME BURIED

IN LONG ISLAND NATIONAL CEMETERY FARMINGDALE NY

MRS ZELDA H SCHLEY

1148A.

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. NO.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

UG 48

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

AGRD NYPE

AUG 15 7 11 SECURITY CLASSIFICATION

ACTION TO:

MRS. ZELDA H. SCHLEY

179 EAST 205th STREET

BRONX, NEW YORK

PRECEDENCE FOR ACTION INFORMATION

 ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

PLEASE BE ADVISED REMAINS OF THE LATE PVT. HARVEY I. MALANUD ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS BURIED IN LONG ISLAND NATIONAL CEMETERY, FARMINGDALE, NEW YORK

WE CANNOT GIVE A DEFINITE DELIVERY DATE, BUT SUPERINTENDENT OF NATIONAL CEMETERY WILL NOTIFY YOU BY TELEGRAM GIVING DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE FUNERAL CAN TAKE PLACE. MILITARY ESCORT WILL ACCOMPANY REMAINS TO NATIONAL CEMETERY. PAYMENT OF SEVENTY FIVE DOLLARS INTERMENT EXPENSE ALLOWANCE IS NOT REPEAT NOT AUTHORIZED IN CASE WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS' ORGANIZATION OR BY MILITARY OR NAVAL PERSONNEL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE OF

WD AGO FORM 11-168
15 JUN 1945

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

16-45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

ITEM TELEGRAM

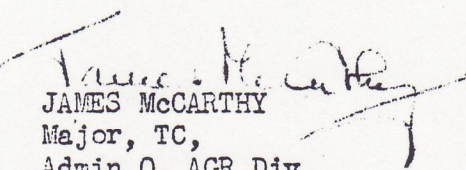
578

DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS.

INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

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.


JAMES MCCARTHY
Major, TC,
Admin O, AGR Div.

ITEM

Date 9 Sept. 1948

TO: Zelda Schley
179 E. 205th St.,
Bronx, N.Y.

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

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.

To be filled in by Superintendent or Commanding Officer

293
Name of Veteran Harvey T. Malacud
Rank, etc. Pvt. USAGF
Grave or lot No. Gr. No. 9619 Sec. H
Date of death _____
Date buried 9 Sept. 1948

To be filled in by Next of Kin

State desired New York State
Religious emblem desired Star of David Hebrew
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)
Date of birth June 6 1924
Address of kin 179 East 205th St Bronx 18 N.Y.
Signature Zelda Schley Date Sept 17/48

OQMG FORM 315
(20 March 1945)

16-4438-1 U. S. GOVERNMENT PRINTING OFFICE

OCT 12 1948
V. Lee
22 Oct
A. Danks

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Harvey I. Malomud, 32 993 740
Plot L, Row 9, Grave 215,
United States Military Cemetery
Limey, France

21 July 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, ZELDA H. SCHLEY

(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

(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 Long Island National Cemetery (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

1947

Handwritten initials and date: +, clv, FEB 16, gmt

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 <i>SCMLEY</i>	FIRST NAME <i>AARON</i>	MIDDLE INITIAL	RELATIONSHIP TO DECEASED <i>STEP-FATHER</i>
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.

Zelda H. Schley
 (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER) _____
 _____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE) _____

Subscribed and duly sworn to before me according to law by the above-named applicant this 18 day of August, 1947, at city (or town) of New York, county of Bronx, and State (or Territory or District) of New York

Robert Kossen
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public, State of New York
 Residing in Bronx County
 Bronx Co. Clerk's No. 62 Reg. No. 85-49
 Commission expires March 1949

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

PART I—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)

Malemud
Pvt. Harvey I. Malemud, 32 993 740
Plot L, Row 9, Grave 215,
United States Military Cemetery
Limey, France

21 July 1947

Mrs. Zelda H. Schley
179 East 205th Street
Bronx New York

Dear Mrs. Schley:

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.

JUL 28 11

U.S. ARMY
MAIL & RECORDS

der

QMCNR 293

Malamud, Harvey I.

A.S.N. 32 993 740

23 April 1947

Mrs. Zelda H. Schley
179 East 205th Street
Bronx, New York

Dear Mrs. Schley:

Inclosed herewith is a picture of the United States Military Cemetery Limey, France, in which your son, the late Private Harvey I. Malamud, 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

sj

011481

20 August 1946

Mrs. Zelda H. Schley
179 East 205 th Street
Bronx, New York

Dear Mrs. Schley:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Harvey I. Malamud, A.S.N. 32 993 740.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Limey, plot L, row 9, grave 215. 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

Aug 21 3 25 PM '46
D. O. M. C.
REGIONS BRANCH
vd

15

43
NAME MALAMUD, HARVEY G.
ASH 3299 3740

Form 133
Changes made in information
are from sources listed below:

1. A.Y.O.
2. _____
3. _____

Officer's Initials SPK
ep

FROM: Relationship Step - Father
NAME: Schleif Aaron (Mr)
STREET: 178 E. 205th Street
CITY & STATE: Brnx, New York City, N. Y.

TO: Relationship Mother
NAME: Schleif Golda H. (Mrs.)
STREET: 178 E. 205th St
CITY & STATE: Brnx, New York City, N. Y.

NAT

File
Franklin
13 Aug 46

SPQIG 293

~~XXXXXXXXXX~~

Malamud, Harvey I.

Malamud, Harvey I.

7 May 1946

Mr. Aaron Schley
179 East 205th Street
Bronx, New York

Dear Mr. Schley:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Harvey I. Malamud, A.S.N. 32 993 740.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Limey, France, plot L, row 9, grave 215.

This cemetery is located approximately sixteen miles east of St. Mihiel and fifteen miles north of Toul, both in France, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to comply, at Government expense, with your wishes regarding final interment, here or abroad, of the remains of your son. At a later date, this office will, without any action on your part, provide you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

100

100

REPORT OF BURIAL

TM 10-630 AND AR 30-1615

54919
19 Nov 1944
Date

4544

12

MALAMUD Harvey I Pvt 32993740
Last Name First Initial Rank Serial No.
Unknown 38 ~~And~~ ~~Del~~ ~~Br~~ Unknown
Coord. 7U 3042 Nord Unknown Guerre Sep. 1944 (estimated) Organization
Louvigny, France Zone 19 Oct 1944 (estimated) OSW Rt. chest MIA
Place of Death Date of Death Cause of Death
1000 19 Nov 1944 U S Military Cemetery ~~Line~~ Limer, France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
215 215 L ~~Grave~~ Star of David
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?

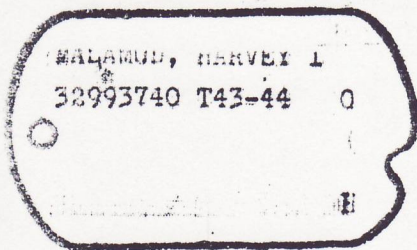
What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: OTTO 35374863 Cpl. ~~Co. L~~ ~~1st~~ 11th Inf 214
Name Serial No. Rank Organization Grave No.
Deceased's Left: WELSKAI 36019212 Pfc. ~~Co. L~~ ~~1st~~ 11th Inf 216
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unknown
Name
Address
Religion Hebrew

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

Signature of Officer or other person reporting burial

JAMES T. PAS... Verified by C.R.S. Officer
Captain OIC
Commanding 609th MI Gr Reg Co

IF DECEASED UNIDENTIFIED

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

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

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

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

4		4
3		3
2		2
1		1
Thumb		Thumb

TOOTH CHART

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

Characteristics:

Other Data:

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.

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

REPORT OF DEATH

DATE 3 Feb 45

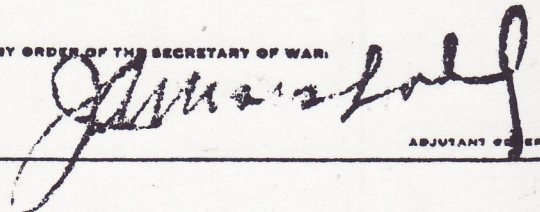
FULL NAME Malamud, Harvey I.		ARMY SERIAL NUMBER 32993740		GRADE Pvt	
HOME ADDRESS Dunmore, Pennsylvania		ARM OR SERVICE Medical Department		DATE OF BIRTH 6 Jun 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 19 Sep 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Jul 43		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Aaron Schley, father, 179 E. 205th St., Bronx, New York					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Zeldia H. Schley, mother, same as above Dennis R. Malamud, brother, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
					X
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES	NO

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 19 Sep 44 until such absence was terminated on 29 Jan 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

BY ORDER OF THE SECRETARY OF WAR:



ADJUTANT GENERAL

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

760852

22

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

REPORT OF DEATH

DATE 3 Feb 45

FULL NAME Malamud, Harvey I.		ARMY SERIAL NUMBER 32993740		GRADE Pvt	
HOME ADDRESS Dunmore, Pennsylvania		ARM OR SERVICE Medical Department		DATE OF BIRTH 6 Jun 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 19 Sep 44	
LOCATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Jul 43		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
				DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Aaron Schley, father, 179 E. 205th St., Bronx, New York					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Zelda H. Schley, mother, same as above Dennis R. Malamud, brother, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
					X
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES	
				NO	

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 19 Sep 44 until such absence was terminated on 29 Jan 45, 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.
2. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:
[Signature]

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

100852

107

--BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE		
MALAMUD HARVEY I			38993740			PVT		MD		ETO		
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
FRANCE 9				DAY	MONTH		YEAR		MIA		211	
19				SEP		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			RELATIONSHIP			DATE NOTIFIED		
MR. AARON SCHLEY			FATHER			11 OCT.44 C.M		
NO. AND NAME OF STREET--CITY--STATE								
15th 179 EAST 205th STREET BRONX NEW YORK								

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									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	COPRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.	
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY _____									

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	CRW 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" _____ 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.

ARMY EFFECTS SUPPLY INVENTORY

260,852
JMS

ISSUED	
RECORDED	
TALLY NO.	7113
INV. DATE	16-11-45
CRIG. NO. OF PAGES	1
BOX NO.	32
SHEET OF SHEETS	1
ORGANIZATION	100th

NAME *Harvey I. Malamed*
 U.S.N. *5015746* RANK *1st Lt.*

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

REMARKS: *Information* ATTACHMENTS: *FORM #54* *FORM #100*

C.A.T. <i>info</i>	WEIGHT	<input type="checkbox"/> G.I. REMOVED
		<input checked="" type="checkbox"/> SHORTAGE OR REVERSE
		<input type="checkbox"/> IDENT. TAGS REMOVED
		<input type="checkbox"/> DIARY REMOVED
WAREHOUSE SPACE	STORIED BY <i>C.A.T.</i>	DATE SHIPPED
INVENTORIED BY		SEP 1945
REP BY	CHECKED BY	<input checked="" type="checkbox"/> #43 OR
		FILM REMOVED

NAME MALLMUD, HARVEY I. PVT 3740

BAY	PALLET	BOX	TALLY
	5	32	7713
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
222 PEB			

Eff. QM Form 43

INVENTORY OF PERSONAL EFFECTS

REGISTERED

19 Nov 1944

(Date)

SUBJECT: Inventory of Personal Effects of:

<u>MALANUD</u>	<u>Harvey</u>	<u>I</u>	<u>Pvt</u>	<u>32993740</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communication Zone, APO 507

US Army

The above named individual of Unknown
(Unit)

Unknown was reported KIA
(Organization) (Status-Killed, MIA,
Hospitalized, etc.) about 1 Oct (Estimated) 1944.
(Date)

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

16 Photos ✓

699 Francs ○

Money in the amount of 699 Francs has been turned into V. F. Getz, Captain, FD
(Name of
211 - 526 . Form WDFD 38 enclosed.
finance officer and symbol number)

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 21 Nov 1944.
(Rail, Truck, etc.) (Date)

Name [Signature]
Rank & ASN Captain 0255013

Organization 607th Signal Co

Any additional pertinent information:

ARMY EFFECTS BUREAU
INVENTORY

260 852 *in L*
CASE NO.

TYPED BY

JHM:IB:rt

DATE

1 May 1945

STATUS

Dec.

NAME

Malanud, Harvey I.

A.S.N.

32993740

RANK

Pvt.

ORGANIZATION

Unk.

AMOUNT

99455 (no)
ACCOUNT NO.

LIST NO.

14.10

120708 71
CHECK NO.

REMARKS

F 127

A C C O N T I N G I N V E N T O R I E N T O R I

27062

EBB:Smith
13 August 1945

Mr. Aaron Schley
c/o Ernest Miller
1430 Broadway
New York, New York

Dear Mr. Schley:

Thank you for the information recently given the Army Effects Bureau in connection with the disposal of personal property of your stepson, Private Harvey I. Malamud.

I am inclosing a check for \$14.10, payable to Mrs. Zelda H. Schley, representing funds which belonged to him. The remainder of Private Malamud's property, consisting of photos, is being forwarded to Mrs. Schley in care of Mr. Ernest Miller at the above Address.

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 Private Malamud.

Yours very truly,

C. B. QUINN
2nd Lt., OMC
Chief, Files Branch

1 Incl--
Check

KANSAS CITY QUARTERMASHER DEPOT
601 Hardisty Avenue
Kansas City 1, Missouri

Case No. 260852
Date 17 August 1945

SUBJECT: Report of transactions in disposing of the effects of

Harvey I. Malamud, 32993740 late a
(Name of decedent) (Army Serial Number)
Private, Medical Department who died
(Grade) (Organization, Army or Service)

on the 19th day of September, 1944, at European Area

TO : The Adjutant General, War Department 26, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, HQ, KQJM 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. none.)

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

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 parcel post certified (See Summary Court-Martial FINDING below)

REKIND

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 11 August 1945, pursuant to Special Orders 228, Headquarters, KQJM Depot, dated 25 September 1943, the application or affidavit of Aaron Schlay 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. Zelda H. Schlay of c/o Ernest Miller State of New York
(Name of person found entitled) (Number, Street or Avenue) (City, Town or Village)
New York, is the mother of the
(Relationship or Capacity)
above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. F. HEDMAN, Major, OMC
(Name, Rank, Organization)
SUMMARY COURT-MARTIAL

179 East 205th St
Bronx, N.Y. July 30/18

Harry Niemice
2nd Lt. G.M.C.
Army Effects Bureau
Kansas City, Mo.

SHIPMENT CLERK

Dear Sir

Replying to your letter of the 4th inst. ^H 260852
I beg to advise that Private Harvey C. Malamud
was not married and left no will.

you ask for clarification of my
relationship to him - as his name is different
than mine. I am his step father, his real
father having died some time ago.

As a result of this young man's
tragic death, his mother is not in good
physical condition and the shock of receiving
his effects would do her further harm.
I would therefore appreciate it if
you would send them to me at the following
address -

Aaron Schley
c/o Ernest Miller
1430 Broadway
New York, N.Y.

Mr. Miller is his uncle, and we plan
to bring them to Private Malamud's mother
together - when she is better fit to receive
them.

Very truly yours,
Aaron Schley.

P.S. Please also address any further
communications to me to that address also.

260042

141:13:100
4 July 1945

Mr. Aaron Schley
179 East 205th Street
Bronx, New York

Dear Mr. Schley:

The Army Effects Bureau has received from overseas some personal property of Private Harvey I. Malamud.

To make proper disposition of this property, it is necessary that we have certain information regarding his family. I would like to know whether he was married and, if so, the name and address of his widow.

Records of this Bureau indicate that your name differs from Private Malamud, although your relationship is shown as father. Under the 112th article of war, which governs disposal of personal effects of deceased military personnel, such property is sent to the widow of the soldier, or to the son, daughter, father, mother, brother, or sister, in the order named, if such be found. Please clarify your relationship to Private Malamud.

If he left a will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which requires no postage, as this will accelerate delivery of the property.

Yours very truly,

1 Incl
Envelope

HARRY NIEMIEC
2nd Lt., OMC
Chief, Correspondence Branch



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 260852

DEB:VC:bjjs
August 6, 1945

Dear Mr. Schley:

Reference is made to letter of the Army Effects Bureau dated July 4, requesting information to enable disposal of property belonging to your son, Private Harvey I. Malamud.

I shall appreciate a reply at your earliest convenience, in order that the property in our custody may be released to the proper person without further delay.

For your use in replying, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

1 Incl---
Envelope