Shipment NY-006-R Robert F. Burns

MH

1

6.B.

DISINTERMENT DIRECTIVE

1446

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 1240 13496

DATE: 10 (DAY) 09 (MONTH) 47 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
SANTINY SHAFTER L	38194228	PVT	1	DAY / MONTH / YEAR

CEMETERY		DISPOSITION OF REMAINS
HENRI CHAPELLE EUPEN	1	8800 (CODE) 06 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
SS	7	138	BELGIUM	2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FALGOUT FUNERAL PARLOR
RACELAND, LOUISIANA

NAME AND ADDRESS OF NEXT OF KIN
MR. LEONCE SANTINY
GRAND ISLE, LOUISIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
SANTINY SHAFTER L	38194228	PVT	23 DEC 44	6 NOV 47

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[ ] REMAINS [X] MARKER	MED DET, 48TH ARMD INF BN 5TH ARMD INF DIV	C	RAYMOND G JOHNSON 1/LT. MORGUE DIREC. (NAME AND TITLE) INF.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: REMNANT MATTRESS COVER

CONDITION OF REMAINS: DISARTICULATED.

OTHER MEANS OF IDENTIFICATION: NO CONFLICTING EVIDENCE FOUND.

MINOR DISCREPANCIES 1: NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 NOVEMBER 1947 BY ESMOND C LYONS EMB. SUPV.

CASKET SEALED BY: ESMOND C LYONS EMB. SUPV.

EMBALMER (Signature): ESMOND C LYONS EMB. SUPV. 537 QM.SV.CO.

CASKET BOXED AND MARKED

DATE 21 NOV 47 BY MAC G MOUTON CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY: ESMOND C LYONS EMB. SUPV.

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

RAYMOND G JOHNSON 1/LT. INF.

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HENRI CHAPELLE, BELGIUM		TO LIEGE, BELGIUM (BARGE LOADING PT)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SGT LUPE J VALENZUELA RA 39570049	
SIGNATURE OF SHIPPER CAPT MATHIAS HUMMEL 0897092	DATE 16/1/48	SIGNATURE OF RECEIVER	DATE 16/1/48

2. SHIPPED

FROM LIEGE, BELGIUM (BARGE LOADING PT)		TO ANTWERP PORT Pier 140	
KIND OF CONVEYANCE BARGE PETRUS		NAME OF CONVOYER SGT FLOYD L VAUGHN RA 35568872	
SIGNATURE OF SHIPPER 1st Lt VERNON N HOYT 01325894	DATE 16/1/48	SIGNATURE OF RECEIVER	DATE 19 JAN 1948

3. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT ROBERT F. BURNS	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 8 MAR 1948	SIGNATURE OF RECEIVER	DATE 8 MAR 1948

4. SHIPPED

FROM USAT "ROBERT F. BURNS"		TO NYPE	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER ELROY N. NATHAN, 1st L.T. T.C.	DATE 31 MAR 1948	SIGNATURE OF RECEIVER For JAMES L. McKINNON COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE 31 MAR 1948

5. SHIPPED

FROM NYPE		TO DeH6	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JAMES L. McKINNON COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE APR 9 1948	SIGNATURE OF RECEIVER	DATE 4/12/48

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

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Shafter L. Santiny, 38 194 228
Plot SS, Row 7, Grave 138,
United States Military Cemetery
Henri-Chapelle, Belgium

3 March 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, _____ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

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

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (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.)*

File
5/1/47
[illegible]

16—50411-1

OQMG FORM 345 MILITARY
14 NOV 1946

818

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
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.

(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 _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
Santiny	Leonce	—
RELATIONSHIP TO THE DECEASED: Father		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
—	Grand Isle,	Louisiana

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

March 13th 1947 (DATE)

Maria B. Santiny (SIGNATURE OF NEXT OF KIN)

4038 Laurel (STREET AND NUMBER)

MARIA B. SANITINY (NAME PRINTED OR TYPED)

New Orleans, La. (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)

16—50410-1

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Shafter L. Santiny, 38 194 228
Plot SS, Row 7, Grave 138,
United States Military Cemetery
Henri-Chapelle, Belgium

12 May 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, LEONCE SANTINY
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☒ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

GRAND ISLE CATHOLIC CEMETERY, GRAND ISLE, JEFFERSON PARISH, LA.
(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.)*

W.D. proc. 8 Sept. '47
CMB

NONE

Corrected
22 Aug 47
M Baker

8/5/47

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

AUG 14

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN RACELAND	COUNTY OR PROVINCE LAFOURCHE	STATE OR TERRITORY OF U. S. A., OR COUNTRY LOUISIANA
EXPRESS OFFICE (*Nearest railroad passenger station*) RACELAND, LOUISIANA,	TELEGRAPH ADDRESS SAME		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 MRS. SANTINY	FIRST NAME NATHALIE	MIDDLE INITIAL NONE	RELATIONSHIP TO DECEASED MOTHER
NUMBER AND STREET	CITY OR TOWN GRAND ISLE,	COUNTY OR PROVINCE JEFFERSON,	STATE OR TERRITORY OF U. S. A., OR COUNTRY LOUISIANA,

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.

Leonce Santiny
(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

LEONCE SANTINY
(NAME PRINTED OR TYPED)

GRAND ISLE, LA.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 1st day of July, 1947, at city (or town) of Grand Isle, county of Jefferson, and State (or Territory or District) of Louisiana,

T. Mercedes Adam
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

16—50411-1

PART [illegible]-RELINQUISHMENT OF DISPOSITION AUTH[illegible]TY

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

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

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

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

(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 INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

REPATRIATION
RECORDS BRANCH

22 Nov 1946
DATE

PVT

NAME SANTINY SHAFTER L

SERIAL NO. 38194228

CEMETERY HENRI CHAPELLE BEL

PLOT SS

ROW 7

GRAVE 138

LETTER FIELP

Rank
Orig

Peterson
SPECIAL CHECKER

File
9 Dec 46
N Doughty
NAX

NY006-R
Conf

WU K10 22 1 EXTRA COLLECT

TDNS GRAND ISLE LA MAR 27 1018A

PRIORITY GENERAL DEPOT

ATTN AMERICAN GRAVE REGISTRATION DIVISION

I WISH THAT THE REMAINS OF LATE PRIVATE SHAFTER L SANTINY

BE DELIVERED TO FALGOUT FUNERAL PARLOR AT RACELAND LOUISIANA

LEONCE SANTINY (FATHER)

610A MAR 29 KX

NEW LOI

Date 5/1 1947

293 Pvt Shafter L. Santiny 38 194 228

Rank Name A. S. N.

LOI to be sent to:

Henri Chapelle

Cemetery

SS 7 138

Plot Row Grave

Mr. Mrs. Miss Leonce Santiny

Name

Street

Grand Isle

City

La

State

FILE

5 MAY 1947

aha

NEW LOI

Date 5/1 1947

Pvt Shafter L. Santiny — 38 194 228

Rank — Name — A. S. N.

LOI to be sent to:

Henri Chapelle

Cemetery

Mr.
~~Mrs.~~
~~Miss~~ Leonce Santiny

Name

SS — 7 — 138

Plot — Row — Grave

Street

Grand Isle

City

La

State

B

WA154

/5/

WQG V WAR NRW 45/8 40/39 COLLECT

NEWORLEANS LA SEP 8 1947 233P

OFFICE OF THE QUARTERMASTER ATTENTION MAJOR COOMBS ENC XXXXXX

END COOMBS /0317432/IMEMORIAL DIVN WASHDC

IN ANSWER TO YOUR TELEGRAM OF SEPT 3 47 I WANT THE REMAINS

OF MY SON LATE PRIVATE 293 SHAFTER SANTINY SERIAL NUMBER

38194228 TO BE SENT TO FALGOUT FUNERAL PARLOR LEONARD

FALGOUT DIRECTOR AT RACELAND LAFOURCHE PARISH LOUISIANA

LEONCE SANTINY

352P

3 47 38194228.

Mem RR

B

WA154

SEP 9 10 37 AM '47

Q.Q.M.G.
TEL. & CAB
SECTION

/5/

WQG V WAR NRW 45/8 40/39 COLLECT

NEWORLEANS LA SEP 8 1947 233P

OFFICE OF THE QUARTERMASTER ATTENTION MAJOR COOMBS ENC XXXXXX

END COOMBS /0317432/IMEMORIAL DIVN WASHDC

IN ANSWER TO YOUR TELEGRAM OF SEPT 3 47 I WANT THE REMAINS

OF MY SON LATE PRIVATE SHAFTER SANTINY SERIAL NUMBER

293

38194228 TO BE SENT TO FALGOUT FUNERAL PARLOR LEONARD

FALGOUT DIRECTOR AT RACELAND LAFOURCHE PARISH LOUISIANA

LEONCE SANTINY

352P

3 47 38194228.

Mem RR

RECORD ATTACHED

RESTRICTED

68580

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

24 Dec. 44
Date

Last Name	First	Initial	Rank	Serial No.
SANTINY	SHAFTER	L.	~~UNKNOWN~~ Pvt	38194228

Unit: ~~Unknown~~ 48th Armd Inf Bn Med Det

Organization: ~~Unknown~~ 5th ARMD INF DIV

Place of Death	Date of Death	Cause of Death
~~Unknown~~ Belgium	23 Dec. 44	MW. Chest and Butt.

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1700-hrs, 24 Dec. 44	Henri Chapelle # 1	K 721-348

Grave Number	Row Number	Plot Number	Type of Marker
138	7	S S	Perm.

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:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Rubano, Peter O	32219344			139
Deceased's Left:	Wimmer Oliver P	16122881			137

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

SHAFTER L SANTINY
38194228 T42 -44 A
MARIA B SANTINY
4038 LAUREL ST
NEW ORLEANS LA

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

Emergency Addressee

Name

Address

Religion

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

None.

MAR 8 1945

Signature of Officer or other person reporting burial

NEAL F. RAKER
1st Lt. QMC
Graves Registration Officer

Verified by G.R.S. Officer

Inc #87

RESTRICTED

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

(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: 8 7 6 5 4 3 2 1 — Deceased's Left: 1 2 3 4 5 6 7 8

Upper: 8 7 6 5 4 3 2 1 — Lower: 1 2 3 4 5 6 7 8

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

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.

AG P BR HQ SOS /22560

QMGYG 293
Santiny, Shafter L. 38 194 228

24 June 1946

Mrs. Maria B. Santiny
4038 Laurel Street
New Orleans, Louisiana

Dear Mrs. Santiny:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Shafter L. Santiny, A.S.N. 38 194 228.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Henri-Chapelle, Belgium, plot SS, row 7, grave 138.

This cemetery is located approximately seven miles southwest of Aachen, Germany, five miles northwest of Eupen and eight miles east of Liege, both in Belgium, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

bn

LK

393

Pvt. Shafter L. Santiny, 38 194 828
Plot 88, Row 7, Grave 138,
United States Military Cemetery
Henri-Chapelle, Belgium

3 March 1947

Mrs. Maria B. Santiny
4038 Laurel Street
New Orleans, Louisiana

Dear Mrs. Santiny:

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

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

Encl

QMGMR 293
Santiny, Shafter L.
A.S.N. 38 194 228

21 January 1947

Mrs. Maria B. Santiny
4038 Laurel Street
New Orleans, Louisiana

Dear Mrs. Santiny:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your husband, the late Private Shafter L. Santiny, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl
Photograph

G. A. HORKAN
Brigadier General, QMC
Assistant

mg

C4

Pvt. Shafter L. Santiny, 38 194 228
Plot SS, Row 7, Grave 138,
United States Military Cemetery
Henri-Chapelle, Belgium

12 May 1947

Mr. Leonce Santiny

Grand Isle, Louisiana

Dear Mr. Santiny:

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.

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Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

OQMG MEM DIV REPAT REC BR EXT 5072 UNCLASSIFIED

MR LEONCE SANTINY
GRAND ISLE LOUISIANA R

REQUEST FOR DISPOSITION OF REMAINS FORM RECEIVED FOR YOUR SON THE LATE PRIVATE SHAFER L SANTINY SERIAL NUMBER 38 194 228 STOP REQUEST THAT YOU ADVISE THIS OFFICE NAME OF FUNERAL DIRECTOR WHO WILL RECEIVE REMAINS UPON RETURN TO UNITED STATES STOP WIRE REPLY COLLECT TO OFFICE OF THE QUARTERMASTER GENERAL MEMORIAL DIVISION ATTENTION MAJOR COOMBS END COOMBS

COOMBS
Memorial Division
OQMG

gs

REC
CJ

RECORDS BRANCH
SEP 3 12 53 PM '47
MEMORIAL DIVISION Q.M.G.
TELEGRAPH SECTION

UNCLASSIFIED

QMGMF 293 Santiny, Shafer L. 3 Sept 47
SN 38 194 228 8:40

R. M. BAUKNIGHT
Lt Col, QMC, Memorial Division

OQMG MEM DIV REPAT REC BR EXT 5072 UNCLASSIFIED

MR LEONCE SANTINY
GRAND ISLE LOUISIANA R

REQUEST FOR DISPOSITION OF REMAINS FORM RECEIVED FOR YOUR SON THE LATE PRIVATE SHAFER L SANTINY SERIAL NUMBER 38 194 228 STOP REQUEST THAT YOU ADVISE THIS OFFICE NAME OF FUNERAL DIRECTOR WHO WILL RECEIVE REMAINS UPON RETURN TO UNITED STATES STOP WIRE REPLY COLLECT TO OFFICE OF THE QUARTERMASTER GENERAL MEMORIAL DIVISION ATTENTION MAJOR COOMBS END COOMBS

COOMBS
Memorial Division
OQMG

UNCLASSIFIED

QMGMF 293 Santiny, Shafer L. 3 Sept 47 R. M. BAUKNIGHT
SN 38 194 228 8:40 Lt Col, QMC, Memorial Division

Standard Form No. 1034a—Rev.
Form approved by
Comptroller General, U. S.
May 26, 1938
(Amended August 15, 1941)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 12648
Bu. Vou. No. 1372

GENERAL ACCOUNTING OFFICE PREAUDIT
Certified for payment in the sum of $_____
Comptroller General of the United States
By_____

U. S. Department of the Army, Memphis General Depot
(Department, bureau, or establishment)
Voucher prepared at Memphis 2, Tenn. 17 May 48
(Give place and date)
THE UNITED STATES, Dr.,
To Falgout Funeral Home
(Payee)
Address Raceland, La.
Payee's Account No._____

PAID BY
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	Articles or Services (Enter description, item number of contract or general supply schedule, and other information deemed necessary) Terms_____% Discount Cash_____days	Quantity	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Brought forward from continuation sheet(s)					
		As per Invoice Attached 293				10.00	
		Hearse Service for the late Shafter L. Santiny, PVT 38194228					
					Total	10.00	

Shipped from_____ to_____ Weight_____ Government B/L No._____

(Payee must NOT use this space)
Differences_____
Account verified; correct for_____
(Signature or initials)_____

Contract No._____ Date_____ Req. No._____ Date_____ Invoice Rec'd

FILE

4

10.00

MEMORANDUM

H.A.PFANSCHMIDT
Fiscal Officer

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n or Proj't Amount	Appropriation Amount
21X1805	807-43 P430-03 S 99-999		10.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount

Paid by { Check No. 804727 dated May 19, 1948, for $ 10.00 } on Treasurer of the United States in favor of payee name above.
{ Cash, $_____, on_____, 19____, Payee_____ }

(Sign original only)

*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
†If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for $_____", and over his official title.

Per_____
Title_____

☆ U. S. GOVERNMENT PRINTING OFFICE: 1947 - 758861

Method of or Absence of Advertising

(Section 3709 of the Revised Statutes)

1. After advertising in newspapers.

2. (a) After advertising by circular letters sent to _____ dealers.

   (b) And by notices posted in public places.

   (If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made. The notation on the certificate on the face of the voucher must be "2(a) (b)" or "2(a)", depending on whether or not notices were posted.)

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.

4. Without advertising in accordance with _____

5. Without advertising, it being impracticable to secure competition because of _____

_____

_____

_____

_____

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No 51, Supplement No. 6, General Accounting Office, Aug. 20, 1930.)

RECEIPT OF REMAINS

DISTRIBUTION CENTER
MEMPHIS GENERAL DEPOT, MEMPHIS, TENNESSEE

ROUTINE 4 MAY 1948

REMAINS CONSIGNED TO:
FALGOUT FUNERAL PARLOR
RACELAND, LOUISIANA

REMAINS OF THE LATE PRIVATE SHAFTER L SANTINY SN 38194228 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TWO TWENTY TWO AM EIGHTH MAY AND DUE TO ARRIVE RACELAND JUNCTION TRAIN NUMBER SEVEN SOUTHERN PACIFIC RAILROAD AT TEN FORTY EIGHT AM RAILROAD TIME EIGHTH MAY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FOR REMAINS AND ESCORT FROM RACELAND JUNCTION RAILROAD STATION TO RACELAND LOUISIANA AND OF ESCORT FROM RACELAND TO RACELAND JUNCTION LOUISIANA. YOU ARE DIRECTED TO NOTIFY NEXT OF KIN CONTENTS OF THIS MESSAGE.

Charles M. Odenwalder
CHARLES M ODENWALDER
CAPTAIN, QMC

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

THIS 8 (DAY) DAY OF May (MONTH), 19 48

Frank R Vincent Sgt.
WITNESS (Escort)

Leonard Falgout Jr.
CONSIGNEE

File
NAT
Records another
28 May 48
M. Dent
AGR Branch

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE

H 00 Pm

INSPECTION CHECKLIST
(FOR USE AT OVERSEAS PORT. U.S. PORT, AND DISTRIBUTION CENTER) 2-M-321

NAME	RANK	SERIAL NO.
SANTINY, SHAFTER L	PVT	38 194 228

SOURCE	CONSIGNEE
HENRI CHAPELLE EUPEN BELGIUM	FALGOUT FUNERAL PARLOR RACELAND, LOUISIANA

SHIPPING CASE - General Appearance (Check Only Discrepancies)

✓	FINISH (Exterior)
	FINISH (Interior)
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE
	HEALTH PERMIT MARKER
	HEALTH PERMIT NUMBER

CONDITION OF SHIPPING CASE (Check One): ☐ SATISFACTORY ☒ UNSATISFACTORY

REMARKS: Check corners
Repair sides

Touchup 10 min TR

CASKET - General Appearance (Check Only Discrepancies)

✓	FINISH (Exterior)
✓	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS (Sealing)
	ODOR AND MOISTURE

CONDITION OF CASKET (Check One): ☐ SATISFACTORY ☒ UNSATISFACTORY

REMARKS Touch Rims
Knobs missing all around
touch up 5 min TR
BE.

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM

Condition of Remains: ☐ Satisfactory ☐ Unsatisfactory

NECESSARY DISINFECTION (Explain)

☒ REPAIR SHOP

Casket Repaired	☐ Yes	☐ No
Casket Exchanged	☐ Yes	☐ No
Shipping Case Repaired	☒ Yes	☐ No
Shipping Case Exchanged	☐ Yes	☐ No

REMARKS 20 MINS HB 950
OK for Shipping 4/29/48 GB

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR

REMARKS

O.K. Outgoing 5/7/48

N. B. W.

QMC Form (Rev. 1 Jan 47) 8-5054

DP19 121 GOVT PAID WUX MEMPHIS TENN MAY 04

FALGOUT FUNERAL PARLOR

RACELAND LA

REMAINS OF THE LATE PRIVATE SHAFTER L SANTINY SN 38194228 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TWO TWENTY TWO AM EIGHTH MAY AND DUE TO ARRIVE RACELAND JUNCTION TRAIN NUMBER SEVEN SOUTHERN PACIFIC RAILROAD AT TEN FORTY EIGHT AM RAILROAD TIME EIGHTH MAY REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FOR REMAINS AND ESCORT FROM RACELAND JUNCTION RAILROAD STATION TO RACELAND LOUISIANA AND OF ESCORT FROM RACELAND TO RACELAND JUNCTION LOUISIANA YOU ARE DIRECTED TO NOTIFY NEXT OF KIN CONTENTS OF THIS MESSAGE QMDMK 85

CHARLES M ODENWALDER

CAPTAIN QMC...

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR				

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*) MEMPHIS GENERAL DEPOT, MEMPHIS, TENN.

SECURITY CLASSIFICATION: UNCLASSIFIED

PRECEDENCE FOR — ACTION: ROUTINE — INFORMATION:

[X] ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE — IDENTIFICATION: — CLASSIFICATION:

ACTION TO:

- MR LEONCE SANTINY
- GRAND ISLE LOUISIANA
-

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PVT SHAFTER L SANTINY ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO FALGOUT FUNERAL PARLOR RACELAND LOUISIANA LOUISIANA . PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RACELAND JUNCTION RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS.

REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO MEMPHIS GENERAL DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION MEMPHIS TENNESSEE ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

CHARLES M ODENWALDER
CAPTAIN, QMC

/C/

SECURITY CLASSIFICATION: UNCLASSIFIED

AUTHORIZATION — SIGNATURE:

ORIGINATING AGENCY — SYMBOL: QMDMK 724 ODENWALDER — DATE-TIME GROUP: MAR 25 '48 SENT

OFFICIAL TITLE: DAN L. MILLER, Lt.Col.,QMC Chief, AGR Division

PAGE 1 OF 1

ACCTS. OF
G. L. BOYLE
Col., F.D.
Memphis, Tenn.
210-237
STA. 586
MAY 1948

CLAIM VALID
REPATRITION

CERTIFICATE

(AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A — REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
293 SARTINY, SHAFTER L	PVT	SS 194 228	USA

I certify that the sum of $ 75-00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
Grand Isle Catholic Cemetery Grand Isle La	Grand Isle La	La

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to: (Original & 3 copies)
   Memphis General Depot
   AGR Division
   Memphis 2, Tennessee
3. Type or print name underneath your signature in space marked "Signature of Claimant".

SIGNATURE OF CLAIMANT: Leo A Sartiny

ADDRESS OF CLAIMANT (City, Street or RFD, and State): Grand Isle La

RELATIONSHIP TO DECEDENT: Brother

DATE: 5/8/48

PART B - NATIONAL OR POST CEMETERY

B — REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT

I certify that the sum of $ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to: (Original & 3 copies)
   Memphis General Depot, AGR Division
   Memphis 2, Tennessee
3. Type or print name underneath your signature in space marked "Signature of Claimant".

SIGNATURE OF CLAIMANT:

ADDRESS OF CLAIMANT (City, Street or RFD, and State):

RELATIONSHIP TO DECEDENT:

DATE:

PAID MAY 1948

QMC FORM 1236
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5048 AND QMC FORM R-5066, WHICH ARE OBSOLETE.

1360

EXPLANATI OF PART A - CIVILIAN OR PRIVATI METERY

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

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

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

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

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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

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

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

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

BK

State of Louisiana,
Parish of Jefferson,

Personally came and appeared before me, the undersigned authority Mrs. Maria Bradberry Santiny, well known to me, who, being duly sworn, deposeth and saith that as the next of kin of the deceased name in part 1 of Form No. 49-R277: Pvt. Shafter L. Santiny, 38 194 228 Plot SS, Row 7, Grave 138, U.S. Military Cemetery, Henri-Chapelle, Belgium. do hereby relinquish my rights to direct the final disposition of the remain of the said deceased to next of kin; LEONCE SANTINY FATHER, whom I understand shall have the right to direct final disposition of the remain of the deceased.

Sworn to and subscribed before me, this 1st day of July, 1947.

Maria B. Santiny (Widow)

T. Mercedes Adam
Notary Public

T. MERCEDES ADAM
NOTARY PUBLIC.

T. MERCEDES ADAM NOTARY PUBLIC JEFFERSON PARISH

RECEIVED

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

In Reply Refer To
QMGMR 314.6
Graves Registration
(European, U. S. Misc.)

9 December 1946

SUBJECT: Burial Records

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery: U. S. Military Cemetery, Henri-Chapelle, Belgium

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE	ORGANIZATION
Rinkle, Luther M.	Pvt	38 666 967	DDD	3	59	Co. "G", 333rd Inf. Regt., 84th Inf.Div.
Santiny, Shafter L.	Pvt	38 194 228	88	7	138	Med. Det., 48th Armd. Inf. Bn., 5th Armd. Inf. Div.

293

2. The records of this office have been reverified with the records of the Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

Martin G. Riley

MARTIN G. RILEY
Major, QMC
Assistant

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 23 January 1945
ESS/4624

FULL NAME	ARMY SERIAL NUMBER	GRADE
Santiny, Shafter, L.	38 194 228	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
New Orleans, Louisiana	MD	21 Jan 1905
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Wounds received in action	23 Dec 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	13 July 1942	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Maria B. Santiny, wife, 4038 Laurel St., New Orleans, La.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Maria B. Santiny, wife, same as above
Mrs. Natalie R. Santiny, mother, Grand Isle, La.
Mr. Leo Santiny, brother, same as mother's

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

[X] BATTLE [ ] NON-BATTLE

Evidence of death rec'd in WD 18 Jan 1945

92

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

BY ORDER OF THE SECRETARY OF WAR:

A. Curl

ADJUTANT GENERAL

File

WD AGO FORM 52-1 THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH