

293 FEISTL, JOSEPH E. 7,021,806 SGT. AC. EUROPEAN AREA (PA)

45 njc

No. A4 527693

TRANSFER COUPON

TO:

493

NOTE THAT FILE OF:

Heistler, Joseph E.

HAS BEEN TRANSFERRED TO: (Name)

202/1800

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

Duncan

DATE

5/17/57

SIGNATURE

[Signature]

usted.

☆ U. S. GOVERNMENT PRINTING OFFICE

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TRANSFER SLIP

B09

No. A4 527693

DATE OF REQUEST

5/17/51

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Feistl, Joseph E 7021806									REQUESTED PAPERS NOT IN FILE <input type="checkbox"/>
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE Hawkins - Duncan				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER O & M G A					
RETURN TO	Departmental Records Branch, AGO 219 North Lee Street Alexandria, Virginia						DATE RETURNED	TO RETURN FILE, INITIAL HERE		
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

No. A4 527693

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON



DEPARTMENTAL RECORDS BRANCH, A.G.O.

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia



RRE Form #43
20 Sep 13

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

~~FEISTL~~

(Last Name)

~~Joseph~~

(First Name)

~~E~~

(Initial)

~~SGT~~

(Rank)

~~7021806~~

(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery ST LAURENT

STATION FILE

Incl #

HEADQUARTERS
CHANCE BARRACKS SECTION
APO 522, US ARMY
Office of the Quartermaster

REPORT OF INVESTIGATION OF ISOLATED GRAVE
OR
UNBURIED REMAINS

21 July 1945

Date ~~XXXXXX XXXX~~

288
PRIESTL, Joseph E. Sgt. *U.S. 7021806 Killed - Enemy

1. Name, Rank, ASN of deceased: 416 Pfc Co L

2. Organization of deceased: Identification Tag.

3. Means of identification: Killed in plane crash. 23 Apr. 1944

4. Cause of death: _____ 5. Date of death: _____

6. If isolated grave: Unavailable. Caretaker of St. Pol Cem.

a. Date of burial: No marker. b. By whom buried: _____

c. Inscription on marker: XXXXXXXXXXXX Military Cem. St. Pol, France.

7. Location of grave/unburied remains: _____
(Be specific, sketch on reverse)
HA5-13, SH2 2nd Sq. 1,250,000 Grave 64.

8. Names of deceased and location of other *graves/unburied remains in immediate vicinity: A total of fifty (50) US deceased disinterred from this cemetery and evacuated to US Mil Cem., and reports on each individual submitted.

9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: Unavailable. None.

10. Disposition of personal effects: (Itemise if possible) _____

11. Other pertinent information: Inf. on Ident. Page: Joseph E. Priestl, 7021806; T41-43; BloodType "O"; Religion "C".
Caretaker of Cem.

12. Information furnished by: St. Pol, France.
(Name, title, address) _____
Unavailable.

13. Names and addresses of other persons familiar with the case: _____

14. Action taken: Remains disinterred 13 July 1945 and taken to US Mil Cem.,
St. Andre de l'Eure, France.

*Disinterment approved by: CCM CRISER Des de Calais 228

Disinterment made by: Det "A" 4th Plat. 3049 GM Gr Reg Co.

*Burial/Reburial made by: 605th. GM Graves Reg. Co.

Date of *burial/reburial: 24 July 1945

Place of *burial/reburial U. S. Military Cemetery: St. Andre

Plot H Row 10 Grave 190

Robert H. Bluff
Signature of Investigator

2nd Lt., ASN 0-158657
Rank, ASN

*Cross out where not applicable

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

EO 1033

*Nothing contradictory found.
 von Bergen*

7021806

Unknown FEISTL, JOSEPH E.
 Cemetery St. ANDRE
 Plot H Row 10 Grave 190

1. PROCESSED Arrived at cemetery 12 August 48
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains PROCESSED recovered or disinterred by CAMP gone one
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____	_____	_____
	<small>(Type)</small>		
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

NONE PREVIOUSLY PROCESSED BY REPAT

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? WTD

6. Description of Remains:

L. HUMERUS - 33.2 R. TIBIA - 37.4
L. RADIUS - 24.3 R. FIBULA - 32.5
L. URNA - 26.4

Age WTD EST Height 5'6 3/4" Weight WTD Description of wounds WTD

Bandages or dressings Scars (Length, width, location)

..... Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large, fat, thin, muscular)

Hair WTD BROWN - 2" LONG - SLIGHTLY WAVY (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns WTD Mustache WTD Beard or WTD (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth *SEE TOOTH CHART* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of head in inches *FRACTURED* (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision *NO* (Yes-no) Pubic Hair *NONE* (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes *CTD* (Slender, straight, crooked, overlap)

Evidence of healed fractures *NONE EVIDENT* (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? NO (Yes-no)

If not, explain MISSING

8. Has tooth chart been prepared? If not, explain
(Yes-no)

PROCESSED AS PER E.O. #1033

9. Remarks PREVIOUSLY PROCESSED BY IREPAT. NO CLOTHING.
FRACTURED MANDIBLE & MAXILLA FOUND. SEE CHARTS.
QRS TAG ON CROSS. ORIGINAL ID TAG ON REMAINS.
SKELETAL CHART ATTACHED

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

John E. Byrd
(Officer's Name)
Sgt Ed Zech
Rank Service
CIP ZONE ONE
(Organization)

ID TAG imprint:

JOSEPH B. FEISTL
7021006 Tel-43

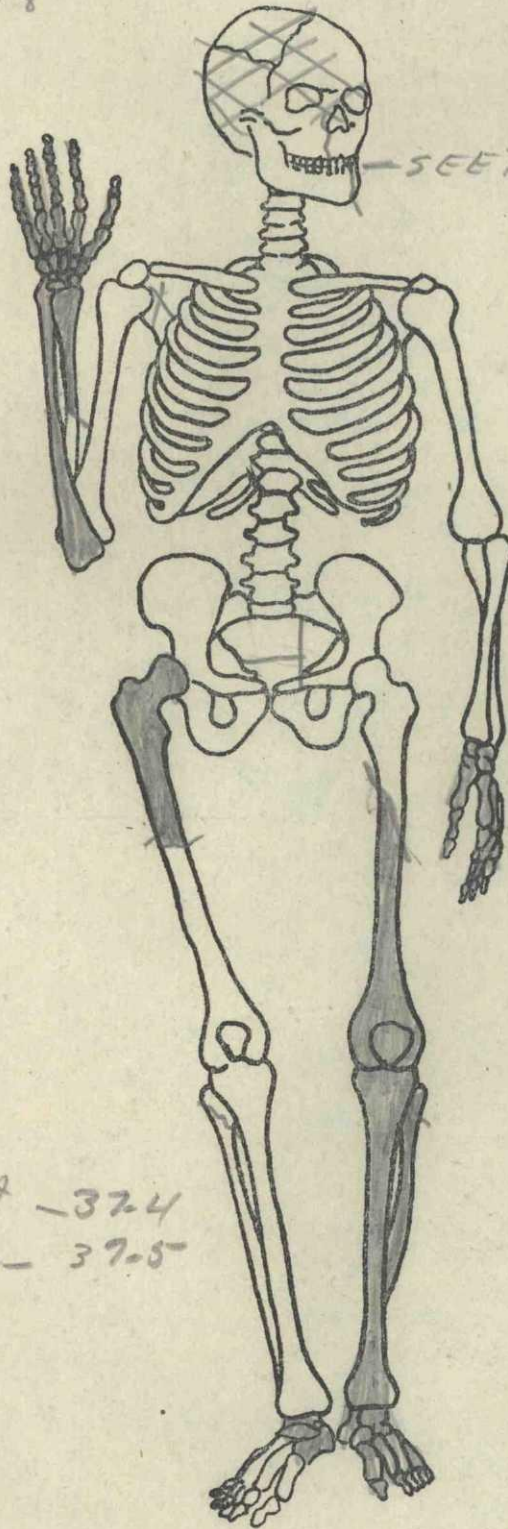
DISPOSITION OF TAG:
PINNED TO REMAINS.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

12 aug 48

FEISTL, JOSEPH L
7021406
H-10-190
ST. ANDRE



SEE TOOTH CHART

L-HUMERUS - 33.2

L-RADIUS - 24.3

L-ULNA - 26.4

R-TIBIA - 32.4

R-FIBULA - 37.5

EST. HEIGHT 5'6³/₈"

TOOTH CHART

Dentist, Joseph E

7021806

ST. Andre

H-10-190

EO# 1033

12 AUG 48

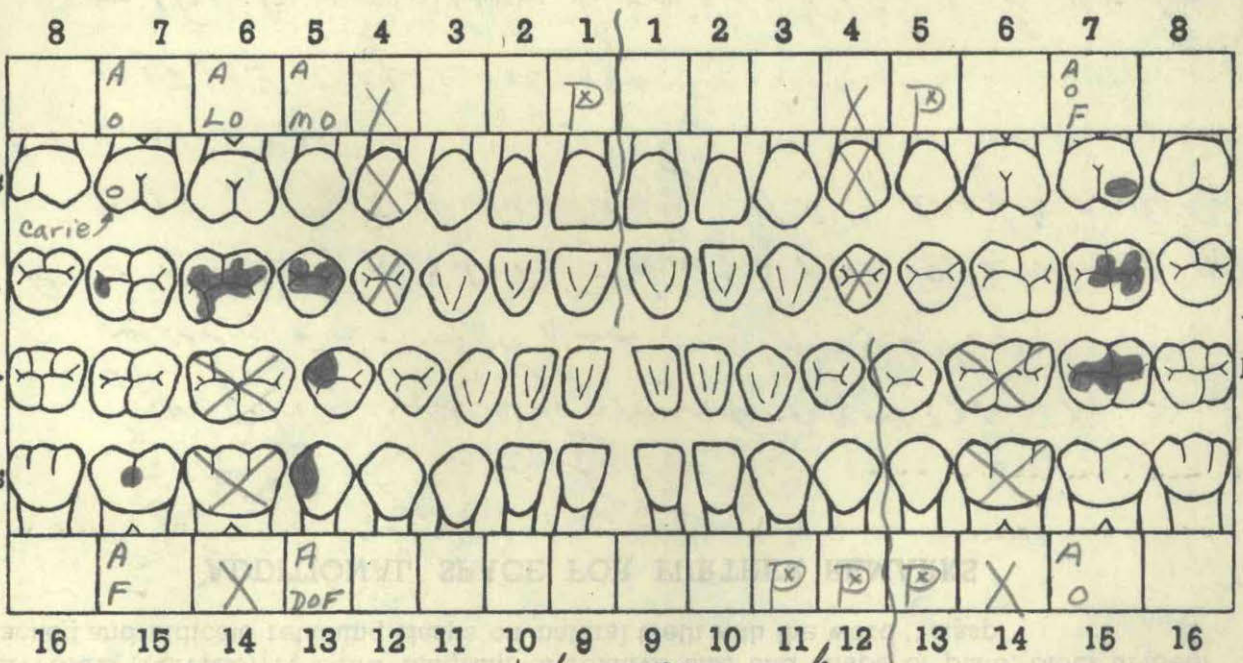
Date

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Right

Left



See remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Harold D. St. Huber

Signature of Officer or other person who prepared Tooth chart

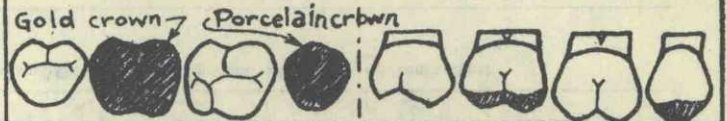
Verified by G. R. C. Officer

56

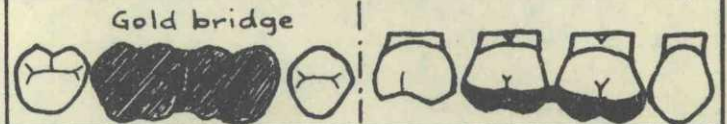
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



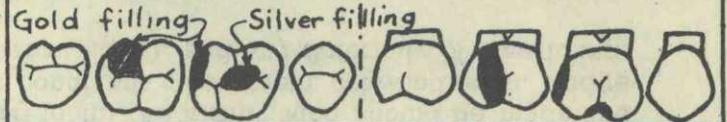
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



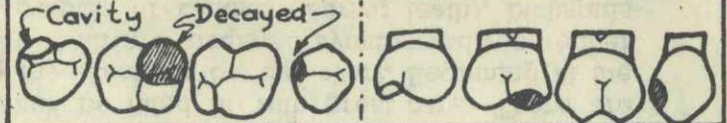
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size - average
 Color - ivory
 Posthumously missing - R1; L5, 11, 12, 13
 Spaces - R4, 6mm; L2 to 3, 1mm; L4, est. 4mm;
 R14, none; R13 to 12, 4mm; R11 to 10, 2mm; L14, est. 3mm.
 R13 rotated distally 90°; drifted distally against R15
 R12, 13 drifted distally 2mm.
 L15, 16 inclined mesially (heavily).
 Dark brown lingual stain.
 Calculus - heavy.

Interred 19 April 1949
A-10-42-USMC ST. LAURENT

DISINTERMENT DIRECTIVE

C. H. HIEMSTRA
1 LT Inf. Interring Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3572 00775

DATE

15 03 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

FEISTL JOSEPH E

7021806

SGT

1

DAY MONTH YEAR

CEMETERY

ST ANDRE - EVREUX

1

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

H 10

190

FRANCE

CAUSE OF DEATH

2

SECTION B - CONSIGNEE AND NEXT OF KIN Flag sent 19 April 1949

NAME AND ADDRESS OF CONSIGNEE

ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

LOUIS FEISTL (FATHER)
39 WEST FIRST STREET
LARKSVILLE, PENNSYLVANIA

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

FEISTL, Joseph E.

7021806

Sgt

15 July 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

USAAF

Catholic

HENRY A. GENTZEL, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD Uniform

CONDITION OF REMAINS

Advanced decomposition. Fragmentary remains.
Multiple fractures.

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

Transfer Case

DATE 16 July 1948

BY HENRY A. GENTZEL

CASKET SEALED BY

ROY HALFORD

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by:

DATE 30 Oct 48 BY ROBERT HEURGUE

D. A. MAC KENZIE, CAPT., INF.

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

I certify that the entries on this form are true

copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of JOHN L. BOYD, 1st Lt., FA

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies of the persons whose names are typed hereon.

A. A. Mac Kenzie
Capt

REPAIRED
RECORDS BRANCH
FILE
14 JUN 1949
REPAIRED
BRANCH
MEM. DIV.

1

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST. ANDRE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PVT TOPALI	
SIGNATURE OF SHIPPER R. B. HOWARD, 1st Lt., Inf.	DATE 14 Sep 48	SIGNATURE OF RECEIVER D. A. MAC KENZIE, CAPT., INF.	DATE 14 Sep 48

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 LOUIS LEISIG (FATHER)	
SIGNATURE OF SHIPPER ST. LAURENT, FRANCE	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

2 June 1949

293 ~~Sgt Joseph E. Feistl, ASN 7 021 806~~
Plot A, Row 10, Grave 42
Headstone: Cross
St. Laurent (France) U. S Military Cemetery

Mr. Louis Feistl
39 West First Street
Larksville, Pennsylvania

Dear Mr. Feistl:

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

lhc

JUN 3 12 41 PM '49
CCMC M&R BR

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Egt. Joseph E. Feistl, 7 021 806
Plot E, Row 10, Grave 190,
United States Military Cemetery
St. Andre, France

19 June 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, MR. LOUIS FEISTL

(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. St. Laurent, France
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
[REDACTED]
(NAME AND LOCATION OF CEMETERY)
3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(FOREIGN COUNTRY) (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.)

NONE

DD Proc
10 April 48

Coded
30 Mich 48
W Baker

JUL 28

19

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.

Louis Feistl (SIGNATURE OF NEXT OF KIN) 39 West First St (STREET AND NUMBER)
LOUIS FEISTL (NAME PRINTED OR TYPED) LARKSVILLE PLY. PENNA. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 15th day of July, 1947, at city (or town) of LARKSVILLE, county of LUZERNE, and State (or Territory or District) of PENNSYLVANIA

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

Andrew J. Korschalla (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Justice of the Peace - LARKSVILLE, PA. (OFFICIAL TITLE)
 My Commission expires the first Monday in January 19 50

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)

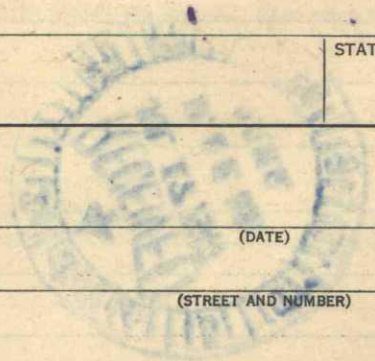
PART III

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 INSTRUCTIONS

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



DENTAL CHART

BTB: FEISTL, Joseph E., 7021806

~~XXXXXXXXXX~~

Name - FEISTL, Joseph E.
Sgt. 7 021 806

R-8 _____
 R-7 oA f caries
 R-6 oLA
 R-5 moA
 R-4 X
 R-3 _____
 R-2 _____
 R-1 Posthumously missing

R-8 _____
 R-7 oA
 R-6 _____
 R-5 moA
 R-4 X
 R-3 _____
 R-2 _____
 R-1 _____

L-1 _____
 L-2 _____
 L-3 _____
 L-4 X
 L-5 Posthumously missing
 L-6 _____
 L-7 oA fA
 L-8 _____

L-1 _____
 L-2 _____
 L-3 _____
 L-4 X
 L-5 _____
 L-6 Caries
 L-7 oA oA
 L-8 oA

R-16 _____
 R-15 fA
 R-14 X
 R-13 dofA
 R-12 _____
 R-11 _____
 R-10 _____
 R-9 _____

R-16 X
 R-15 _____
 R-14 X
 R-13 Caries
 R-12 _____
 R-11 _____
 R-10 _____
 R-9 _____

L-9 _____
 L-10 _____
 L-11 Posthumously missing
 L-12 Posthumously missing
 L-13 Posthumously missing
 L-14 X
 L-15 oA
 L-16 _____

L-9 _____
 L-10 _____
 L-11 _____
 L-12 _____
 L-13 _____
 L-14 X
 L-15 _____
 L-16 _____

Est. Ht.: 5' 6-3/8"

Hair: Brown

ID TAG IMPRINT: JOSEPH E. FEISTL
7021806 T 41-43

Height: 67 1/2"

Weight: 128 lbs.

Shoe Size: 7 1/2 D

Hair: Black

Date of Death: 23 April 1944

*File
NAT - 10/25/48
C. B. ...
9d/32*



**IDENTIFICATION SECTION
MEMORIAL DIVISION**

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL FEISTL, JOSEPH E.			ARMY SERIAL NUMBER 7021806		GRADE SGT.
---	--	--	--------------------------------------	--	----------------------

HEIGHT 67 1/2	WEIGHT 128	COLOR EYES BROWN	COLOR HAIR BLACK	SHOE SIZE 7 1/2 D	DATE OF DEATH 23 APR. 44
-------------------------	----------------------	----------------------------	----------------------------	-----------------------------	------------------------------------

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)
671st B. Sq. (L)

PLACE OF DEATH OR PLACE LAST SEEN IF MIA
FRANCE

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

STATION	DATES
<p>ATTACHED 5 FORM 79</p>	

FRACTURES AND/OR BREAKS NONE	TATTOOS AND/OR BIRTH MARKS NONE
--	---

DENTAL CHART

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8</td> <td style="width:10%;">7</td> <td style="width:10%;">6</td> <td style="width:10%;">5</td> <td style="width:10%;">4</td> <td style="width:10%;">3</td> <td style="width:10%;">2</td> <td style="width:10%;">1</td> </tr> <tr> <td colspan="8">UPPER RIGHT</td> </tr> </table>	8	7	6	5	4	3	2	1	UPPER RIGHT								<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">4</td> <td style="width:10%;">5</td> <td style="width:10%;">6</td> <td style="width:10%;">7</td> <td style="width:10%;">8</td> </tr> <tr> <td colspan="8">UPPER LEFT</td> </tr> </table>				4	5	6	7	8	UPPER LEFT							
8	7	6	5	4	3	2	1																										
UPPER RIGHT																																	
			4	5	6	7	8																										
UPPER LEFT																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">16</td> <td style="width:10%;">15</td> <td style="width:10%;">14</td> <td style="width:10%;">13</td> <td style="width:10%;">12</td> <td style="width:10%;">11</td> <td style="width:10%;">10</td> <td style="width:10%;">9</td> </tr> <tr> <td colspan="8">LOWER RIGHT</td> </tr> </table>	16	15	14	13	12	11	10	9	LOWER RIGHT								<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> <td style="width:10%;">15</td> <td style="width:10%;">16</td> </tr> <tr> <td colspan="8">LOWER LEFT</td> </tr> </table>	9	10	11	12	13	14	15	16	LOWER LEFT							
16	15	14	13	12	11	10	9																										
LOWER RIGHT																																	
9	10	11	12	13	14	15	16																										
LOWER LEFT																																	

X - EXTRACTED O - CARIOUS / - CARIOUS NON-RESTORABLE

REGISTER OF DENTAL PATIENTS AT

RIO HATO

(1) SURNAME (2) CHRISTIAN NAME 7021906

FEISTL

Lupeh

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Pvt. A. B. Serv. Hq + Sq. 6th *Infantry* *Bam*

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

21

W

Pc

1

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELA

O-R-5

(11) DATES AND NATURE OF TREATMENT AND OPERATIONS

A-MO

3-29 1941

(12) RESULTS AND REMARKS

add dr. notes

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Oct. 17, 1910)

REGISTER OF DENTAL PATIENTS AT

France Field, C. Z.

(1) SURNAME FEISTL		(2) CHRISTIAN NAME Joseph E.	
(3) RANK Pvt	(4) COMPANY 6th	(5) REGIMENT OR STAFF CORPS AC	(5) REGIMENT OR STAFF CORPS FF
(6) AGE, YEARS 20	(7) RACE W	(8) NATIVITY Pa.	(9) SERVICE, YEARS 7/12

									(10) DISEASE OR INJURY WITH LOCATION, APPLICATIONS, SEQUELAE.
									Abs per L 4
									Pulpitis R 4
									TE Anes In
									November 1940
									TE Anes In
									(12)
									Class II
									Class I
									Class II RFT

R. F. THOMPSON

Lt. Col. D. C.

Dental Corps, U. S. A.

Date..... 19..

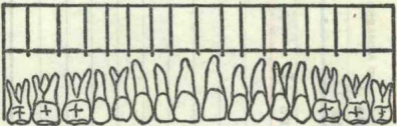
Report of Dental Survey

UPPER TEETH

Right

Left

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

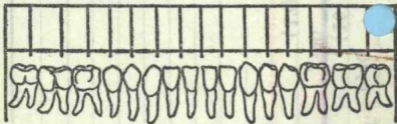


LOWER TEETH

Right

Left

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



CLASS

O Tooth crowned

/ Missing tooth

O / O Fixed bridge

/// Partial denture

Occlusion Periodontoclasia

*Caries

Calculus: Slight, Medium, Heavy.

Dental foci suspected: Yes

No

Other conditions

Dental Officer.

Date..... 19.....

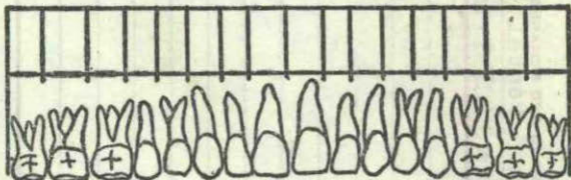
Report of Dental Survey

UPPER TEETH

Right

Left

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

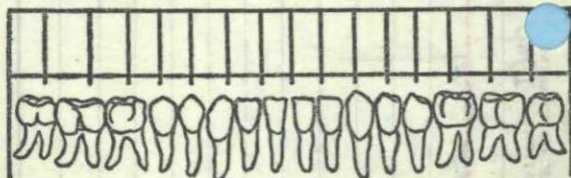


LOWER TEETH

Right

Left

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



CLASS

O Tooth crowned / Missing tooth
O/O Fixed bridge / / / Partial denture

Occlusion Periodontoclasia

*Caries LH & several others

Calculus: Slight, Medium, Heavy.

Dental foci suspected: Yes No

Other conditions LH caries involving pulp
required treatment, extraction 20.7.48.7

Dental Officer.

*Indicate by tooth number.

3-10597

REGISTER OF DENTAL PATIENTS AT

Worcester Field, U. S. A.

(1) SURNAME FEISTL		(2) CHRISTIAN NAME Joseph E.	
(3) RANK Pvt	(4) COMPANY Hq Hq	(5) REGIMENT OR STAFF CORPS AC FF	
(6) AGE, YEARS 20	(7) RACE W	(8) NATIVITY Pa	(9) SERVICE, YEARS 4/12

(10) DISEASE OR INJURY WITH LOCATION, APPLICATIONS, SEQUELAE.										
(11) DATES AND NATURE OF TREATMENT AND OPERATIONS										
(12) RESULTS AND REMARKS										
Pulpitis I-4										
May 1940										
treatment (Cl I Add) Refused dental.										

R. F. THOMPSON

Lt. Col. D. C.

Dental Corps, U. S. A.

REGISTER OF DENTAL PATIENTS AT

L.C.A.A.F. LAKE CHARLES, LA.

(1) SURNAME

(2) CHRISTIAN NAME

Feistl, Joseph E. 7021806

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

S/Sgt 669 Bmb Sq, 416 Bmb Gp, AAF

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

23 W Penn 4 Yrs.

(10) DISEASE OR INJURY WITH LOCATION, SEQUELAE, PPLICATIONS,		(11) DATES AND NATURE OF TREATMENT AND OPERATIONS		(12) RESULTS AND REMARKS	
	Charles L 70	8-28	Exam	01	II NE
	Charles L 70	9-2	Broken Appt.		NE
	Charles R 70	A			KB 13
		A			KB 13
		A			NE 24

Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	0		X								X	0	0		

LOWER TEETH

Right

Left

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

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X		0	0										X		

CLASS II

Occlusion 7: Calculus: Slight, Medium, Heavy

Periodontoclasia None

Dental foci suspected: Yes No

Other conditions None

Date Aug 28, 1943

H. K. Buntzman
Dental Corps, U. S. A.

*Restorable carious teeth by 0
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments)

O		X	O	
---	--	---	---	--

REGISTER OF DENTAL PATIENTS AT

Feistl, Joseph P.

(1) SURNAME

(2) CHRISTIAN NAME

7021806

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Sgt. 59th Bomb Air Corp

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

22

W. Penn.

3

(10) DISEASE OR INJURY WITH APPLICATIONS, SEQUELAE,

(11) DATES AND NATURE OF TREATMENT AND OPERATIONS

(12) RESULTS AND REMARKS

Eduard Portnoff
Captain

Dental Corps, U. S. A.

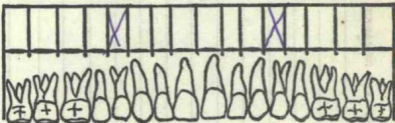
***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right

Left

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

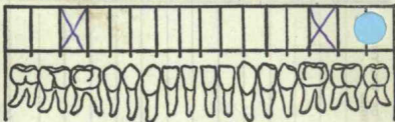


LOWER TEETH

Right

Left

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



CLASS IV

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date December 21, 1942

Edward Portnoff
 Captain Dental Corps, U.S.A.

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

Teeth replaced by denture (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments)

	X	
--	---	--

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
of Report of Interment WD QMC Form 1042)

Unknown X
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by _____
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

#11

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? WTD

6. Description of Remains: L. HUMERUS - 33.2 R. TIBIA - 37.4
L. RADIUS - 24.3 R. FIBULA - 37.5
L. ULNA - 26.4

Age WTD EST Height 5'6 3/4" Weight WTD Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

Tattoos _____
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion _____
(Light, medium, dark, clear, pimples, poeks, freckles)

Build _____
(Large, fat, thin, muscular)

Hair BROWN - 2" LONG - SLIGHTLY WAVY
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair _____
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache WTD Beard or WTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

521

Goatee
 (Light, color, extent)

Eyes Eyebrows
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose Ears
 (Size, shape, straight) (Size, set close to or far from head)

Mouth Lips
 (Large, medium, small) (Small, large, full)

Teeth SEE TOOTH CHART
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin
 (Prominent, receding, pointed, dimples, double)

Jaw Circumference of head in inches FRACTURED
 (Large, small, normal) (Hat band)

Neck Larynx
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Arms
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands
 Fingers
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....
 (Unusual characteristics of fingernails)

Chest
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back Circumcision YTD Pubic Hair NONE
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes-no; location)

Legs
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Toes YTD
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures NONE EVIDENT
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? NO
(Yes-no)

If not, explain INVESTIG.

8. Has tooth chart been prepared? If not, explain
(Yes-no)

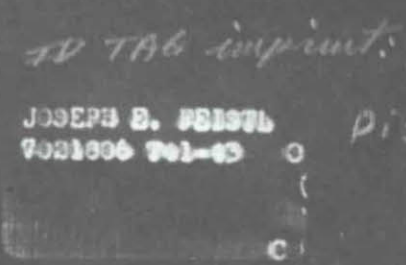
PROCESSED AS PER E.O. #1033

9. Remarks PREVIOUSLY PROCESSED BY REPAT. NO CLOTHING.
FRACTURED MANDIBLE & MAXILLA FOUND. SEE CHARTS.
QRS TAG ON CROSS. ORIGINAL I D TAG ON REMAINS.
SKELETAL CHART ATTACHED

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

John H. Byrd
(Officer's Name)

Rank Service
CIP ZONE ONE
(Organization)



DISPOSITION of TAG:
PINNED TO REMAINS.

SKELTAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

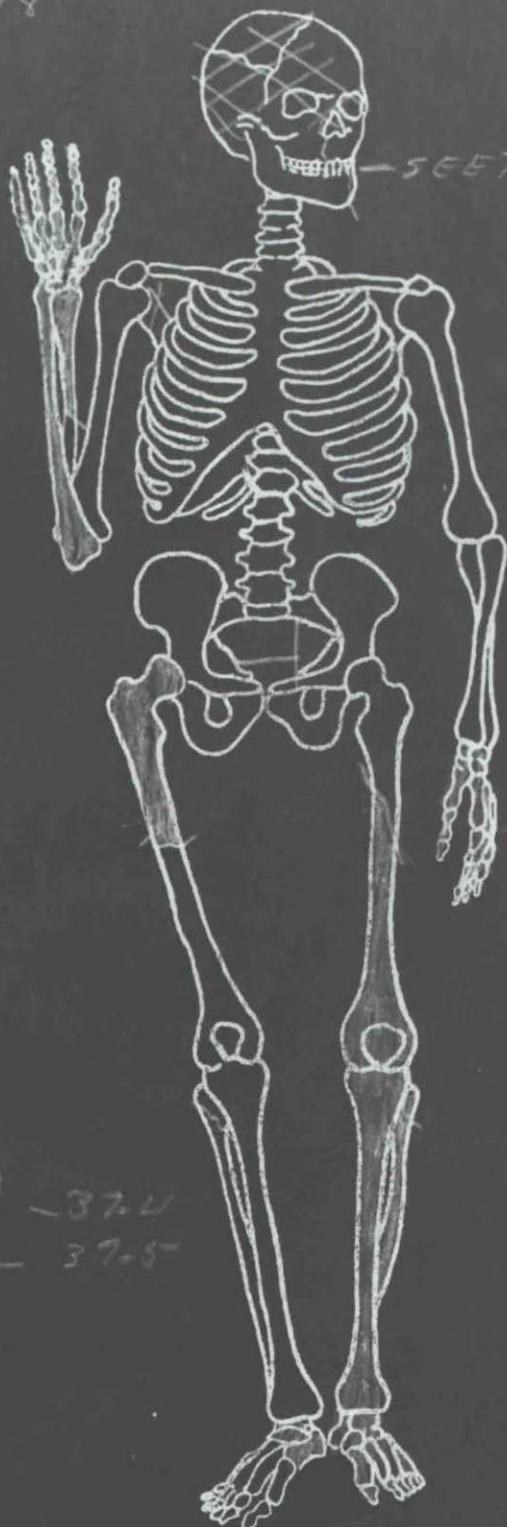
12 aug 48

FEISTL, JOSEPH L

2021406

H - 10 - 190

ST. ANDRE



- SEETOTH CHART -

L. HUMERUS - 33.2

L. RADIUS - 24.3

L. ULNA - 26.4

R. TIBIA - 37.4

R. FIBULA - 37.5

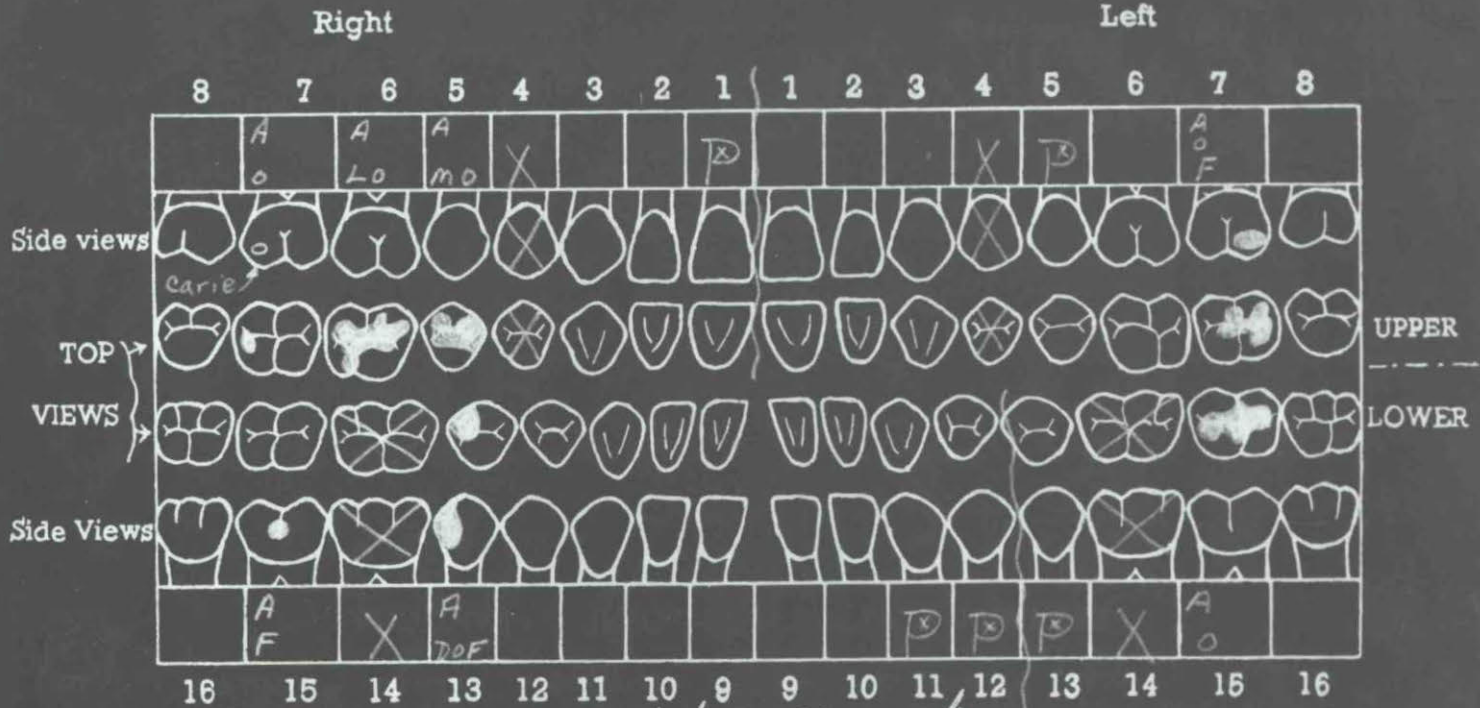
EST. HEIGHT 5' 6 ³/₈"

TOOTH CHART

Feist L, Joseph E
7021806
ST. Andre.
H-10-190

EO# 1033 12 AUG 48
Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Harold B. St. Hubert

Signature of Officer or other person who prepared Tooth chart

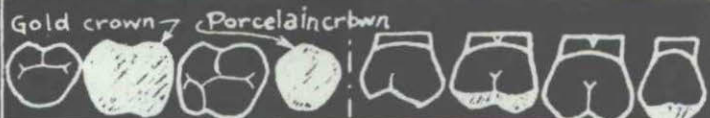
Verified by G. R. C. Officer

56

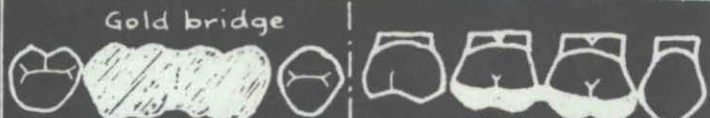
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



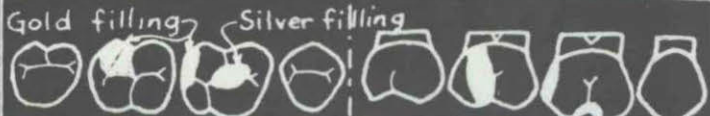
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



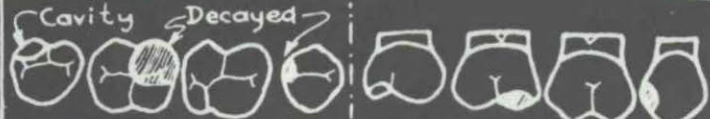
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size - average
 Color - ivory
 Posthumously missing - R1, L5, 11, 12, 13
 Spaces - R4, 6mm; L2 to 3, 1mm; L4, est. 4mm;
 R14, none; R13 to 12, 4mm; R11 to 10, 2mm; L14, est. 3mm.
 R13 rotated distally 90°; drifted distally against R15
 R12, 13 drifted distally 2mm.
 L15, 16 inclined mesially (heavily).
 Dark brown lingual stain.
 Calculus - heavy.

Sgt. Joseph E. Feistl, 7 021 806
Plot H, Row 10, Grave 190,
United States Military Cemetery
St. Andre, France

JM

19 June 1947

Mr. Louis Feistl
39 West First Street
Larksville, Pennsylvania

Dear Mr. Feistl:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls.

tbl

19 JUN 1947
COMMUNICATIONS & RECORDS

[Handwritten signature]

orj

[Handwritten initials]

3
QMGT 293
Feistl, Joseph E.
A.S.N. 7 021 806

5 May 1947

Mr. Louis Feistl
39 West First Street
Larksville, Pennsylvania

Dear Mr. Feistl:

Inclosed herewith is a picture of the United States Military Cemetery St. Andre, France, in which your son, the late Sergeant Joseph E. Feistl, is buried.

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

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

Sincerely yours,

G. A. HORKAN
Brigadier General, QMC
Chief, Memorial Division

May 6 2 25 P
1 Incl
Photograph

reg

16

94

SPQYG 293
Feistl, Joseph E.

26 April 1946

Mrs. Grace Feistl
39 West First Street
Larksville, Pennsylvania

Dear Mrs. Feistl:

The War Department is most desirous that you be furnished the burial location of your son, the late Sergeant Joseph E. Feistl, A.S.N. 7 021 806.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, St. Andre-De-Eure, France, plot H, row 10, grave 190.

This cemetery is located approximately fifteen miles southeast of Evreux and fifteen miles northeast of Dreux, both in France, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to return the remains of your son, at Government expense, to the final resting place which you select. When the necessary arrangements have been completed, this office will, without any action on your part, give full information and solicit your detailed desires.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Copy for Air Corps.

LMS

CONTROL SUB-SECTION
REPATRIATION RECORDS BRANCH

Information From A-Z File

BURIAL

REBURIAL

X

Feistl, Joseph E.
Name of Deceased

Sgt
Rank

7021806
Serial No.

KIA
Cause of Death

AC 416 Bb Co 2
Organization

24 Jul 45
Date of Burial

Emergency Addressee:

Name Feistl, Grace

Relationship Mother

Address 39 West First Street Larksville, Pennsylvania

US Mil Cem St. Andre, France
Cemetery

7
Plot

10
Row

190
Grave

Mrs. Williams

Information Furnished By

Miss Key
Approved By

NY

293

Feisth, Joseph E. Sgt.

7021806
ISN

St. Andre

Cemetery

France

Country

The Burial Report for above named individual is in the new Com. File,
Room 1206, Bldg. C.



File
J.F.S.

DEC 5 1945

Mr Leistl, Joseph C. 7021806
St. Andre Military Cemetery France

The burial report for above named individual is in the new Cen. File,
Room 1200, Bldg. C.

Reburial

✓
File
19700045
J. R. S.

REPORT OF BURIAL

25 July 1945
Date

REBURIAL AMERICAN TM 10-630 AND AR 30-1315

Feistl

Joseph (J) E

Sgt.

7021806

Last Name

First

Initial

Rank

Serial No.

671

BOMB SQ (2)

416 Bb Gp

Unit

Organization

St. Pol, France

23 April 1944

Plane crash

Place of Death

Date of Death

Cause of Death

1630 24 July 1945

St. Andre Mil. Cem.

VR 270-560

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

190

10

H

Wooden cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

1 Ident. tag on marker (Made at St. Andre Cem.)

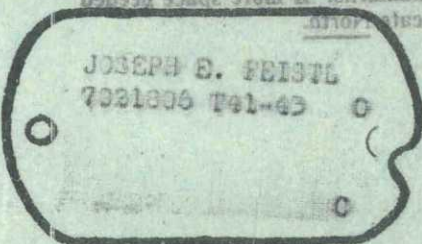
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Irving

Deceased's Right: Goldstein, 0-798788 2nd.Lt. ----- 191

Deceased's Left: Williamson, 19139625 S/Sgt. 416 Bb. Gp. 189

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



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

Emergency Addressee Unk.

Unk.

Religion C

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

REBURIAL

None

FILE
APR 5 1946

Previously buried in isolated grave

located at mil. Cem. St. Pol, France
H15-13, Sh.2, 2nd.Ed. 1:250,000
Grave 64.

William C. Barefield
Signature of Officer or other person reporting burial

WILLIAM C. BAREFIELD
CAPT, QMC

Verified by G.R.S. Officer
605th. QM Graves Reg. Co.

39

REPORT OF BURIAL 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.

Left Hand

1

Thumb

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

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

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

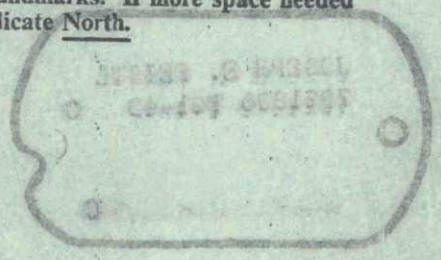
Who is buried on: _____
 Deceased's Right: _____
 Deceased's Left: _____

Right Hand

Thumb

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



REBURIAL

Previously buried in isolated grave

located at Mil. Cem. St. Pol, France
 BLS-13, Sh. 2, 2nd Rd. I: 250,000
 Grave

AG P BR HQ SOS

122500

288
HEADQUARTERS
CHANGE BASE SECTION
APO 562, US ARMY
Office of the Quartermaster

REPORT OF INVESTIGATION OF ISOLATED GRAVE
OR
UNBURIED REMAINS

Date 21 July 1945

*U.S. - ~~Added~~ - ~~Many~~

1. Name, Rank, ASN of deceased: FEISTL, Joseph E. Sgt. 7021806
2. Organization of deceased: 416 Bb Gp L.
3. Means of identification: Identification Tags.
4. Cause of death: Killed in plane crash. 5. Date of death: 23 Apr. 1944
6. If isolated grave:
 - a. Date of burial: Unavailable. b. By whom buried: Caretaker of St. Pol Cem.
 - d. Inscription on marker: No marker.s
7. Location of grave/~~unburied remains~~: Military Cem. St. Pol, France.
(Be specific, sketch on reverse)
H15-13, Sh2 2nd Ed. 1:250,000 Grave 64.
8. Names of deceased and location of other *graves/~~unburied remains~~ in immediate vicinity: A total of fifty (50) US Deceased disinterred from this Cemetery and evacuated to US Mil Cem., and reports on each individual submitted.
9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: Unavailable.
10. Disposition of personal effects: (Itemise if possible) None.
11. Other pertinent information: Inf. on Ident. Tags; Joseph E. Feistl, 7021806;
(Use reverse side if necessary) T41-43; BloodType "O"; Religion "C".
12. Information furnished by: Caretaker of Cem.
(Name, title, address) St. Pol, France.
13. Names and addresses of other persons familiar with the case: Unavailable.

(Over)

File 3/26/46
dy

14. Action taken: Remains disinterred 13 July 1945 and taken to US Mil Cem.,

St. Andre de l'Eure, France.

Disinterment approved by: OCQM ORDER Pas de Calais 228


Disinterment made by: Det "A" 4th Plat. 3049 QM Gr Reg Co.

~~Excise~~ Reburial made by: 605th. QM Graves Reg. Co.

Date of ~~excise~~ reburial: 24 July 1945

Place of ~~excise~~ reburial U. S. Military Cemetery: St. Andre

Plot H Row 10 Grave 190


ROBERT T. HUFF
Signature of Investigator

2nd Lt., QMC 0-1596057
Rank, ASN

*Cross out where not applicable

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

1945 APR

-BATTLE CASUALTY REPORT

AG 201	NAME FEISTL JOSEPH E ASN 7 021 806	GRADE SGT SON	DATE CAS. REPORT RECEIVED 26
NAME AND AD. DRESS OF E. A.	Mrs. Grace Feistl (mother) 39 West First Street, Larksville, Pennsylvania.	25 April 1945	DATE TELEGRAM SENT 22

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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

RELATIONSHIP

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	FEISTL, JOSEPH E.	7021806	AC		L	115080 C-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY			DATE OF CASUALTY		CASUALTY CODE
*		IN			DAY	MONTH	YEAR
					**	**	**

REMARKS:

AG 201 (24 APR 45)

CORRECTED COPY

Memo Chief, Casualty Branch. *FINDING OF DEATH OF MISSING PERSON was made in the case of this individual under provisions of Public Law 490, 7 March 1942, as amended. **PRESUMED DATE OF DEATH: 24 April 45. In line of duty, not due to own misconduct. On duty status. Place--ETO.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 42 _____ AG 201 REG _____

CASUALTY BRANCH FILE ATTACHED _____ ON CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. _____ YES (AS INDICATED BELOW):

FILE NO. *Ship* MESSAGE NO. *054* TYPE *MIA* DATE AND AREA *23 Apr 45 FTO* E. A. NOTIFIED *8 May 45*

FORWARDED TO: SPEC. IBEN. TELEGRAM WOUNDED LETTER COM. G. R. A. P. CERT. E. & M. NON-CL.

REPORT NOT VERIFIED _____ NO FORM 42 _____ NO COM. IN FILE _____ CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

DISTRIBUTION "A" 48 COPIES
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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 38, 1944.

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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 38, 1944.

42c

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

1945 OCT

BATTLE CASUALTY REPORT

NAME FEISTL, JOSEPH E. 7 021 806		GRADE SGT SON	DATE CAS. REPORT RECEIVED 16 15 45
NAME AND AD. DRESS OF E. A. GRACE FEISTL, MOTHER 39 WEST FIRST STREET LARKSVILLE, PENNSYLVANIA			DATE TELEGRAM SENT 15 45

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	FEISTL JOSEPH E	7021806	AC	ETO	I	286	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN FRANCE		DAY 23	MONTH APR	YEAR 44	1J

No Telegram - Send Spec. Letter
EJ, 17/10/45

REMARKS:

CORRECTED COPY

U PROJECT

~~xxxx~~ Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 24 April 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

FILE

NOV 23 1945

ADDITIONAL INFORMATION. REPORT OF DEATH ISSUED 16 NOV 1945

ACTION BY COMPOSITE SECTION: REPORT VERIFIED FORM 43 AG 201 REQ. _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
ag 201 (24 Apr 45) 115080-17-C		finding of death	NS. NS	25 Apr 45

FORWARDED TO: SPEC. IDEN. C. & P. TELEGRAM LETTER CERTIF. F. REL. CORRES. REPAT. S. R. & D. NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY: *Alamo 17 Oct 45* REVIEWED BY: *J. J. J.*

DISTRIBUTION "A" COPIES DISTRIBUTION "B" COPIES

WD AGO FORM 0365
1 MAY 1945

EDITION OF 1 JAN. 1945 MAY BE USED.

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

200
 1945 APR

—BATTLE CASUALTY REPORT

AG 201	NAME FEISTL JOSPEH E ASN 7 021 806	GRADE SGT SON	DATE CAS. REPORT RECEIVED 26
NAME AND AD. DRESS OF E. A.	Mrs. Grace Feistl (mother) 39 West First Street, Larksville, Pennsylvania.	25 April 1945	DATE TELEGRAM SENT 22

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RELATIONSHIP

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	FEISTL, JOSEPH E.	7021806	AC		L	115080 C-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
*		IN		DAY	MONTH	YEAR	
				**	**	**	

REMARKS:

AG 201 (24 APR 45)

CORRECTED COPY

Memo Chief, Casualty Branch. *FINDING OF DEATH OF MISSING PERSON was made in the case of this individual under provisions of Public Law 490, 7 March 1942, as amended. **PRESUMED DATE OF DEATH: 24 April 45. In line of duty, not due to own misconduct. On duty status. Place--ETO.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 42 AG 201 202

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
<i>Ship</i>	<i>054</i>	<i>MIA</i>	<i>23 APR 45 ETO</i>	<i>Edney 44</i>

FORWARDED TO SPEC. IBEM. TELEGRAM WOUNDED LETTER COUNSEL U. S. C. OTHER M. C. C. REG. OF.

REPORT NOT VERIFIED _____ NO FORM 42 _____ NO CAS. BR. FILE _____ CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 33, 1944.

W.D. A.G.O. Form 0343 This form supersedes W.D. A.G.O. Form 0315, 14 June 1944, and W.D. A.G.O. Form 0221, 0023, 0024, of 1 February 1944, and 0204, 0205, 1 August 1944, unless they be used until existing stocks are exhausted.

3 MAY 1945
[Signature]

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

REPORT OF DEATH

plm/3613

DATE 16 Nov 1945

FULL NAME FEISTL, JOSEPH E.		ARMY SERIAL NUMBER 7 021 806		GRADE Sgt	
HOME ADDRESS Larksville, Pennsylvania		ARM OR SERVICE AC		DATE OF BIRTH 23 May 1920	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Apr 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Jan 1940		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS Over 3 years	
EMERGENCY ADDRESSEE (Name, relationship, and address) Grace Feistl, mother, 39 West 1st Street, Larksville, Pennsylvania					
BENEFICIARY (Name, relationship, and address) Grace Feistl, mother, as above Louis Feistl, father, as above					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				<input checked="" type="checkbox"/>	
OTHER PAY STATUS (Specify below)				YES	NO
ADDITIONAL DATA AND/OR STATEMENT				<input checked="" type="checkbox"/> BATTLE	<input type="checkbox"/> NON-BATTLE
<p>Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 24 April 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.</p>					
<p>FILE</p> <p>NOV 23 1945</p>					
<p>BY ORDER OF THE SECRETARY OF WAR</p> <p><i>Katherine F. Whelan</i></p>					
<p>ADJUTANT GENERAL</p>					

DRB



and

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

154084
7th
DATE 16 Nov 1945

REPORT OF DEATH

plm/3613

FULL NAME FEISTL, JOSEPH E.		ARMY SERIAL NUMBER 7 021 806		GRADE Sgt											
HOME ADDRESS Larksville, Pennsylvania		ARM OR SERVICE AC		DATE OF BIRTH 23 May 1920											
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Apr 1944											
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Jan 1940		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS Over 3 years											
EMERGENCY ADDRESSEE (Name, relationship, and address) Grace Feistl, mother, 39 West 1st Street, Larksville, Pennsylvania															
BENEFICIARY (Name, relationship, and address) Grace Feistl, mother, as above Louis Feistl, father, 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		
										<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE	
<p>Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 24 April 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.</p>															
<p>BY ORDER OF THE SECRETARY OF WAR <i>Katherine F. Walsh</i> ADJUTANT GENERAL</p>															

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

154,084
 1945 APR
lin

-BATTLE CASUALTY REPORT

AG 201	NAME FEISTL JOSPEH E ASN 7 021 806	GRADE SGT SON	DATE CAS. REPORT RECEIVED 26 22 5
NAME AND ADDRESS OF E. A.	Mrs. Grace Feistl (mother) 39 West First Street, Larksville, Pennsylvania.		DATE TELEGRAM SENT 25 April 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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

RELATIONSHIP

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	P OR J STATUS	SHIPMENT NUMBER
SGT	FEISTL, JOSEPH E.	7021806	AC		L	115080 C-1X
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
		IN	DAY	MONTH	YEAR	
			**	**	**	

REMARKS:

AG 201 (24 Apr 45)

 CORRECTED COPY

Memo Chief, Casualty Branch. *FINDING OF DEATH OF MISSING PERSON was made in the case of this individual under provisions of Public Law 490, 7 March 1942, as amended. **PRESUMED DATE OF DEATH: 24 April 45. In line of duty, not due to own misconduct. On duty status. Place--ETO.

ACTION BY PROCESSING AND VERIFICATION SECTION:								REPORT VERIFIED <input checked="" type="checkbox"/>	FORM 42	AG 201 REC.	
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							
<i>Ship</i>	<i>054</i>	<i>MIA</i>	<i>23 Apr 45 ETO</i>	<i>8 May 45</i>							
FORWARDED TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRESP.	S. R. O. D.	CERTIF.	M. O. B.	NON-DE.		
REPORT NOT VERIFIED		NO FORM 42		NO CAS. BR. FILE		CHECKED BY <i>[Signature]</i>		REVIEWED BY <i>[Signature]</i>			

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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

mc

FROM	WAR DEPARTMENT	
BUREAU	400	154084
	DB 3532	

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

AM 201 FRISTL, JOSEPH E (6 MAY 44) SPIFG-H BYO 054 6 MAY 1944
ASN 7 081 806

MRS GRACE FRISTL
39 WEST FIRST STREET
LARKSVILLE PENNSYLVANIA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT
YOUR SON SERGEANT JOSEPH E FRISTL HAS BEEN REPORTED MISSING IN
ACTION SINCE TWENTY THREE APRIL OVER FRANCE PERIOD IF FURTHER
DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY
NOTIFIED



DUNLOP

ACTING THE ADJUTANT GENERAL
BATTLE

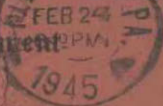
OFFICIAL:

ADJUTANT GENERAL

AE 13

Post Office Department

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE 3

POSTMARK OF DELIVERING OFFICE

15-4084

Return to

and Number, }
Post Office Box, }

Army Effects Bureau
~~Kansas City Quartermaster Depo.~~
(NAME OF SENDER)
601 Hardesty Avenue
~~Kansas City 1, Missouri~~

REGISTERED ARTICLE

867-360

INSURED PARCEL

KANSAS CITY,

MISSOURI.

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Mrs. Grace F. [unclear]
(Signature or name of addressee)

2
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 2/17/45, 1945

154084

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

In Reply Refer To: 154084

(S-3-16-45)
JRM:HA:mt
February 16, 1945

Mrs. Grace Feistl
39 West First Street
Larksville, Pennsylvania

*See
me*

Dear Mrs. Feistl:

The Army Effects Bureau has received some personal effects belonging to your son, Sergeant Joseph E. Feistl.

This property is being forwarded to you in two packages and should reach you in the near future.

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

I am inclosing a check for \$34.00, representing funds which belong to your son.

Yours very truly,

A. G. Schumacher

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

Incl--
Envelope
Check

Receipt acknowledged:

Mrs Grace Feistl
(Signature of Bailee)

Feb. 24 - 45
(Date)

KANSAS CITY DISTRICT OFFICE
 ARMY AVIATION DIVISION
 601 EAST 12TH AVENUE
 KANSAS CITY, MISSOURI

(2-1-42)
 3:10 PM
 February 18, 1942

In Reply Refer to: 12418

Mr. G. W. [unclear]
 28 East 12th Street
 Leavenworth, Kansas
 Dear Mr. [unclear]:

The Army Aircraft Group has received your personal effects package, your son, Captain Joseph A. [unclear]. The contents are being forwarded to you in two packages and should reach you in a few days.

RECEIVED
 BUREAU
 FEB 27 1942
 KANSAS CITY, MO.

A check is being made on the property account, itself, your title in you. The items are forwarded in order that you may not be given your name in return for them being the return of the owner, who has been reported missing in action. The check is being reported a check, and I sincerely hope he never is. It will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an address envelope which should be stamped.

I regret the circumstances preventing this letter, and wish to express my hope for the safe return of your son.

I am inclosing a check for \$31.00, representing funds which belong to your son.

Yours very truly,
 [Signature]
 Asst. Chief, Army Aviation Division

Respectfully acknowledged,
 [Signature]
 Capt. Joseph A. [unclear]

(Date) _____
 (Signature of Recipient) _____

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:
Name

ASN

Case No.

Wt.

Sgt. Joseph E. Feistl

7021808

154084 M

Mrs. Grace Feistl

39 West First Street

Larksville, Pennsylvania

DATE February 16, 1945
JRM:HA:mt

FOR: Effects Quartermaster

REMARKS:

- Inclose Bureau Check
Acct. No. 66222
Amount \$34.00
- Inclose "Valuables" item
- Ship "Valuables" item(s)

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

- ROUTING: 1 A. G. SCHUMACHER
2 Accounting Branch FEB 16 P.M.
3 Warehouse Division
4 Files Branch, Adm. Div.

2/19-3 66222 154084 49085 emh

REGISTERED

February 19

45

Grace Feistl

867-360
VALUABLES SHIPPED

34.00

DATE 2/21/45

BY [Signature]

Thirty-Four and No/100

Major C.M.C.
Asst.

FRANKED

REMARKS:

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

FEB 23 1945

FEB 28 1945

FEB 22 1945

Shipping Clerk

SHEET 1 OF 1 SHEETS
 ARMY EFFECTS BUREAU INVENTORY
 DECEASED
 MISSING
 P O W
 ABANDONED

BOX NUMBER _____ ORIGINAL NUMBER OF PACKAGES 1

TALLY NUMBER 6515 INVENTORY DATE 30 Jan 45 CASE NUMBER 154084
 EFFECTS OF JOSEPH E FEISTL RANK 3/Sgt.

A.S.N. 7021806 ORGANIZATION A 671st Bomb Sq (L) 416th Bomb Sq (L)

PACKAGE DESCRIPTION #1 ctr

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

Not with
 VALUABLES SHIPPED To Locked Storage
 DATE 2/21/45 one Purple Heart
 BY [Signature] with ribbon - rec

REMARKS: Home address Lake Charles, La. ATTACHMENTS: FORM #54 FORM #100

C.A.T. <u>None</u>	WEIGHT	<input checked="" type="checkbox"/> G1 REMOVED
		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
WAREHOUSE SPACE <u>2241</u>	STORED BY <u>71-18</u>	<input type="checkbox"/> IDENT. TAGS REMOVED
		<input type="checkbox"/> DIARY REMOVED
INVENTORIED BY <u>B. M. Smith</u>	DATE SHIPPED <u>FEB 23 1945</u>	<input checked="" type="checkbox"/> LOCKED STORAGE
		<input type="checkbox"/> LAUNDRY REMOVED
PACKED BY <u>[Signature]</u>	CHECKED BY <u>E</u>	<input type="checkbox"/> #43 OR ADDITIONAL
		<input type="checkbox"/> FILM REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

1 Shantung pouch
 money (Specie - 8 + 86 - d (1.72)
 notes - 9 - Lbs \$32.28

NUMBER

DATE

SYMBOL

AMOUNT

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

B M Smith

INVENTORY CLERK

L A Fever

SUPERVISOR

G.I. RECEIVED

VALUABLES RECEIPT

TALLY NO. 6515

NAME Joseph E Feistl

RANK S/sgt

A.S.N. 7021806

DATE 30 Jan 45
B.M. Smith

Eff. QM Form 56

To Locked Storage
one Purple Heart
with ribbon.

1-31-45
RC

INVENTORY OF EFFECTS

(See AR 800-550)

Feistl, Joseph E. 7021806

(Last name) (First name) (Middle initial) (Army serial number)

Sgt. AC 671st Bomb Sq (L), 416th Bomb Gp (L)
 (Grade) (Organization or arm or service)
missing in action
~~known date of death~~ **23** day of **April**, 19**44**.

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	PACKAGE NUMBER
1	Camera (Falcon) ✓	
1	Pipe ✓	
1	Fountain Pen ✓	
1	Medal (Purple heart) ✓	
	Ribbons	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	Toilet Article Bag ✓
1	Box Razor Blades ✓
2	Belts, Webb w/buckles ✓
1	Bottle Hair Tonic ✓
1	Bottle Ink ✓
1	Can Tooth Powder ✓
1	Soap Box w/soap ✓
1	Sewing Kit ✓
1	Shaving Pouch ✓

NAME

FEISTL, JOSEPH E S SGT

BAY	PALLET	BOX	TALLY
20	60	440	6515

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Released _____
Missing _____
A.W.O.L. _____
P.O.W. _____
Abandoned _____

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Sheet 1 of 1 Sheets
Flat _____ Box _____

Shown on Tally In as _____

TALLY IN NO. _____ INVENTORY DATE _____ CASE NO. 154084

EFFECTS OF Joseph E. Feistl 1/12/48 RANK Sgt

ARMY SERIAL NO. 7021806 ORG. _____

CONSIGNOR _____

DELIVERING CARRIER Mail G B/L NO. _____ G B/L DATE _____

Package No.	Article Description	Remarks
1	\$34.00	Included in one
ENVELOPE	<i>Act # 66222 BMY</i>	U. S. Treasurer's Check
		#
	<i>ck # 49085</i>	4038
		dated 23 Dec. 1946
		Symbol
		212-120
		Amount 491.10 Payable to
		Indorsed to Effects QM
		XXXXXXXX
		Hist 573 to
		Spec. File
		File Attached

*True
Linn*

Warehouse Space _____ Inventoried by WR

Locked Storage Space _____ Packed by _____

[Handwritten signature]

HEADQUARTERS
FOUR HUNDRED SIXTEENTH BOMBARDMENT GROUP (L)
OFFICE OF THE COMMANDING OFFICER

AFO 140, U S Army
11 May 1944

SUBJECT: Transmittal of Inventory of Effects.

TO : Effects Quartermaster, ETOUSA.

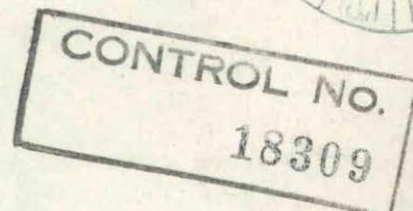
1. In compliance with Par 13a, Memo 35-6, Hq Ninth Air Force, dated 15 February 1944, transmitted herewith WD AGO Form 54 (3 copies), listing effects of the late SGT JOSEPH E. FEISTL, 7021806 AC, 671st Bombardment Squadron (L), 416th Bombardment Group (L), missing in action 23 April 1944.
2. Also transmitted herewith postal money order #2664 for \$34.00 for currency and coin belonging to deceased.
3. Deceased has no account in any bank in this theater.
4. Deceased has no debtors nor creditors.
5. Designated beneficiary: Mrs. Grace Feistl (Mother), 39 West 1st Street, Larksville, Pennsylvania.
6. Effects of deceased were shipped by government motor transportation on 6 May 1944, to Effects Quartermaster, Warehouse Division, Stanley Warehouse, Liverpool, England.

For the Commanding Officer:

Joseph A. Haubrich
JOSEPH A. HAUBRICH,
1st Lt., Air Corps,
Personnel Officer.

2 Incls:

- Incl #1 - WD AGO Form 54 (in trpl)
Incl #2 - US Postal Money Order (\$34.00)



*(2 Incls)
Incl 1.*

INVENTORY OF EFFECTS

(See AR 600-550)

Feistl, Joseph E. 7021806

(Last name) (First name) (Middle initial) (Army serial number)

~~XXXXX~~ Sgt., AC 671st Bomb Sq (L), 416th
(Grade) (Organization or arm of service)

~~XXXXXX~~ missing in action 23 day of April, 1944.

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Camera (Falcon)	
1	Pipe	
1	Fountain Pen	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	Toilet Article Bag
1	Box Razor Blades
2	Belts, Webb w/buckles
1	Bottle Hair Tonic
1	Bottle Ink
1	Can Tooth Powder
1	Soap Box w/soap
1	Sewing Kit
1	Shaving Pouch

W.D., A.G.O. Form NO. 64
July 1, 1933

CONTROL No.

18309

Incl 2

M'D' V G'D' BOUN NO' G'

CLASS II—Continued

NUMBER	ARTICLES
1	GENUINE BOND
1	GENUINE KIT
1	GENUINE BOX M/GENU
1	GENUINE BOND
1	GENUINE INK
1	GENUINE HERR. BOND
5	GENUINE HERR M/GENU
1	GENUINE HERR. BOND
1	GENUINE HERR. BOND
CLASS II—Continued	
8 s	
6 d	
Money {	Specie \$
	Notes \$
(\$34.00) ✓	

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered

to Effects Quartermaster, ETOUSA
(Give name and degree of relationship; if legal representative

J B. D.
or beneficiary named by the deceased, so state)

~~Signature of the deceased or the legal representative of the deceased~~

David J. Willetts
DAVID J. WILLETTS,
Major, Air Corps.

AAF Sta 170, APO 140, U S Army.
(Station)

30 April, 1944
(Date)

*Strike out words not applicable.