

293 MENDICK, ROBERT E. O-536,627 2nd.LT. EUROPEAN A, ( MINN.)

*form*

Date 29 December 1948

TO: Mr. Edward John Mendick  
Oslo, Minnesota.

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

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

Supt., Ft. Snelling Natl. Cem., Rt. # 3, Minneapolis 9, Minnesota.  
Superintendent of Cemetery or Commanding Officer of Post

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

To be filled in by Superintendent or Commanding Officer

Name of Veteran <sup>293</sup> Mendick, Robert E. O-536627  
Rank, etc. 2nd Lt. Infantry  
Grave or lot No. 13731, Block 24, Section "C".  
Date of death \_\_\_\_\_  
Date buried 29 December 1948

To be filled in by Next of Kin

State desired Minnesota  
Religious emblem desired Latin Cross  
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)  
Date of birth June 21, 1920  
Address of kin Oslo, Minnesota  
Signature *E. Mendick* Date January 6, 1949

JAN 24 1949

*File  
1124/49  
Mendick  
Com 2*





# RECEIPT OF REMAINS

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILLINOIS

SUPERINTENDENT

ROUTINE

FORT SNELLING NATIONAL CEMETERY

ST. PAUL, MINNESOTA

REMAINS CONSIGNED TO:

REMAINS OF THE LATE 2 LT ROBERT E. MENDICK, O-536627  
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 5  
CMSTP&P RR  
~~LEAVING CHICAGO~~  
~~AND~~ DUE TO ARRIVE MINNEAPOLIS, 28 DECEMBER, 6:45 PM  
REFER TO CONTROL NUMBER NC-15867

R. D. BLANKENHORN  
LT. COLONEL, QMC

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

THIS 29 DAY OF DEC, 1948

R. B. Burkman  
WITNESS (Escort)

J. W. Kessler  
CLERK CONSIGNEE

REV. 18B

DEC 21 1948

NAT  
FILE  
RECORDS ANNOTATED  
DATE FEB 25 1949  
NAME [Signature]  
D. & B. ER.



DMS *mlw*

1		DISINTERMENT DIRECTIVE <span style="float: right;">78-4</span>			
		SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3504 02067	DATE 15   06   48 DAY   MONTH   YEAR
NAME MENDICK ROBERT E		SERIAL NUMBER 0-536627	RANK 2 LT	ARM 1	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY ANDILLY - LAY ST REMY				DISPOSITION OF REMAINS 1 7421   08 CODE   DIST. PT.	CAUSE OF DEATH 1
PLOT C	ROW 12	GRAVE 296	COUNTRY FRANCE		
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE FORT SNELLING NATIONAL CEMETERY FORT SNELLING, MINNESOTA			NAME AND ADDRESS OF NEXT OF KIN EDWARD JOHN MENDICK (FATHER) OSLO, MINNESOTA		
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  SEE ATCHD WORK SH T					
MINOR DISCREPANCIES 1					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY			
CASKET SEALED BY JOHN A BRICKLEY (EMB SUPV)		EMBALMER (Signature) <i>John A. Brickley</i> JOHN A BRICKLEY (EMB SUPV)			
CASKET BOXED AND MARKED DATE 5/10/48		SHIPPING ADDRESS VERIFIED BY JOHN M DESSIMOZ CLERK RECORDER <i>John M. Dessimoz</i> F. R. MAC DONALD, 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.					
SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC, ANDILLY, FRANCE.		TO C.O., CASKEATING POINT ANTWERP, BELGIUM.	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER EPC HE MAN D. SHARROCK	
SIGNATURE OF SHIPPER <i>E. R. King</i> ELMO R. KING, 1/LT., INF.	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 5 OCT 1948
2. SHIPPED			
FROM AGRC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER Captain K.W. Whereatt	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 29 OCT 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 29 OCT 1948
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE NOV 16 1948
		LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE <i>[Signature]</i>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 17 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE NOV 19 1948
		L. A. BOCKSTAHLER	
5. SHIPPED			
FROM		TO Chief, Operations Br.	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
		EDWARD JOHN WENDICK (LV1HEB)	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



DISINTERMENT DIRECTIVE									
SECTION A — NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER		DATE		
MENDICK ROBERT E					0-5366272 LT 1		DAY MONTH YEAR		
CEMETERY					DISPOSITION OF REMAINS				
PLOT ROW GRAVE COUNTRY					CODE		DIST. PT.		
C 12 296 ANDILLY FRANCE					CAUSE OF DEATH				
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		
MENDICK, Robert E		0-536627		2/Lt.			6 July 48		
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input type="checkbox"/> REMAINS				P		OLIVER E. MODIN, Embalmer			
<input checked="" type="checkbox"/> MARKER						NAME AND TITLE			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL					CONDITION OF REMAINS				
Military Clothing					Disarticulated. Small amount of decomposed flesh.				
OTHER MEANS OF IDENTIFICATION									
None									
MINOR DISCREPANCIES /									
No Identification tag found with remains									
REMAINS PREPARED AND PLACED IN CASKET					transfer box				
DATE 8 July 48					BY Oliver E. Modin				
CASKET SEALED BY					OLIVER E. MODIN, Embalmer				
CASKET BOXED AND MARKED					SHIPPING ADDRESS VERIFIED BY: All markings, plates & tags verified by:				
DATE					BY JOHN A. BRICKLEY (NMB SUPV)				
15/ I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					except casketing				
					Elmer C. Norum				
					ELMER C. NORUM, 1ST.LT.INF. 527 QM.SV.CO.				
					SIGNATURE OF GRS INSPECTOR				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.									



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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



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INSPECTION CHECKLIST				NC-15867	
NAME <b>MENDICK, ROBERT E.</b>		RANK <b>2/LT</b>	SERIAL NO. <b>O-536827</b>	ARM OR SERVICE <b>ARMY</b>	DIRECTIVE DATE <b>15 JUNE 48</b>
		RACE <b>WHITE</b>	RELIGION <b>PROTESTANT</b>	SEX <b>MALE</b>	DIRECTIVE NO. <b>3604 02067 NY</b>
CONSIGNEE AND ADDRESS <b>FORT SNELLING NATIONAL CEMETERY ROUTE #3 MINNEAPOLIS 9, MINNESOTA</b>			NEXT-OF-KIN ADDRESS <b>EDWARD JOHN MENDICK (FATHER) OSLO, MINNESOTA</b>		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior) <i>OK</i> FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE			REMARKS:      INSPECTED BY: <i>J.W. Malinowski</i>		
FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE			REMARKS:      INSPECTED BY:		
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (Sealing) ODOR OR MOISTURE			REMARKS: <i>scratched rim</i>     INSPECTED BY:		
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input checked="" type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIR <i>Revised material</i>		
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED <input type="checkbox"/>		
			SHIPPING CASE REPAIRED <input type="checkbox"/>		
			SHIPPING CASE EXCHANGED <input type="checkbox"/>		
			REMARKS:		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
			<i>0850</i>	<i>1/23/48</i>	<i>J.W. Malinowski</i>
STORAGE LOCATION			PASS. LIST NO.	CONTROL NUMBER	
FLOOR	SECTION	BAY	STORAGE NUMBER		
			<i>1149</i>	<i>020</i>	
STAMP INCOMING OR OUTGOING			CONTROL NUMBER		
<b>OUTGOING</b>			<b>NC-15867</b>		

WJ A010 33/32G01 COLLECT

STPAUL MINN DEC17 1948 901A

CHICAGOQM DEPOT DLR AND REPORT CHGS

ATTN AMERICAN GRAVESREGISTRATION SERVICE

FUNERAL SERVICES FOR 2ND/LT ROBERT EMENDICK NC15367

SCHEDULED FOR1030 CST DECEMBER 29REQUESTDELIVERY

BEFORE 0700 ON THATDATE AND ADVISE OF EXPECTED TIME

AND MEANS OFARRIVAL

JOHNA BOENDERSUPT

938A





NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

STPAUL MINN DECTY 1948 907A

CHICAGO DEPT DLR AND REPORT CHGS

ATTN: AMERICAN GRAVE REGISTRATION SERVICE

COPIES FOR SHIRT ROBERT SMITH FOR 1950

SCHEDULED FOR 1950 CST DECEMBER 28 1950 DELIVERY

BEFORE 0700 ON THAT DATE AND ADVISE OF EXPECTED TIME

WILL MEANS DEPARTURE

JOHN BOEDERSUPT

358

<b>MESSAGEFORM</b>		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE <b>DAY LETTER</b>	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO:			PRECEDENCE FOR		
<ul style="list-style-type: none"> <li>• SUPERINTENDENT</li> <li>• FORT SNELLING NATIONAL CEMETERY</li> <li>• ST. PAUL, MINNESOTA</li> </ul>			ACTION INFORMATION		
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>REFERENCE <b>LETTER</b> THIS DISTRIBUTION CENTER DATED <b>8 SEPT. 1948</b> THE  REMAINS OF THE LATE <b>2/LT. ROBERT E. MENDICK</b>  ARE READY FOR DELIVERY TO YOUR NATIONAL CEMETERY REQUEST YOU ADVISE DESIRED DATE  AND HOUR OF DELIVERY IN REPLY REFER TO CONTROL NUMBER <b>NC-15867</b> AND NAME OF  DECEASED  END</p> <p style="text-align: right;">R. W. BENNETT Lt. Col., QMC Chief, AGR Div.</p>					
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <p style="font-size: 2em; font-weight: bold;">WESTERN UNION</p> <p style="font-size: 1.5em;">NOV 30 12 07 PM '48</p> </div> </div>					
17		SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE		OFFICIAL TITLE	
SYMBOL		DATE-TIME GROUP		PAGE OF	
		NOV 30 1948		THOS. O. CALL Major, QMC	



WU B002 1, COLLECT

OSLO MINN NOV 15 1948 408P

R W BENNETT

LT COL QMC AGRD

RETEL DATE SIGNATURE MINE 12TH 327 PM EDWARD JOHN MENDICK

RPT MENDICK

WESTERN UNION

752A NOV 16

12 327 PM..

NOV 16 7 56 AM '48  
RECEIVED  
SIGMA CENTER

*File  
per*

NOV 15 AM 8:08  
R CTR 8  
QND

15 35A PM

AT VON ASST

WESTERN UNION

MR J WENDICK

RETEG DATE SIGNATURE WINE 15TH 35A PM EDWARD JOHN WENDICK

LT COL GWC ACBD

B W BENNETT

NOV 12 1948 408P

NO 8005 12 COLLECT

NOV 15 1948  
R CTR 8  
QND



WJ SUPVR

CITE QU// WUA125 20 COLLECT OL// OSLO MINN NOV 12 1948 327P

TO R W BENNETT LT COL QMC CHIEF AGR DIVN SGD EDWARD JOHN MENICK

ORIGINATOR ADVISES QUOTE SVC REQUESTED FOR F// VERIFICATION OF

DECEDENTS SURNAME IN TEXT OF MSG AND SENDERS SURNAME RPT REQUEST

VERIFICATION OF "MENICK" DECEDENTS SURNAME AN// IN TEXT OF MSG

AND "MENICK" SENDERS SURNAME UNQUOTE

THIS MSG WAS RECD 14 NOV 1234P

PQ 150P

WU A125 20 COLLE

OSLO MINN NOV 12 1948 327P

R W BENNETT LT. COL QMC CHIEF AGR DIVN

REFER CONTROL NUMBER NC 15867 2ND LT ROBERT E MENICK

THIS CONFIRM ORIGINAL INSTRUCTIONS. CORRECT MAILING

ADDRESS OSLO MINN

EDWARD JOHN MENICK

1234P NOV 14.

15867 2..

*MENDICK*

Nov 14 1 16 PM '48

RECEIVED  
SERIAL CENTER

*Don't  
11/15/48*



*Discrepancy in  
name  
check Ad  
shows MENDICK*



NOV 14 1 10 PM '40

RECEIVED  
 DISTRICT  
 NOV 14 1940  
 THIS CORRECTION ORIGINAL INSTRUCTIONS. CORRECT MAILING  
 ADDRESS GOLD MIN  
 EDWARD JOHN MENICK  
 1534H NOV 14

28

<b>MESSAGEFORM</b>		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
<small>SPACE ABOVE FOR SIGNAL CENTER ONLY</small>					
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO: <b>EDWARD JOHN MENDICK</b> <b>OSLO, MINNESOTA</b>			PRECEDENCE FOR ACTION INFORMATION		
INFORMATION TO: WE HAVE BEEN ADVISED REMAINS OF THE LATE <b>2 LT. ROBERT E. MENDICK</b>			<input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>DELIVER &amp; REPORT ANY CHARGES</p> <p>ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS INTERRED IN <b>FORT SNELLING NATIONAL CEMETERY, ROUTE#3, MINNEAPOLIS, MINNESOTA</b></p> <p>WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUEMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. 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 48 HOURS. WHILE FINAL INTERMENT OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO NATIONAL CEMETERY FOR SEVERAL WEEKS. HOWEVER NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATION. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. INTERMENT EXPENSE ALLOWANCE OF \$75.00 IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN TELEGRAM REPLY REFER TO CONTROL</p>					
NUMBER	<b>NC-15887</b>	AND NAME OF DECEASED.			
WESTERN UNION			REV. 4G-1	AUTHORIZATION	
SECURITY CLASSIFICATION			SIGNATURE		
ORIGINATING AGENCY			THOS. O. CALL		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF
	<b>NOV 10 1948</b>	Major, QMC Chief, Adm. Br., A. G. R. D.			

R. W. BENNETT  
Lt. Colonel, QMC



HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS

IN REPLY REFER TO  
QMDIG-NC

Date SEP 8 1948

SUBJECT: Final Burial of  
Mendick, Robert E. 2/Lt O-536627  
(Name) (Rank) (Serial)  
Army White Protestant Male  
(Arm of Service) (Race) (Religion) (Sex)

TO: Superintendent

Fort Snelling National Cemetery  
Route #3  
Minneapolis 9, Minnesota

1. Information has been received from the Quartermaster General that the next-of-kin desires delivery of the remains of subject deceased to you for burial in your National Cemetery. The next-of-kin in this case is:

Edward John Mendick (Father)  
(Next-of-kin)

(Address)

Oslo, Minnesota

(City)

(State)

2. When the remains are received in this Distribution Center, and are ready for delivery to you, this office will advise you by telegram; at that time you should communicate with the next-of-kin to arrange a time for the burial. Your reply to this office, including hour and date of funeral, should also be by telegram.

3. Future communications with this office regarding this burial should be identified by CONTROL NO. NC-15867 and name of deceased.

FOR THE COMMANDING OFFICER:

STANLEY E. MAY  
Captain, QMC  
Chief, Adm. Branch

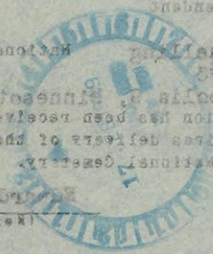


HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1813 WEST PERSHING ROAD  
CHICAGO 8, ILLINOIS

Date 24 Feb 1947

OR MAIL ORDER TO  
ORDY-NO

SUBJECT: Final burial of  
Handlick, Robert E. S/Lt  
Army  
White  
Protestant  
Male

FOR:   
Fort Snelling  
Route #3  
Minneapolis, Minnesota  
Information has been received from the Quartermaster General that  
the next-of-kin desires delivery of the remains of subject deceased to you  
for burial in your National Cemetery. The next-of-kin in this case is:  
Robert John Handlick (Father)

Address:  
Chicago, Minnesota  
(State)

1. When the remains are received in this Distribution Center, and are  
ready for delivery to you, this office will advise you by telegram; at that  
time you should communicate with the next-of-kin to arrange a time for the  
burial. Your reply to this office, including hour and date of funeral, should  
also be by telegram.

2. Future communications with this office regarding this burial should  
be identified by CONTROL NO. HQ-18887 and name of deceased.

FOR THE COMMANDING OFFICER:

STANLEY E. HAY  
Captain, QMC  
Chief, ADM. Branch



**REQUEST FOR DISPOSITION OF REMAINS**

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

DATE:

2nd Lt. Robert E. Mendick, O 536 627  
 Plot C, Row 12, Grave 290,  
 United States Military Cemetery  
 Antilly, France

28 July 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

**PART I**

I, **Edward John Mendick**

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW       WIDOWER       SON OVER 21 YEARS OLD       DAUGHTER OVER 21 YEARS OLD
- FATHER       MOTHER       BROTHER OVER 21 YEARS OLD       SISTER OVER 21 YEARS OLD

RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

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

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

(NAME AND LOCATION OF CEMETERY)

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

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT **Fort Snelling, Minn.** (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

*M. W. P. 100  
7-13-48  
M. W. P.*

*Cadet O. H. G. 100  
6-18-48*

OQMG FORM 345 MILITARY

14 NOV 1946

DEC 18

16-50411-1

PAGE 1



PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

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

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

*Edward John Mendick* (SIGNATURE OF NEXT OF KIN) \_\_\_\_\_ (STREET AND NUMBER)  
 \_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26<sup>th</sup> day of November, 1947, at city (or town) of Oslo, county Marshall, and State (or Territory or District) of Minnesota

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

*J. A. Hilden* (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 J. A. HILDEN, (OFFICIAL TITLE)  
 Notary Public, County of Marshall, Minn.  
 My Commission Expires May 19, 1948

If you are the next of kin and you desire to be named in Part I of this form, do so on the next existing person in the following section:

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE REMAINS SENT TO:

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED)

If you are NOT the next of kin authorized to direct the disposition of the remains, this is to notify you that I am not the next of kin and the individual authorized to direct the disposition of the remains should be directed.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(NAME PRINTED)



**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

\_\_\_\_\_ (DATE)

\_\_\_\_\_ (SIGNATURE OF NEXT OF KIN) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

**PART III**

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

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

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

\_\_\_\_\_ (DATE)

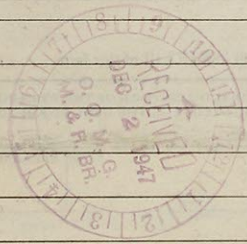
\_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

**ADDITIONAL REMARKS AND INSTRUCTION**

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

Lined area for additional remarks and instructions.





2nd Lt. Robert E. Mendick, O 536 627  
 Plot C, Row 12, Grave 296,  
 United States Military Cemetery  
 Andilly, France

28 July 1947

Mr. Edward J. Mendick

Oalo, Minnesota

Dear Mr. Mendick:

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.

rttd

MAIL ROOM  
 JUL 30 1947  
 FRANCIS

cal



23 September 1946

Mr. Edward J. Mendick  
Oslo, Minnesota

Dear Mr. Mendick:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Second Lieutenant Robert E. Mendick, A.S.N. O 536 627.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Andilly, plot G, row 12, grave 296. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located fifteen miles northwest of Nancy, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

SEP 23 1 27 PM '46  
U. S. ARMY  
HEADQUARTERS  
WASHINGTON, D. C.  
CORPORAL BRANCH

12

BRK



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

**RESTRICTED**  
**REPORT OF BURIAL**

6 DEC 1944 40496

493 19 Sept 1944  
Date

293

Mendick Robert E 2nd Lt 0-536627  
 Last Name First Initial Rank Serial No.  
 Unk 4 arms. Inf Bn. 7th A Div  
 Unit Organization  
 Metz France 17 Sept 1944 KIA  
 Place of Death Date of Death Cause of Death  
 19 Sept 1944 1000 U S Mil Cem #1 Andilly France  
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
 296 12 C Cross  
 Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

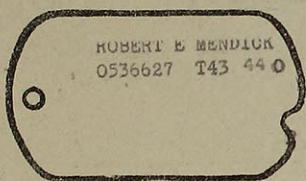
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Dwight E Telford 36038057 S/Sgt Unk 295

Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: Alfred W Arbour 35072559 pvt Unk 297  
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 Unk Name

Address

Religion Protentant

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

*File  
1000  
MAR 3 1945*

*W. Nugent*  
Signature of Officer or other person reporting burial  
WILLIAM C NUGENT  
1st Lt QMC  
Verified by G.R.S. Officer

*Duct 60*

**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.:

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

**TOOTH CHART**

Deceased's Right														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
Upper														Lower																	

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊕; 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 14 Oct 1944  
sfm 4632

FULL NAME <u>Mendick, Robert E.</u>		ARMY SERIAL NUMBER <u>0536627</u>	GRADE <u>2nd Lt.</u>
HOME ADDRESS <u>Oslo, Minnesota</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>28 June 1920</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>17 Sep 44</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>7 Dec 43</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) <u>Mr. Edward J. Mendick, father, Oslo, Minnesota</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>On 4 November 1942, while an enlisted man, he designated as beneficiaries: Mr. E. J. Mendick, father, same as above Mrs. E. J. Mendick, mother, same as above (No Break In Service)</u>			
INVESTIGATION MADE? YES NO	IN LINE OF DUTY YES NO	OWN MISCONDUCT YES NO	WAS DECEASED ON DUTY STATUS YES NO
			AUTHORIZED ADDRESS YES NO
			IN FLYING PAY STATUS YES NO
			OTHER PAY STATUS (SPECIFY BELOW) YES NO
			<u>X</u>

ADDITIONAL DATA AND/OR STATEMENT

*(Empty space for additional data and/or statement)*

19 OCT 1944 FILE

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	SECRETARY OF THE SECRETARY OF WAR <i>J. A. Marshall</i> J. A. Marshall ADJUTANT GENERAL
S. C. C.	F. B. I.	F. O. U. S. A.	<input type="checkbox"/> NON-BATTLE	
S. O. G. M. G.	G. F. D.	ARMY EFFETS BUREAU CASUALTY BRANCH FILE		
G. A. C.	VRT, ADMIN.	A. G. RDI FILE		

*gwr*

*aid*



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

263933

REPORT OF DEATH

DATE 14 Oct 1944  
sfm 4632

FULL NAME Mendick, Robert E.		ARMY SERIAL NUMBER 0536627	GRADE 2nd Lt.										
HOME ADDRESS Oslo, Minnesota		ARM OR SERVICE Infantry	DATE OF BIRTH 28 June 1920										
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 17 Sep 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 Dec 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mr. Edward J. Mendick, father, Oslo, Minnesota													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) On 4 November 1942, while an enlisted man, he designated as beneficiaries: Mr. E. J. Mendick, father, same as above Mrs. E. J. Mendick, mother, same as above (No Break In Service)													
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

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
S. O. G. M. S.	G. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 801 FILE

BATTLE

NON-BATTLE

*J. A. Marshall*  
J. A. Marshall  
ADJUTANT GENERAL





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

IN REPLY REFER TO 263933 ✓

(S-11 Aug. 45)  
GHG:LH:lac  
11 June 1945

*GHG*

Mr. Edward J. Mendick  
Oslo, Minnesota ✓

Dear Mr. Mendick: ✓

Since our letter of June 1, the Army Effects Bureau has received funds belonging to your son, Lieutenant Robert E. Mendick.

A bureau check for \$43.78, covering these funds, is inclosed for proper distribution according to the laws of the state of the decedent's legal residence.

Yours very truly,

A. G. SCHUMACHER  
1st. Lt. Q.M.C.  
Asst. Chief, Adm. Division

1 Incl--Check

*file  
lac*



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:  
 Name 2nd. Lt. Robert E. Mendick Edward J. Mendick  
 ASN 0536627  
 Case No. 263933  
 Wt. GHG:LH:lac  
 DATE 11 June 1945

*Sch...*  
FOR: Effects Quartermaster

REMARKS:

<input checked="" type="checkbox"/> Inclose Bureau Check	Remove G.I.
Acct. No. <u>92585</u>	Note discrepancy in _____
Amount <u>\$43.38</u> <i>Mue</i>	Films removed _____
Inclose "Valuables" item	Diary removed _____
Ship "Valuables" item(s)	Laundry removed _____

83717 dk

ROUTING:

- 1 Accounting Branch *gd*
- Warehouse Division
- 2 Files Branch, Adm. Div.

92585  
263933

June 15 45

Edward J. Mendick

43.38

Forty-Three and 38/100

REMARKS:

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

Eff. QM Form 14 (26 Dec 44)

Shipping Clerk

*S-C-522*

263,933  
mh

U

ASSIGNMENT OF ACCOUNT NUMBER

Date April 21, 1945

Case Number \_\_\_\_\_

Name Mendick, Robert E *o-536627*

Inventory Date March 17, 1945

Account Number 92585 PAID-Check No. *83717* Total \$43.38 ✓

Date Converted April 2, 1945

Itemized:

2150 Francs, France & <sup>*with mil.*</sup> America

*md*

*fy*  
ACCOUNTING SECTION

DS:jeb  
Eff QM Form 190





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

CHC:VJ:co  
June 1, 1945

265933  
IN REPLY REFER TO \_\_\_\_\_

Mr. Edward J. Mendick  
Oslo, Minnesota

Dear Mr. Mendick:

The Army Effects Bureau has received some additional property of your son, Second Lieutenant Robert E. Mendick.

I am inclosing a check for \$30.05 representing funds which belonged to him. The remainder of the property is being forwarded to you in two packages and one carton.

If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

A. G. SCHUMACHER  
1st Lt. Q.M.C.  
Asst. Chief, Admin. Division

83  
1 Incl--  
Check



Summary Court-Martial  
ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT Case No. 263,933  
601 Hardesty Avenue  
Kansas City 1, Missouri Date 29 March 1945

JRM:MH:hw

SUBJECT: Report of transactions in disposing of the effects of

Robert E. Mendick, 0-536627 late a  
(Name of deceased) (Army Serial Number)  
Second Lieutenant, Infantry who died  
(Grade) (Organization, Army or Service)  
on the 17 day of September, 19 44, in European Area.

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

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

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

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

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

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

#### FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 13 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of \_\_\_\_\_

Edward J. Mendick 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, Edward J. Mendick of  
(Name of person found entitled)

Oslo State of  
(Number, Street or Avenue) (City, Town or Village)  
Minnesota, is the father of the  
(Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Edward J. Mendick  
2nd Lt. Robert E. Mendick Oslo, Minnesota

Effects of: 0-536627  
Name  
ASH 263933 D  
Case No.  
Wt.

DATE 1 June 1945  
GHG:VJ:co

*J. Johnson*  
FCR: Effects Quartermaster

REMARKS:

- Inclose Bureau Check
- Acct. No. 85268
- Amount 30.05 *Y. M. C.*
- Inclose "Valuables" item
- Ship "Valuables" item(s)
- Remove G.I.
- Note discrepancy in \_\_\_\_\_
- Films removed
- Diary removed
- Laundry removed

79900 emh

ROUTING:

- 1 Accounting Branch *ew*
- 2 Warehouse Division 85268
- 3 Files Branch, Adm. Div 263933

*Not Carter inv 3-12-45 June 7 45*

*Edward J. Mendick 3-17-45 30.05*

*3 inv. 4-9-45*

*Thirty and 05/100*

REMARKS:

FRANKED

Franked \_\_\_\_\_

Est. Exp. Chgs. JUN 12 1945

Est. Frt. Chgs. \_\_\_\_\_

No. of Packages \_\_\_\_\_

*cc*  
Shipping Clerk

E Robert E. Mendick			REC'D BY <i>Me</i>
N. 0:536627	RANK Lt	DATE 17 Mar	CASE NO.
U.S. Money #30.95 <i>negative</i>			
2150 Frances L. Long			
<i>to be counted</i>			
PAID-Check No. <i>1990-88</i>		<i>114 # 85268</i>	



SHEET 1	SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED
BOX NUMBER 9	ORIGINAL NUMBER OF PACKAGES		MISSING	
TALLY NUMBER 6915	INVENTORY DATE 17 MAR 45	CASE NUMBER 263933		P.O.W.
EFFECTS OF Robert E. Mendick	RANK 2nd Lt		BANDONED	
A.S.N. 0-536627	ORGANIZATION Co. C. 48th Armd Inf Bn.			
PACKAGE DESCRIPTION #1 pkg.				

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY) <i>rw.c</i>
COATS	GLASSES	CASE,
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS <i>✓</i>
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY <i>✓</i>
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

Robert E. Mendick  
 0-536627 Lt 17 MAR 45  
 U.S. Money \$30.05  
 2150 Frances L. Long  
 to be converted

REMARKS: Mr. E. J. Mendick & Oslo, Minn.  
 Mrs. Alexander Hoff, Oslo, Minn. R #2

ATTACHMENTS: FORM #54 Inventory Form 68-71  
 FORM #100

C.A.T. None	WEIGHT	GI REMOVED
WAREHOUSE SPACE 563	STORED BY <i>ML</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>L. Long</i>	DATE SHIPPED	IDENT. TAGS REMOVED
PACKED BY <i>Mendick</i>	CHECKED BY <i>E</i>	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

JUN 12 1945



ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED



PACKAGE DESCRIPTION <del>Handwritten</del>	ARMY EFFECTS BUREAU INVENTORY	DECEASED MISSING P.O.W. ABANDONED
	263,933	TALLY NO. 7148
		INV. DATE 9 April 45
NAME ROBERT E. MENDICK		ORIG. No. OF PKGS. 1
A.S.N. 0-536627	RANK 2nd Lt	BOX NO.
		SHEET OF SHEETS
		ORGANIZATION 7th Div

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	RILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	COMBS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSTRUMENTS	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR BUR)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR.	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SHORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS no information checked.	ATTACHMENTS	FORM #54	FORM #100
		Inventory	1st Label
C.A.T. none	STORED BY	WEIGHT	G.I. REMOVED
WAREHOUSE SPAC 14X-7			SHORTAGE ON REVERSE
INVENTORIED BY Bm Smith			IDENT. TAGS REMOVED
PACKED BY yallaly	CHECKED BY	DATE SHIPPED JUN 12 1945	DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED







NAME MENDICK, ROBERT E LT 60

BAY	PALLET	BOX	TALLY
		9	7148
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 48

ROBERT E MENDICK  
0536627 T43 44 O

INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. No.1 Andilly, France  
19 September 1944

P

Date

SUBJECT: Inventory of Personal Effects of:

Mendick, Robert E. 2nd Lt. 0-536627  
(Last Name) (First Name) (IL) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO  
US Army

The above named individual of Unk 7th Div.  
(Unit) (Organization)  
was reported KIA about 17 Sept. 1944  
(Status-Status, KIA, Resubmitted, etc.) (Date)

Designated beneficiary if information readily accessible

LIST OF EFFECTS

- Class 1
- 2 2nd Lt. bars ✓
- 1 Collar insignias ✓
- 1 Ring ✓

NO CURRENCY

Money in the amount of \_\_\_\_\_ has been turned into \_\_\_\_\_  
(Name of)

Form WOPD 38 enclosed.  
Finance officer and symbol number)

Names and addresses of any banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured  
by me, of the above named individual and that they were forwarded to the  
Effects Depot by \_\_\_\_\_ on \_\_\_\_\_ 1944.  
(Rail, Truck, etc.) (Date)

Name *W. Nugent*  
WILLIAM C NUGENT  
Rank & ASN 1st Lt.  
Organization QMC

any additional pertinent information:



Serial No. 6-536627 Name MENDEL, ROBERT  
 Grade \_\_\_\_\_ Rank 2nd Lt  
 Organization 7 ARMD  
 Address \_\_\_\_\_  
 Nearest Relative unk  
 Address \_\_\_\_\_  
 Killed in Action YES Died of Disease \_\_\_\_\_  
 Date \_\_\_\_\_ Hospital \_\_\_\_\_  
 Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
 Place of Burial U.S. MIL. CEM #1 - AFD 144 X - PA  
 Point of Coordination \_\_\_\_\_  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signed [Signature]  
DP/2/  
C-12-27



PACKAGE DESCRIPTION <i>#1 Case</i>	ARMY EFFECTS BUREAU INVENTORY  263,933 <i>on f</i>	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. <i>6975</i> INV. DATE <i>12 Mar 45</i> ORIG. NO. OF PKGS. <i>2</i> BOX NO. <i>1</i> SHEET OF <i>1</i> SHEETS ORGANIZATION <i>#84 Armed Inf. Bn 7th Army Div</i>
NAME <i>ROBERT E. MENDICK</i>		
A.S.N. <i>0-536427</i> RANK <i>2nd Lt.</i>		

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

REMARKS *No Information. Rechecked*

ATTACHMENTS FORM #54 *Inventories* FORM #100

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>2508</i>	STORER BY <i>JCM</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Edmondson</i>	DATE SHIPPED <i>JUN 12 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>C. Parker</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED <i>[Signature]</i>
	<input checked="" type="checkbox"/> SH OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED



ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED





ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
801 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

JRM:VC:cms  
March 20, 1945

IN REPLY REFER TO 263935

Dear Mr. Mendick:

The Army Effects Bureau has received from overseas some personal effects of your son, Lieutenant Robert E. Mendick.

These effects are being forwarded to you in one footlocker.

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 officer's legal residence.

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

Yours very truly,

F. A. ECKHARDT  
Captain Q.M.C.  
Assistant



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Edward J. Mendick

SHIP TO: Oslo, Minnesota

Effects of: 2nd Lt. Robert E. Mendick  
Name

ASN 0-536627  
263,933 D

Case No.

Wt.

DATE March 15, 1945  
JRM:HN:at

*W. Leese*  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

*1 Footlocker*

Fracked   
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

MAR 19 1945

MAR 26 1945

*HML*  
Shipping Clerk



SHEET <u>1</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED	
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES		MISSING <u>9</u>	
TALLY NUMBER <u>6712</u>		INVENTORY DATE <u>22 Feb 45</u>		CASE NUMBER <u>63933</u>	
EFFECTS OF <u>ROBERT E. MENDICK</u>		RANK <u>2nd Lt</u>			
A.S.N. <u>0-534627</u>		ORGANIZATION <u>Co C 48th Av and Inf Bn</u>			
PACKAGE DESCRIPTION <u>#1 Footlocker</u>					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
<input checked="" type="checkbox"/>	BELT	<input type="checkbox"/>	BRACELET, IDENTIFICATION	<input type="checkbox"/>	BAGS, CLOTH
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	BAGS, TRAVEL
<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	BILLFOLD (NO MONEY)
<input type="checkbox"/>	COATS	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	CASE
<input type="checkbox"/>	FOOTWEAR, PR.	<input checked="" type="checkbox"/>	KNIVES	<input checked="" type="checkbox"/>	FOOTLOCKER
<input checked="" type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	KIT, SEWING
<input type="checkbox"/>	HANDKERCHIEFS	<input checked="" type="checkbox"/>	MISC. INSIGNIA	<input checked="" type="checkbox"/>	KIT, TOILET
<input checked="" type="checkbox"/>	HEADWEAR	<input checked="" type="checkbox"/>	MISC. ITEMS	<input type="checkbox"/>	KIT, WRITING
<input checked="" type="checkbox"/>	JACKETS	<input type="checkbox"/>	PEN, FOUNTAIN	PAPERS AND MISC.	
<input type="checkbox"/>	OVERCOATS	<input type="checkbox"/>	PENCIL, MECHANICAL	<input checked="" type="checkbox"/>	BOOKS
<input type="checkbox"/>	SCARFS	<input type="checkbox"/>	PIPES	<input checked="" type="checkbox"/>	BOOKS, ADDRESS
<input checked="" type="checkbox"/>	SHIRTS	<input type="checkbox"/>	RELIGIOUS ARTICLES	<input checked="" type="checkbox"/>	BOOKS, NOTE
<input checked="" type="checkbox"/>	SOCKS, PR.	<input checked="" type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	BOOKS, PILOT LOG
<input type="checkbox"/>	TIES	<input type="checkbox"/>	RINGS	<input type="checkbox"/>	DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/>	TOWELS	<input type="checkbox"/>	TOBACCO	<input type="checkbox"/>	FILMS
<input checked="" type="checkbox"/>	TROUSERS, PR.	<input type="checkbox"/>	TOILET ARTICLES	<input checked="" type="checkbox"/>	LETTERS <u>&amp; cards</u>
<input checked="" type="checkbox"/>	TRUNKS, PR.	<input type="checkbox"/>	WATCH	<input checked="" type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	UNDERWEAR	<input type="checkbox"/>	WINGS	<input type="checkbox"/>	PHOTOS
				<input type="checkbox"/>	SHOE SHINE ARTICLES
					SHORT SNOOPER
					SOUVENIRS
					SOUVENIR MONEY
					STATIONERY
				<input checked="" type="checkbox"/>	TESTAMENTS
					U.S. MONEY (AMOUNT)
					<u>1-Pr Higgins</u>
					<u>*1-Clock</u>
REMARKS: <u>E.G. Mendick</u>					
ATTACHMENTS: <u>1- Inventory &amp; certificate</u>					
C.A.T. <u>none</u>					
WAREHOUSE SPACE <u>1680X</u>		STORED BY <u>H</u>		DATE SHIPPED <u>MAR 19 1945</u>	
INVENTORIED BY <u>Vivian Rissler</u>		CHECKED BY <u>B</u>		<input checked="" type="checkbox"/> #43 OR ADDITIONAL	
PACKED BY <u>Shurman N. ...</u>				<input type="checkbox"/> FILM REMOVED	



ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

~~EDDIE~~ MENDIOK, ROBERT E. LT.

BAY	PALLET	BOX	TALLY
56	25		6712
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
F.L.			

Ext. QM Form 48



INVENTORY of  
Personal Effects  
in Foot Locker  
of H. Stitt. Memphis

- 1 Alarm Clock ✓
- 31 Candles ✓
- 1 Kaciki Cup ✓
- 2 Shoe pastes ✓
- 1 Belt size 36 ✓
- 1 shaving Kit ✓
- 1 Printing set ✓
- 2 Bath Towels ✓
- 8 Undershirts - cotton ✓
- 4 Drawers .. ✓
- 2 Towels, Face ✓
- 4 pr. socks ✓
- 1 pr. Loggings ✓
- 1 pr. Trousers Kaciki ✓
- 1 shirt .. ✓
- 1 pr. Trousers HBT ✓
- 1 pr. Tops .. ✓
- 1 pr. Gloves - leather ✓
- 1 Knife - pocket ✓

Certificate

I certify that I have inspected  
this container, that it does not  
contain any unauthorized gov.  
property, or any other prohibited  
items, and that clothing and  
textiles originating in areas where  
louse-borne typhus fever exist  
have been disinfected.

1  
Franklin D. Benson, Jr.  
1st Lieutenant



NAME

MENDICK, ROBERT E. - LT

BAY	PALLET	BOX	TALLY
		7	6915

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PE BAG Est. QM Form 43		

NAME *val Pak on 01.3*

MENDICK, ROBERT C LT

(2)

BAY	PALLET	BOX	TALLY
	20		6975

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

EF. QM Form 48



NAME

*ctn on Pal 2*

MENDICK, ROBERT E.

LT

*(2)*

BAY	PALLET	BOX	TALLY
	3		6975
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
VAL PAK			

Est. QM Form 43

100 2 PHS  
R E S T R I C T E D

October 29 1944

SUBJECT: Inventory of Personal Effects of: 2nd Lt. Robert E. Mendick,  
O-536627 48th Arm Inf Bn 7th Armored Division  
KIA about September 17 1944.

TO: Effects Quartermaster Depot, Communication Zone

Designated Beneficiary not readily accessible.

## Inventory of Effects

## 1 Val Pack containing the following:

1 Raincoat ✓  
2 pr Gloves ✓  
1 pr Dress Gloves ✓  
1 Fountain Pen ✓  
1 Wool Drawers ✓  
4 Towels ✓  
5 Cotton Drawers ✓  
2 Cotton Undershirts ✓  
19 pr Socks ⑤  
29 pr Handkerchiefs ✓  
1 Knife ✓  
1 Nail Clipper ✓  
1 Identification Bracelet ✓  
1 Shoe Shine Equipment ✓  
1 Sewing Kit ✓  
Souvenir Coins ✓

No Money

Names and addresses of any banks not known.

I certify that the above named 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 29 1944.

*H. A. Pickford*

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



File No. TIP-289

Inf 2PKS

INDEX IN INVENTORY RECORD

NAME MENDICK, ROBERT E. RANK 2nd LT. ASN 0-530627

SHOWN ON CONS UNLAB E.O. AS

ORGANIZATION 48th ARMD. INF. BN. 7th ARMD. DIV

DATE 22-NOV-44 CASE PARCEL VAL-PAK STATUS KIA

ITEM	QUANTITY	REMARKS
Handkps. - Socks -		Lat rec'd open
Hangers - Towels -		
Underwear -		
3 Pr. Gloves -		
1 Blouse -		
1 Green shirt -		
1 Pink Pants -		
1 O.D. Pants -		
1 Khaki Pants -		
3 Khaki Shirts -		
2 O.D. Shirts -		
2 Garrison Caps -		
1 Rain Coat -		
Ties -		
2 Brushes -		
1 Shine Cloth -		
Souvenir Coins -		
1 Identification Bracelet -		
1 Nail Clipper -		
1 Knife -		
1 Fountain Pen -		
1 Val Pak -		

INVENTORIED BY Lombardi TESTED BY

FILE CONTROLLED







RESTRICTED

17 Sept 1944  
Date

SUBJECT: Inventory of Personal Effects of:

MENDICK ROBERT E 2nd Lt 0-536627  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 257  
US Army

The above named individual of Co C  
(Unit)

48th Armd Inf Bn. was reported Killed I.A.  
(Organization) (Status-Killed, MIA,

Hospitalized, etc.) about \_\_\_\_\_ 1944  
(Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

INVENTORY OF EFFECTS

- 2-- Pocket Book ✓
- 1-- Check Book ✓
- 2218 Francs - Money Value ✓
- 3 Pound Money Value ✓

RESTRICTED

R E S T R I C T E D

Money in the amount of \_\_\_\_\_ has been turned into

\_\_\_\_\_  
(Name of finance officer and symbol number) Form WDFD 38

enclosed.

5

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  
(Rail, Truck, etc.)

\_\_\_\_\_ 194\_.

Name \_\_\_\_\_

Rank & ASN \_\_\_\_\_

Organization \_\_\_\_\_

Any additional pertinent information:

R E S T R I C T E D