DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
1600 SPEARHEAD DIVISION AVENUE DEPT # 103
FORT KNOX, KY 40122-5100

Freedom of Information Act

ATTN MR WERNER VAN OSCH
EMMASTRAAT 7
5981 BN PANNINGEN
THE NETHERLANDS

Dear Mr. Osch:

This is in response to your Freedom of Information Act request for a copy of the Individual Deceased Personnel File (IDPF) pertaining to Robert C. Ostdick.

The IDPF for Robert C. Ostdick has been located and is attached. All relevant and available information was included in the IDPF at the time it was created. There is no additional responsive information maintained by this Command. Please be advised that we do not specialize in historical information and cannot speculate, evaluate documents or circumstances, or draw conclusions in order to answer any questions you may have about the IDPF.

If you have any questions concerning this response, please contact our office at 502-613-4400 or FOIA.HRC@conus.army.mil.

Due to administrative reasons, all FOIA fees are waived at this time.

Sincerely,

Eric Chidester

Thomas M. Jones
Chief, Freedom of Information
and Privacy Act Office

10-1040

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

INDIVIDUAL DECEASED PERSONNEL FILE

OSTDICK, ROBERT C.

44

MEMORIAL DIVISION
REGISTRATION BRANCH
RECORDS SECTION

293 Ostdick, Robert C. DATE 13 December 1951

2/Lt 01 015 004

SUBJECT: CORRECT NAME, RANK AND/OR SERIAL NUMBER OF DECEDENTS.

1. The Official spelling of name, the rank, and/or the serial number of Army World War II Decedents is determined by the Adjutant General's Office.

2. The name, rank and/or serial number of subject decedent has been verified with the Adjutant General's Office this date to be correct as shown below:

NAME: Ostdick, Robert C.

RANK: 1/Lt

ASN: 01 015 004

3. Paragraph #6, Memorial Division, Information Bulletin #11, dated 20 May 1949, Subject: "Minor Changes in Name, World War II Decedents", is quoted below for information.

> "Memorial Division records pertaining to a decedent for whom a minor change in name is made as herein provided will be maintained under the Official name of the decedant, as shown on AGO or similar records. However, in all subsequent correspondence with the next of kin, including final grave location letter, the spelling desired by the next of kin will be used."

Robert G. Lay
ROBERT G. LAY
MAJOR, QMC
Chief, Records Section

PER: Corrected Report of Death

FROM: AGO

DATED: 5 October 1951

NAME: H F Bond

NAT
FILE
RECORDS ANNOTATED
DATE 13 Dec 1951
NAME H. F. BOND
REGIS BR MEM DIV

I CERTIFY that the typed names appearing above are the as the original signatures on file No. 4 copy of 1194 conc

1

USMC Margraten Plot G, Row 6, Grave 6
Date of Burial: 28 Jan 49
Verified by GRS Officer
WILLARD B OWEN, Captain Inf

DISINTERMENT DIRECTIVE

Raymond J. Rodriguez
RAYMOND J RODRIGUEZ
CWO USA W 2107098

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
	4650 12019	15 10 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
OSTDICK ROBERT C	01015004	2 LT	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	DIST. CTR.
MARGRATEN HOLLAND	B	12	287	4601	80

SECTION B — CONSIGNEE AND NEXT OF KIN

Flag sent 28 Jan 49

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MARGRATEN, HOLLAND	CHARLES J. OSTDICK (FATHER) GREENWOOD AVENUE GLENVIEW, ILLINOIS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

FILE
13 MAY 1949
BRANCH
MEM. DIV

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED DATE BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 30 MAR 1949

174

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

1

USMC Margraten Plot G, Row 6. Grave 6
Date of Burial: 28 Jan 49
Verified by GRS Officer

DISINTERMENT DIRECTIVE

WILLARD B OWEN, Captain Inf

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
OSTDICK ROBERT C	01015004	2 LT	1	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	12	287	MARGRATEN HOLLAND	

SECTION B — CONSIGNEE AND NEXT OF KIN Flag sent 28 Jan 49

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 DISINTERRED
ROBERT C. OSTDICK	01015004	2 LT.		12 JULY 48.

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER		C	DAVID W. BROWN 1/LT.INF

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM	COMPLETE. ADVANCED STATE DECOMPOSITION

OTHER MEANS OF IDENTIFICATION

7TH ARMORED DIVISION PATCH

MINOR DISCREPANCIES *1*

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 JULY 48 BY THOMAS H. JAMES, EMBALMER

CASKET SEALED BY	EMBALMER (Signature)
THOMAS H. JAMES	THOMAS H. JAMES

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 12 JULY 48 BY BRADFORD W. JENNINGS CLERK RECORDER	ALL PLATES TAGS MARKINGS VERIFIED BY ERNEST J OGLESBY JR. 1/LT. CAV.

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

ERNEST J. OGLESBY JR. 1/LT. CAV.
SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

VG

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

30 March 1949

2/Lt. Robert C. Ostdick, ASN 0-1 015 004
Plot G, Row 6, Grave 6
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

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

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 6-23 3-8-48 SC 3883-B

2nd Lt Robert C. Ostdick, 01 015 004
Plot B, Row 12, Grave 287,
United States Military Cemetery
Margraten, Holland

25 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I.

I, CHARLES J. OSTDICK, (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. MARGRATEN - HOLLAND

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

Unresolved 6/30/48 NONE

10/22/48

NOV 8 1948

AUG 1 9 1949

OQMG FORM 14 NOV 1948 345 MILITARY

PAGE 3.

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.

Charles J. Ostdick

CHARLES J. OSTDICK
(SIGNATURE OF NEXT OF KIN)

Greenwood Ave
(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

Glenview Ill
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of May, 1948, at city (or town) of Glenview, county of Cook, and State (or Territory or District) of Illinois

Edwin J. Nissel
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

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.

RECEIVED APR 22 1948 FAMILY CORRES. BR.

DEC 30 1947

RECEIVED JUN 2 1948 FAMILY CORRES. BR.

RECEIVED DEC 26 1947 C.Q.M.G. M & R BR.

47 21430

MEMORIAL DIVISION
FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Ostdick, Robert T-11 Quartermaster Father #1
NAME RANK ASN 345 signed by the Option Selected

Margraten B 12 287
Cemetery PLOT ROW GRAVE Consignee

Address

Write NOK Mr. ~~Mrs.~~ ~~Miss~~ Charles J Ostdick Father
relationship
Greenwood Ave (Address)
Glenview Ill (City and State)

A. Action to Family Letters Section

1. ( ) Indicate RELATIONSHIP
2. ( ) Indicate OPTION desired.
3. ( ) Indicate CEMETERY in which interment desired.
4. ( ) Indicate Country (HOMELAND) of deceased or NOK.
5. ( ) Indicate CONSIGNEE Name and/or address.
6. (✓) Obtain SIGNATURE of NOK. Page #2
7. (✓) Obtain NOTARIZATION
8. ( ) Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made.

B. Action to Case Resolution Unit, FCA:

9. (Secure DOCUMENTS (Remarriage),(Birth), (Death), (Other_____)
10. ( ) Reply to REMARKS on IRF
11. ( ) SPECIAL INSTRUCTIONS: _____

12. ( ) Inform Party listed Below of Action taken by this Office

Name_____ _____ Relationship
_____ (address)
_____ (city and state)

Orig-With 345
Dup-M&R for 293 file

J M Brook 5-12-45
Acceptance Clerks Name Date

FILE
Name M C Neal
Action Notified
Acceptance Section
Family Corres. Branch

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

IN REPLY REFER TO BURIAL OF
2/Lt. Robert C. Ostdick, 01 015 004
Plot B, Row 12, Grave 287
USMC Margraten, Holland

18 May 1948

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

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

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

Upon receipt of the corrected Reply Form, and this letter, action will will be taken to process this case.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

2 Incls.
1. Request for Disposition form
2. Return Envelope

el

48 6539

2/Lt. Robert C. Ostdick, 01 015 004
Plot B, Row 12, Grave 287
USMC, Margraten, Holland

7 April 1948

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

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

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

Upon receipt of the corrected Reply Form, and this letter, action will be taken to process this case.

2Incls.

1. Disposition Form
2. Self addressed envelope

el

RICHARD B. COOMBS
Major, QMC,
Memorial Division

RBC

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Robert C. Gotsch 2/Lt 0101500[illegible] — —
Name Rank ASN 345 Signed by Option Selected

Mary Lane B-10 237 —
Cemetery Plot Row Grave Consignee

—
Address

Write NOK Mr. Mrs. Miss. Charles D. Gotsch Father
Name Relationship

[illegible] Ave. (Address)

[illegible], Illinois (City and State)

A. Action to Family Letters Section

1. ( ) Indicate RELATIONSHIP

2. ( ) Indicate OPTION desired

3. ( ) Indicate CEMETERY in which interment desired

4. ( ) Indicate Country (HOMELAND) of deceased or NOK

5. ( ) Indicate CONSIGNEE - Name and/or Address

6. (✓) Obtain written SIGNATURE of NOK

7. ( ) Obtain NOTARIZATION

8. ( ) Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. ( ) Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other_____)

10. ( ) Reply to REMARKS on IRF

11. ( ) SPECIAL INSTRUCTIONS: _____

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

Name _____ Relationship

Address _____

City _____ State _____

Orig-With 345
Dup-M&R for 293 File

Mary P. Witt 24 Mar 45
Acceptance Clerk's Name Date

File
E Brennan
24 Mar 45
M Witt

2nd Lt Robert C. Ostdick, 01 015 004
Plot B, Row 12, Grave 237,
United States Military Cemetery
Margraten, Holland

25 November 1947

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

twf

SPQYG 293
Ostdick, Robert C.
S. N. 01 015 004

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

29 March 1946

Mr. and Mrs. Charles Ostdick
Greenwood Road
Glenview, Illinois

Dear Mr. and Mrs. Ostdick:

Your letter concerning your son, the late Second Lieutenant Robert C. Ostdick, has been received in this office.

The official Report of Burial discloses that the remains of your son were interred in Plot B, Row 12, Grave 287, in the United States Military Cemetery, Margraten, Holland, located approximately twelve miles northwest of Aachen, Germany and eight miles southeast of Maastricht, Holland.

Please accept my sincere sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

LOUIS M. STAGGS
2d Lieut., QMC
Assistant

vmb

LMS

Glenview Ill
March 13, 1946.

Quartermaster General.

Dear Sir:

Could you please tell us where our boy is buried. He was St. Robert Ostdick 01015004 of the 943 Cav. Rcn. Sq. (Mecz) Co. 7. Killed in Holland Oct. 27, 1944.

Sincerely

Mr. & Mrs. Charles Ostdick
Greenwood Rd.
Glenview Ill.

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

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

36 4987

22 Nov. 1944
Date

Ostdick — Last Name; Robert — First; C. — Initial; 2nd Lt. — Rank; 0-1015004 — Serial No.

7th Armored — Unit; 87 CAV RCN SQ MT — Organization

Meijel. Holland — Place of Death; ~~15 Nov. 1944~~ 27 Oct 44 (Est.) — Date of Death; KTA — Cause of Death

1000 22 Nov. 1944 - U. S. Mil. Cem. Margraten, Holland - VK 645482
Time and Date of Burial; Name of Cemetery; Name or Coordinates of Location

287 — Grave Number; 12 — Row Number; B — Plot Number; Wooden Cross — 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?

REBURIAL

What means of identification were buried with the body?

GRS embossed plate

Pr... ...ed gra

Located at Meijel, Holland
Grid Coord. E 710069

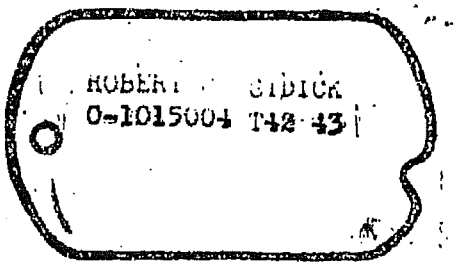
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Lawrence McCoy Jr. 35247233 Pvt. 2nd Armored 286
Name; Serial No.; Rank; Organization; Grave No.

Deceased's Left: Orvil H. Jones 38513145 Unk. 7th Armored 288
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 Unknown
Name

Address

Religion

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

None

Signature of Officer or other person reporting burial
EDWIN J. DONOVAN
1st Lt. QMC, GRS Officer
611th QM Gr. Reg. Co.

File
4-9-45

RQ. SOS. 22/9/43. 380M/8/15219

Ruch #76

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: 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.:

TOOTH CHART

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

Corrected Report
Original fwded 13 Dec 44

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

DISTRIBUTION	REPORT OF DEATH (AR 600-550)	DATE 5 Oct 1951
NAME Ostdick, Robert C.	SERVICE NUMBER 01 015 004	GRADE 1st Lieut * PAY GR: XXXXX
ARM OR SERVICE Cavalry	PLACE OF DEATH Holland	
CAUSE OF DEATH Killed in action	[X] BATTLE [ ] NON-BATTLE	DATE OF DEATH 27 Oct 1944
EMERGENCY ADDRESSEE Maude Ostdick, Greenwood Avenue, Glenview, Illinois	RELATIONSHIP Mother	DATE NOTIFIED 6 Dec 1944
CIRCUMSTANCES XXXXXXXX		EXTRA-HAZARDOUS [ ] YES [ ] NO XXXXXXXX
HOME ADDRESS Glenview, Illinois	COUNTY Cook	DATE OF BIRTH 29 Sep 1917
ORGANIZATION (If assigned to medical holding detachment, also last prior organization) Company F, 87th Cavalry Reconnaissance Squadron		DATE OF LAST ENTRY 9 Jan 1943 FOR: Dura & 6 mos

RELIGIOUS PREFERENCE	ON DUTY STATUS	AUTHORIZED ABSENCE	UNAUTHORIZED ABSENCE	PRIOR SERVICE
Catholic	[ ] YES [ ] NO	[ ] YES [ ] NO	[ ] YES [ ] NO	[ ] YES [X] NO
DROPPED FROM ROLLS OF ORGN [ ] YES [ ] NO	RACE White	YEARS COMPLETED FOR PAY XXXXXXXX	ADDITIONAL PAY STATUS XXXXXXXX	COMPONENT AUS

REPORTED BY	BENEFICIARY	RELATIONSHIP
AFO	Maude M. Ostdick, same as above	Mother
MESSAGE NUMBER 264	Charles J. Ostdick, same as above	Father
EVIDENCE OF DEATH RECEIVED IN DA 6 Dec 44		
LOD INVESTIGATION [ ] YES [ ] NO		

REMARKS

* Corrected to show subject promoted posthumously to the rank of 1st Lieut, Army of the United States, effective 26 October 1944, under the provisions of Public Law 680, 77th Congress. Grade previously shown as 2nd Lt.

The individual named in this Report of Death is held by the Department of the Army to have been in a missing in action status from 27 October 1944 until such absence was terminated on 6 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of the Army from a Commander in the European Area.

Service number as an enlisted man 36 003 874.

IN LINE OF DUTY [ ] YES [ ] NO

OWN MISCONDUCT [ ] YES [ ] NO

NOTE:
This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required. When issued to commercial insurance companies, it replaces AGO Form 0670-1.

NAT
FILE
RECORDS ANNOTATED
DATE 13 Dec 1951
NAME H. Bond
SECTION, MEM. DIV.

BY ORDER OF THE SECRETARY OF THE ARMY:

D. Sanderson

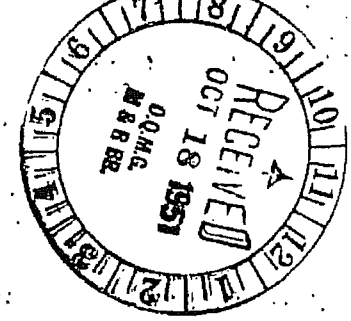
Adjutant General

CORRECTED REPORT

DA AGO FORM 1 NOV 50 52-1

REPLACES WD AGO FORM 52-1, 1 JUN 45, WHICH MAY BE USED. ARMY SIL AGPC 360-110

BJP/OB



WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 13 December 1944

qlg/4632

FULL NAME	ARMY SERIAL NUMBER	GRADE
Ostdick, Robert C.	01015004	2nd Lt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Glenview, Ill.	Cavalry	29 Sep 17

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	27 Oct 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	9 Jan 43			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Maude Ostdick, mother, ~~St~~ Greenwood ~~Ave~~ Rd., Glenview, Ill.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Maude M. Ostdick, mother, same as above
Charles J. Ostdick, father, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS.		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 27 Oct 1944 until such absence was terminated on 6 Dec 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

18 DEC 1944

ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 29 MAY 1944

290,969

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 13 December 1944

qlg/4632

FULL NAME	ARMY SERIAL NUMBER	GRADE
Ostdick, Robert C.	01015004	2nd Lt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Glenview, Ill.	Cavalry	29 Sep 17
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	27 Oct 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	9 Jan 43	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Maude Ostdick, mother, ~~81~~ Greenwood Ave., Glenview, Ill.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Maude M. Ostdick, mother, same as above
Charles J. Ostdick, father, same as above

ARMY DEPENDENTS DIVISION RECEIVED DEC 19 1944

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

The individual named in this report of death is held by the War Department to have been in a missing in action status from 27 Oct 1944 until such absence was terminated on 6 Dec 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

COPIES FURNISHED:		
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G. A. O.	VET. ADMIN.	A. G. 201 FILE

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulio

ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 29 MAY 1944

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

290969

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
OSTDICK ROBERT C	01015004	2 LT	CAV	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND9	27	OCT	44		MIA	237

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 MAUDE M OSTDICK	MOTHER	10 NOV 44 MD

NO. AND NAME OF STREET—CITY—STATE

GREENWOOD AVENUE GLENVIEW ILLINOIS

REMARKS:

☐ CORRECTED COPY

ARMY EFFECTS BUREAU RECEIVED NOV 15 1944 KCOMO

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ____ FORM 49 ____ 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. & M. ☐ NON-DEL.

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY ____ REVIEWED BY ____

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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" ☐ ____ 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.

W.D., A.G.O. FORM NO. 0365
18 JUNE 1944

290969

RTB:BT:ms
August 28, 1945

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

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

These effects are being forwarded to you in one carton and one package. If delivery is not made within thirty days from this date, please notify me and tracer will 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.

Yours very truly,

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

53

ARMY SERVICE FORCES
ARMY EMPLOYES PURCH U

ORDER FOR SHIPMENT

SHIP TO:

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Effects of: 2nd Lt. Robert C. Ostdick

Name

ASN 0-1015004

Case No. 290969 D

Wt.

DATE 28 August 1945
RTB:BT:ms

Tuck
Tuck: E.Tools Quartermaster

REMARKS:

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

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

ROUTING:

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

REGISTERED
867-386

VALUABLES SHIPPED
DATE 9-5-45
BY [illegible]

REMARKS:

Shipping Government Property

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

SEP 11 1945

BT
Shipping Clerk

Eff. QM Form 14 (28 Dec 44)

290,969

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

STATUS	
DECEASED	
MISSING	X
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

none

DAMAGED

INFORMATION

From letter
R. Grenning, 2025 Fir St., Glenview, Ill.

NAME AND STATUS VARIATIONS

CROSS REFERENCE

Filed 8-25

	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER			X	TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

VALUABLES SHIPPED
DATE 9-8-45
BY

REMITTER OR DRAWER

1 ring with white stone

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET 1 OF 1 SHEETS
94911	1	18 Aug. 1945		

NAME: Robert C. Ostdick
A. S. N.: 0-1015004
ORGANIZATION: 97 Cav. Rcn. Sq. Mecz., 7th Arm. Div.
RANK: 2nd Lt
CASE NO.: 290,969

WAREHOUSE SPACE: 179 X
EXAMINED BY: Powell
PACKED BY: Martin F. Ter.
INSPECTED BY: E
STORED BY: [illegible]

DIARY REMOVED
PHOTO FILM REMOVED
MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION: Metal
WEIGHT: 6 oz

SHIPPED
DATE: SEP 11 1945
BY WHOM:

EFF. OM FORM 11 (15 JUNE 45) 100M LARUE, K. C. 7-9-45

ADDITIONAL REMARKS

REMOVALS (other than G. I.)	DAMAGES (List type of damage-extent)
1 pr. O.d. Trousers, dirty, torn, no, Vacuum (82)	Watch is not in running order; extent of damage unknown.

SHORTAGES

See Description

	U. S. GOV'T CHECK SHORT
	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

Pownell C

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

La Rue - Kansas City - 3-26-45—30M

NAME OSTDICK, ROBERT C. [redacted] 5004

BAY	PALLET	BOX	TALLY
11	49		9491

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
D.BAG		

Eff. QM Form 48

[illegible]
Date

SUBJECT: Inventory of Personal Effects of:

[illegible] [illegible] [illegible] [illegible] O-1015004
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 871
US Army

The above named individual of 27th [illegible] 7. [illegible] 7th [illegible] iv.
(Unit)

[illegible]
(Organization) was reported [illegible] [illegible] [illegible]
(Status-Killed, MIA,

Hospitalized, etc.) about [illegible] 1944
(Date)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

9 ea [illegible], back
1 ea [illegible] unit [illegible] no piece
1 ea [illegible] rawser [illegible]
1 ea [illegible] nard [illegible]
1 pr [illegible] ox, boot
3 pr [illegible] rawers, [illegible] ol
4 ea [illegible] rts cotton
4 ea [illegible] rawers cotton
1 ea [illegible] [illegible]
11 ea [illegible] [illegible]
1 pr [illegible] hoes, civilian
1 ea [illegible] [illegible]
9 ea [illegible] ties
1 ea [illegible] lt, money
6 ea [illegible] books, note
1 ea [illegible] loth, shine

1 ea [illegible] overcoat
2 pr [illegible] "pink"
1 pr [illegible] ool green
1 pr [illegible]
1 [illegible] [illegible]
2 ea [illegible] [illegible]
2 ea [illegible] irts, [illegible]
1 ea [illegible] irt, [illegible]
2 ea [illegible]
2 ea [illegible]
1 ea [illegible] [illegible] [illegible]
1 ea [illegible] [illegible], wrist
1 ea [illegible] ighter, [illegible] [illegible]
1 ea [illegible] ors
4 ea [illegible] [illegible]
6 ea [illegible], [illegible] lt.
1 ea [illegible] [illegible]

2 ea [illegible] [illegible] collar
[illegible] red [illegible]
1 ea [illegible] "[illegible]"

RESTRICTED

[illegible]
Date

SUBJECT: Inventory of Personal Effects of:

[illegible] Robert [illegible] 2nd Lt. 0-1015004
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 871
US Army

The above named individual of 87th Cav. Rcn. Sq. Mecz., 7th Armd. Div.
(Unit)

Company "B"
(Organization) was reported Missing in Action
(Status-Killed, MIA,

Hospitalized, etc.) about [illegible] 1944
(Date)

Designated Beneficiary if information readily accessible _____

_____

INVENTORY OF EFFECTS

2 ea Bonds, bach
1 ea [illegible] suit [illegible] one piece
1 ea [illegible]
1 ea [illegible]
1 pr [illegible] ox, boot
2 pr [illegible], [illegible]
4 ea [illegible] shirts cotton
4 ea [illegible] cotton
1 ea Trunks, swimming
11 ea [illegible] handkerchiefs
1 pr [illegible], civilian
1 ea Cap, Garrison [illegible]
3 ea [illegible] ties
1 ea [illegible]lt, money
5 ea Books, note
1 ea [illegible] lotion, shine

1 ea [illegible], overcoat
2 pr [illegible] "pinks"
1 pr [illegible] cool [illegible]
1 pr [illegible]
1 ea [illegible]
2 ea [illegible]
2 ea [illegible]
1 ea [illegible] shirt, [illegible]
1 ea [illegible] shirt, [illegible]
2 ea [illegible] shirts,
2 ea [illegible] jeepers
1 ea Book, swimming [illegible] water [illegible]
1 ea [illegible] watch, wrist
1 ea [illegible] lighter, [illegible]
1 ea [illegible] clippers
4 ea [illegible] razor blades
5 ea [illegible], [illegible]
1 ea Ring "[illegible]"

2 ea [illegible] collar
[illegible] Forces
1 ea [illegible] "[illegible]"

RESTRICTED

Money in the amount of NONE has been turned into

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

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

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

_____ 194_.

Name [illegible]

Rank & ASN 1st Lt., O-10121[illegible]9

Organization [illegible] 27th [illegible] Recz. [illegible] under [illegible] on [illegible], N.Y.

Any additional pertinent information:

JRM:RW:cr

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

Case No. 290969

Date 21 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Robert C. Ostdick (Name of Deceased), 0-1015004 (Army Serial Number) late a

Second Lieutenant (Grade), Cavalry (Organization, Army or Service) who died

on the 27 day of October, 19 44, 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., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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 18 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Charles J. Ostdick 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, Charles J. Ostdick (Name of person found entitled) of Greenwood Avenue (Number, Street or Avenue), Glenview (City, Town or Village), Illinois State, is the father (Relationship or Capacity) of the 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

Eff. QM Form 75

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

IN REPLY REFER TO 290969

RTB:RW:amt
July 21, 1945

Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Dear Mr. Ostdick:

The Army Effects Bureau has received from overseas some personal effects of your son, Second Lieutenant Robert O. Ostdick.

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,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

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KANSAS CITY QUARTERMASTER DEPOT
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Officer-in-Charge
SJ Unit

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Charles J. Ostdick
Greenwood Avenue
Glenview, Illinois

Effects of: 2nd Lt. Robert C. Ostdick
Name

0-1015004
ASN

290969 D
Case No.

Gr.

DATE 21 July 1945

FOR: Effects Quartermaster

REMARKS: RTB:RW:cr

_____ 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.

1 Footlocker

REMARKS:

JUL 28 1945

Franked FRANKED
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

JUL 5 1945

PACKAGE DESCRIPTION: #1 footlocker

ARMY EFFECTS BUREAU INVENTORY

290,969 DC

DECEASED / MISSING / P.O.W. / ABANDONED: P

TALLY NO. 833.0

INV. DATE 29 June 45

ORIG. NO. OF PKGS. 2

BOX NO.

SHEET 1 OF 1 SHEETS

ORGANIZATION

NAME ROBERT C. OSTRICH

A.S.N. ____ RANK Sgt

	Belt	X	TOILETS & WASHCLOTHS		BAGS
	BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL
	Cloth, wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CANTEENS		Footlocker
	Gloves, Pr.		Glasses	2	KIT, SEW, TLT, OR WRITING
	Handkerchiefs		Knives	X	BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		FIREUNS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOUVENIR MONEY
					Stationery
					TESTAMENTS
				.01	U.S. MONEY (AMOUNT)

Wa 7-7

REMARKS: For information Nicholas Ostrich and family of Mrs. Jessie Hirst 818 5th Ave. So. Nashville 10, Tenn.

ATTACHMENTS: FORM #58 | FORM #100 | Inventory

WEIGHT: 1-90

G.I. REMOVED: X

SHORTAGE ON REVERSE: X

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

C.A.T. none

WAREHOUSE SPACE 460X

STORED BY

INVENTORIED BY Moran and Fenton

DATE SHIPPED JUL 28 1945

PACKED BY Crane

CHECKED BY

X PAS OR ADDITIONAL

Eff. OM Form 11 (28 Feb 45)

ADDITIONAL REMARKS

One Suit case damaged on l g no value
Salvaged (PN)

SHORTAGES

One Shirt Cotton

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Moran & Fenton
INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

Seneca Manuel

NAME OSTDICK, ROBERT C 5004

Suitcase on Pal. 8 (2)

BAY	PALLET	BOX	TALLY
26	57		8330

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
F.L.		

QM Form 43

NAME OSTDICK, ROBERT C [redacted] 5004

J. L. on Pal 5 7 (2)

BAY	PALLET	BOX	TALLY
32	8		8330

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
SUITCASE		

IM Form 48

CERTIFICATE

I certify that there are no unauthorized items in the footlocker of 2d Lt. Robert C. Ostdick, and that the contents are as follows:

1 - Photograph portfolio
7 - Handkerchiefs
1 - pr. pliers
1 - pr. trousers (pink)
1 - shirt (pink)
1 - pr civilian shoes
1 - pr G.I. shoes
4 - pr gloves
4 - caps garrison, 3 tropical, 1 O.D.
1 - pr 2 piece coveralls
2 - pr wool underwear
1 - blouse (tropical)
2 - shirts cotton
1 - pr trousers cotton
1 - pr trousers tropical
12 - Field manuals
Shoe polish
1 - Sewing kit

Albert A. Bryant / 1st Lt.

Witnessing Officer.