

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



DEPARTMENTAL RECORDS BRANCH, A.G.O.

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

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. A6 326598

DATE OF REQUEST
7-10-53

29

107

0-1

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 O'BRIEN, MELVIN H. 36 036 352									REQUESTED PAPERS NOT IN FILE <input type="checkbox"/>
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE Good, 54180				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER 02 M Y					
RETURN TO	FEDERAL RECORDS SECTION DRB, TAGO						DATE RETURNED	TO RETURN FILE, INITIAL HERE		
INSTRUCTIONS	<p>219 When transferred by another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.</p> <p>Alexandria, Virginia</p>									

NO. AD 0709

293 TRANSFER COUPON

TO: O'Brien, Melvin H.

NOTE THAT FILE OF: 36 036 352

HAS BEEN TRANSFERRED TO: (Name) Registrar

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. mem

DATE 7-13-53

SIGNATURE Good

FEDERAL RECORDS SECTION
DRB, TAGO
219 N. 1st Street
Alexandria, Virginia

ARMY EFFECTS AGENCY
601 Hardesty Avenue
Kansas City 24, Missouri

Case #278,461

Mrs. Loschke/mb
7 July 1953

SUBJECT: Transmittal of Inquiry

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. Attention is invited to inclosed letter from Mrs. Phyllis
Duchaj, 769 Thacker Street, Des Plaines, Illinois

_____ regarding personal effects belonging to
S/SGT Melvin H. O'Brien, 36 036 352

293
Records at this Agency indicate the case file has been forwarded to
your office.

2. It is requested that reply be made direct to Mrs. Duchaj

_____ regarding this matter. She has not
been informed of this reference.

1 Incl
1. Ltr fr Mrs. Duchaj

H. V. Hawes

H. V. HAWES
Major, QMC
Effects Quartermaster

CERTIFICATE OF INTERMENT EXPENSES

210-257
STA. 199
R. K. LeBROU,
COL., F. D.
CHICAGO, ILL.

PAID ON
MONEY ACCOUNTS OF
COL. F. D. SYMBOL
NO. 51232
DATE PAID
OCT 1947

I, Mrs. Phyllis G. O'Brien, 4517 W. Dickens Ave., Chicago, Illinois
(Name and address of person incurring interment expenses)

hereby certify that the total sum of \$ 150⁰⁰ was incurred by me in connection with the interment of the remains of the late _____
(Name)

5931 O'BRIEN, Melvin H. - S SGT - 36036362 - U S Army
(Grade, Serial Number, & Arm of Service of Decedent)

who died while on active duty with the United States Armed Forces on

1 Oct 1944
(Date of death)

Name of Cemetery: St. Joseph
Address: River Grove
County: Cook
State: Illinois

Phyllis G. O'Brien
(Signature)

NOTE 1. This certificate will be completed in quadruplicate and signed by the person who engaged the receiving undertaker and is responsible for payment of his bill. It is NOT to be accomplished or signed by the funeral director.

2. F. O., U. S. ARMY, CHICAGO, ILL.
PAID ON
MONEY ACCOUNTS OF R. K. LeBROU,
COL., F. D. Symbol Number 210-257
51232
CHICAGO, ILL.

Commanding Officer
Chicago Quartermaster Depot
1819 West Pershing Road
Chicago 9, Illinois

Att'ns: AMERICAN GRAVES REGISTRATION DIVISION
TO OFFICE OF

FORWARD COPY
QUARTERMASTER GENERAL, WASHINGTON 25, D. C.

ATTN: HQRS., A. G. R. S.

DEC 1 - 1947

JWB

CAM

DISINTERMENT DIRECTIVE

1 2 3	SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 11367		DATE 02 07 47 DAY MONTH YEAR	
	OBRIEN MELVIN H		SERIAL NUMBER 36036352	RANK S SG	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY— HENRI CHAPELLE					DISPOSITION OF REMAINS 1 6100 DIST. P. 8 CODE	
LOT G	ROW 9	GRAVE 169	COUNTRY BELGIUM		CAUSE OF DEATH 2	

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE ROCHE & ELLGASS 4117 WEST ARMITAGE AVENUE CHICAGO, ILLINOIS	NAME AND ADDRESS OF NEXT OF KIN MRS. PHYLLIS G. O'BRIEN 4317 WEST DICKENS AVENUE CHICAGO 39, ILLINOIS

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME Obrien, Melvin H	SERIAL NUMBER 36036352	RANK S/Sgt	DATE OF DEATH Est 14 Oct /44	DATE DISTINTERRED 9 Aug 1947	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION CO. D, 40 TANK BN., 7TH ARMD DIV.	RELIGION C	IDENTIFICATION VERIFIED BY <i>Elijah H Fields</i> Elijah H Fields Emb. Supv.		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Badly decomposed

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 9 Aug 1947 BY Edmond C. Lyons, Emb. Supv.

CASKET SEALED BY Edmond C. Lyons, Emb. Supv.	EMBALMER (Signature) <i>Edmond C. Lyons</i> Edmond C. Lyons, Emb. Supv.
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY 567 QM Sv Co

DATE 7-8-47 BY Chas E Hackler Checker Edmond C., Lyons, Emb. Supv.

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

Edmond C. Lyons

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM U.S. M.C. Henri Chapelle, Belgium		TO Liege, Belgium (Barge Loading Point)	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Sgt. Lipe J. Valenzuela, P. A. 59570049	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 2/9/47	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 2/9/47
2. SHIPPED			
FROM Liege Belgium (Barge Loading Point)		TO Antwerp Port, Pier # 140	
KIND OF CONVEYANCE Barge Sami		NAME OF CONVOYER T/5 Joseph S Jurusz RA 32970763	
SIGNATURE OF SHIPPER Capt Paul McGee O-505337 M.I.S.	DATE 2/9/47	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 2/9/47
3. SHIPPED			
FROM AGRC ANTWERP B. LGIUM		TO LEA JCS V CONNOLLY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER Wm C Henderson Capt T C	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 4 OCT 1947	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 4 OCT 1947
4. SHIPPED			
FROM JOSEPH V. CONNOLLY		TO N Y P E	
KIND OF CONVEYANCE JOSEPH V. CONNOLLY		NAME OF CONVOYER JAMES S. MCKINNON	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE OCT 25 1947	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 10/27/47
5. SHIPPED			
FROM N Y P E		TO DC & Chicago Ill	
KIND OF CONVEYANCE CHICAGO		NAME OF CONVOYER James L. McKinnon	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 30 OCT 1947	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 30 OCT 1947
6. SHIPPED			
FROM C O JCS REGION		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	

RECEIPT OF REMAINS

DISTRIBUTION CENTER AGR DIVISION, CHICAGO QUARTERMASTER DEPOT
1819 W. Pershing Road, Chicago 9, Ill.

ROCHE & ELLGASS
4117 WEST ARMITAGE AVENUE
CHICAGO, ILLINOIS

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE S/SGT. MELVIN H. OBRIEN, #36036352
WILL BE DELIVERED TO YOU ON MON. 24 NOV. 1947 AT APPROXIMATELY 9:30 A.M.
ACCOMPANIED BY ESCORT M/SGT. ABRAHAM F. TAMER
REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY REFER TO
CONTROL NUMBER 769

CARROLL J. GRINNELL
LT. COL. Q.M.C.

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

THIS 24th DAY OF November, 1947

Abraham F. Tamer
WITNESS (Escort)
18-A M/SGT.

Marcello M. Ellgass
CONSIGNEE

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION		EXEMPT	OPERATING SIGNALS
					GROUP COUNT BR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO: MRS. PHYLLIS G. O'BRIEN 4517 W. DICKENS AVE. CHICAGO 39, ILL.			PRECEDENCE FOR ACTION		INFORMATION
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION		CLASSIFICATION
<p>WAR DEPARTMENT WILL DELIVER REMAINS OF LATE S. SGT. MELVIN W. O'BRIEN, #6036862 IN NEAR FUTURE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO ROCHE & BILGASS, 4117 W. ARMITAGE AVE., CHICAGO, ILL. REQUEST IMMEDIATE CONFIRMATION BY TELEGRAM COLLECT TO AMERICAN GRAVES REGISTRATION DIVISION CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. FUNERAL DIRECTOR WILL BE NOTIFIED WHEN REMAINS WILL BE DELIVERED TO HIM. IF MILITARY HONORS AT FUNERAL ARE DESIRED MAKE ARRANGEMENTS WITH LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR OWN CHOICE. ADVISE THIS OFFICE THE NAME OF ORGANIZATION SELECTED OR ADVISE IF UNABLE TO MAKE SUCH ARRANGEMENTS. IN YOUR TELEGRAM REPLY REFER TO CONTROL NUMBER 739 AND NAME OF DECEASED.</p> <p style="text-align: right;">CARROLL J. GRINNELL, LT. COLONEL, QMC, CHIEF, AGR DIV.</p> <p style="text-align: right;"><i>File</i></p>					
4-A		SECURITY CLASSIFICATION		AUTHORIZATION	
			SIGNATURE		

INSPECTION CHECKLIST					
NAME OBRIEN, MELVIN H.		RANK S. SGT		SERIAL NUMBER 36036352	
NEXT OF KIN		ADDRESS			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One)		
			[] SATISFACTORY [x] UNSATISFACTORY		
<input checked="" type="checkbox"/>	FINISH (Exterior)		REMARKS		
	FINISH (Interior)				
	HANDLES				
	HANDLE BOLTS				
	STENCILING - NAMEPLATE				
			INSPECTED BY: <i>B. R. Dykstra</i>		
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)		
			[x] SATISFACTORY [] UNSATISFACTORY		
	FINISH (Exterior)		REMARKS		
	HANDLES AND FASTENINGS				
	STENCILING - NAMEPLATE				
	CAM LOCKS (Sealing)				
	ODOR OR MOISTURE				
			INSPECTED BY: <i>J. Maden</i>		
ROUTED THROUGH					
[] MORTUARY OPERATING ROOM			[] 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 checked="" type="checkbox"/> <i>P. A. Madlock</i>		
			SHIPPING CASE EXCHANGED <input type="checkbox"/>		
			REMARKS		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
REMARKS					
STORAGE LOCATION					
FLOOR 3	SECTION C	RAY S	STORAGE NUMBER 1201		PASS. LIST NUMBER
STAMP INCOMING OR OUTGOING				CONTROL NUMBER	



MAY 1 GA PLS

GA

WU 130 24/23 COLLECT 4 EXTRA

CHICAGO ILL OCT 27 1947 411P

REGISTRATION GRAVES DIVN

QUARTERMASTER BUREAU

RE CONTROL NUMBER 769 LATE STAFF SGT MELVIN OBRIEN 36036352
ARRANGEMENTS OK AS OUTLINED AMERICAN LEGION MILITARY
SERVICE

MRS PHYLLIS OBRIEN 4317 WEST DICKENS AVE.

439P.

769 36036353/// 36036352 4317.

RECEIVED
SIGNING CENTER

OCT 27 4 52 PM '47

APD

769

July 3, 1953

Mrs. Phyllis Duchaj
769 Thacker Street
Des Plaines, Ill.

Army Effects Agency
601 Hardesty Avenue
Kansas City, Missouri

Dear Sir:

In October 1944, my husband Melvin H. O'Brien #36036352, was killed in action in Holland. He was S/Sgt at the time in a Tank Bn., and the tank was hit and he was burned inside. To date, I have not received any of his personal belongings and understand I am to file a claim for them. I have called and gone all over for a Form, but was unable to get one. I finally got to talk to a Lt. of the 5th Army here in Chicago and he advised I write you and given you an itemized list of my deceased husband's personal belongings.

I am therefore taking this opportunity, hoping you will give it your kindest consideration.

Curvex wrist watch	\$125.00
Diamond Tiger Eye Ring.....	\$175.00
Wedding band.....	50.00
Shaving kit.....	25.00
Ronson lighter.....	20.00
Wallet of Genuine Leather.....	15.00
Money belt.....	10.00
Parker Pen & Pencil.....	18.00
Pipes, etc.....	20.00
Military Brush Set.....	12.00
Misc. Mas. gifts such as Handkfs, cig., candy, socks, other valuables which I would say amount to.....	50.00

Thank you,

/s/ MRS. PHYLLIS DUCHAJ
769 THACKER ST.,
DES PLAINES, ILL.

COPY

REPATRIATION RECORDS BRANCH

21 Nov 46
DATE

NAME O'BRIEN, MELVIN H. SGT

SERIAL NO. 36036352

OFFICER GENERAL (CHAPLE #1), BELGIAN

PLAT G

ROW 9

GRAVE 169

LETTER FIELD

Correct Records to Read

RANK
O.A.G.

~~DATE OF DEATH~~ = 10 Oct 44

Morgan
SPECIAL CHECKER

Kulw
Spec 46
Strongly
Plat

QMHD 293, O'Brien, Melvin H., S/Sgt 1st Ind
SN 36 036 352

SUBJECT: CLAIM

Department of the Army, QMHD, Washington 25, D. C., 13 July 1953

TO: Branch Office, The Judge Advocate General, Claims Division,
Fort Holabird, Baltimore 19, Maryland

1. Forwarded for whatever action you may deem appropriate. Writer has not been advised of this reference.

2. There is inclosed for your information, copy of the overseas inventory listing personal effects of S/Sgt. Melvin H. O'Brien which were received at the Army Effects Agency, Kansas City, Missouri, and transmitted to Mrs. Phyllis O. O'Brien, on 17 April 1946.

FOR THE QUARTERMASTER GENERAL:

2 Incls:

1. W/c

2. Adjunct

of AW dttd

25 Oct 44

ER

W. E. Campbell
for W. E. CAMPBELL
Lt. Colonel, QMC
Memorial Division

P
RJP
SZ
CRA

MAIL & RECORDS BRANCH

O. P. F. G.

JUL 13 4 56 PM '53



212
S/Sgt. Melvin H. O'Brien, 36 036 352
Plot G, Row 9, Grave 169,
United States Military Cemetery
Henri-Chapelle, Belgium

3 March 1947

Mrs. Fayllis G. O'Brien
4317 West Dickens Avenue
Chicago, Illinois

Dear Mrs. O'Brien:

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,

- 5 Enclosures
1. Pamphlet (Options)
 2. Disposition Form
 3. Envelope
 4. Pamphlet (Cemeteries)
- EJK

THOMAS B. LARKIN
Major General
The Quartermaster General

2 14 PM '47
D.O.M.G.
RECORDS BRANCH

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

9 December 1946

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 be changed to read as underscored:

CEMETERY: United States Military Cemetery Herdt-Chappelle,
Belgium.

NAME	RANK	SERIAL NO.	PLOT	ROW	GRAVE	ORGANIZATION
Mc John, Andrew R.	<u>Sgt</u>	13 053 590	J	5	81	<u>Co C, 117th Inf Regt, 30th Inf Div</u>
O'Brien, Melvin H.	<u>S/Regt</u>	36 036 352	C	9	169	<u>Co D, 40th Armd Tk Bn, 7th Armd Div</u>
Sargent, Edward M.	<u>Sgt</u>	35 275 262	C	9	169	<u>Co A, 40th Tank Bn</u>
Synoground, Harvie R.	Pvt	37 035 187	F	10	198	<u>Co A, 117th Inf Regt, 30th Inf Div</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:

Jew

MARTIN G. NILES
Major, QMG
Assistant

VD

Q3293 293

O'Brien, Melvin H. 36036230

14 June 1946

Mrs. Phyllis G. O'Brien
4317 West Dickens Avenue
Chicago, Illinois

Dear Mrs. O'Brien:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant Melvin H. O'Brien, A.S.N. 36 036 352.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Henri-Chapelle, Belgium, plot G, row 9, grave 169.

This cemetery is located approximately seven miles southwest of Aachen, Germany, five miles northwest of Eupen and eight miles east of Liege, both in Belgium, 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 your feasible wishes 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 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

ppd:j

JUN 14 12 27 PM '46
O C 116
MAIL & RECORDS BRANCH

IK

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

S/Sgt. Melvin H. O'Brien, 96 036 358
 Plot O, Row 9, Grave 169,
 United States Military Cemetery
 Hourai-Chapelle, Belgium

3 March 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, PHYLLIS G. O'BRIEN, MRS. (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
- Woodlawn Cemetery Forest Park, (Chicago) Cook Co., Illinois
 (NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____ THE HOMETOWN OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

YES NO

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

(NONE)

DD FORM 345 MILITARY
 14 NOV 1946

16-60411-1

APR 8 9

PAGE 2
D.K.
era

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	
EXPRESS OFFICE (Nearest railroad passenger station)		TELEGRAPH ADDRESS			
		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					
Roche & Ellgass.					
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY		
4117 W. Armitage Ave.	Chicago	Cook	Illinois		
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.		
Chicago	Chicago		Bel. 6029		
			Bel. 6027		

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
O'BRIEN	IDA		MOTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
4321 W. DICKENS AVE.	CHICAGO	COOK	ILLINOIS

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

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

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

Mrs. Phyllis G. O'Brien
 (SIGNATURE OF NEXT OF KIN)
Mrs. Phyllis G. O'Brien
 (NAME PRINTED OR TYPED)
 4317 W. Dickens Avenue
 Chicago, 39, Illinois
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 25th day of March, 1947, at city (or town) of Chicago, county of Cook, and State (or Territory or District) of Illinois.

Phyllis G. O'Brien
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Phyllis G. O'Brien
 (OFFICIAL TITLE)

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

44564
25 October 1944

RESTRICTED

O'Brien		Melvin	H	36036352	
Last Name		First	Initial	Serial No.	
Germany		40 Tans		7 ARMD DIV	
Unit		Date of Death		Cause of Death	
1600, 25 October 1944		1 OCT 44		KIA Burned in Tank	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
169 9		G		705352	
Grave Number		Plot Number		Type of Marker	
				Cross	

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

If No Identification Tags
How were remains identified?

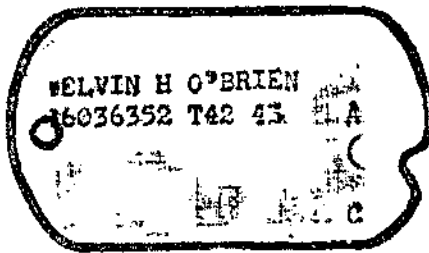
What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Gaston	34262329	Sgt	7th Arm'd. Div	170
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Karnofsky	37271290	Sgt	38th Arm'd Inf	168
	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 _____ Name _____

Address _____

Religion C

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

HARRY DUBROV, 1st Lt., Inf Reporting burial

RESTRICTED

Verified by G.R.S. Office

State de

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.:

Thumb			
1	2	3	4
Left Hand			

Thumb			
1	2	3	4
Right Hand			

TOOTH CHART

		Deceased's Left															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
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 C; linking anchor teeth; replacements by artificial teeth X

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 22 November 1944

293

FULL NAME O'Brien, Melvin H.		ARMY SERIAL NUMBER 36 036 352		GRADE S/Sgt.									
HOME ADDRESS Chicago, Illinois		ARM OR SERVICE Infantry		DATE OF BIRTH 8 Sept 19									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 1 Oct 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 13 Jun 41		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 years									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Phyllis G. O'Brien, wife, 4317 West Dickens Avenue, Chicago, Illinois													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ida O'Brien, mother, 4321 West Dickens Avenue, Chicago, Illinois Daniel O'Brien, father, same as above Mrs. Phyllis G. O'Brien, wife, 4317 W. Dickens Ave., Chicago, Illinois*													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS - (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

*Beneficiaries continued:
not designated

The individual named in this report of death is held by the War Department to have been in a missing in action status from 1 October 1944 until such absence was terminated on 7 November 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.

FILE.
Nov 30 1944

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

278461 ^{PS}

REPORT OF DEATH

DATE 22 November 1944

bsp 4632

FULL NAME <p style="text-align: center;">O'Brien, Melvin H.</p>		ARMY SERIAL NUMBER <p style="text-align: center;">36 036 352</p>		GRADE <p style="text-align: center;">S/Sgt.</p>									
HOME ADDRESS <p style="text-align: center;">Chicago, Illinois</p>		ARM OR SERVICE <p style="text-align: center;">Infantry</p>		DATE OF BIRTH <p style="text-align: center;">8 Sept 19</p>									
PLACE OF DEATH <p style="text-align: center;">European Area</p>		CAUSE OF DEATH <p style="text-align: center;">Killed in action</p>		DATE OF DEATH <p style="text-align: center;">1 Oct 44</p>									
STATION OF DECEASED <p style="text-align: center;">European Area</p>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <p style="text-align: center;">13 Jun 41</p>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 years									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <p style="text-align: center;">Mrs. Phyllis G. O'Brien, wife, 4317 West Dickens Avenue, Chicago, Illinois</p>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ida O'Brien, mother, 4321 West Dickens Avenue, Chicago, Illinois Daniel O'Brien, father, same as above Mrs. Phyllis G. O'Brien, wife, 4317 W. Dickens Ave., Chicago, Illinois*													
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
													X

ADDITIONAL DATA AND/OR STATEMENT

*Beneficiaries continued:
not designated

The individual named in this report of death is held by the War Department to have been in a missing in action status from 1 October 1944 until such absence was terminated on 7 November 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.



*file
mym*

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

278461

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
OBRIEN MELVIN H		36036352	S SG	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY
	DAY	MONTH	YEAR		
HOLLAND 9	01	OCT	44	.	MIA
					SHIPMENT NUMBER
					219

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 PHYLLIS G OBRIEN	WIFE	23 OCT44 lfr J.F.
NO. AND NAME OF STREET—CITY—STATE		
4317 WEST DICKENS AVENUE CHICAGO ILLINOIS		

REMARKS:

CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input type="checkbox"/>					
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>		OR CHARGED TO <input type="checkbox"/>		DATE <input type="checkbox"/>	
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):					
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED	
FORWARDED TO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.
				S. R. & D.	CERTIF.
				M. & M.	NON-DEL.
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input type="checkbox"/> CHECKED BY <input type="checkbox"/> REVIEWED BY <input type="checkbox"/>					

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" 28 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.

AMOUNT OF CHECK	DISCREPANCY IN	INCLOSE VALUA	RECIPIENT FROM
	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p style="text-align: center;">Mrs. Phyllis G. O'Brien 4317 West Dickens Avenue Chicago, Illinois</p> <p style="text-align: center;">S/Sgt. Melvin H. O'Brien 36036352 278461 - D</p>			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BL'DSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
DSJ:LK:mrd SUMMARY COURT DATA			DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		15 Apr. 46
3-27-46	me Phyllis G. O'Brien		MAIL REVIEWER (initials) ee
REMARKS			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			APR 17 1946
			SHIPPING CLERK
			W.P.
			ROUTING
			ACCOUNTING BRANCH
WAREHOUSE			
FILE			
ORDER FOR ACTION			

278,4619

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY <input checked="" type="checkbox"/>		DECEASED	
<input type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input type="checkbox"/>	TALLY IN FORM 43 <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	CLOTHING <input checked="" type="checkbox"/>	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS
<input checked="" type="checkbox"/>	MISC. ARTICLES <input checked="" type="checkbox"/>	<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 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"/>	TRUNKS, PR.
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR

CONTAINERS ADDRESSED TO		INFORMATION	
None		None Restricted	
NAME AND STATUS VARIATIONS		CROSS REFERENCE	

DAMAGED

CHECK	REC'D BY	NUMBER	BUREAU CHECK
		SYMBOL	TRANSMIT ORIGINAL
		AMOUNT	ORIG. REG. MAIL
		DATE	TO G. A. O.
		BANK OR PLACE OF ISSUE	MUTILATED
PAYEE	TO ISSUING AGENCY		
REMITTER OR DRAWER			

9/10/46
7/10/46
4/1/46
3/8/46

TALLY NO. 6430	ORIG. NO. OF PKGS.	EXAMINING DATE 12 Mar 46	BOX NO.	SHEET OF SHEETS
NAME MELVIN H. O'BRIEN		A. S. N. 36036352		
ORGANIZATION		RANK S/Sgt	CASE NO.	
WAREHOUSE SPACE 2531	EXAMINED BY <i>Crane</i>	DIARY REMOVED		
PACKAGE DESCRIPTION H1 etc	PACKED BY <i>W. J. Jackson</i>	PHOTO FILM REMOVED		
	INSPECTED BY <i>W. J.</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>W. J.</i>	SHIPPED		
		DATE APR 17 1946	BY WHOM <i>JUR</i>	

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

Photos and photo folder, letter
and book moisture damaged
Cap grease stained
Shoes moisture damaged
and mud stained

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

COMMENTS

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

1 Cap overcoat

R E S T R I C T E D

October 25 1944

SUBJECT: Inventory of Personal Effects of: S/Sgt Melvin H. O'Brien
36036352 40th Tank Bn 7th Armored Division
MIA about October 1 1944.

TO : Effects Quartermaster, Communication Zone.

Inventory of Effects

1 pr Combat Boots
1 pr Civilian Shoes
1 Amer Red Cross Bag
1 Cap od
1 Cap khaki
1 Belt
1 Sewing Kit
2 Soap Containers
1 Prayer Book
1 Folding Picture Frame w/loose pictures
1 Bullet Cigarette Lighter
1 Wrist Watch Band
1 bar Ribbons
4 (3) US (1) Tank Insignias
2 Dog Tags
1 Expert Tank Weapons Medal

No money

Names and addresses of any banks not known

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 October 25 1944.

H. A. Pickford

H. A. PICKFORD
1st Lt. QMC O-1016270
Headquarters 7th A. D.

BAY	O'BRIEN	MELVIN H	S	SGT	6352
	PALLET	BOX		TALLY	
		10		6430	

TYPE
PKG

278461

DSJ:LK:bj
April 15, 1946

24/5

Dear Mrs. O'Brien:

The Army Effects Bureau has received from overseas some personal effects of your husband, Staff Sergeant Melvin H. O'Brien.

These effects are being forwarded to you in one carton.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

D. S. JOHNSTON
2nd Lt., QMC
Chief, Adm. Div.

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

WFH:LK:mrd
Case No. 278461
Date 12 April 1946

SUBJECT: Report of transactions in disposing of the effects of

Melvin E. O'Brien, 36036352 late a
(Name of deceased) (Army Serial Number)
Staff Sergeant, Infantry who died
(Grade) (Organization, Army or Service)
on the 1 day of Oct, 19 44, at European Area

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

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

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

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

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 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 person found entitled (See Summary Court-Martial FINDING below).

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 27 March 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Phyllis G. O'Brien 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. Phyllis G. O'Brien of
(Name of person found entitled)
4317 West Dickens Avenue, Chicago State of
(Number, Street or Avenue) (City, Town or Village)
Illinois, 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)

W. F. HEEMAN, Major, QMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL