# The Sick and the Dead

VETERANS ADMINISTRATION
CLAIM FILES
AND WORLD WAR I
BURIAL FILES

DARIA LABINSKY
NATIONAL ARCHIVES AT ST. LOUIS
MAY 15, 2015

# National Archives at St. Louis



Why we have these records:

- Federal repository for 20<sup>th</sup> century military and civilian textual personnel records
- Used to reconstruct service for veterans whose records were destroyed in the 1973 fire

## **Veterans Administration Claim Files**

- Also known as Deceased Veterans Compensation Files, XC Files
- Record Group 15, Records of the Department of Veterans Affairs
- Cases closed by the VA from 1917-1948, which were transferred to a Federal Records Center in 1952 and 1955
- National Archives began taking custody in 2013

# **A Brief History**

- Revolutionary War era
- 1832 Bureau of Pensions created
- 1914 War Risk Insurance Act became law
- 1921 Veterans Bureau created
- 1930 —Veterans Administration created
- 1989 Department of Veterans Affairs

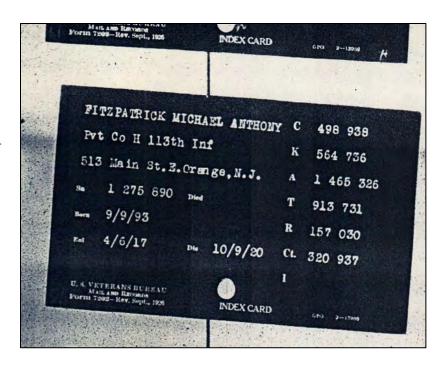
# WWI-era benefits — Pvt. Michael Fitzpatrick

K – Life Insurance

A – Adjusted Compensation (Bonus)

T – War Risk Insurance

R – Rehabilitation

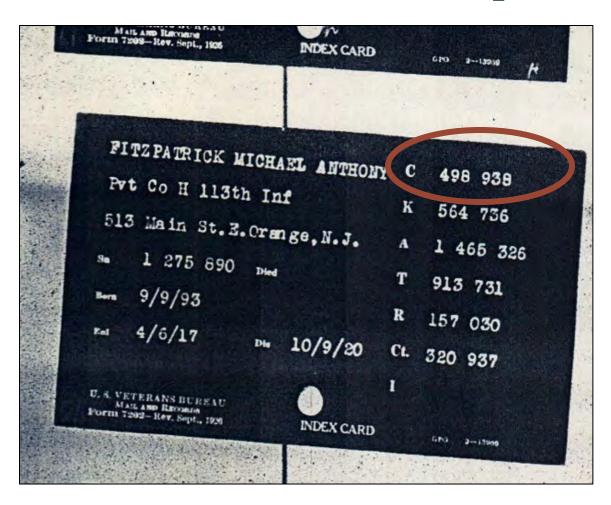


CT – WWI certificate (issued with bonus)

No I – permanent disability

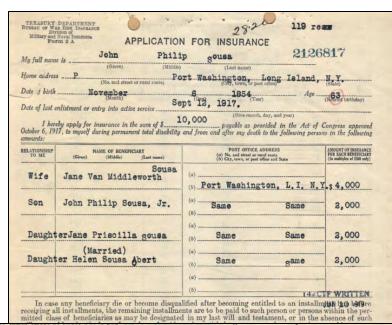
# WWI-era benefits — Pvt. Michael Fitzpatrick

The C Number:



# **Insurance Application**

- Full name of individual
- Birthdate
- Beneficiaries
- Date(s) of enlistment
- Address of residence

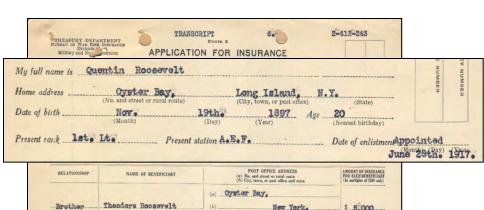


| To whom do you wish policy sent? (Name) John Philip S   | Sousa  |
|---|--|
| To whom do you wish policy sent? (Name) Sonn Frillip S  **Exxxx USNTS Address Port Washi  Signed at (on board). | noton Long Telend N V  |
| Troum (Address) FOR Washing   | ing ton, hong rotatio, n. 1.   |
| Signed at (on board)  | Mary Subject to the Control of the C |
| the 1st don't May 1918  |  |
| the 186 dog of 1970   | 1 1 12 1 2   |
| Witnessed by:   | Sign here John thily Souser  |
| LESA CTELK HOW  |  |
| Rank  | (Rank or rating.) (Organization.)  |
| Commanding  | 1 cm v.o. 11.17. 5   |
|   | (Rank or rating.) (Organization.)  |
| disability takes effect at once, but is payable in case of deat   | th to the designated beneuclary,   |
| John Philin   | Souge  |

| whom do you wish policy sent? ( | Address) Port Wash<br>Great Lakes, II | ington, Long | island, N.Y.  | ****** |
|---------------------------------|---------------------------------------|--------------|---------------|--------|
| ned at (on board)               | Great Lakes, II                       |              |               |        |
| 1st 1995                        | Мау , 1918                            | 1.0          | Philip Souser |        |
| tnessed by: Pay Cle             | TK USN                                | Sign here on | my conser     | -      |
| nk                              |                                       | Cust         | N.8. n. B. 7  |        |
| Commanding                      |                                       | (Rank or     |               |        |
| 2-3/3                           | (ov:                                  | ER)          |               | -      |

# **Insurance Application**

- Full name of individual
- Birth date
- Beneficiaries
- Date(s) of enlistment
- Address of residence



|  | NAME OF BENEFICIARY  | POST OFFICE ADDRESS  (a) No. and street or rural route (b) City, town, or post office and state   | AMOUNT OF INSURANC<br>FOR EACH BENEFICIAR<br>(In multiples of \$500 only  |
|--|--|---|---|
|  |  | (a) Oyster Bay,   |   |
| -Brother   | Theodore Roosevelt   | (b) New York.   | \$ 5,000  |
|  |  | (a) Oyster Bay,   |   |
| Sister   | Mrs. Ethel Derby   | (b) New York.   | 5,000   |
|  |  | (a)   |   |
|  | ***************************************  | (b)   |   |
|  |  | (a)   |   |
|  | ***************************************  | (b)   |   |
|  |  | (a)   |   |
|  |  | (b)   |   |
| mitted class of erty in case of in I authorize United States, i If this app offer it and it is If this app.  | beneficiaries as would under the<br>attestacy.  the necessary monthly deduct<br>in payment of the premiums as<br>lication is either for more than<br>to be deemed made as of the dat<br>lication is for less than \$4,500 i  | nsurance and in favor of wife, child, or wie  | o my personal prop<br>any deposit with th<br>paid.<br>February 12, 1918,  |
| mitted class of irety in case of irety irety irety in case of irety irety irety irety in case of irety i | beneficiaries as would under the testacy.  the necessary monthly deduct n payment of the premiums as lication is either for more than to be deemed made as of the dat lication is for less than \$4,500 i ebruary 12, 1918, I offer it and i lication is for less than \$4,500 i ebrary 12, 1918, I offer it and i signature signature.  Strike out which the thing th | e laws of my place of residence be entitled to<br>tion from my pay, or if insufficient, from a<br>they become due, unless they be otherwise<br>\$4,000 insurance or is signed on or after let of signature.   | o my personal prop<br>ny deposit with the<br>paid. February 12, 1918,<br>lowed mother and i<br>918. In the property of the paid<br>to be deemed made<br>to be deemed made<br>to 1918," the law<br>atte and the same<br>your death before<br>other is effective<br>with water death. |
| mitted class of irety in case of irety irety or  | beneficiaries as would under the testacy.  the necessary monthly deduct n payment of the premiums as lication is either for more than to be deemed made as of the dat lication is for less than \$4,500 i ebruary 12, 1918, I offer it and i lication is for less than \$4,500 i ebrary 12, 1918, I offer it and i signature signature.  Strike out which the thing th | to laws of my place of residence be entitled to<br>tion from my pay, or if insufficient, from a<br>they become due, unless they be otherwise<br>\$4,000 insurance or is signed on or after le<br>te of signature.  It is to be deemed made as of February 12, 13, and in favor of some person or persons of<br>February 12, 1918, I offer it and it is<br>ever is not wanted.  out "Date of Signature" leaving "February 13, anent total disablement occurring prior to such a<br>de motter, but nothing to anyone else in case of a<br>benedicary other than wife, child, or widowed m<br>ting "Date of Signature" as maller insurance belle in case of death to the designated beneficiary.   | o my personal prop<br>ny deposit with th<br>paid.<br>February 12, 1918,<br>lowed mother and i<br>918.<br>her than wife, child<br>to be deemed mad<br>2, 1918," the law<br>ate and the same<br>roour death before<br>other is effective<br>with praiser death.                       |
| mitted class of ir erty in case of ir I authorize United States, i If this appofier it and it is If this appor widowed mas of States of Date of Exchange of States only you and disabil Signed at MX.  | beneficiaries as would under the testacy.  the necessary monthly deduct n payment of the premiums as lication is either for more than to be deemed made as of the dat lication is for less than \$4,500 i ebruary 12, 1918, I offer it and i lication is for less than \$4,500 i elucitation is for less than \$4,500 is other and is signed before signature.  Strike out which the thing the thin  | laws of my place of residence be entitled to<br>tion from my pay, or if insufficient, from a<br>they become due, unless they be otherwise<br>\$4,000 insurance or is signed on or after le<br>te of signature.  It is to be deemed made as of February 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13   | o my personal prop<br>ny deposit with the<br>paid. February 12, 1918,<br>lowed mother and i<br>918. In the property of the paid<br>to be deemed made<br>to be deemed made<br>to 1918," the law<br>atte and the same<br>your death before<br>other is effective<br>with water death. |
| mitted class of ir erty in case of ir I authorize United States, i If this appofier it and it is If this appor widowed mas of States of Date of Exchange of States only you and disabil Signed at MX.  | beneficiaries as would under the testacy.  the necessary monthly deduct n payment of the premiums as lication is either for more than to be deemed made as of the dat lication is for less than \$4,500 i ebruary 12, 1918, I offer it and i lication is for less than \$4,500 i ebruary 12, 1918, I offer it and i signature signature.  Strike out which the thing t | laws of my place of residence be entitled to<br>tion from my pay, or if insufficient, from a<br>they become due, unless they be otherwise<br>\$4,000 insurance or is signed on or after le<br>te of signature.  It is to be deemed made as of February 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13   | o my personal prop<br>ny deposit with the<br>paid. February 12, 1918,<br>lowed mother and i<br>918. In the property of the paid<br>to be deemed made<br>to be deemed made<br>to 1918. The law<br>are and the same<br>roour death before<br>other is effective<br>oth against death  |
| mitted class of ir erty in case of ir I authorize United States, i If this appofier it and it is signed before F If this appor widowed in as of Date of Exhecute as only loss monthly an such date; only loss monthly and disabil Signed at MY, S. the 2nd   | beneficiaries as would under the testacy.  the necessary monthly deduct n payment of the premiums as lication is either for more than to be deemed made as of the date in the payment of the premiums as lication is for less than \$4,500 is beruary 12, 1918, I offer it and it incitation is for less than \$4,500 is other and is signed before signature.  Strike out which the product of | to laws of my place of residence be entitled to tion from my pay, or if insufficient, from a they become due, unless they be otherwise \$4,000 insurance or is signed on or after let of signature.  1. The signature of the signatu | o my personal prop<br>ny deposit with the<br>paid. February 12, 1918,<br>dowed mother and i<br>918. In the property of the paid<br>to be deemed made<br>to be deemed made<br>to 1918," the law<br>ate and the same<br>roour death before<br>other is effective<br>oth against death |

# **Affidavit of Beneficiary**

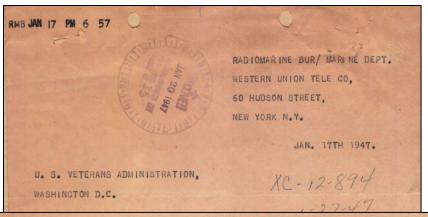
- Beneficiary's full name
- Beneficiary's birthdate
- List of relatives
- Circumstances of death
- Addresses of residences

|  | AFF  | IDAVIT OF         | BENEFIC          | CIARY   |   |
|--|--|-------------------|------------------|---|---|
|  | STATE OF France  | 88;               |                  | 42  |   |
|  | I, Theodore Rosevelt                                       |                   |                  | depose and say that I was born on the                       |   |
|  | lewyerk City or town.)                                     | (State.)          | ; that I         | a   |   |
|  | as the beneficiary of insurance gran  Rossevelt That I und | nted by the Unite | d States to th   | e said It quentin   |   |
|  | died at near Dormaus (City of town.) day of July           | in                | freue (State or  | country.)   |   |
|  |  | as a result       | 01               |   |   |
|  | The only relatives of said A. C.                           | (2)               | me of deceased.) | within the permitted a I have any knowledge are as follows: |   |
| of Theore  | P  | /cor Cus          |                  | Cyster Bry & 9 h.4  |   |
| mrs.   | Theodore Rossevelt   | 2 rother          | 56               | -1,   |   |
| The ma   | holas dery worth   | Seiter            | 34               | 4   |   |
| Turs. R.   | chard Derby  | hister            | 27               | 11  |   |
|  | ruis Rosevelt F. A   |                   |                  | 1/  |   |
| 1  | Introld of Roosevelthy                                     |                   | 23               | 11  | 1 |
| NAME OF THE OWNER OWNER OF THE OWNER OWNE | V.   | 3. 4              | 77.              | Bones at St. Col Sul USH                                    | 1 |

TREASURY DEPARTMENT

FILE No. 0-12894

# **Correspondence**



CAN YOU ADVISE WHERE THE BURIAL OF

LT. OR. CAPTAIN QUENTIN ROOSEVELT IS IN FRANCE. (WORLD WAR NO. 1.)

ALSO, FOR PERSONAL INFORMATION, WHEN

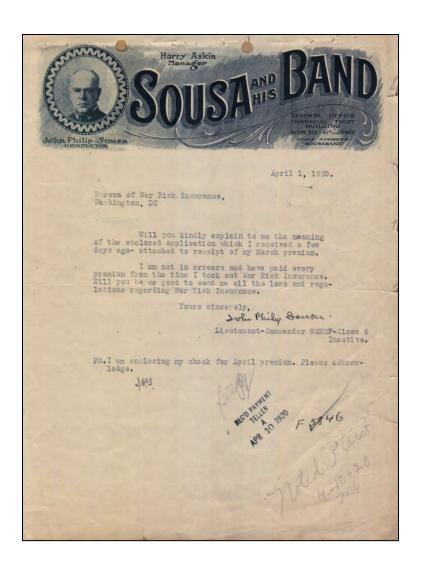
AND HOW HE WAS KILLED IN ACTION. HIS BIRTH PLACE AND DATE, AND,

ALSO A PHOTOGRAPH, AND IF HE WAS A TALL MAN. OR WHERE I MAY

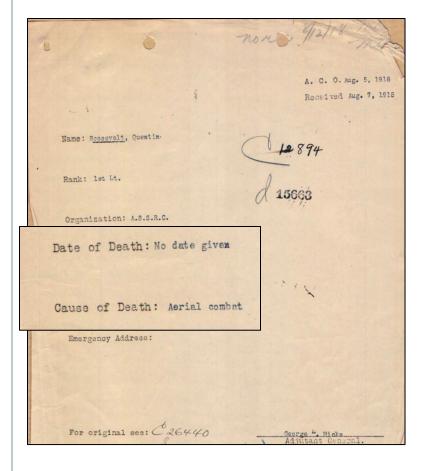
OBTAIN THIS INFORMATION. ALSO IF HE WAS A BACHELOR.

THANKING YOU, I REMAIN,

DANIEL MAGANZA.



# If died in service: Cause of death



# If died later: Death Certificate

| Form HVS                         | And And  |   | 3622 A  |
|----------------------------------|--|---|---|
| Statist                          | his is to Certify that the follow disa<br>cics, Pennsylvania Department of Healt | h, as directed by Act of the Genera             | te of death filed in the Bureau of Vital  |
| 1/1                              | Fas. 28.1932.  |   | Confine Yours   |
| nefinennefintum                  | (Date)   |   | Chief, Bureau of Vital Statistics   |
| 4 1                              | Form HVS5  | CERTIFICATE OF DEATH                            |   |
|                                  | 1. PLACE OF DEATH  |   | COMMONWEALTH OF PENNSYLVANIA<br>DEPARTMENT OF HEALTH  |
| CAUSE<br>t. See                  | County of  | Registration District No.                       | BUREAU OF VITAL STATISTICS  |
| 1.0                              | Township of or   | Primary Registration 06-/7-01                   | File No. 22 CA  |
| state                            | Borough of A exidence  | District No.                                    | Registered No.  |
| should a                         | City of Salara Color   | Vehilih Sousa                                   | [If death occurred in a Hospital or Institution give its NAME instead   |
| NS S                             | 2. FULL NAME (a) Residence, No. Ploy 1 2 Vas                                     | hingthe st. I ward                              | of street and number-3  |
| RECORD OCCUPATION IS             | Length of residence in city or town where death occ                              | e of Abode) urred / yrs. mos ds. How leng in U. | (If nonresident give city or town and State) S., if of foreign birth? yrs, mos. ds,   |
| ORD<br>PHYS<br>UPAT              | PERSONAL AND STATISTICAL PA  | RTICULARS                                       | EDICAL CERTIFICATE OF DEATH   |
| PEC OCC                          | 3. SEX 4. COLOR OR RACE 5. SINGLE, OR DIVOR                                      | MARRIED, WIDOWED 16. DATE OF DEATH              | 63- 6- 30   |
| CACT                             | Mr. White //   | arried 1  | (Month) (Day) (Year)  |
| ERMANENT<br>tod EXACT            | 5a. If married, widowed, or diversed MUSSAND of                                  | Nousa 12.                                       | I HEREBY CERTIFY, That I attended deceased from   |
| DATE OF BIR                      | TH (month, day and year) lov. 6.   | 1854 that I last saw h aliv                     | 10 30 101   |
| AGE                              | Years Months Days  | than 1 day                                      | n the date stated above, at   |
|                                  | 77 4 0 0   |   | cardiac delatation  |
| OCCUPATION                       | OF DECEASED  |   |   |
| (a) Trade, pro                   | ofession or Jama III   | aster   |   |
| (b) General no                   | ature of industry,   | (   | duration) yrs, mos,   |
| employed (or                     | employer)  | CONTRIBUTORY (Secondary)                        | Al-   |
| (c) Name of                      | employer Of Of   | 1 +   | duration) yrs mos   |
| State or Cour                    | (city or town)   | 18. Where was disease of                        |   |
| W-45                             |  | usal was to some of the                         |   |
| WRIT mation                      | 8 8 9 9 9 9  | What test confirmed diag                        | weld 6 commarell p.o.   |
| plain                            | Marie  | munchano 3/16                                   | 1932, (Aderonous of Barkelo,  |
| 5-5<br>-Te                       | 13. BIRTHPLACE OF MOTHER (city of town)  | * State the Disease C.                          | AUSING DEATH, or in deaths from Violent Causes,<br>NATURE OF INJURY, and (2) whether ACCIDENTAL,<br>L. (See reverse side for additional space.) |
| Every Item of DEATH Instructions | 14. It arried tous   | SUICIDAL, OF HOMICIDA                           | L. (See reverse side for additional space.)   |
| Lyery<br>DF D                    | Informant ( annu Sour  | 19. PLACE OF BURIA                              | L, CREMATION OR DATE OF BURIAL  |
| 8                                | - 4 / 1 La La  | Washing   |   |
| ż                                | Filed 3 - 6 , 1932 , 6 , 74  | Registrar 20. UNDERTAKER                        | ADDRESS ADDRESS   |
|                                  |  | ( neo o s ey                                    | man mes leadingsa,  |

# What Can You Find in These Records? Foreign documents

| BOI   | РО ВЕТЕРАНОВ СОЕДИНЕННЫХ ПТАТОВ ОТДЕЛ ПРЕТЕНЗИЗ СОРМА В 527.         |
|-------|--|
| 132   | УТВЕРЕДЕНО В ОКТЯБРЕ 1925 ГОДА. К. Ж. 4.232 г.                       |
|       | Вноб ил претендувнего Пина Максимичум.                               |
| S. S. | а/ время рождения 2 гивара 189/ пр                                   |
| MOT-  | ж. ж второго претендующего   |
| 3/ 1  | бия лици ноиличенного или убятого на службе Олеботей Макселинци      |
| 4/    | Время и место его рождения. Почной в 1890 год в Восной годивай висте |
|       | Степень его родства с претендующим следую                            |
| 40    | го праожение тибономину  |

| 8/   | Его авиятие перед вотуплением на службу рабочий  |
|------|--|
|      | в/ недельный заработок   |
| 9/   | Время и место его последнего поступления на службу выслами (918 мля  |
| 10/  | Род заужбы. Служил в армин.  |
|      | корпусе Вереговой охране   |
| II/  | Его ями или служесное положение но времени его последнего увольне-   |
|      | ния столожение увольне-  |
| 12/  | Роте и полк или организация, судно или место где он олужил.  |
| 13/  |  |
|      | Описать перемеченное повреждение или болезнь случанемеся не служ   |
| 14/  | Проязошла ли смерть: а/ во время служом  |
|      | б/ соли да, указать суммы Ваших расходов на ле-  |
|      | ревозку докой и похороны его тела,если это было совершено  |
| er.  | в стана в под образовно об |
|      | в/ укажите сукну расходов на похороны, получен-  |
| 15/  | ную от Армии или флота, если получаля  |
| 10/  | Время увольнения со службы   |
|      | время смерти 15/18 1918 года   |
| 16/  | Время когда и место где повреждение или болезнь приведшие к инва-  |
| 1    | лидности или смерти были получены впервые Франция 15/1. 1918 года  |
| 17/  | Природа и размер инвалидности от таковой   |
| 18/  | Занятие и недельный заработок со времени увольнения.   |
| 19/  |  |
| 13/  | ЕСЛИ ИНВАЛИДНОСТЬ ИЛИ СМЕРТЬ ПРОИЗОМИИ ПООЛЕ УВОЛЬНЕНИЯ ИЛИ УХОДА<br>СО СЛУЖОМ, УКАЗАТЬ: а/ какая претензия о вознаграждении была пред"-   |
|      | явлена к Sipo нетрудоспособаны или поколным и если была, то какой<br>номер был обозначен на его претензии.   |
| 1-1- | The second of th |
|      |  |

UNITED STATES VETERANS BUREAU Claims Division Form 527. Rev.Oct. 1925

File No C- 48320.

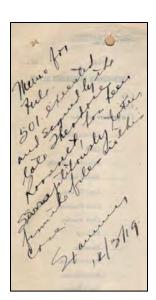
| APPLICATION OF WIDOW, CHILD, or/and DEPENDENT PARENT.                           |
|---|
| I./Claiment's full name. Anna Many meters /af Date of brith                     |
| 2./Second Claimant' sname/s/Bata of brith                                       |
| 3./Name of person injured or killed in service. Fred Marsy minus                |
| 4. Date and place of his brith. for Mo sela Volliza Volesaja Antorima v min the |
| 6./His colationship to Claimant(s)  |
| 7./1 height . Cabour.   |

| 10 | 10 to 1  |
|----|--|
|    | 9./Date and place he last entered the service. w. M. Standard M. T. 10./Branch of service he served in   |
| 1  | IO./Branch of service he served in: Army   |
|    | Manager and Alley and a second  |
|    | Marine Corps   |
|    | Other and a second seco |
|    | or or or order.  |
|    | II./His rank or rating at the and  |
|    | II./His rank or rating at time of last daischarge. Addition.   |
|    | 12./Company and regiment or organization, vessel, or station in or on which he was serving   |
|    | waten ne was serving   |
|    | I3./Describe injury sufferedor dise se centracted in the service causing de th or disability.  |
|    | de th or disability  |
|    | To lose stand standing of the standing of the me   |
|    | 14./Did do th result (a) while in the service.  (b) If so, state amount if any expanded by wonfor any  |
|    |  |
|    | (c)State amunt of harial aver-   |
|    | Navy Army or   |
|    |  |
|    | Date of death  |
|    |  |
|    | I6./Date when and place where injury or disease causing disability or death was first received.  |
|    | death was first received   |
|    | I7./Wature and extent of de-land   |
|    | I7./Mature and extent of disability resulting thereform  |
|    |  |
|    | TO 10  |
| 7  | Is./Occupation and weekly wages since alsoharge  |
|    | 19./If disability or do th occurred of   |
|    | 19./If disability or de th occurred after dischargeor resignation from<br>the service, state: (a) Wheter claim for compensation was ever filed<br>in this Bureau by the  |
|    | in this Bureau by the disabled or deceased, and if so, the file  |
|    |  |
|    |  |
|    | to the effect that at the time of his discharge or resignation he was suffering from injury likely to resultin disability or death, and if   |
|    |  |
|    | ********* We Die to the total and the total total total  |
|    | rance, and if so, the number of the certificate of insurance issued him.   |
|    |  |
| -  | 20./was he married or single   |
|    | Jeen divorced  |

# What Can You Find in These Records? Miscellaneous Interesting Items

- Photographs
- Receipts
- Medical records
- Wills
- Marriage certificates
- Baptismal records
- Affidavits





| no. | 2-820-5/5. Handard Urkanses Form le " " al freight"  |
|-----|--|
| 25  | CACIONALIONALIONALIONALIONALIONALIONALIONAL  |
|     |  |
|     |  |
|     | AT STILL LAND AND THE REAL PROPERTY.   |
|     |  |
|     | STATE OF ARKANSAS  |
|     | STATE OF THE PARTY |
|     | COUNTY OF  |
|     | ARKANSAS ARKANSAS  |
|     |  |
|     | TO ANY PERSON AUTHORIZED BY LAW TO SOLEMNIZE MARRIAGE GREETING:  |
|     |  |
|     | You are herby commanded to selemnize the rite and publish the banns of Matrimony between Mr. 3080ph Warson Boynolds  |
|     | of Dewitt in the County of Arkansas and  |
|     | State of Ariansas and 24 years   |
|     | and. Il iss Francis Wells Morrow   |
|     | of DeWitt in the Country of Arkansas and   |
|     | State of ariansas aged 23 years accreting to law and do you officially sign and return this license,   |
|     | to the parties herein named  |
| 8   | Witness my hand and official seal this   |
|     | Both day of March 1926   |
|     | W. S. Quertermous PROPLEM  |
|     | u. S. quertermous RECALANTED   |
|     | 623 8 v M S  |
|     | CERTIFICATE OF MARRIAGES STION SECTION AWARDS DE VISION  |
|     | Male of Arkansas I R. R. Moore   |
|     | de hereby certify that en the 19th day of warch 19th   |
|     | I diet duly and accreting te lanc as commanded in the foregoing George selming the rite and publish the banns of Matrimony between the parties therein named.  |
|     | Wilness my hand this 20th day of March 194 16  |
|     | My Condentials are recorded in Recorders Office.   |
|     | Prairie County Ak Book & Mage 1   Rev. R. R. Moore, of M. C.   |
| 0   | Ch. South  |
| 清   |  |

| an how Power N   |
|--|
| SEP July Sain antonio Texas 4 4 1918  1918   |
| 1918 A M   |
| Bureau of War Risk Insurance.  |
| Have just received a fetter from my  |
| Have just received a Keiser. Surgeon   |
| son, Captain Phil J. Keizer. Surgeon<br>30 th Engineers. dated august 29th and   |
|  |
| haster to notify you. The Official notice from Harris acting The The Official notice from Harris acting that Captain Plut, |
| adjutant General, stating that Captain Plut,   |
|  |
| July 13. was certification, any informa-   |
| To above anemionen vould be very tion you can give me would be very  |
| welcome. Respectfully  |
| Some Thabel Haller   |
| 517 Thompson Place<br>San antonis  |
| Dexas  |

|         | Bureau of War   | DEPARTMENT Risk Insurance Memorandum. | *          |
|---------|-----------------|---------------------------------------|------------|
|         |                 |                                       |            |
|         | izer, Phil. J.  |                                       |            |
| Ra      | nk              | Organization                          |            |
|         |                 |                                       |            |
|         | Compensation:   |                                       | Death      |
|         | oomponed of one | 1                                     | Death      |
|         |                 | Disallowed                            |            |
|         | Insurance       |                                       | Disability |
| Reason_ |                 | 1/4                                   |            |
| R       | easonRepor      | ted dead in error.                    |            |
|         |                 |                                       |            |
|         |                 |                                       |            |
| Date    | 11/4/18.        |                                       |            |
|         |                 | - Turner.                             |            |

# 1955 transfer—World War I plus:

- Civil War
- "Indian Wars"
- Spanish-American War
- Philippine Insurrection
- China Relief Expedition
- and, of course, the "regulars"

## **Civil War Pension Index**

| 7.5%                  | Widow,   | (0.10           | 711             |              |
|-----------------------|----------|-----------------|-----------------|--------------|
| NAME OF<br>DEPENDENT: | Minor,   | Origine,        | raue            |              |
|                       |          |                 |                 |              |
|                       | Q73      | Eslo. In        |                 |              |
| SERVICE:              | 1        | <b>-</b>        |                 |              |
| _ **                  |          |                 |                 |              |
| DATE OF FILING.       | CLASS.   | APPLICATION NO. | CERTIFICATE NO. | STATE FROM   |
|                       | Invalid, |                 |                 | WHICH FILED. |
| 192048                | Widow,   | 561424          | 484.045         | Ja .         |
|                       | Minor,   |                 | A Sale          | na.          |
|                       | 200      |                 |                 |              |
| ATTORNEY:             |          |                 |                 |              |

http://search.ancestryinstitution.com/search/db.aspx?dbid=4654

# Records of 19<sup>th</sup> century service

| 8 WC 484040  |  |
|--|--|
| Act of JUNE 27, 1500.  WIDOW'S PENSION.  Chairman Police Eugene Soller Jospen & Eugene.  | Chas L Buyes Worford m. M. Achar Sa Lufty USV  |
| W. O. Elevente St. Shew Colores Kank Front Co. St. It of postar, C | Declaration of Person to be Martered Out of Service or Discharged.  Question. Have you may reason to believe that at the present time you are suffering from the offsets of any wound, triury, or disman, or that you have any disability or impurrously builth, whether incorred to the military service or otherwise?  Amount of the describe the disability-quanting the manuscrib greation of the wound, injury or disease. A  |
| Raptite Sixen August 1, 159 Commencing Celoter 8, 1892 V   | Q. When was the dhability incurred? A. Q. Where was the disability incurred? A. Q. State the circumstance. If known, under which the disability was incurred. A.   |
| Jeanne Born Deptert 20, 1892 Commencing October 5, 1892  Vontoria Bixten Albor 24, 196/1 Commencing October 8, 1892  Vaul lan Born Lebrurg 1890  Catober 8, 1992   | I declare that the foregoing questions and my answers thereto have been read over to me, and that I fully understand the questions, and that my replies to them are true in every respect and are correctly regarded.  Witness:  |
| All pension to terminate   | Scht 518 Ja Jufty USV Dated at Manila P. J. Schtender 18 1809  |
| Jame J. W. Sellmadge Fee & J. Agent to pay.  1. O. Ceity Articles Filed None 189  Marcel Egyptom Co. Septe 14 189 LC Unall Enumire. G.  General to Marcel September 189 LC Unall Enumire. G.  General to Marcel September 189 LC Unall September 189.  | whether incurred in the military service of the United States or otherwise? A  |
| Jugat 11, 180 g. Mr. S. Robert Logal Reviewer.   | Where was the disability incurred ? A.     State the circumstances, if known, under which the disability was incurred. A.      Was the disability incurred in line of daty ? A.  |
| The soldier was "Expensioned at 8 per month for fall that the soldier's app'n filed The fall that the soldier's app'n filed The fall that the soldier's app'n filed The fall that the soldier's app'n under other laws the soldier's app'n under other laws the soldier's app'n under other laws the soldier's fall that the soldier's app'n under other laws the soldier's app'n under other | I convert that the torogolog statement is correct to the best of my knogstoday and beight.    White   Comment of the first |
| honorably dischid , 18 . Death of former . Che . 18 . Will spanning to sodder . 18 . Vectoration files . O. C. S 18 . Vectoration files . O. C. S 18 . Vectoration files . Without other means of support than her daily labor.  | Traded at Marila, P. I. Sept to 1509   |
| no me church signer by morp.   |  |

# **Some Cases Are Still Open**

# As of May 2014:

• 1 Civil War child still receiving benefits—Irene Triplett



- 16 children and spouses from Spanish-American War
- 4,038 surviving children and spouses from World War I

Only a percentage of files are in NARA custody

## **Burial Case Files**

- Official name: Correspondence, Reports, Telegrams, Applications, and Other Papers Relating to Burials of Service Personnel (Also known as "Cemeterial Files" or "293 Files")
- RG 92, Records of the Quartermaster General's Office, 1915-1939
- Record information relating to veterans burials
- Arranged alphabetically

#### Grave location details

# Report of Disinterment and Reburial

| GRA E LOCATION BLANK                            |
|---|
| LOCATION OF THE GRAVE S                         |
| (Surname.) (Number.) (First Name and Initials.) |
| Ist Lisut 95th Aero Squadron (Granication.)     |
| Date of Death: July 14, 1918.                   |
| PLACE OF BURIAL Bear Chamery, France.           |

Isolated grave. Fismes Map 1:20000 at crosspoint of coordinates 200.62 273.81. Approximately 1/2 ilometer due east of Chamery, France.

Field sketch No. 14-Wylne.



|       | S. Porm. No. 1       | 64.5   |  | -             | Platay (41       | The state of the s |
|-------|----------------------|--|--|---------------|------------------|--|
|       | REPORT OF DI         | SINTE, PAT   | AND DEBURIAL   |               |                  |  |
|       |                      | Lords  | maine de   | Date          | Jan. 13,         | 1922   |
| I. R  | RANK QUE             | A CONTRACTOR OF THE PARTY OF TH | Ma ORGANIZATION  |               | AS Aub.          |  |
| D     | deinterred (date)    |  | Fre  | om (give com  | plets location): |  |
| 740   | . 15, 1922,          | Gr. 86.  | Pl. E. 960.  | S. Amer.      | Cem. 593         | Tleiny (Albas  |
|       | By : Group           | 2  |  | -             |                  |  |
| i. 11 | eliuried (date)      | Sept.2.1920  | -  | -             | -                | 22.Blook B.  |
|       |                      |  |  |               |                  | Che and the same   |
|       |                      | -burial gro  | e-Aisne Cem  |               |                  | ***  |
| -     | DO CHARLES OF STREET | Mark of the Park   | Contract Con |               | - Nature of      |  |
| - B   | oport as to natio    | e of original but  | rial and conditio  | a of body upo | n disinterment   |  |
| WHO   | duniber and          | blammat. 7   | Disintegrate   | ed. Postu     | res unrece       | guineble.  |
|       | 1                    |  |  |               |                  |  |
| _     | 1000                 |  |  |               |                  |  |
| . (0  | ) Identification:    | tags : Buried wi   | th body t He.  | Cini          | convergence bear | Yes.   |
|       |                      |  |  |               |                  |  |
|       |                      |  | found upon distr   |               |                  |  |
|       |                      |  |  | ". Bettle     | Redely EM        | d metal utrip  |
| in    | pax manes a          | ith G.B.B.   | records.   |               |                  |  |
| - 11  | Dat down or soil     | utlon of both of   |  | A CONTRACTOR  |                  | -  |
|       |                      |  | iow as regards to  |               |                  | 18.7   |
| - (1  | o Height (actual     | measurement)   | Impessible   | t# determ     | ine              |  |
| 1     | A Weight mortu       |  | ble to satis   |               |                  | 2 10   |
|       |                      |  |  |               | 190              | HQ"  |
|       | I Hair-Color         | Saus Vinit   | II.a   |               | MY TO            | MARCO .  |
|       |                      |  |  | The latest 1  | THE WAY          | V CHENTS A J   |
|       | Qua                  | ntity  |  | 1. 1. 1       | a page           | The second   |
|       |                      |  |  | J. t.         |                  | A Tris   |
|       | Char                 | ractoristics   |  | J. # 1        |                  | 15   |
|       |                      | ractoristics   | widiely  | 10            |                  | 100  |
|       | Char                 | ractoristics<br>Color Hens   | ylaible  | 10            | NEW CONTRACTOR   | the mouth wide open  |

(f) Wounds or missing parts (received at time of casualty)

Fractured left femur. Missing: Right and left tibia and fibula.

| Disinterment              |              | L.D. Maya, Checker.       |     |
|---------------------------|--------------|---------------------------|-----|
| -opervised by             | W. Turget    | Approved Micecamo         |     |
| A.W. Taggart, Bup         | . 20,        | B.S. Williams, Int Lt. 2) | 100 |
| Reburial<br>supervised by | There h      | Approved: El Role         |     |
|                           | W.D.Wall Jr. | C.J.Blake                 |     |
|                           |              | (Title) Capt. QMC.        |     |

# **Disposition of Remains**

"... Father, Theodore
Roosevelt ... wishes the
body to remain where it
lies and not be transferred
to an established cemetery ... "



| X           | COMPLATION OF DISPOSITION OF REMAINS DATA  |
|-------------|--|
| I. Loc      | CATION INDEX CARD:   |
| (a)         | Name ROOSEVELT, Quentin Ser. No   No   |
| (8)         | Rank 1st Lt. Organization A.S.S.R.C.Att.95th Aero Sq. Ogn  |
|             | Date of death 7/14/18 (d) Cause of death K/A   |
| II. RE      | GISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):   |
| (a)         | Grave No Row Plot Sec TYP.DB.  |
| $(\vec{b})$ | Emerg. Address Mrs. Theodore Roosevelt, (Mother) Oyster Bay, L.I. N.Y.   |
| III. File   | es of soldiers dying from contagious diseases CKR. £1.   |
| TV A        | G. O. Disposition Card: Date of receipt  |
|             | Name (b) Relationship  |
|             | Address  |
|             | Remains to be brought to U. S.?  |
|             | To be interred in National Cemetery in U. S. at  |
| (0)         | 462  |
| (1)         | Shipping instructions upon arrival of body in U. S.  |
|             |  |
|             |  |
| (g)         | Disposition instructions if not brought to U. S.   |
|             |  |
| VA          | Examiner's Initials Date , 1920.  G. O. CORRESPONDENCE shows communication from May Edith Recognition that the Communication from the Com |
| \           | Ouster Bary 11, M. 9, dated 6-16-26  |
| T cor       | nfirming request in Par. IV., item, above, or requesting that  |
| de          | remain where buried  |
|             |  |
|             | Examiner's Initials  |
| VI. G.      | R. S. FILES, CORRESPONDENCE—shows as follows: Father, Theodore Roscifelt,  |
|             | Muchien ang J. y. C - 11-2-18, wishes body to remain where it  |
| le          | is and not be transfored to an Establisher century.  |
| · (a)       | Cancellation memos referred to?  |
|             | Examiner's Initials Date 9-1, 1920.  |
| -           | 2 0200 CE V 6 1 - 1  |
| COUNTR      | 2 1/   |
| G. R. S     | 5, Form No. 115  Make Form No. 114  Make Form No. 114  Make Form No. 114   |
|             | 1/2/21   |

### Death testimony

## Grave identification tags

3. On July 9th, the battalion was obliged to march by the flank and pass a narrow draw, through which heavy German machine gun fire was penetrating. Sergeant Kilmer materially assisted the Battalion on that occasion in bringing up the various elements, in mainting order among the several groups and in getting the men through the narrow draw. On this day and on the day following, heavy losses were sustained among the officers, particularly on the Battalion Staff. The Battalion Adjutant has been killed and I called upon Sergeant Kilmer to act as Adjutant. During the remainder of the 29th and all through that night he worked unceasingly and efficiently. On the afternoon of the 30th, we started an attack and run into a freshly launched German counter - attack. The officer commanding the compagny making the attack was wounded and I went forward to take charge. Sergeant Kilmer, at his own insistance, went with me. We were lying together along the Bois Colas. Machine gun fire was coming down the draw from the village of Seringes. A bullet hit him full in the head killing him instantly.

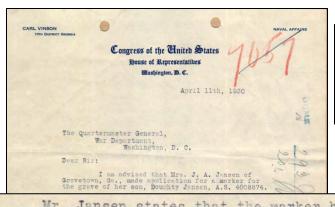
- 4. Not only did Sergeant Kilmer find a soldierly joy in the conflict and actually seek danger, but he was a cool headed soldier. On the day of his death and on the day preceding, he perfomed the very trying duties of adjutant and was full of eagerness at all time to give his full measure of service.
- 5. I cannot pay too high a tribute to the soldierly qualities he displayed w while serving under my command.

WM. J. DONOVAN. Lt. Col. USA, 165th Inf.



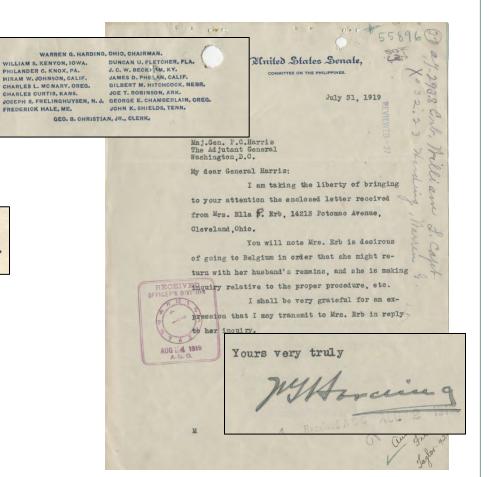


# **Congressional Correspondence**



Mr. Jansen states that the marker has been received, but that the name of her son is spelled Daughty M. Jansen, instead of Doughty M. Jansen.





#### **Errors**

November 5, 1921.

MEMORANDUM FOR: Captain Wynne.

1 A body supposed to be that of the late Private Wilhelm C. Briel was returned to the united States and shipped to the father, Mr. Charles Briel of Stitzer, Wisconsin, who rejected same in view of the fact that the teeth did not correspond with charts of the teeth of his late son as recorded by local dentists.

Upon investigation, it has been found that Mr. Briel's attitude was perfectly justifiable inasmuch as the body shipped him was in reality that of one Private George Bonfield, whose next of kin resides in Kilbrush, Ireland, to which place said next of kin desires the body returned.

The body shipped to the of five originally buried by the Commune of Preny, (Meurthe-et-Mo ing facts:

Conclusive identification reported as Pvt. Albert Anderson Albert Anderson.

In view of these apparent mended that action be instituted

Conclusive identifications by dental charts reveal the Commune of Preny, (Meurthe-et-Mo React that the body shipped to the United States as Private Wilhelm C. Briel is that of Private George Bonfield, the body fact that the body shipped to the reported as Pvt. Albert Anderson is actually that of Briel. and the one reported as Private and the one reported as Private George Bonfield is Private Albert Anderson.

the father of Private Briel will accept the body recently identified as that of his son, and if so, that Europe be cabled to act in accordance with his wishes. It is further recommended that Europe be advised that the body now being held as that of Private George Bonfield is in reality that of Private Albert Anderson, the body of the former now being buried in Arlington, and the return of the latter having been authorized.

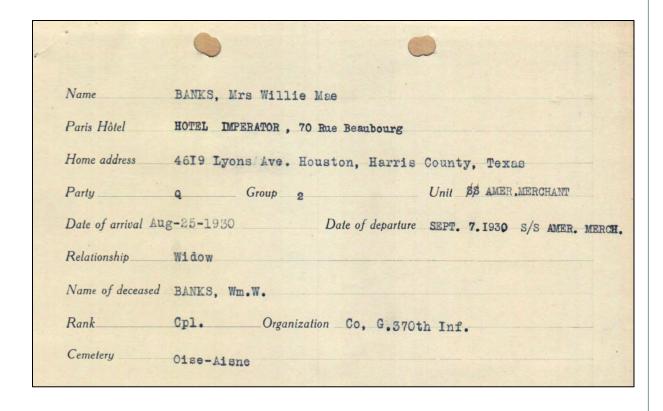
# Burial Case Files— Gold Star Mothers and Widows Pilgrimages

- WWI mothers and widows, 1930-1933, whose sons or husbands were buried in Europe
- All expenses paid
- More than 6,600 women made the trips

|             | Soldier's Duerseas<br>Grave            |
|-------------|--|
| Name        | Ferdinand N. Hess                      |
| Rank        | Cook<br>Sanitary Service Unit #645.    |
| Organizatio | n United States Army Ambulance Service |
| Grave No    | 22 Row 42 Block B                      |
| Cemetery    | Oise-Aisne American                    |
| Location    | Seringes-et-Nesles, Aisne, France      |
|             |  |

## **Gold Star Widow's ID Card**





# **Gold Star Widows Pilgrimage**

#### Schedule

| WESTERN M  | MILITARY            | BURE     | Indo,  | Wm. W.   |
|--|---------------------|----------|--|--|
| ROUTE  | AND SCHEDU          | LE       |  | 1  |
| EUROPEAN PILGRIMAGE SAILING FR   | OM NEW YO           | RK CITY. | AUGUST 16                                      | , 1930   |
|  |                     |          |  | 1  |
|  |                     |          |  | 1  |
| HARRIS   | inty, State of _    | T        | EXAS +   | 1  |
|  |                     |          |  |  |
| NameBANKS, MRS WILLIE MAR (Q-  | -5)                 |          |  |  |
| Address 4619 Lyons Avenue, Houston   | n, Texas.           |          |  |  |
| Route going:   |                     |          |  |  |
| I-GN-Longview Jct., T&P  | -Texarkana,         | Mo Pac   | -St Louis.                                     | B&O New York   |
|  |                     |          |  |  |
|  | ROAD                | TRAIN    | TIME   | DATE   |
| Itinerary Lv Houston   | I-GN                | 26       | 10:30AM  |  |
|  |                     |          |  |  |
| 8-110  | T&P                 | 16       |  | August 12  |
| Lv " " Ar Texarkana  |                     |          | 5:30PM<br>7:50PM                               | August 12<br>August 12<br>August 12  |
| Lv " " Ar Texarkana Lv St Louis  |                     |          | 5:30PM<br>7:50PM<br>7:55PM                     | August 12<br>August 12<br>August 12<br>August 12                           |
| Lv " "  Ar Texarkana  Lv "  Ar St Louis  Lv "  | MoPac<br>" "<br>B&O | 26<br>#  | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM<br>9:10AM | August 12<br>August 12<br>August 12<br>August 12<br>August 13<br>August 13 |
| Lv " "  Ar Toxarkana  Lv  Ar St Louis  Lv  Ar New York   | MoPac               | 26       | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM           | August 12<br>August 12<br>August 12<br>August 12<br>August 13              |
| Lv " " "  Ar Texarkana  Lv " "  Ar St Louis  Lv "  Ar New York  Lv (Jersey City)  Ar                     | MoPac<br>" "<br>B&O | 26<br>#  | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM<br>9:10AM | August 12<br>August 12<br>August 12<br>August 12<br>August 13<br>August 13 |
| Lv " "  Ar Toxarkana  Lv "  Ar St Louis  Lv New York  Lv (Jersey City)  Ar  Lv                           | MoPac<br>" "<br>B&O | 26<br>#  | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM<br>9:10AM | August 12<br>August 12<br>August 12<br>August 12<br>August 13<br>August 13 |
| Ar Texarkana  Lv "  Ar Texarkana  Lv "  Ar St Louis  Lv "  Ar New York  Lv (Jersey City)  Ar  Lv  Ar  Lv | MoPac<br>" "<br>B&O | 26<br>#  | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM<br>9:10AM | August 12<br>August 12<br>August 12<br>August 12<br>August 13<br>August 13 |
| Lv " "  Ar Texarkana  Lv "  Ar St Louis  Lv "  Ar New York  Lv (Jersey City)  Ar  Lv  Ar                 | MoPac<br>" "<br>B&O | 26<br>#  | 5:30PM<br>7:50PM<br>7:55PM<br>8:20AM<br>9:10AM | August 12<br>August 12<br>August 12<br>August 12<br>August 13<br>August 13 |

Accommodations:

Standard sleeper Houston, Texas to St Louis, Mo and St Louis, Mo to New York, N Y.

51 hours - 38 minutes.

Extra Fare:

Itinerary

Farty "Q" - Itinovary - Cise-Aisne Group

Sailed August 16th on AMERICAN MERCHANT. Col. B. O. Davis in charge.
Accompanied by Brs. B. J. Runner and Miss N. Bost, nurses, and Brs. B. Brown, hetess Arrived Cherbourg August 26th. Not by Col. Ellis, Maj. Dailey, Capt. Commy, Lts. Morensy and Freeman, Maj. Kindorman, Miss Blanche Rulon, 2 nurses, 2 dvillion engloyees. Frain left 6:26am.
Arrived Gers des Invalides 2.15pm. Not at station by executive officer and his staff, nurses, interpreters, and Noble Sisele and his band.
Quarters Hotel Imperator.

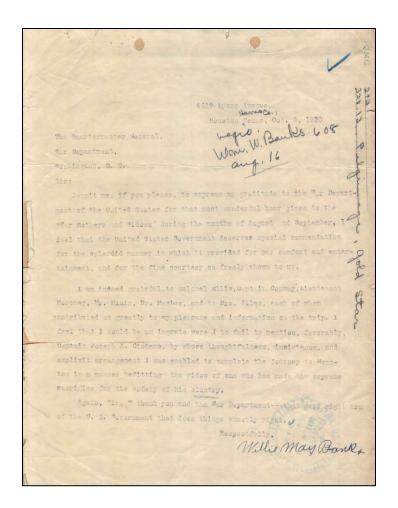
Aug. 26th. Morning devoted to transaction of personal business. Exchange of money, preparation of laundry, etc. Fresh laid on tomb of Uninown Soldier in aftermoon by Mrs. Nabro for party. Tea and reception at Restaurant Laurent. Dinner at hotel. Evening free.

ug. 30th. Breakfast at hotel. Visited cometery and Chatcau Thierry in morning. Lunch Hostelleric du Bonhomme. Visited Belleau Wood, Aisne Marne Cemetery, Monument Hill 204, Quentin Roosevelt's grave in afternoon. Tea at Oise-Aisne Cemetery. Returned to Soissons. Dinner at hotel.

eturned to Scissons. Dinner at hotel. Aug. 31st. Breekfast at hotel. Visited cemetery in morning. Returned to Soissons for lunch. Pierrefonds in afternoon. Dinner at hotel in Soissons. Sept. 1st. Free or visit cometery. Lanch at hotel. Left 1.30pm for Reims via Chemin des Dames. Arrived Spm. Quarters at Hotel Bristol Crystal. Dinner at hotel. Sopt. 2nd. Vicited Fort do la Pompelle and Cathedral. Lunch at hotel. Left 2pm for Compeigne via Fismes, Scissons. Arrived 4.30 pm. Quarters Hotel Rond Royal. Dinner at hotel. Sept. 3rd. Visited Carrefours de l'Armistice. Lunch at hotel Rond. Royal. Left Complegne 2pm for Paris via La Croix, St. Quentim, Senlis, Chantilly (tea at Hotel du Parc). Arrived Paris 5.45pm. Dinner at hotel. Sept. 4th. Visited Louvre and Versailles. Sept. 5th. Morning free. Sacre Coeur, Morgan's for dinner. Sighteesing trip at nite. Sept. 6th. Notre Dame. Lunch at hotel. Napoleon's Tomb. Dinner at hotel. Sept. 7th. Sailed for home on AMERICAN MERCHART. Arrived How York. September 16th. Mrs. Willie Mae Banks Bruke Toww - Oa

# 'Thank you' letter

"... I would be an ingrate if I failed to mention Capt. Joseph Cistero, by whose thoughtfulness ... I was enabled to complete the journey to Houston in the manner befitting the widow of one who has made the supreme sacrifice for the safety of his country."



### **Train trouble**

"Mrs. Banks reported after her arrival from Europe that the Pullman conductor refused to allow her to occupy this space even though the attached ticket was furnished her. It was necessary for her to travel from Houston to St. Louis spending the night in the

September 18, 1930 (Mrs. Willie M. Banks, party "Q" Return Pullman Ticket The Quartermaster General Washington, D. C. 1. Enclosed herewith please find Pullman Company ticket 4629 covering a lower berth, drawing room, car 11, from Houston, Texas to St. Louis, Mo., on the 10:30 AmM. train, August 12th, in favor of Mrs. Willie M. Banks. Houston, Texas, a Gold Star Widow on party "Q". 2. Mrs. Banks reported after her arrival from Europe that the pullman conductor refused to allow her to occupy this space even though the attached ticket was furnished her. It was necessary for her to travel from Houston to St. Louis spending the night in the day coach and it was not until after she left St. Louis was her pullman ticket honored. For the Officer in Charge:

day coach and it was not until after she left St. Louis was her Pullman ticket honored."

# **Investigation—Western Military Bureau**

We are unable to confirm the advice that party presented ticket to Pull-man Conductor and he refused to honor same, and we quote in part letter received from the Pullman Company regarding this matter:

"Our conductor noticed that the diagram on this trip had the notation that the room would be used by a colored passenger. He waited for some time after departure, figuring the passenger might come aboard the train up the line. Inquiry was made of the train conductor if a Gold Star Mother was using coach, Porter was sent to coaches to see if he could locate the passenger, but without results."

Our train conductors advise that no mention was made to them by any colored passenger that she was supposed to occupy pullman space.

We are sorry if any inconvenience was caused this passenger, however she probably went direct to the colored coach on arrival at the depot and failed to request the pullman space from any of our representatives, or the pullman conductor.

From the above, it will be seen that both the train and pullman conductors endeavored to locate this pilgrim, in order that she could avail herself of the accommodations reserved, but were unsuccessful which, perhaps, was caused by the fact that the pilgrim did not wear her badge as a means of identification.

Attention is invited to the fact that a refund is due on the unused pullman ticket, which matter you will no doubt desire to take up with the Pullman Company for adjustments.

11-00

Yours truly

Chairman

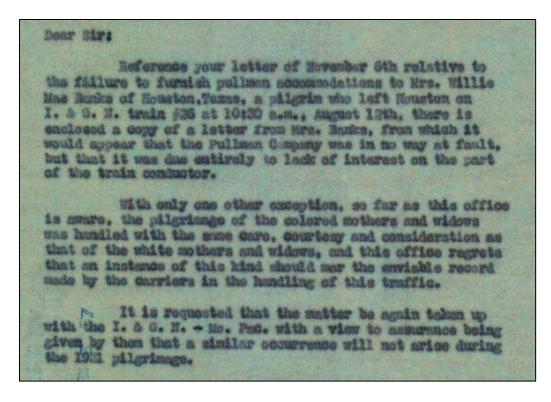
## **Rebuttal**

mation from the I & g. N. Railway Company, beg to advise: I followed the instructions relating to the means of identification. I pinned my badge on a conspicuou place on my person and fastened it there with a safety pin for added security. This badge was still in place when I left the train at St. Iouis Mo. II presented the Pullman ticket to the train conductor and asked information about the Pullman conductor, but the gentleman returned my ticket without replying. I also told him that I was a "War Widow", but that made no difference to him that I perceived. Understand, if you

"I followed the instructions relating to the means of identification. I pinned my badge on a conspicuous place ... and fastened it there with a safety pin for added security. ... I presented the Pullman ticket to the train conductor and asked information about the Pullman conductor, but the gentleman returned my ticket without replying. I also told him that I was a "War Widow," but that made no difference to him that I perceived."

### **Decision**

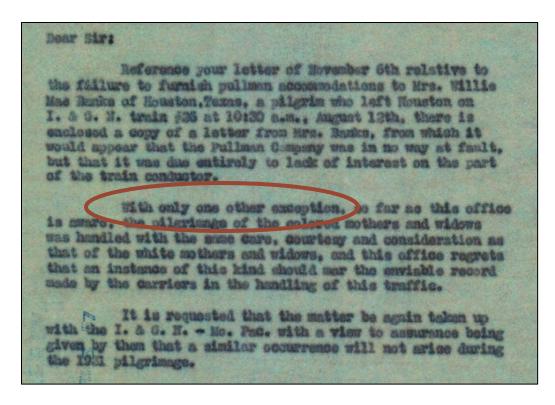
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