



# INDIVIDUAL DECEASED PERSONNEL FILE

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL

Winglewich, Paul K.

42pgs.

*7000*

*16172*

# RECEIPT OF REMAINS

COLUMBUS GENERAL DEPOT COLUMBUS OHIO

DISTRIBUTION CENTER

ROUTINE 28 MARCH 1949

REMAINS CONSIGNED TO:

*[Handwritten signature]*

WILSON FUNERAL HOME  
210 SOUTH MAIN STREET  
MIDDLETOWN OHIO

FROM QMDCG \_\_\_\_\_ BARDEN

REMAINS OF THE LATE SGT <sup>*393*</sup> PAUL K WINGLEWICH ASN 35265045 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 421 NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS OHIO 11:30 AM THIRTY ONE MARCH AND DUE TO ARRIVE MIDDLETOWN OHIO 1:35 PM RAILROAD TIME THIRTY ONE MARCH. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

**NAT. FILE RECORDS ANNOTATED**  
**DATE MAY 4 1949**  
**NAME WIMBERLY**  
**R & B BR.**

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 31st day of March, 1949  
(Day) (Month)

*James R. [Signature]*  
(Witness (Secor?))

*Wilson Funeral Home*  
*Howard A. [Signature]*  
(Consignee)

1		DISINTERMENT DIRECTIVE 9			17-71 801	
		SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 4650 17304	DATE 15 07 48 DAY MONTH YEAR
NAME WINGLEWICH PAUL K.		SERIAL NUMBER 35265045	RANK SGT	ARM 1	DATE OF DEATH	
CEMETERY MARGRATEN - AACHEN				1	DISPOSITION OF REMAINS 5300 07 CODE DIST. PT.	
PLOT K	ROW 2	GRAVE 32	COUNTRY HOLLAND			CAUSE OF DEATH 1
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE WILSON FUNERAL HOME 210 SOUTH MAIN STREET MIDDLETOWN, OHIO			NAME AND ADDRESS OF NEXT OF KIN PETER A. WINGLEWICH (FATHER) 809 AUGURN STREET MIDDLETOWN, OHIO			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL			CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION  <b>SEE ATTACHED SHEET</b>						
MINOR DISCREPANCIES 1						
REMAINS PREPARED AND PLACED IN CASKET						
DATE		BY		EMBALMER (Signature)		
CASKET SEALED BY		SHIPPING ADDRESS VERIFIED BY				
DATE		BY				
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
SIGNATURE OF GRS INSPECTOR						
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						



# RECORD OF CUSTODIAL TRANSFER

**1. SHIPPED**

FROM <b>USMC MARORATEN, HOLLAND</b>		TO <b>ANTWERP PORT-DIER -#140</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>PTC ADOLPH G TIMMON BA 37437367</b>	
SIGNATURE OF SHIPPER <i>JAMES E GOULY</i> <b>MAJ 157 0290087</b>	DATE <b>10/1/49</b>	SIGNATURE OF RECEIVER <i>R. D. Miller</i>	DATE <b>12 JAN 1949</b>

**2. SHIPPED**

FROM <b>AGRC ANTWERP BELGIUM</b>		TO <b>USAT BARNEY KIRSCHBAUM</b>	
KIND OF CONVEYANCE <b>VC. 2</b>		NAME OF CONVOYER <b>J. E. Joffe</b>	
SIGNATURE OF SHIPPER <b>R. D. MILLER, LT COL. T.C.</b>	DATE <b>15 FEB 1949</b>	SIGNATURE OF RECEIVER <i>J. E. Joffe</i>	DATE <b>15 FEB 1949</b>

**3. SHIPPED**

FROM		TO <b>NYPE</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <b>W. W. PREISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b>	DATE <b>MAR 10 1949</b>

**4. SHIPPED**

FROM <b>N Y P B</b>		TO <b>le 707</b>	
KIND OF CONVEYANCE <b>TRAIN</b>		NAME OF CONVOYER <i>Adrian D. Martin</i>	
SIGNATURE OF SHIPPER <b>W. W. PREISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b>	DATE <b>MAR 15 1949</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>MAR 17 1949</b>

**5. SHIPPED**

FROM <b>MIDDLETOWN OHIO</b>		TO <b>MIDDLETOWN OHIO</b>	
KIND OF CONVEYANCE <b>WAGON STREET</b>		NAME OF CONVOYER <b>BELES V. MINGEMICH (LAINEL)</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

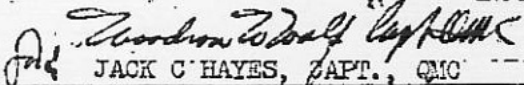
**6. SHIPPED**

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

**7. SHIPPED**

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



<b>DISINTERMENT DIRECTIVE</b>										
1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER		DATE		
NAME			SERIAL NUMBER		RANK	ARM	DATE OF DEATH			
WINGLEWICH PAUL K			35265045		SGT	1				
CEMETERY							DISPOSITION OF REMAINS			
							DYLE			
							CODE		DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH				
K	2	32	MARGRATEN HOLLAND							
SECTION B — CONSIGNEE AND NEXT OF KIN										
NAME AND ADDRESS OF CONSIGNEE					NAME AND ADDRESS OF NEXT OF KIN					
SECTION C — DISINTERMENT AND IDENTIFICATION										
NAME			SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED		
PAUL K WINGLEWICH			35265045		SGT			1 JULY 1948		
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS EMB.					UNK.		DON O TOHILL		NAME AND TITLE	
<input checked="" type="checkbox"/> MARKER EMB.							1/LT., FA			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT										
NATURE OF BURIAL					CONDITION OF REMAINS					
UNIFORM					ADVANCED DECOMPOSITION. FRACTURED DISTAL 1/3 LEFT FEMUR. REMAINS COMPLETE.					
OTHER MEANS OF IDENTIFICATION										
EMBOSSED PLATE FOUND WITH REMAINS. SGT. CHEVRONS FOUND WITH REMAINS.										
MINOR DISCREPANCIES										
NONE										
REMAINS PREPARED AND PLACED IN CASKET										
DATE		BY								
1/7/48		FLOYD C TESKE			FLOYD C TESKE, EMBALMER					
CASKET SEALED BY					EMBALMER (Signature)					
FLOYD C TESKE					FLOYD C TESKE					
CASKET BOXED AND MARKED					ALL TAGS, PLATES, AND MARKINGS VERIFIED BY					
DATE 1/7/48 BY JAMES G IGOE CLERK RECORDER					JACK C HAYES, CAPT., QMC					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.										
 JACK C HAYES, CAPT., QMC SIGNATURE OF GRS INSPECTOR										
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.										

NY-0272

<b>MESSAGEFORM</b>		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
	NR				
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT
	<b>WESTERN UNION</b>				GR

FROM: (Originator)

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

PETER A WINGLEWICH  
 DLR AND REPORT ANY CHARGES  
 809 AUGURN STREET  
 MIDDLETOWN OHIO

PRECEDENCE FOR ACTION INFORMATION

DAY LETTER

ORIGINAL MESSAGE /

REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO: FROM QMDCG 18456-C BARDEN

WE HAVE BEEN ADVISED REMAINS OF THE LATE

SERGEANT PAUL K WINGLEWICH

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO WILSON FUNERAL HOME 210 SOUTH MAIN STREET MIDDLETOWN OHIO

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL

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

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

AUTHORIZATION

SYMBOL

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO  
CAPT, QMC, Asst AGR Div

PAGE OF

WORLD WAR II DECEASED

COPY

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

Winglewich, Paul K

Army

A.  INTERMENT EXPENSES (Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

B.  TRANSPORTATION EXPENSES (National or Post Cemetery)

Sgt

35265045

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

- 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 \$ 129.70 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:

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)

NAME of cemetery: Woodside Comotory

CITY OR COUNTY: Middletown

STATE: Ohio

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT

AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DEPOT COLUMBUS 15, OHIO

ADDRESS (Street number or RFD, City and State)

635 Auburn Street, Middletown, O.

RELATIONSHIP TO DECEDENT

Father

REMARKS

PAID ON VOUCHER... 116429 APR 27 1949... ACCOUNTS OF W. KNOBELOCH, Lt. Col. F. D. SYMBOL NO. 211-943



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PART A

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

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

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

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

---

PART B

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

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

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

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

MAILED  
4 APR 1949  
AGRO  
COLUMBUS GENERAL  
DISTRIBUTION DEPOT  
U. S. ARMY  
COLUMBUS, 15, O.  
10-54733-1

REQUEST FOR DISPOSITION OF REMAINS

17 MAY 48

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

DATE: 3-12-48  
222-2  
Rogers

IRA

Sgt Paul K. Winglewich, 35 265 045  
Plot K, Row 2, Grave 32,  
United States Military Cemetery  
Margraten, Holland

28 November 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, Peter A. Winglewich  
(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  
Woodside Cemetery, Middletown, Ohio.  
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)  
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)  
 YES  NO

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

Coded: V. Lance  
7-2-48

DD-Form  
7-15-48

7 JUN 1948

Rogers

Encl #1





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

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

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

_____ (SIGNATURE OF NEXT OF KIN)	_____ (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

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

RRE Form #39  
13 Jul 45

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

WINGLEWICH	Paul	K.	Sgt	35 265 045
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States:

2 FEB 48  
AFB

STATION FILE

Incl #

NINTH UNITED STATES ARMY  
GRAVES REGISTRATION SERVICE  
APO 339 US ARMY

10 February 1945  
(Date)

1. I, THE UNDERSIGNED, DO CERTIFY THAT THE REMAINS OF

Winglewich, Paul K.

Sgt.

35265045

(Name)

(Rank)

(ASN)

Co. D. 40th. Tk. Bn.

7th. Armd Div.

(Unit)

(Organization)

WERE IDENTIFIED BY Edward D. Horn, 2nd Lt., 0-1996556 Co. D. 40 Tk. Bn. 7 Armd Div.  
(Name, Rank, ASN, Orgn)

WHO WAS PERSONALLY ACQUAINTED WITH THE DECEASED FOR A PERIOD OF 24 MONTHS.

2. IDENTIFICATION WAS ACCOMPLISHED BY: (Check one)

a. Visual Recognition X

b. Outstanding Scars, Marks, etc.

c. Identification Tags on Body

d. Other (describe)

3. REMARKS: I am positive that these remains are those of Sgt. Paul

K. Winglewich. I base my identification on the general appearance of the  
remains.

(signed) /s/ EDWARD D. HORN

2nd. Lt.,

0-1996556

Co. D. 40 Tk Bn 7 Armd Div.

(To be filled in at cemetery)

REMAINS OF Winglewich, Paul K. Sgt. 35265045 Co. D. 40 Tk Bn 7 Armd Div.  
(Name, Rank, ASN, Orgn of Deceased)

ARE BURIED IN PLOT K, ROW 2, GRAVE 32, AT MARGRATEN MILITARY CEMETERY #1.

(signed) Edwin J. Donovan

EDWIN J. DONOVAN

1st. Lt. SSG

GRS OFFICER

611 QM Gr. Reg. Co.



WUB169 21 GOVT COLLECT MIDDLETOWN OHIO MAR 4 910A

COLONEL BARDEN

COLUMBUS GENERAL DEPOT

CONFIRMING YOUR TELEGRAM REGARDING REMAINS OF THE LATE  
SGT PAUL K WINGELWICH SEND REMAINS TO WILSON FUNERAL HOME  
MIDDLETOWN OHIO

PETER A WINGLEWICH

.1159A

**INSPECTION CHECKLIST**  
(For use at Distribution Center)

<b>NAME</b> Winglewich, Paul E	<b>RANK</b> Sgt	<b>SERIAL NUMBER</b> 35265045
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<b>SOURCE</b> N/V 027R	<b>CONSIGNEE</b> Wilson Funeral Home 210 South Main Street Wadlington, Ohio
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<b>SHIPPING CASE - GENERAL APPEARANCE</b> (CHECK ONLY DISCREPANCIES)	<b>CONDITION OF SHIPPING CASE (CHECK ONE)</b> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
---	---

<b>FINISH (EXTERIOR)</b>	<b>REMARKS</b>  <i>OK</i>
<b>FINISH (ANTERIOR)</b>	
<b>HANDLES</b>	
<b>HAND BOLTS</b>	
<b>STENCILING - NAMEPLATE</b>	
<b>HEALTH PERMIT MARKER</b>	
<b>HEALTH PERMIT NUMBER</b>	

<b>CASKET - GENERAL APPEARANCE</b> (CHECK ONLY DISCREPANCIES)	<b>CONDITION OF CASKET (CHECK ONE)</b> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
--	---

<b>FINISH (EXTERIOR)</b>	<b>REMARKS</b>  <i>Paint Run Lid Base in corner</i>
<b>HANDLES AND FASTENINGS</b>	
<b>STENCILING - NAMEPLATE</b>	
<b>ORN LOGS (REGLING)</b>	
<b>ORN OR MOURNING</b>	

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

<b>CONDITION OF REMAINS</b> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	<b>CASKET REPAIRS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CESSARY DISINFECTION (COMPLION)</b>	<b>CASKET EXCHANGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>SHIPPING CASE REPAIRED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>SHIPPING CASE EXCHANGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>REMARKS</b>

<b>TIME</b>	<b>DATE</b>	<b>SIGNATURE OF MORTICIAN</b>	<b>TIME</b>	<b>DATE</b>	<b>SIGNATURE OF INSPECTOR</b>
			14:30	3/24/49	Staff

**REMARKS**

*Casket Re-ursted  
By Lane  
OK*

592  
Sgt. Paul K. Winglewich, 35 265 045  
Plot K, Row 2, Grave 32  
USAC, Margraten, Holland

68  
8 April 1948

Mr. Peter A. Winglewich  
809 Auburn Street  
Middletown, Ohio

Dear Mr. Winglewich:

The inclosed Request for Disposition of Remains form, which you accomplished, is returned for completion or correction as checked below. Please make changes or additions on the form and return both the form and this letter in the self addressed envelope inclosed. No postage is required.

1. ( ) Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. ( ) Indicate option desired. (Part I, page 1, items 1,2,3, or 4.)
3. ( ) Indicate National or Private Cemetery in which interment is desired. (Part I, page 1, item 2 or 4)
4. ( ) Indicate country (Homeland) of deceased. (Part I, page 1, item 3.)
5. ( ) Advise name and address of consignee. (Part I, page 2.)
6. ( ) If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part I, page 2)
7. (X) Have form Notarized. (Bottom of page 2)
8. ( ) The National Cemetery you selected is closed. Please select another from attached list. (Change form Part I, page 1, item 4)
9. ( ) Furnish certified copy of Re-marriage Certificate of Widow.
10. ( ) Furnish copy of Death Certificate of \_\_\_\_\_.
11. ( ) Special instructions, not covered by the above:

UPON RECEIPT OF THE CORRECTED REPLY FORM AND THIS LETTER, ACTION WILL BE TAKEN TO PROCESS THIS CASE.

2 Incls.

1. Disposition Form
2. Self addressed envelope

RICHARD B. SOARS  
Major, USA  
Memorial Division



592



H  
Sgt Paul K. Winglewich, 35 265 045  
Plot K, Row 2, Grave 32,  
United States Military Cemetery  
Margraten, Holland

28 November 1947

Mr. Peter A. Winglewich  
809 Auburn Street  
Middletown, Ohio

Dear Mr. Winglewich:

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.  
NOV 27 1947  
MAIL ROOM  
MIDDLETOWN, OHIO

57

14 October 1946

Mr. Peter A. Winglowich  
809 Auburn Street  
Middletown, Ohio

Dear Mr. Winglowich:

293  
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant Paul K. Winglowich, A.S.N. 35 265 045.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot K, row 2, grave 32. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

km

Oct 16 10 22 AM '46

PCMG

MAIL & RECORDS DIVISION

FAMILY CORRESPONDENCE BRANCH  
FCA SECTION, ACCEPTANCE UNIT TO BE USED ON IRFS

Paul H. Wingfield Sgt 3526545 Father 23  
Name Rank / SN 345 Signed by Option Selected  
Mary P. Witt R 2 32 Wilson Funeral Home  
Cemetery Plot Row Grave Consignee  
210 S Main St  
Middletown Ohio  
Address

Write NOK Mr. Peter A. Wingfield Father  
Miss Name Relationship  
809 Auburn St (Address)  
Middletown, Ohio (City and State)

A. Action to Family Letters Section

- 1. ( ) Indicate RELATIONSHIP
- 2. ( ) Indicate OPTION desired
- 3. ( ) Indicate CEMETERY in which interment desired
- 4. ( ) Indicate Country (HOLLAND) of deceased or NOK
- 5. ( ) Indicate CONSIGNEE - Name and/or Address
- 6. ( ) Obtain SIGNATURE of NOK
- 7.  Obtain NOTARIZATION Signature of Notary Public
- 8. ( ) Advise NOK thrt NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

- 9. ( ) Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other \_\_\_\_\_)
- 10. ( ) Reply to REMARKS on IRF
- 11. ( ) SPECIAL INSTRUCTIONS: \_\_\_\_\_

12. ( ) Inform Party Listed Below of Action Taken by This Office

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Orig-With 345  
Dup-IRF for 293 File

Mary P. Witt 23 May 45  
Acceptance Clerk's Name Date



*m*

- OFFICERS**  
 Hugh Wright  
*Commander*  
 Jos. R. Baker  
*Vice Commander*  
 P. F. Johnson  
*Vice Commander*  
 Gordon Ralston  
*Vice Commander*  
 David T. Regan  
*Adjutant*  
 C. R. Cooper  
*Finance Officer*  
 Mons. J. F. McNary  
*Chaplain*  
 Edward H. Hobbs  
*Sergeant-at-Arms*

**Middletown Post No. 218**  
**THE AMERICAN LEGION**



116 S. Main Street  
 MIDDLETOWN, OHIO

Dec. 3, 1947.

**EXECUTIVE COMMITTEE**

- James G. Ashcraft  
 Wm. H. Boykin  
 Jos. R. Cox  
 Geo. E. Denny  
 John C. Dillon  
 John E. Methven  
 Wm. J. J. Miles  
 L. E. Schlotterbeck  
 E. B. Sickle  
 Executive Secretary  
 and Service Officer  
 E. A. Lampe  
 Financial Secretary  
 James Buchanan

*193 Winglewich, Paul K.*

Office of the Quartermaster General,  
 Memorial Division, War Department,  
 Washington 25, D. C.

Gentlemen:

*213*  
 Re: WINGLEWICH, Paul K.  
 ASN 35 265 045  
 Deceased

We are enclosing request for Disposition of Remains  
 for Peter A. Winglewich, 809 Auburn Street, Middletown,  
 Ohio, father of the above captioned.

Yours very truly,

*E. A. Lampe*  
 Service Officer.

*nat*  
*m 14*

*File*  
*23 Mar 48*  
*Tam Corr*  
*B1 SISK*

*Winglewich, Paul K. Sgt. 35265045*

NINTH UNITED STATES ARMY  
GRAVES REGISTRATION SERVICE  
APO 339 US ARMY

293 Winglewich, Paul K.

10 February 1945

1. I, the undersigned, do certify that the remains of Winglewich, Paul K. Sgt. 35265045, Co. D. 40th. Tk Bn. 7th. Armd Div. were identified by Edward D. Horn, 2nd Lt, O-1996556, Co D 40 Tk Bn. 7 Armd Div. who was personally acquainted with the deceased for a period of 24 months.

- 2. Identification was accomplished by: (Check one)
  - a. Visual Recognition  X
  - b. Outstanding Scars, Marks, etc .....
  - c. Identification Tags on Body .....
  - d. Other (describe) .....

3. REMARKS: I am positive that these remains are those of Sgt. Paul K. Winglewich. I base my identification on the general appearance of the remains.

(Signed) /s/ EDWARD D. HORN  
2nd. Lt.,  
O-1996556  
Co. D. 40 Tk Bn 7 Armd Div.

(To be filled in at cemetery)

Remains of Winglewich, Paul K. Sgt. 35265045 Co. D. 40 Tk Bn 7 Armd Div. are buried in Plot K, Row 2, Grave 32, at Margraten military cemetery #1.

(Signed) Edwin J. Donovan  
/t/ EDWIN J. DONOVAN  
1st. Lt. QMC  
GRS Officer  
611 QM Gr. Reg. Co.

A TRUE COPY

*[Handwritten signature]*

*[Handwritten marks and scribbles]*





RESTRICTED

# REPORT OF BURIAL OF UNIDENTIFIED DECEASED

Form 100-1 (Revised 1-28-60)

11 February 1961

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: \_\_\_\_\_ Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

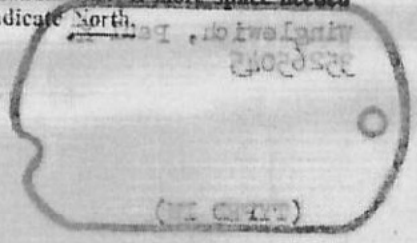
(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.)

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

To determine Right or Left use Deceased's Right and Left:  
 Who is buried on Deceased's Right: \_\_\_\_\_  
 Who is buried on Deceased's Left: \_\_\_\_\_

Organization	Rank	Serial No.	Name
CO B Co 1st Div	Etc.	382300	Howard, Arnold
CO B Co 1st Div	Drum	382300	Howard, Arnold

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If space is not adequate, attach separate sheet. Indicate North.



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

**TOOTH CHART**

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

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

Characterization: \_\_\_\_\_  
 Other Data: \_\_\_\_\_  
 Burial Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 List only Personal Effects Found on Body and disposition of same: \_\_\_\_\_

RESTRICTED

AG P RR HO 506

122560

SENSITIVE SURFACE - HANDLE CAREFULLY ONLY

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

REPORT OF DEATH

DATE 21 July 1945 blh/ 3831

FULL NAME <u>293 WINGLEWICH, PAUL K. ah</u>		ARMY SERIAL NUMBER <u>35 265 045</u>	GRADE <u>SGT</u>
HOME ADDRESS <u>Middletown, Ohio</u>		ARM OR SERVICE <u>INF</u>	DATE OF BIRTH <u>3 Nov 1915</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in Action</u>		DATE OF DEATH <u>8 Feb 1945</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>4 Feb 1942</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>Over 3 years</u>

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mary Winglewich, Mother, 809 Auburn Street, Middletown, Ohio

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mary Winglewich, Mother, 809 Auburn St., Middletown, Ohio  
Mr. Peter A. Winglewich, Father, Same as above

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

BATTLE  NON-BATTLE

Evidence of death received in War Department 19 Feb 1945

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR

FILE  
21 JUL 1945  
WRE  
*L. E. ...*  
ADJUTANT GENERAL



SENSITIVE SURFACE - HANDLE EYES ONLY

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

~~500490~~  
 568, 1627  
 DATE 21 July 1945 blh/ 3831

REPORT OF DEATH

FULL NAME <b>WINGLEWICH, PAUL K.</b>		ARMY SERIAL NUMBER <b>35 265 045</b>	GRADE <b>SGT</b>
HOME ADDRESS <b>Middletown, Ohio</b>		ARM OR SERVICE <b>INF</b>	DATE OF BIRTH <b>3 Nov 1915</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in Action</b>		DATE OF DEATH <b>8 Feb 1945</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>4 Feb 1942</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>Over 3 Years</b>

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mary Winglewich, Mother, 809 Auburn Street, Middletown, Ohio

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mary Winglewich, Mother, 809 Auburn St., Middletown, Ohio  
 Mr. Peter A. Winglewich, Father, Same as above

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
											<b>X</b>		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

Evidence of death received in War Department 19 Feb 1945

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

BY ORDER OF THE SECRETARY OF WAR

*L. B. Hunter*  
 ADJUTANT GENERAL



568167

RTB:JFH:bjm  
September 8, 1945

Mr. Peter A. Winglewich  
809 Auburn Street  
Middletown, Ohio

Dear Mr. Winglewich:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your son, Sergeant Paul K. Winglewich.

These effects are being forwarded to you in one package.

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.

Sincerely yours,

P. L. KOOB  
1st Lt., GAC  
Officer-in-Charge  
SJ Branch

82

deu

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPT  
COl Hardesty Avenue  
Kansas City 1, Missouri

In Reply Refer To: \_\_\_\_\_

Thank you for the information furnished the Army Effects Bureau, to enable disposition of personal effects belonging to

This property is being forwarded in and should reach you in the near future.

My action in transmitting the property does not of itself, vest title in you. The items are forwarded only in order that you may act as gratuitous bailee in caring for them, pending the return of the owner.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

For your convenience there is inclosed an addressed envelope which needs no postage.

Incl.--  
Envelope

Receipt acknowledged:

\_\_\_\_\_  
(Signature of Bailee)

\_\_\_\_\_  
(Date)



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Sgt. Paul K. Winglewich

35265045

568167 D

Mr. Peter A. Winglewich

809 Auburn Street

Middletown, Ohio

Effects of:  
Name

ASN

Case No.

Wt.

DATE 8 September 1945

RTB:JFH:bjm

W. J. Winglewich  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS

Franked  
Est. Exp. Chgs.           
Est. Frt. Chgs.          SEP 12 1945  
No. of packages         

"SHIP BLOODSTAINED PROPERTY"

         mk  
Shipping Clerk



VALUABLES INVENTORY  
ARMY EFFECTS BUREAU

FOR ACCOUNTING BRANCH

FOR CORRESPONDENTS

<input checked="" type="checkbox"/> CHECK	REC'D BY	NUMBER	
<input type="checkbox"/> MONEY ORDER		2,174,872	
<input type="checkbox"/> BOND		SYMBOL	
<input type="checkbox"/> TRAV. CHECK	ml	896,009	
<input type="checkbox"/> FOREIGN CURRENCY		AMOUNT	
<input type="checkbox"/> U. S. CURRENCY		2.50	

<input type="checkbox"/> BUREAU CHECK
<input type="checkbox"/> TRANSMIT ORIGINAL
<input type="checkbox"/> ORIG. REC. MAL
<input checked="" type="checkbox"/> TO G. A. O. 8-4-45 by
<input type="checkbox"/> MUTILATED
<input type="checkbox"/> TO ISSUING AGENCY

DATE

5-Aug-44

BANK OR PLACE OF ISSUE PAYEE

U.S. Press.

Paul Winglewich

REMITTER OR DRAWER

slightly watermarked

TALLY NO. 77	ORIG. NO. OF PKGS. 1	EXAMINING DATE 3-Aug-45	BOX NO. 82	SHEET 1 OF SHEETS
-----------------	-------------------------	----------------------------	---------------	-------------------

NAME PAUL WINGLEWICH	A. S. N. 35 265 045
-------------------------	------------------------

ORGANIZATION Co D. 40th Tank Bn	RANK Sgt.	CASE NO. 56118
------------------------------------	--------------	-------------------

EXAMINED BY Darcidow	ACCOUNT NO.
-------------------------	-------------

*[Handwritten signature]*

NAME WINGLWICH, PAUL SGT 5045

BAY	PALLET	BOX	TALLY
	9	82	
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PEB EH. QM Form 43			

RESTRICTED  
INVENTORY FORM

12 February 1945  
Date

SUBJECT: Inventory of Personal Effects of:

Winglewich Paul K. Sergeant 35 265 045  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 513 US Army

The above named individual of Company "D" 40th Tank Battalion  
(Unit) (Organization)

was reported Killed in Action about 8 February 1945  
Status (KIA, MIA, Hosp. etc.)

Designated Beneficiary if information readily accessible Not Accessible

INVENTORY OF EFFECTS

- 1 Pr. of Sun Glasses with case ✓
  - 1 Service ~~BOOK~~ Prayer Book ✓
  - 1 Wrist Watch, "Lenox" ✓
  - 5 Photographs & 2 negatives ✓
  - 1 Cigarette Lighter ✓
  - 1 Check, "Treasurer of the United States", value: \$2.50 ✓
  - 1 Pipe ✓
  - 2 Fountain Pens ✓
  - 1 Lead Pencil ✓
  - 1 Cigarette Lighter wick case ✓
  - 1 Tie Clip ✓
  - 1 Shooting Medal ✓
  - 4 Ribbons, 2 ETO, 2 Good Conduct ✓
  - 19 Souvenir Coins ~~last item~~ ✓
- Money in the amount of None has been turned into None  
(Name of Finance Office)

Form ETO 38 enclosed.

and symbol number)

None

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 13 February 1945.  
(Rail, Truck, etc.)

Name E. Carma W. Bain  
Rank & ASN 1st Lt 0-1011103  
Organization Co. 40th Tank Bn

Any additional pertinent information:





ARMY SERVICE FORCES  
 KANSAS CITY QUARTERMASTER DEPOT  
 ARMY EFFECTS BUREAU  
 601 HARDESTY AVENUE  
 KANSAS CITY 1, MISSOURI

(S-9-13-45)  
 RTB:GC:mjk  
 August 25, 1945

IN REPLY REFER TO 568167

SHIPMENT CLERK

Mr. Peter A. Winglewich  
 809 Auburn Street  
 Middletown, Ohio

Dear Mr. Winglewich: --

The Army Effects Bureau has received some additional property of your son, Sergeant Paul K. Winglewich.

I regret to advise that included among your son's effects is a book which is damaged, apparently by bloodstain. Please say whether you want this item sent with the remainder of the property. It is our desire to refrain from sending any article which would be distressing; at the same time, we do not feel justified in removing the item without your consent. Unless your reply in this regard is received here within fifteen days from date of this letter, it will be assumed that the article mentioned is acceptable.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Sincerely yours,

*Harry Niemiec*

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

Incl--  
 Envelope

*Dear Sirs:*  
 I think it will be O. K. to send the book we understand how things are. But if you think best not to send it just leave it out. Thank you. Peter Winglewich

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Peter A. Winglewich

SHIP TO:  
Sgt. Paul K. Winglewich

809 Auburn Street

Middletown, Ohio

Effects of:  
Name

35265045

ASN

Case No.

Wt.

568167 D

DATE 20 August 1945

RTB:JFR:pam

*J. J. Miller*  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

**FRANKED AUG 24 1945**

*J. J. Miller*  
Shipping Clerk

568167

RTB:JWH:dje  
August 20, 1945

Mr. Peter A. Winglewich  
809 Auburn Street  
Middletown, Ohio

Dear Mr. Winglewich:

The Army Effects Bureau has received from overseas some property of your son, Sergeant Paul K. Winglewich.

This property, consisting of a few small items, is being sent you.

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

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

Yours very truly,

E. E. KOOB  
1st Lt., QMC  
Officer-in-Charge  
SF Unit

*E. E. K.*



Name	WINGLEWICHT, PAUL	Grade	SGT
35265045	Organizatic	CO D	40th TK. B.
No. of Hospital Plant			

REGISTERED MAIL

(S-4 Sep 45)  
 RTH:HE:fy  
 4 August 1945

1	221 258	2-26-4	896-004	3.75	Pfc Herman B. Pierce	34491422
1	592 082	2-23-43	13-425	.40	2nd Lt Rupert L. Dowell Jr	0-714382
	859 802	12-28-42	13-425	.20	Pfc. Kenneth F. Hilty	15107758
	1 426	10-16-4	211-619	4.60	Pfc Calvin Martin	33617069
	861 833	4-15-44	104	16.54	1/4 Charles E. Pepper	35025396
2	174 872	8-3-44	896-009	8.50	Sgt. Paul Winglewich	35265045
2	173 396	8-3-44	896-009	1.25	Pfc. Wilford F. Whaley	35039349

7 Incls - s/s

REGISTERED MAIL

PACKAGE DESCRIPTION  
#1 Envelope

ARMY EFFECTIVE DATE

Wingel  
Winko 7/21/45

DECEASED  
MISSING  
P.O.N.  
AS ANCHORED  
VALLEY  
NO. 9447  
INV. DATE 12 Oct 45  
OF IG. NO. 1  
OF PAGES  
BOX NO. 12  
SHEET 1  
OF 1 SHEETS  
ORGANIZATION  
Co. D. 40th Div.  
7th Army Div.

568167

NAME Paul K. Winko  
A.S.N. 35265045 RANK 1st Lt

Belt	FOOLS & DISHCOVES	TOYS
HAIR, POWDER (NO MONEY)	COMBS	BASE, CLOTH OR CRAYON
Cloth, Wash	CRACKERS, IDENT.	SCARVES, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	INC, SH, TIE, OR WRITING
Handkerchiefs	Knives	HOSES
Headwear	Lighters	Books, Address
Jackets	X MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	IDENT (REMOVED FOR IDENT)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	X PLYWOOD ARTICLES	Papers, Personal.
Ties	RIBBONS, DECORATIVE	Photos
Towels	Rings	Shoeshine Articles
Trousers, Pr.	Tobacco	SHOP EXPOSURE
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	WAX	STATIONERY
		STATIONERY
		TESTIMONIALS
		U.S. MONEY (AMOUNT)

fill  
my

REMARKS No Information  
Subscribed

ATTACHMENTS FORM #54  
FORM #100  
Subscribed  
J.R. R. R. R.

C.A.T. None	WEIGHT	IG.I. REMOVED
WAREHOUSE SPACE S	STORED BY D.W.	SHORTAGE ON REVERSE
INVENTORIED BY L. Lewis	DATE SHIPPED AUG 24 1945	IDENT. TAGS REMOVED
PACKED BY M. J. J.	CHECKED BY B	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

W



568,167 56

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	EFFECTS INVENTORY ARMY EFFECTS BUREAU		<input checked="" type="checkbox"/>	DECEASED
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 431			<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	OVERCOATS	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	PAPERS, PERSONAL		
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	PENCIL, MECHANICAL		
<input checked="" type="checkbox"/>	BOOKS	<input type="checkbox"/>	PEN, FOUNTAIN		
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	PHOTOS		
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	PIPES		
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	RINGS		
<input checked="" type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	SCARFS		
<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	SHIRTS		
<input checked="" type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	SOCKS, PR.		
<input checked="" type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	STATIONERY		
<input checked="" type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	TIES		
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	TOBACCO		
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	TOILET ARTICLES		
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	TOWELS		
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	TROUSERS, PR.		
<input checked="" type="checkbox"/>	WATCH	<input type="checkbox"/>	TRUNKS, PR.		
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	UNDERWEAR		

DUPLICATE

CONTAINERS ADDRESSED TO	INFORMATION
	<i>None Restricted</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
<input checked="" type="checkbox"/> MONEY ORDER	<i>MT</i>	<i>2,174,872</i>	<input type="checkbox"/> TRANSMIT ORIGINAL
<input type="checkbox"/> BOND		<i>896,009</i>	<input type="checkbox"/> ORIG. REG. MAIL
<input type="checkbox"/> TRAV. CHECK		<i>\$2.50</i>	<input checked="" type="checkbox"/> TO S. A. O.
<input type="checkbox"/> FOREIGN CURRENCY			<input type="checkbox"/> MUTILATED
<input type="checkbox"/> U. S. CURRENCY			<input type="checkbox"/> TO ISSUING AGENCY
		DATE	
		<i>5-Aug-49</i>	
		BANK OR PLACE OF ISSUE	
		<i>U.S. Ins.</i>	
		PAYEE	
		<i>Paul Winglewich</i>	
		REMITTER OR DRAWER	
		<i>slightly watermarked</i>	

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET
<i>77</i>	<i>11</i>	<i>3-Aug-45</i>	<i>82</i>	<i>1</i>
NAME		A. S. N.		
<i>PAUL WINGLEWICH</i>		<i>35 265 695</i>		
ORGANIZATION		RANK	CASE NO.	
<i>Co. B. 40th Lancers, Okla.</i>		<i>Sgt.</i>	<i>261184</i>	
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED		
<i>1198</i>	<i>Amidance</i>	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED		
<i>1 play</i>	<i>[Signature]</i>	SHIPPED		
WEIGHT	INSPECTED BY	DATE	BY WHOM	
	<i>[Signature]</i>	<i>SEP 12 1945</i>	<i>mk</i>	



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

JSM:JRH:pam

Case No. 568167

Date 18 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Paul K. Winglewich

35265045

(late a

(Name of Decedent)

(Army Serial Number)

Sgt.

Unknown

who died

(Grade)

(Organization, Army or Service)

on the 8 day of Feb, 1945, at Unknown

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

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

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

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

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

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 12 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Peter A. Winglewich 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, Peter A. Winglewich of 809 Auburn St. Middletown State of Ohio is the father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. NURPHY, Colonel, QMC

(Name, Rank, Organization)

SUMMARY COURT MARTIAL



NAME WINGLEWICH, PAUL L. SGT 5045

BAY	PALLET	BOX	TALLY
	6	12	9447
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Est. QM Form 43

RESERVED  
INVENTORY FORM

11 February 1945  
Date

SUBJECT: Inventory of Personal Effects of:

Wingleton, Paul K. Sgt. 35265045  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Co. "D" 40th Tk. Bn. 7th Armd. Div.  
(Unit) (Organization)

was reported KIA about 8 February 1945 1944.  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

- 1 Religious Emblem
- 1 Ring, Finger (signet)

Money in the amount of NONE 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 \_\_\_\_\_  
EDWIN J. DONOVAN

K-2-32

Serial No. 35265045 Name Wingiewicz, Paul K.  
Grade A-1st Rank 1st Lt.  
Organization Co. D. 400th Tank Bn. 78th Div. 2nd Air  
Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_  
Address \_\_\_\_\_  
Killed in Action  Died of Disease \_\_\_\_\_  
Date 8 Feb. 45 Hospital \_\_\_\_\_  
Battle Area Germany Information \_\_\_\_\_  
Place of Burial U.S. Mil. Cem. Margraten, Holland  
Point of Coordination \_\_\_\_\_  
Description of Body \_\_\_\_\_  
Members Missing \_\_\_\_\_  
Signed \_\_\_\_\_

K-2-32