

293 SCHEURICH, JOSEPH A. 32 957 961 PVT. INF. EUROP. A. (N.J.)  
1451M



US ARMY HRC  
CASUALTY AND  
MORTUARY AFFAIRS  
OPERATIONS CENTER

293 IDPF

SCANNED INTO DCIPS



USMC NEUVILLE EN CONDROZ

35 MMM

1

Plot D, Row 30, Grave 17  
 Date of Burial; March 49  
 Verified by GRS officer  
 Clyde B Spinks, Capt. FA

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 08287	DATE 15 09 48 DAY MONTH YEAR		
NAME SCHEURICH JOSEPH A	SERIAL NUMBER 32957961	GRADE PVT	ARM 1	RACE 1	RELIGION 1
CEMETERY NEUVILLE BELGIUM	PLOT B	ROW 12	GRAVE 283	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN *Flag sent: 14 March 49*

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN EVA SCHEURICH (FATHER) 923 RIDGEWAY STREET GLOUCESTER, CITY, NEW JERSEY
---	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
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: *I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned*

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION: *Raymond G Johnson*

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED 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.

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS INSPECTOR

5. IDENTIFICATION BR. N. H. MEM. DW.

195

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 26 APR 1949







1

DISINTERMENT OPERATIONS RECORD

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE		
NAME <b>SCHEURICH JOSEPH A</b>		SERIAL NUMBER <b>3295796</b>	GRADE <b>PVT</b>	ARM <b>1</b>	DAY	MONTH
CEMETERY <b>NEUVILLE BELGIUM</b>		PLOT <b>B</b>	ROW <b>12</b>	GRAVE <b>283</b>	RACE	RELIGION
		DISPOSITION OF REMAINS		CODE	DIST. CTR.	

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 <b>JOSEPH A. SCHEURICH</b>	SERIAL NUMBER <b>3295796 1</b>	GRADE <b>PVT</b>	DATE OF DEATH	DATE DISTINTERRED <b>29 OCT. 48</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <b>EMB</b> <input type="checkbox"/> MARKER <b>EMB</b>	ORGANIZATION	RELIGION <b>UNK</b>	IDENTIFICATION VERIFIED BY <b>ROBERT W. GANSEL</b> <b>1/LT QMC</b> NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>UNIFORM</b>	CONDITION OF REMAINS <b>ADVANCED DECOMPOSITION - COMPLETE</b>
OTHER MEANS OF IDENTIFICATION	<b>EMBOSSSED PLATE WITH REMAINS</b>

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

**NONE**

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **TRANSFER BOX**

DATE **29 OCT. 48** BY **WILLIAM R. BAILEY EMBALMER**

CASKET SEALED BY <b>WILFRED D. HARRIS</b> EMBALMER	EMBALMER (Signature) <b>WILFRED D. HARRIS</b>
CASKET BOXED AND MARKED DATE <b>30 OCT. 48</b> <b>STANLEY E. GAJEWSKI</b> CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY TAGS, PLATES, MARKINGS VERIFIED BY: <b>FRANKLIN J. ST. CLAIR 1/LT INF</b>

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

**ROBERT W. GANSEL 1/LT, QMC**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

*Raymond J. Rodriguez CWO USA*

QMC FORM 26 MAR. 48 1253

INDICATE RECORD OF CUSTODIAL TRANSFER ON REVERSE SIDE



26 April 1949

Pvt. Joseph A. Scheurich, ASN 32 957 961  
 Plot D, Row 30, Grave 17  
 Headstone: Cross  
 Neuville-en-Condroz, Belgium  
 U. S. Military Cemetery

Mr. Eva Scheurich  
 923 Ridgeway Street  
 Gloucester City, New Jersey

Dear Mr. Scheurich:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN  
 Major General  
 The Quartermaster General

gh

APR 29 1 54 PM '49  
 O. O. M. C.  
 MAIL & RECORDS BRANCH



# REQUEST FOR DISPOSITION OF REMAINS

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

299  
DATE:

Pvt Joseph A. Scheurich, 32 957 961  
Plot B, Row 12, Grave 283,  
United States Military Cemetery  
Neuville-en-Candroz, Belgium

12 January 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

## PART I

I, Eva Scheurich

(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. *Neuville-en-Candroz, Bel.*
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 \_\_\_\_\_ (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.)

*Proc*  
**15 SEP 1948**

*9/10/48*  
*G. Lunnell*

*13 11 48*



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.

X Mrs. Eva Scheurich (SIGNATURE OF NEXT OF KIN)      923 Ridgeway St. (STREET AND NUMBER)  
Eva Scheurich (NAME PRINTED OR TYPED)      Gloucester City, N.J. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29 day of Jan., 1948, at city (or town) of Gloucester City, county of Camden, and State (or Territory or District) of New Jersey

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

Albert G. Gifford (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 NOTARY PUBLIC OF NEW JERSEY (OFFICIAL TITLE)  
 My Commission Expires Feb. 26, 1950

If you are the next of kin and you

I, THE \_\_\_\_\_ NAMED IN PART I OF THIS FORM, DO THE NEXT EXISTING PERSON IN T

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE) \_\_\_\_\_  
(NAME PRINTED) \_\_\_\_\_

If you are NOT the next of kin at

THIS IS TO NOTIFY YOU THAT I AM NAMED ON PAGE 1 OF THIS FORM SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE) \_\_\_\_\_  
(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.

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)

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

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

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)

REC'D  
FEB 3 15 30 PM '61  
RECORDS DIVISION

**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)

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

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)



ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for additional remarks and instructions.

RECORDS BRANCH  
FEB 3 12 39 PM '48  
MEMPHIS

RECEIVED  
FEB 3 1948  
O.D.M.G.  
M.R.R.B.R.











REGISTER OF DENTAL PATIENTS AT  
FORT ONTARIO, NEW YORK

(1) SURNAME (2) CHRISTIAN NAME  
Scheurich Joseph A # 32 957 961  
(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS  
Pvt D 1210th SCSU  
(6) AGE YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS  
19 W N J 2/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Pigitis L-5 RT. Res. R14	11-24 T.E. Amos. D. 12-31 T.E. Quill. Dr.	I. O. O. O. T-F. Hood. W. Martin

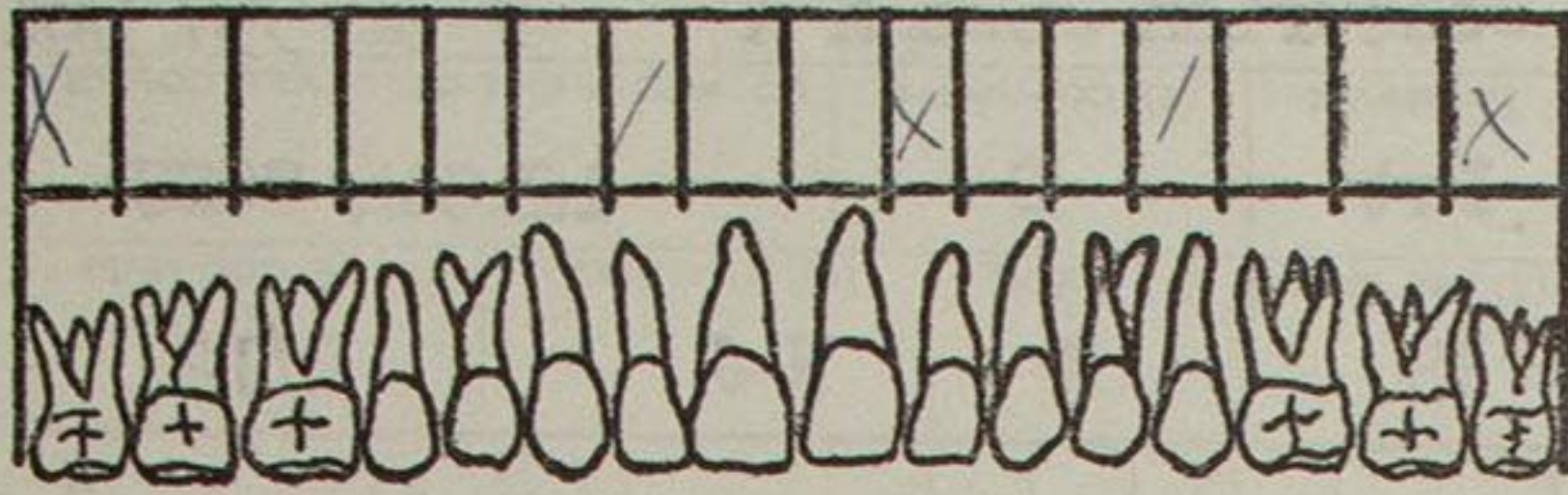
Thomas W. Martin T W M  
Major, U. S. A. Dental Corps, U. S. A.



\*REPORT OF DENTAL SURVEY

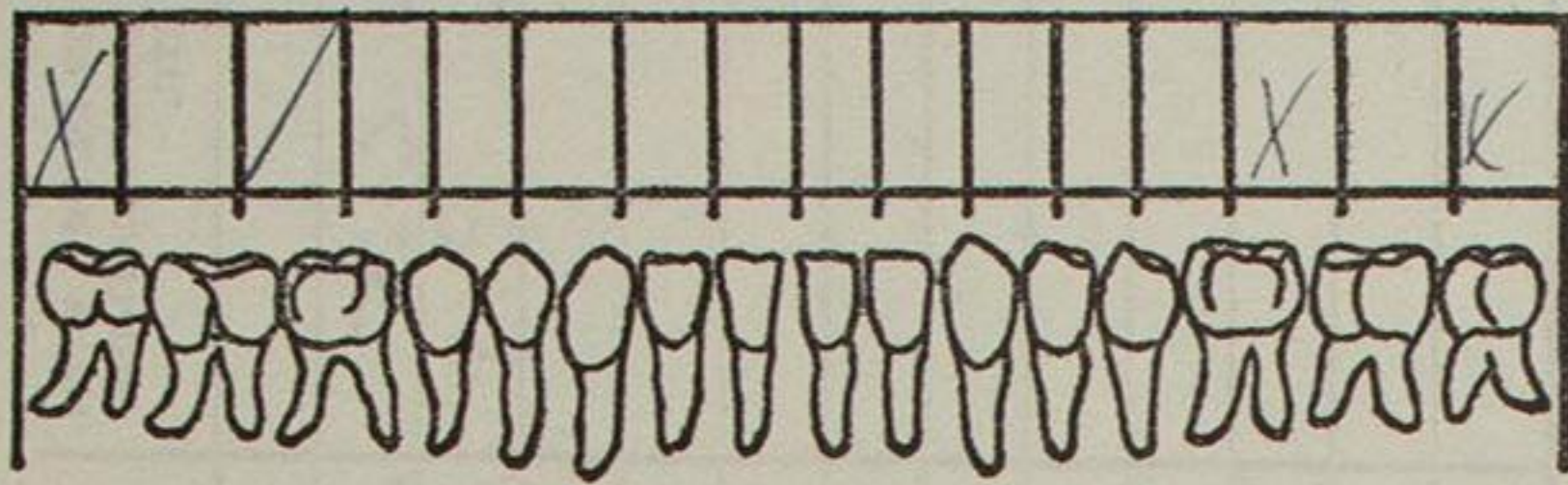
UPPER TEETH

Right Left  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left  
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS I

Occlusion fair: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes No

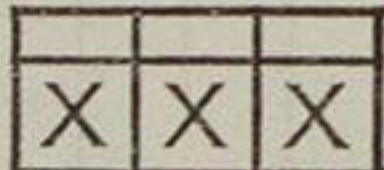
Other conditions none

Date 12-24-43, 19

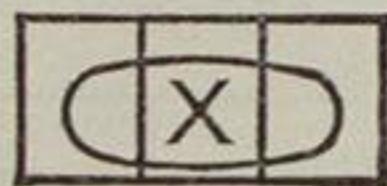
R. W. Adams  
Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)





*Scheinrich, Joseph H*

*32957961*

To Clinical Records Branch

For Disposition

The records show medical treatment as follows

Hospital	From	To	Register Number
<i>Cp. Kilmer's H.S.</i>	<i>6 Sept 44</i>	<i>9 Sept 44</i>	<i>37990</i>

<i>SR</i>	<i>18 Sept 46</i>	<i>NPRB</i>
Clerk	Date	Branch



Pvt Joseph A. Scheurich, 32 957 961  
Plot B, Row 12, Grave 283,  
United States Military Cemetery  
Neuville-en-Condroz, Belgium

*MS*

12 January 1948

Mr. Joseph Scheurich  
923 Ridgeway Street  
Gloucester, New Jersey

Dear Mr. Scheurich:

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

8 Incls.

gcb

*MS*

JAN 15 1948  
MAIL & RECORDS SECTION

*Handwritten notes:*  
R. K.  
Brennan  
12/15/48



*see*

FILE UNDER NO. 293 - Scheurich, Joseph A. (32,957,961)

I N D E X S H E E T

1st. Ind.

SYNOPSIS 9/23/46

FROM: OCMG.,  
TO: ADJUTANT GENERAL,

Forwarded for reply to so much thereof as pertains to your office.

DOCUMENT FILED UNDER NO. 314.6 - Holland

ead.



*ju*

QMGYG 293  
Scheurich, Joseph A.  
S. N. 32 957 961

*152*

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

23 September 1946

Mr. Joseph Scheurich  
923 Ridgeway Street  
Gloucester, New Jersey

Dear Mr. Scheurich:

The attached letter has been received in this office.

The communication is self-explanatory. Nothing is known by this office as to the writer and, accordingly, it is not felt that your name and address as the father of the late Private Joseph A. Scheurich should be given unless you desire it.

While it is possible that the letter has been written in perfectly good faith, there have been some cases in other localities where similar persons have imposed upon or become a nuisance to the next of kin. Therefore, as indicated, the letter is being forwarded to you for such action as you desire.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl  
ltr from Mary Frijns  
Holland

JAMES L. PRENN  
Major, QMC  
Assistant

*pcw*

*joy*  
*mad*

SEP 23 1946  
MAIL & RECORDS BRANCH  
Q. O. M. G.

*[Handwritten signature]*

SEP 23 1 35 PM '46  
MEMORIAL DIVISION  
REGISTRATION AND  
RECORDS BRANCH



OMDNY 233  
Schnur, Joseph A.  
S. W. 32 971 901

23 September 1946

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

Mr. Joseph Schnur  
323 Ridgeway Street  
GloUCEster, New Jersey

Dear Mr. Schnur:

The attached letter has been received in this office.

The communication is self-explanatory. Nothing is known by this office as to the writer and, accordingly, it is not felt that your name and address as the father of the late Private Joseph A. Schnur should be given unless you desire it.

While it is possible that the letter has been written in perfect good faith, there have been some cases in other localities where similar persons have imposed upon or become a nuisance to the next of kin. Therefore, as indicated, the letter is being forwarded to you for such action as you desire.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES I. FRYER  
Major, GNC  
Assistant

I have  
for your reply  
Holland

RECORDS BRANCH  
SEP 23 1 34 PM '46

MEMORIAL DIVISION  
SEP 23 1 34 PM '46

SEP 23 1 34 PM '46  
SEP 23 1 34 PM '46  
SEP 23 1 34 PM '46



C  
O  
P  
YHoensbroek  
Aug. 9, 1946

Dear Sir:

From his friend we heard, that Joseph A. Scheurich got killed in action, December 22nd, 1944, near St. Vith. His army address was then:

Pvt. Joseph A. Scheurich  
Co. B., 48th Armored Inf. Bat  
7th Armored Division, U.S.A.

We'd like to know where he has been buried and if possible his home address. We only know, he lived in New York, N. Y.

Further about Linwood F. Lucas, we'd like to know whether he is killed or not. If yes, where he is buried, if not, what is his home address? His army address was:

Pvt. Linwood F. Lucas  
Co. B. 48th Armored Inf. Bat  
7th Armored Division, U.S.A.

At last can you tell us the home address of Joseph J. Costantini?  
His army address was:

Cpl. Joseph J. Costantini, 32 739 801  
Inf. Co. E  
APO 154, c/o Postmaster U.S.A.

Thanking you in anticipation  
Yours faithfully,

Mary Frijns  
Slanghenstr 78  
Hoensbroek  
Holland

C  
O  
P  
YC  
O  
P  
YC  
O  
P  
Y

*not sent to NOK per*



QMGYG 293  
QMGYG 293

~~Scheurich, Joseph A.~~

293 Scheurich, Joseph A

29 July 1946

Mr. Joseph Scheurich  
923 Ridgeway Street  
Gloucester, New Jersey

Dear Mr. Scheurich:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Joseph A. Scheurich, A.S.N. 32 957 961.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Neuville-en-Condroz, plot B, row 12, grave 283.

This cemetery is located nine miles southwest of Liege, Belgium, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

mbk

Handwritten signature and initials

EWZ



INFORMATION GUIDE FOR CR/L TO 1 OK

CEMETERY Condros, # Bel PLOT B ROW 12 GRAVE 283

NAME Scheurich Joseph A. RANK Pvt. AGE 3295-7961

Next of Kin (Relationship) Father

Name Scheurich Joseph

Street 923 Ridgeway St.

City & State Gloucester, New Jersey

Original Burial  Reburial

DATE 7/24/46 Name of Person Executing Form Edward Franklin  
(First) (Last)

Photo Yes  No

X

*mbl.*

*not*

*filed  
7/29/46  
jmc*



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

**Restricted**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

17 April 1945  
Date

500

Scheurich Joseph A. Pvt 32957961  
Last Name First Initial Rank Serial No.

Poteaux, Belg. 22-Dec-44 48 Armd Infantry Bn  
Unit Date of Death Organization  
Est. Jan. 45 GSW pen. rt. chest

1330 17 April 1945 US. Mil. Cem. #1 Neuville-en-Condroz, Belg. VK390187  
Place of Death Date of Death Cause of Death

283 12 B cross  
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags Impossible to obtain tooth chart, or fingerprints due to  
How were remains identified? condition of body.

Identification bracelet (name & ASN engraved), Certification of Birth Record, WDAGO Form #29, New Jersey drivers license, and misc. papers bearing name of above. The above items were forwarded as Personal Effects in the prescribed manner.

What means of identification were buried with the body?

Emb. Plate

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

Who is buried on:					
Deceased's Right:	<u>Fehrenbach</u>	<u>39291755</u>	<u>Pfc</u>	<u>528 Ord.</u>	<u>282</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Barrie</u>	<u>37600786</u>	<u>Unk</u>	<u>Unk</u>	<u>284</u>
	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 Mrs. Eva Scheurich  
Name

923 Ridgeway St., Gloucester, N. J.  
Address

Religion Unk

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

Body delivered by Belgium Mobile Brigade

**Restricted**

*R. E. Barry*  
Signature of Officer or other person reporting burial

FILE  
JUL 31 1945  
all

# 71



### IF DECEASED UNIDENTIFIED

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

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

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

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

4		4
3		3
2		2
1		1
Thumb		Thumb
Left Hand		Right Hand

#### TOOTH CHART

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.

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

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

Characteristics:

Other Data:



WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH mab/tel/4626

DATE 3 February 1945

FULL NAME <u>Scheurich, Joseph A.</u>		ARMY SERIAL NUMBER <u>32957961</u>	GRADE <u>Pvt.</u>
HOME ADDRESS <u>Gloucester, N. J.</u>		ARM OR SERVICE <u>Inf.</u>	DATE OF BIRTH <u>13 Jun 1924</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>22 Dec 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>14 Sep 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Eva M. Scheurich, Mother, 923 Ridgeway St., Gloucester, N.J.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Eva M. Scheurich, Mother, same as above.</u> <u>Mr. Joseph Scheurich, Father, same as above.</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

Combat Infantryman (Authorization furnished when available)

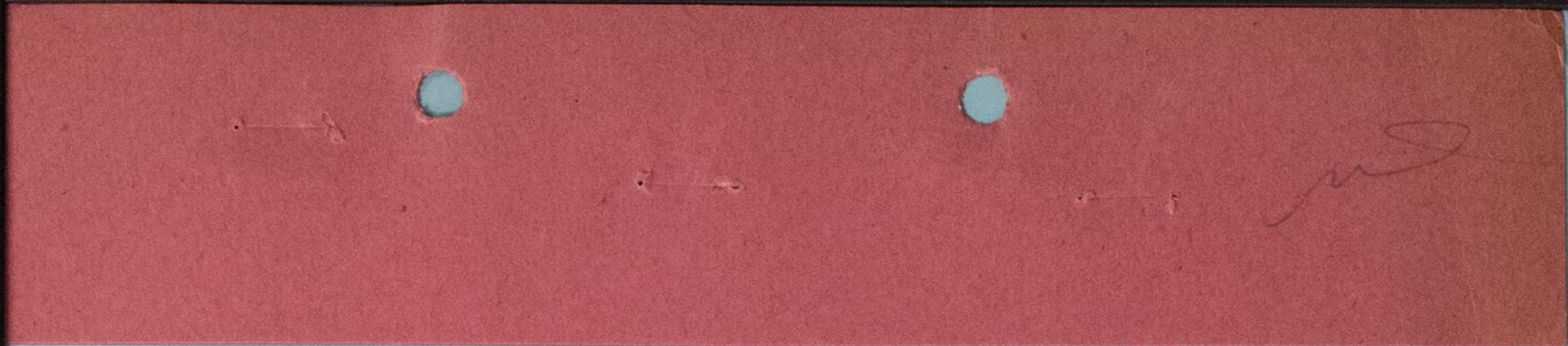
The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 December 1944 until such absence was terminated on 30 January 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

**FILE**  
FEB 13 1945

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

BY ORDER OF THE SECRETARY OF WAR:  
*J. P. C. [Signature]*  
ADJUTANT GENERAL











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

385496

**-BATTLE CASUALTY REPORT**

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
SCHEURICH JOSEPH A		32957961	PVT	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY
	DAY	MONTH	YEAR		
BELGIUM9	24	DEC	44	V	MIA
					SHIPMENT NUMBER
					006

**NAME AND ADDRESS OF EMERGENCY ADDRESSEE**

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS EVA M SCHEURICH	MOTHER	16 JANUARY 1945
NO. AND NAME OF STREET-CITY-STATE		
923 RIDGEWAY STREET GLOUCESTER NEW JERSEY		

REMARKS:

CORRECTED COPY

FTH



CASUALTY BRANCH, A.G.O.

JAN 15 11 54 AM '45

RECEIVED

**ACTION BY PROCESSING AND VERIFICATION SECTION:** REPORT VERIFIED  FORM 43  AG 201 REQ.

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO  DATE

PREVIOUSLY REPORTED NO.  YES  (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO:  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. & R.  NON-DEL.

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY *Brown* REVIEWED BY *Jurubond*

**THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.**

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		CORP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A"  28 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)  
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.



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

JRM:JPH:pam

Case No. 386496

Date 6 September 1945

SUBJECT: Report of transaction in disposing of the effects of

Joseph A. Scheurich, Jr., 32957961 late a  
 (Name of decedent) (Army Serial Number)

Pvt. Infantry who died  
 (Grade) (Organization, Army or Service)

on the 22 day of Dec, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., QM 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 1 September 1945, pursuant to Special Orders 228, Headquarters QM Depot, dated 25 September 1943, the application or affidavit of Joseph Scheurich, Sr. 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, Joseph Scheurich, Sr. of (Name of person found entitled) 923 Ridgeway Street Gloucester State of (Number, Street or Avenue) (City, Town or Village) New Jersey, 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, QMC

(Name, Rank, Organization)  
 SUMMARY COURT MARTIAL



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Joseph Scheurich, Sr.

Effects of:  
Name

Pvt. Joseph A. Scheurich, Jr. 223 Ridgeway Street

ASN

32957961

Gloucester, New Jersey

Case No.

386496 D

Wt.

DATE 6 September 1945

RTB:JFH:pam

*(Handwritten signature)*  
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 SHIP DAMAGED PROPERTY

Franked           
Est. Exp. Chgs.           
Est. Frt. Chgs.          SEP 11 1945  
No. of packages         

*(Handwritten signature)*  
Shipping Clerk



386496  
nr

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

**EFFECTS INVENTORY**  
**ARMY EFFECTS BUREAU**

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

DAMAGED

CONTAINERS ADDRESSED TO	INFORMATION
Mrs. Eva Scheurich 923 Ridgeway St. Gloucester New Jersey.	Mrs. Eva Scheurich 923 Ridgeway St. Gloucester N.J.
NAME AND STATUS VARIATIONS	CROSS REFERENCE

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

file  
of AB  
8-31

TALLY NO. 387	ORIG. NO. OF PKGS. 1	EXAMINING DATE 24 Aug 1945	BOX NO. 8	SHEET 1 OF 1 SHEETS
NAME JOSEPH A. SCHEURICH		A. S. N. 32957961		
ORGANIZATION Co "F" INF		RANK PVT CASE NO.		
WAREHOUSE SPACE 1593A	EXAMINED BY Johnston	DIARY REMOVED		
PACKAGE DESCRIPTION #1 pkg.	PACKED BY L. Mason	PHOTO FILM REMOVED		
WEIGHT	INSPECTED BY [Signature]	MOTION PICTURE FILM REMOVED		
	STORED BY RC	SHIPPED		
		DATE SEP 11 1945	BY WHOM [Signature]	



ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

Band on ring  
bent - saw, Dressed  
broken. Knives  
very rusty  
1 saw. Coin badly  
tarnished.

SHORTAGES

1 Certification of Birth  
Record

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Johnston.  
INVENTORY CLERK

SUPERVISOR

G. I. REMOVED



NAME **scheurich**  
**SCHEURICH, JOSEPH A.** -- 7961

BAY	PALLET	BOX	TALLY
	1	8	387
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 48



**RESTRICTED**  
INVENTORY FORM

18 April 1945  
Date

SUBJECT: Inventory of Personal Effects of:

Scheurich                      Joseph                      A                      Pvt                      32957961  
(Last Name)                      (First Name)                      (MI)                      (Rank)                      (ASN)

TO: Effects Quartermaster, Communications Zone, APO 350 US Army

The above named individual of Unk Infantry  
(Unit)                      (Organization)

was reported KIA about Est. Jan. 45 1944.  
Status (KIA, MIA, Hosp. etc.)                      (Date)

Designated Beneficiary if information readily accessible Mrs. Eva Scheurich  
923 Ridgeway St., Gloucester, N. J.

INVENTORY OF EFFECTS

- 1- New Jersey drivers license ✓
- 2- Ident. bracelet (name & ASN engraved) ✓
- 3- English coin bracelet ✓
- 4- English coin brooch ✓
- 5- silver colored ring (Dutch-girl emblem) ✓
- 6- 2 pocket knives ✓
- 7- 1½ marks (souv) ✓
- 8- Nazi pin (souv) ✓
- 9- plastic wallet, misc. papers ✓
- 10 -Certification of Birth Record ○
- 11- 2 100 FRANK NOTES (BELG) SOUV. ✓

Cash  
~~Belg. 200 francs~~  
NOT ACCEPTABLE AT FINANCE.  
THIS TYPE NOTE WAS CALLED IN  
DURING OCTOBER, 1944

Money in the amount of NONE has been turned into \_\_\_\_\_  
(Name of finance office and

213-172 Form WDFD 38 enclosed.  
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 courier on April 1945.  
(Rail, Truck, etc.)

Name Robert E. Barry  
ROBERT E. BARRY  
Rank & ASN 1st. Lt., QMC  
0-1594017  
Organization 612th QM Gr. Reg. Co.

Any additional pertinent information:



Serial No. 32957961 Name SCHEURICH, Joseph A.

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization INFANTRY

Address \_\_\_\_\_

Nearest Relative MRS. EVA SCHEURICH

Address 923 RIDGEWAY ST. GLouceSTER, MA.

Killed in Action YES Died of Disease \_\_\_\_\_

Date EST. 21 APR 45 Hospital \_\_\_\_\_

Battle Area POTEAUX Information \_\_\_\_\_

Place of Burial US ARMY CEM # 1 INEVILLE EN SANDR. BELG.

Point of Coordination VK 390 187 BELG.

Description of Body \_\_\_\_\_

Members Missing \_\_\_\_\_

Signed \_\_\_\_\_



file  
8/21  
8-31



386496

RIB:JFH:pam  
September 6, 1945

Mr. Joseph Scheurich, Sr.  
923 Ridgeway Street  
Gloucester, New Jersey

Dear Mr. Scheurich:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Joseph A. Scheurich, Jr.

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.

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

Yours very truly,

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


*sw*



751

006 02/18/2010  
 Box #: 19  
 Container: N  
 CC: 00  
 records

W092-70A0001 Received Date : 03/22/2010  
 WNR-01-09-027-1-015-03-002

Refile #:   
 ARF1-235494206 **Box #: 8791**

Case/File: SCHEURICH, JOSEPH A. 32957961

To : NANCY MCNEIL  
 THE ADJUTANT GENERAL (CMAOC), 200 STOVALL STREET, RM. 4S33  
 ALEXANDRIA, VA, 22332  
 P : (703) 325-1450 F :