

293 APICELLA, ANTHONY 35,290,713 CPL. C. A. C. EUR. AR. (CHIO) 44 pmr



3561 ✓

## RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15 OHIO

ROUTINE 23 APRIL 1948

REMAINS CONSIGNED TO: THE ELBERT COMPANY  
 3594 GUERNSEY STREET  
 BELLAIRE OHIO

FROM QMDCG \_\_\_\_\_ BARDEN

REMAINS OF THE LATE CPL ANTHONY APICELLA ASN 35290713 BEING SHIPPED  
 TO YOU ACCOMPANIED BY MILITARY ON TRAIN NO 36 BALTIMORE AND OHIO  
 RAILROAD LEAVING COLUMBUS OHIO 1:48 AM TWENTY THREE APRIL AND DUE  
 TO ARRIVE BELLAIRE OHIO 5:42 AM RAILROAD TIME TWENTY THREE APRIL.  
 REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON  
 ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT  
 OF KIN

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

THIS 29 DAY OF April, 19 48

WITNESS (Escort)

CONSIGNEE



A.P. Music  
3, 629

1

## DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>3508 00132</b>	DATE <b>15 11 47</b> DAY MONTH YEAR
NAME <b>APICELLA ANTHONY</b>		SERIAL NUMBER <b>35290713</b>	RANK <b>CPL</b>
CEMETERY <b>BLOSVILLE - CARENTAN</b>		DATE OF DEATH <b>1 5300 07</b> DAY MONTH YEAR	
PLOT <b>C</b>	ROW <b>1</b>	GRAVE <b>7</b>	COUNTRY <b>FRANCE</b>
		CAUSE OF DEATH <b>2</b>	

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>THE ELBERT COMPANY 3594 G UERNSEY STREET BELLAIRE, OHIO</b>	NAME AND ADDRESS OF NEXT OF KIN <b>MR. PHILIP APICELLA (FATHER) 2919 HAMILTON STREET BELLAIRE, OHIO</b>
---	--

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>Apicella, Anthony</b>	SERIAL NUMBER <b>35290713</b>	RANK <b>Cpl</b>	DATE OF DEATH <b>15 June 44</b>	DATE DISTINTERRED <b>30 Jan 48</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION <b>USAGF</b>	RELIGION <b>Cath.</b>	IDENTIFICATION VERIFIED BY <b>T.C. MURRAY, CAPT. QMC</b> NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Uniform</b>	CONDITION OF REMAINS <b>Adv. Decomposition; Fractured L. Tibia &amp; Fibula</b>
OTHER MEANS OF IDENTIFICATION <b>None</b>	
MINOR DISCREPANCIES <b>None</b>	

### REMAINS PREPARED AND PLACED IN CASKET

DATE <b>5 Feb 48</b>	BY <b>H.F. Pergande</b>
CASKET SEALED BY <b>H.F. Pergande</b>	EMBALMER (Signature) <i>H.F. Pergande</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <i>John Polych Jr.</i> <b>JOHN POLYCH JR, 1st LT, FA</b>
DATE <b>5 Feb 48</b>	BY <b>H.B. Ryder</b>

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

*John Polych Jr.*  
**JOHN POLYCH JR, 1st LT, FA**  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF DISINTERMENT

QMC FORM  
REV 15 MAR 46 **1194**



## RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM	USMC Blosville	TO	Casketing Pt. A
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	Pfc Michael Strange
SIGNATURE OF SHIPPER	<i>Cherett McNamee</i> CAPT. JIM F. RANDALL, QMC 4	SIGNATURE OF RECEIVER	<i>Cherett McNamee</i> E.N. CIAMPO, 1st LT, PA 4
DATE	Feb 48	DATE	Feb 48

## 2. SHIPPED

FROM	Casketing Pt. A	TO	Port Unit, Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	<i>P. P. Cairn</i>
SIGNATURE OF SHIPPER	<i>Cherett McNamee</i> E.N. CIAMPO, 1st LT, PA	SIGNATURE OF RECEIVER	<i>John E. Henry</i> JOHN E. HENRY, MAJ. CAC
DATE		DATE	

## 3. SHIPPED

FROM	PORT UNIT CHERBOURG	TO	NYPE
KIND OF CONVEYANCE	USAT MC CARLEY	NAME OF CONVOYER	ROBERT V. SCHNEIDER 1st Lt. TC.
SIGNATURE OF SHIPPER	<i>John E. Henry</i> JOHN E. HENRY, MAJOR, CAC.	SIGNATURE OF RECEIVER	<i>Robert V. Schneider</i>
DATE	10 March 1948	DATE	10 March 1948

## 4. SHIPPED

FROM		TO	NYPE
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.
DATE		DATE	4/5/48

## 5. SHIPPED PORT TRANSPORTATION OFFICER

FROM	NYPE	TO	Dc #7
KIND OF CONVEYANCE	Train	NAME OF CONVOYER	<i>Pfc John X. Buckley Jr.</i>
SIGNATURE OF SHIPPER	<i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	SIGNATURE OF RECEIVER	<i>E. Goodman</i>
DATE	APR 10 1948	DATE	APR 14 1948


## 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	



MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS  V	STA. SER. No.  NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT  GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION GOVT PD		
ACTION TO: <del>PRIORITY</del> MR PHILIP APICELLA DLR AND REPORT ANY CHARGES 2919 HAMILTON STREET BELLAIKE OHIO			PRECEDENCE FOR ACTION INFORMATION <b>DAY LETTER</b> <del>PRIORITY</del>		
INFORMATION TO: FROM QMDCG /4589-C BARDEN			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE  <b>CORPORAL ANTHONY APICELLA</b>          ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS          DELIVERED TO <u>THE ELBERT COMPANY 3594 GUERNSEY STREET BELLAIRE OHIO</u></p> <p>PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL.          WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE          HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE          NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT          RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU          MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT.</p> <p>WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO          COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO ABOVE DELIVERY INSTRUCTIONS OR          SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE          TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS          RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL          GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY          HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO          MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY          THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH          MILITARY HONORS.</p> <p>BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	
		FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div		1 of 1	

WD AGO FORM 11-168 15 JUN 1944 This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

Model 1 Rail - Funeral Director Designated



WU109 20 GOVT COLLECT 3 EX TDWH BELLAIRE OHIO MAR 29 1100P  
THE COLS GEN DISTR DEPOT

ELBERT COMPANY FUNERAL DIRECTORS WILL ACCEPT REMAINS OF  
CORPORAL ANTHONY APICELLA AT RAILWAY STATION BELLAIRE OHIO

PHILLIP APICELLA 2919 HAMILTON ST.

2919.

1106A



9

OK for  
payment  
BL

WU26 SVC GD COLUMBUS OHIO

YOUR NUMBER 14589-C PHILIP APIXXX APICELLA 2919 HAMILTON

ST BELLAIRE OHIO THERE WILL BE A \$10.00 DELIVERY

CHARGE DO YOU AUTHORIZE THIS

SVC BUR COLUMBUS OHIO MAR 29

827A MAR 30

Svc Image







**INSPECTION CHECKLIST**  
(FOR USE AT DISTRIBUTION CENTER)

NY 805R-A <b>NAME</b> <b>Apicella, Anthony</b>			<b>RANK</b> <b>Cpl</b>		<b>SERIAL NUMBER</b> <b>35290713</b>	
<b>SOURCE</b>			<b>CONSIGNEE</b> <b>The Elbert Company</b> <b>3594 Guernsey Street</b> <b>Bellaire, Ohio</b>			
<b>SHIPPING CASE - GENERAL APPEARANCE</b> (CHECK ONLY DISCREPANCIES)			<b>CONDITION OF SHIPPING CASE (CHECK ONE)</b> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)			<b>REMARKS</b> <i>touched up in box</i>			
FINISH (INTERIOR)						
HANDLES						
HANDLE BOLTS						
STENCILING - NAMEPLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
<b>CASKET - GENERAL APPEARANCE</b> (CHECK ONLY DISCREPANCIES)			<b>CONDITION OF CASKET (CHECK ONE)</b> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)			<b>REMARKS</b>			
HANDLES AND FASTENINGS						
STENCILING - NAMEPLATE						
CAM LOCKS (SEALING)						
ODOR OR MOISTURE						
(Empty row)						
Routed Through						
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP			
<b>CONDITION OF REMAINS</b> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<b>CASKET REPAIRED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO	
<b>NECESSARY DISINFECTION (EXPLAIN)</b>			<b>CASKET EXCHANGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO	
			<b>SHIPPING CASE REPAIRED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO	
			<b>SHIPPING CASE EXCHANGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO	
			<b>REMARKS</b>			
<b>TIME</b>	<b>DATE</b>	<b>SIGNATURE OF MORTICIAN</b>	<b>TIME</b> 1500	<b>DATE</b> 4-21-48	<b>SIGNATURE OF INSPECTOR</b> <i>Warner</i> <i>[Signature]</i>	
<b>REMARKS</b>						



# CERTIFICATE

WORLD WAR II DECEASED

(AR 30-1830)

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

## PART A - CIVILIAN OR PRIVATE CEMETERY

**A**

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <b>Anthony Apicella</b>	GRADE <b>Cpl</b>	SERIAL NUMBER <b>35290713</b>	COMPONENT <b>U S Army</b>
---	---------------------	----------------------------------	------------------------------

I certify that the sum of \$ 100.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY <b>Mt. Calvary Cemetery</b>	CITY OR COUNTY <b>Bellaire,</b>	STATE <b>Ohio</b>
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>(Return original and three copies) To:</b>  <b>AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15 OHIO</b>		
SIGNATURE OF CLAIMANT <i>Philip Apicella</i>		
ADDRESS OF CLAIMANT (City, Street or RFD, and State) <b>2919 Hamilton St. Bellaire, Ohio</b>		
RELATIONSHIP TO DECEDENT <b>Father</b>		DATE <b>4/28/48</b>

## PART B - NATIONAL OR POST CEMETERY

**B**

### REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED		INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED	
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:		SIGNATURE OF CLAIMANT <i>67417</i>	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>5/18/8</i>	
		RELATIONSHIP TO DECEDENT	DATE

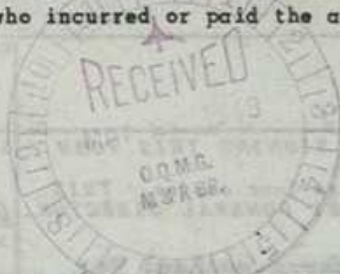
QMC FORM 1236  
23 OCT 47

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



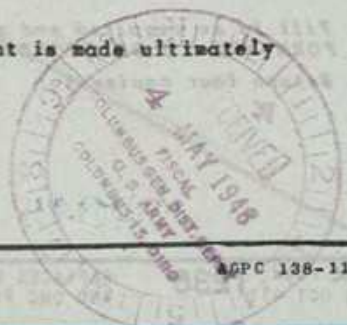
## EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.



## EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.
  2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
  3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
- No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.





AGPO-201 Apicella, Anthony  
(17 Feb 48) 35290713

SC/RT/sap/1B733/8775

17 February 1948

MEMORANDUM FOR RECORD:

SUBJECT: Date of Death of Corporal Anthony Apicella, 35290713, OAC

1. Records of The Adjutant General show the following:

- a. Casualty Report: KIA 16 June 44
- b. Burial Report: KIA 15 June 44
- c. Service Record: KIA 16 June 44
- d. Inv of Eff WD., AGO Form No. 54:  
Died 16 June 44
- e. Ltr fr Platoon Leader to father of subject soldier:  
KIA 16 June 44

2. Every available record, except the Burial Report, indicates that Corporal Apicella was killed in action on 16 June 1944. It is not clear why the Burial Report was completed to show the date of death as 15 June 1944; however, since the date as shown on the Burial Report conflicts with all other available, it is recommended that no action be taken to change the date of death of subject enlisted man from 16 June 1944.

R.T.  
RICHARD H. TOPPER  
Investigator

CONCUR:

SANFORD COFFIN  
Captain, AGO  
OIC, SEAD Unit  
Casualty Section  
Personnel Actions Branch, AGO

COPY FOR:  
OCMG, Memorial Division  
AG 201 file

File  
84 May 48  
J. R. Miller



## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl. Anthony Apicella, 35 290 713  
 Plot C, Row 1, Grave 7,  
 United States Military Cemetery  
 Bloisville, France

12 September 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, Philip Apicella

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- ☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD
- ☒ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

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

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Mt. Calvary Cemetery, Bellaire, Ohio  
 (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.)

D.D. processed 1/17/47

APIC

Coded 27 Oct 47  
Heiligher

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

OCT 16

HRT



## 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			
THE ELBERT COMPANY			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
3594 GUernsey St.	Bellaire	Belmont	Ohio
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
Bellaire, Ohio	Bellaire		Bell. 52

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
APICELLA	Concetta		Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
2919 Hamilton Street	Bellaire	Belmont	Ohio

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.

Philip Apicella (SIGNATURE OF NEXT OF KIN) 2919 Hamilton Street (STREET AND NUMBER)  
Philip Apicella (NAME PRINTED OR TYPED) Bellaire, Ohio (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8th day of Oct.

1947, at city (or town) of Bellaire, county of Belmont, and State (or Territory or

District) of Ohio

E. F. KRATZ, NOTARY PUBLIC

MY COMMISSION EXPIRES

1-15-1950

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
 (OFFICIAL TITLE)



**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.*





243  
Cpl. Anthony Apicella, 35 290 713  
Plot C, Row 1, Grave 7,  
United States Military Cemetery  
Biosville, France

12 September 1947

1017

Mr. Philip Apicella  
2919 Hamilton Street  
Bellaire, Ohio

Dear Mr. Apicella:

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

Incls.

jew



SPQYG 293  
Apicella, Anthony

7 March 1946

Mr. Philip Apicella  
2919 Hamilton Street  
Bellaire, Ohio

Dear Mr. Apicella:

The War Department is most desirous that you be furnished the burial location of your son, the late Corporal Anthony Apicella, A.S.N. 35 290 713.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot C, row 1, grave 7.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

RECORDS BRANCH  
MAR 7 2 29 PM '46

GENERAL DISPATCHES

afr

LMS



GRAVES REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1943)**RESTRICTED**  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

11102  
20 June 1944

SEP 30 1944

293  
Apicella

Anthony

(NMT)

cpl  
Unknown

35290713

Last Name

First

Military

Rank

Serial No.

Unknown

80abne A A Bn

82nd A/B Div.

Unit

Organization

France

15 June 1944

KIA

Place of Death

Date of Death

Cause of Death

17 June

Blosville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

7

1

C

Peg

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?

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

Who is buried on:

Deceased's Right: Wilson, Bernard G. 35290704 Unknown 82nd A/B Div 8

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: Husk, Harold F. 13171259 Unknown 82nd A/B Div 6

Name

Serial No.

Rank

Organization

Grave No.

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

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

Emergency Addressee Philipp Apicella

Name

Rt # 2, Bellaire, Ohio

Address

Religion Catholic

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

CURRENCY:

100 Francs

Signature of Officer or other person reporting burial

DALE C. SHERWOOD

DALE C. SHERWOOD  
1st. Lt., QMC

HQ. 505. 22/9/43. 380M/8/15219

29  
19 OCT 1944 FILE



**DECEASED UNIDENTIFIED**

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

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

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

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

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

Deceased's Right														Deceased's 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
Upper																Lower															

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

Characteristics:

Other Data:



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

## REPORT OF DEATH

DATE 16 August 1944

GPR/4627

FULL NAME <b>Apicella, Anthony</b>		ARMY SERIAL NUMBER <b>35290713</b>	GRADE <b>Cpl.</b>										
HOME ADDRESS <b>Bellaire, Ohio</b>		ARM OR SERVICE <b>Coast Artillery Corps</b>	DATE OF BIRTH <b>28 Aug. 1914</b>										
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>16 June 1944</b>										
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>23 March 1942</b>	LENGTH OF SERVICE FOR PAY PURPOSES										
			YEARS	MONTHS <b>X</b>									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Philip Apicella (Father) 2919 Hamilton St., Bellaire, Ohio</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Philip Apicella (Father) 2919 Hamilton St., Bellaire, Ohio</b> <b>Mrs. Mary Apicella (Mother) Route #2, Bellaire, Ohio</b>													
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	

ADDITIONAL DATA AND/OR STATEMENT

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

**James W. Reinhart**  
James W. Reinhart

ADJUTANT GENERAL



*Ph*

297

Epicella Anthony Cpl. 35290713  
13





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

131,387

IN REPLY REFER TO

JRM:CH:cly  
March 23, 1945

Dear Mr. Apicella:

The Army Effects Bureau has received some additional property of your son, Corporal Anthony Apicella.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

F. A. ECKHARDT  
Captain Q.M.C.  
Assistant



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

## SHIP TO:

Mr. Philip Apicella

Effects of:

Name

2919 Hamilton Street

ASN

Cpl. Anthony Apicella

Bellaire, Ohio

Case No.

35290713

Wt.

131,387 D

DATE JRM:SP:sac  
20 March 1945*Barber*  
FOR: Effects Quartermaster

## REMARKS:

Inclose Bureau CheckAcct. No. \_\_\_\_\_Amount \_\_\_\_\_Inclose "Valuables" itemShip "Valuables" item(s)Remove G.I.Note discrepancy in \_\_\_\_\_Films removedDiary removedLaundry removed

## ROUTING:

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

## REMARKS:

*1 pkg*

Franked: FRANKED  
 Est. Exp. Chgs. \_\_\_\_\_  
 Est. Frt. Chgs. \_\_\_\_\_  
 No. of packages 1

MAR 23 1945

MAR 31 1945

*AJ*  
Shipping Clerk



SHEET 1 OF 6 SHEETS		ARMY EFFECTS BUREAU INVENTORY																																																																															
BOX NUMBER	9	ORIGINAL NUMBER OF PACKAGES	1																																																																														
TALLY NUMBER	5897	INVENTORY DATE	2 Mar 45																																																																														
EFFECTS OF	Anthony Apicella	CASE NUMBER	131387																																																																														
A.S.N.	35290713	ORGANIZATION	82 A/B Div																																																																														
PACKAGER DESCRIPTION																																																																																	
<table border="1"> <thead> <tr> <th>CLOTHING</th> <th>PERSONAL ITEMS</th> <th>CONTAINERS</th> </tr> </thead> <tbody> <tr> <td>BELT</td> <td>BRACELET, IDENTIFICATION</td> <td>BAGS, CLOTH</td> </tr> <tr> <td>BELT, MONEY (NO MONEY)</td> <td>BRUSHES</td> <td>BAGS, TRAVEL</td> </tr> <tr> <td>CLOTH, WASH</td> <td>CAMERAS</td> <td>BILLFOLD (NO MONEY)</td> </tr> <tr> <td>COATS</td> <td>GLASSES</td> <td>CASE,</td> </tr> <tr> <td>FOOTWEAR, PR.</td> <td>KNIVES</td> <td>FOOTLOCKER</td> </tr> <tr> <td>GLOVES, PR.</td> <td>LIGHTERS</td> <td>KIT, SEWING</td> </tr> <tr> <td>HANDKERCHIEFS</td> <td>MISC. INSIGNIA</td> <td>KIT, TOILET</td> </tr> <tr> <td>HEADWEAR</td> <td>MISC. ITEMS</td> <td>KIT, WRITING</td> </tr> <tr> <td>JACKETS</td> <td>PEN, FOUNTAIN</td> <td>PAPERS AND MISC.</td> </tr> <tr> <td>OVERCOATS</td> <td>PENCIL, MECHANICAL</td> <td>BOOKS</td> </tr> <tr> <td>SCARFS</td> <td>PIPES</td> <td>BOOKS, ADDRESS</td> </tr> <tr> <td>SHIRTS</td> <td>RELIGIOUS ARTICLES</td> <td>BOOKS, NOTE</td> </tr> <tr> <td>SOCKS, PR.</td> <td>RIBBONS, DECORATION</td> <td>BOOKS, PILOT LOG</td> </tr> <tr> <td>TIES</td> <td>RINGS</td> <td>DIARY (REMOVED FOR DURATION)</td> </tr> <tr> <td>TOWELS</td> <td>TOBACCO</td> <td>FILMS</td> </tr> <tr> <td>TROUSERS, PR.</td> <td>TOILET ARTICLES</td> <td>LETTERS</td> </tr> <tr> <td>TRUNKS, PR.</td> <td>WATCH</td> <td>PAPERS, PERSONAL</td> </tr> <tr> <td>UNDERWEAR</td> <td>WINGS</td> <td>PHOTOS</td> </tr> <tr> <td></td> <td></td> <td>SHOE SHINE ARTICLES</td> </tr> <tr> <td></td> <td></td> <td>SHORT SNORTER</td> </tr> <tr> <td></td> <td></td> <td>SOUVENIRS</td> </tr> <tr> <td></td> <td></td> <td>SOUVENIR MONEY</td> </tr> <tr> <td></td> <td></td> <td>STATIONERY</td> </tr> <tr> <td></td> <td></td> <td>TESTAMENTS</td> </tr> <tr> <td></td> <td></td> <td>U.S. MONEY (AMOUNT)</td> </tr> </tbody> </table>				CLOTHING	PERSONAL ITEMS	CONTAINERS	BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH	BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL	CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)	COATS	GLASSES	CASE,	FOOTWEAR, PR.	KNIVES	FOOTLOCKER	GLOVES, PR.	LIGHTERS	KIT, SEWING	HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET	HEADWEAR	MISC. ITEMS	KIT, WRITING	JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.	OVERCOATS	PENCIL, MECHANICAL	BOOKS	SCARFS	PIPES	BOOKS, ADDRESS	SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE	SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG	TIES	RINGS	DIARY (REMOVED FOR DURATION)	TOWELS	TOBACCO	FILMS	TROUSERS, PR.	TOILET ARTICLES	LETTERS	TRUNKS, PR.	WATCH	PAPERS, PERSONAL	UNDERWEAR	WINGS	PHOTOS			SHOE SHINE ARTICLES			SHORT SNORTER			SOUVENIRS			SOUVENIR MONEY			STATIONERY			TESTAMENTS			U.S. MONEY (AMOUNT)
CLOTHING	PERSONAL ITEMS	CONTAINERS																																																																															
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH																																																																															
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL																																																																															
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)																																																																															
COATS	GLASSES	CASE,																																																																															
FOOTWEAR, PR.	KNIVES	FOOTLOCKER																																																																															
GLOVES, PR.	LIGHTERS	KIT, SEWING																																																																															
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET																																																																															
HEADWEAR	MISC. ITEMS	KIT, WRITING																																																																															
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.																																																																															
OVERCOATS	PENCIL, MECHANICAL	BOOKS																																																																															
SCARFS	PIPES	BOOKS, ADDRESS																																																																															
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE																																																																															
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG																																																																															
TIES	RINGS	DIARY (REMOVED FOR DURATION)																																																																															
TOWELS	TOBACCO	FILMS																																																																															
TROUSERS, PR.	TOILET ARTICLES	LETTERS																																																																															
TRUNKS, PR.	WATCH	PAPERS, PERSONAL																																																																															
UNDERWEAR	WINGS	PHOTOS																																																																															
		SHOE SHINE ARTICLES																																																																															
		SHORT SNORTER																																																																															
		SOUVENIRS																																																																															
		SOUVENIR MONEY																																																																															
		STATIONERY																																																																															
		TESTAMENTS																																																																															
		U.S. MONEY (AMOUNT)																																																																															
REMARKS: No Information Redacted																																																																																	
ATTACHMENTS: FORM #54 FORM #100 by label Inventory of effects 1 found #38																																																																																	
C.A.T. # 2 Phillips Apicella Bellair C.		WEIGHT GI REMOVED SHORTAGE ON REVERSE IDENT. TAGS REMOVED DIARY REMOVED LOCKED STORAGE LAUNDRY REMOVED FILM REMOVED																																																																															
WAREHOUSE SPACE 88 INVENTORIED BY Jones PACKED BY Eudile		STORED BY DATE SHIPPED MAR 23 1945 #43 OR ADDITIONAL																																																																															



## ADDITIONAL REMARKS

## SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

100 Francs  
Sym # 211901

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

*Jones*  
INVENTORY CLERK

*A. G. Guck*  
SUPERVISOR

G.I. REMOVED





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

JRM:NM:elb  
November 25, 1944

IN REPLY REFER TO: \_\_\_\_\_

131387 M

Mr. Philip Apicella ✓  
2919 Hamilton Street ✓  
Bellaire, Ohio ✓

Dear Mr. Apicella:

The Army Effects Bureau has received from overseas some personal effects of your son, Corporal Anthony Apicella. ✓

I am inclosing a check for \$2.02, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence. ✓

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

Yours very truly,

F. A. ECKHARDT  
Captain Q.M.C.  
Assistant

1 Incl—  
Check



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU  
ORDER FOR SHIPMENT

Ship To:

Mr. Philip Apicella  
2919 Hamilton Street  
Bellaire, Ohio

Effects of

Name

ASN

Case No.

Wt.

Cpl. Anthony Apicella

35290713

131387 D

Ship Via

FRANKED

G B/L No.

Date November 24, 1944  
JRM:NM:mdhl Mc Neenan  
For Effects Quartermaster

## PACKAGES SHIPPED

TOTAL

WT.

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

Date Shipped

NOV 27 1944

REMARKS:

NOV 25 1944

NOV 28 1944

Eff. JM Form 14 (Rev. 8-19-44)

Shipping Clerk



ROUTINGJRM:NM:md  
November 23, 1944 *ew*

1. Fiscal
2. Captain Eckhardt
3. \_\_\_\_\_
4. \_\_\_\_\_

Attach following item(s) from  
Office Safe:

Case No. 131387 M ✓

Attach Bureau Check:

Account No. 43368 Amount \$2.02 *ew*

Account No. \_\_\_\_\_ Amount \_\_\_\_\_

Payable to:

Philip Apicella2919 Hamilton StreetBellaire, OhioNM *dm*

(Correspondent)

Check No. 35579Initials emh

Soldier's name: Cpl. Anthony Apicella

Relationship - Son43368131387

November 27

44

Philip Apicella

2.02 ✓

Two and 02/100

Major Q.M.C.  
Asst.

Eff. QM Form 49 (2 Oct 44)

11-25







# Shortage

- 1- Bible
- 1- A/B hat patch
- 1- Huns medal.
- 1- Sat Souvenirs.



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

JRM:NM:md

Case No. 131387 MDate 24 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Anthony Apicella (Name of deceased), 35200713 (Army Serial Number) late a

Corporal (Grade), Coast Artillery Corps (Organization, Arm or Service), who died

on the 16 day of June, 1944, at European Area.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

c. Decedent owed undisputed local creditors the sum of \$ None, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt None, Incl. None.)

d. Disposition of decedent's effects (less money paid creditors, if any has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below.)

## FINDING:

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 23 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Philip Apicella for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Philip Apicella (Name of person found entitled) of 2919 Hamilton Street (Number, Street or Avenue), Bellaire (City, Town or Village) State of Ohio, is the Father (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. P. HEIDMAN, Major Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT-MARTIAL







File nm

R E S T R I C T E D

201 - Apicella, Anthony (NMI) (Enl) 1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 4 July 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

31/7/44

1 Incl(s) n/c



*G. B. B.*  
G. B. B.

R E S T R I C T E D

201 -

1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

31/7/44

Incl(s)

G. B. B.

R E S T R I C T E D







RESTRICTED

HEADQUARTERS 80TH AIRBORNE ANTIAIRCRAFT BATTALION

JHC/lwh

APO #469, U. S. Army  
June 27, 1944

Subject: Enlisted Man Killed in Action

To : Effects Quartermaster, ETOUSA

Through: Adjutant General, 82nd Airborne Division, APO #469, U. S. Army

1. The following information is furnished on EM who was killed in action in France.

- a. Name of person: APICELLA, ANTHONY (NMI)
- b. Grade: Corporal
- c. Army serial number: 35290713
- d. Organization: Battery "C" 80th Airborne Antiaircraft Battalion
- e. Status: Killed in Action
- f. Date of Casualty: 16 June 1944
- g. Effects were forwarded to QM 82nd A/B Div for delivery to Mr. Philipp Apicella (Father) Route #2, Bellaire, Ohio on July 1, 1944.
- h. There is no bank in the United Kingdom in which soldier has an account.
- i. Names and addresses of known private debtors and creditors:  
None
- j. Name and address of next of kin:  
Mr. Philipp Apicella (Father)  
Route #2  
Bellaire, Ohio

For the Commanding Officer:

*James H. Crawford*  
JAMES H. CRAWFORD  
1st Lt., 80th A/B AA Bn  
Personnel Officer1 Incl.  
1 WD AGO form 54.

RECEIVED

JUL 19 1944





100-100000-100000



RECEIVED  
JUL 20 1964

FOR THE COMMISSIONER

RECEIVED  
JUL 20 1964

1. The following information is being furnished to you for your information:
2. The following information is being furnished to you for your information:
3. The following information is being furnished to you for your information:
4. The following information is being furnished to you for your information:
5. The following information is being furnished to you for your information:
6. The following information is being furnished to you for your information:
7. The following information is being furnished to you for your information:
8. The following information is being furnished to you for your information:
9. The following information is being furnished to you for your information:
10. The following information is being furnished to you for your information:

Section 10, Title 18

1. The following information is being furnished to you for your information:
2. The following information is being furnished to you for your information:
3. The following information is being furnished to you for your information:
4. The following information is being furnished to you for your information:
5. The following information is being furnished to you for your information:
6. The following information is being furnished to you for your information:
7. The following information is being furnished to you for your information:
8. The following information is being furnished to you for your information:
9. The following information is being furnished to you for your information:
10. The following information is being furnished to you for your information:

RECEIVED  
JUL 20 1964

RECEIVED  
JUL 20 1964

RECEIVED  
JUL 20 1964



## INVENTORY OF EFFECTS

(See AR 600-550)

Apicella, Anthony (NMT) 35290713

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

late a Corporal Btry "C" 80th A/B AA Bn

(Grade)

(Organization or arm or service)

who died on the 16th day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Bible (D)	
1	Lot Souvenir Money ✓	
1	Mirror ✓	
1	A A sleeve patch ✓	
1	A/B hat patch (D)	
1	Driver's medal (D)	
1	Rifle Medal ✓	
1	E T O Ribbon ✓	
1	Good Conduct Ribbon ✓	

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

CLASS I  
Other effects

NUMBER	ARTICLES
1	lot pictures ✓
2	Pr eye glasses ✓
1	Chain Necklace ✓
1	lot souvenirs (D) <i>fill me</i>



CLASS II—Continued

NUMBER	ARTICLES
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
28	100
29	100
30	100
31	100
32	100
33	100
34	100
35	100
36	100
37	100
38	100
39	100
40	100
41	100
42	100
43	100
44	100
45	100
46	100
47	100
48	100
49	100
50	100
51	100
52	100
53	100
54	100
55	100
56	100
57	100
58	100
59	100
60	100
61	100
62	100
63	100
64	100
65	100
66	100
67	100
68	100
69	100
70	100
71	100
72	100
73	100
74	100
75	100
76	100
77	100
78	100
79	100
80	100
81	100
82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

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 Philipp Apicella (father)

(Give name and degree of relationship; if legal representative)

Route #2, Bellaire, Ohio

or beneficiary named by the deceased, so state)

JAMES H. CRAWFORD

1st Lt., 80th A/B AA Bn

Personnel Officer

APD #169

(Station)

June 27

(Date)

1944

104-1

\*Strike out words not applicable.

\*\*Effects were forwarded to OM-82d A/B  
Div for delivery to person shown above











ANTHONY APICELLA  
35290712 04 742-3 A  
Serial No. PHILIPP APICELLA Name APICELLA, Anthony (MIA)  
Grade RT. 2 Rank  
Organization BELLAIRE, C. 82nd A/B Division  
Address  
Nearest Relative  
Address  
Killed in Action yes Died of Disease  
Date 6/12/44 Hospital  
Battle Area Information  
Place of Burial Glosville cemetery  
Point of Coordination  
Description of Body  
Members Missing  
Signed Abraham Szyby Pfc.

APICELLA, Anthony (NMI)

Deceased.

Shipped to K.C. 14-9-44 T/O 1274.

131,387



WAR DEPARTMENT  
FINANCE DEPARTMENT  
Form No. 38  
Approved Nov. 24, 1939

WAR DEPARTMENT  
FINANCE DEPARTMENT

RECEIPT FOR MISCELLANEOUS COLLECTIONS

22d Finance Disbursing Section  
APO 350, U. S. Army

30 June 1944

\$ 2.02

(Station)

(Date)

\* Received in cash of } Dale C. Sherwood, 1st Lt. (MC, O-1575157  
\* Collected on You from

TWO\*\*\*

Dollars and 02/100\*\*\*

Cents

on account of Anthony Apicella, 35290713, Rank Unknown, 82nd A/B Div

KIA 15 June 1944

APP. TF 218916 P. A.

which sum I have passed to the credit of the United States, and hold myself accountable therefor.

*E. J. Collins* DEPUTY

E. J. Collins, Captain, F.D. Finance Department.

\*Strike out words not applicable.

87111901

AG P BR HQ SOS 2-44/803M/22473

To be executed in triplicate.  
Ribbon copy to be sent to Chief of Finance.  
One copy to be furnished as receipt.  
One copy to be retained by Disbursing Officer.

Anthony apicella

3'5290713

Pen ←

Bible ←



File  
no.

APICELLA, ANTHONY

35290713

26771-143



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

**BATTLE CASUALTY REPORT**

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
APICELLA, ANTHONY		35290713		CPL	CAC	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE		DAY	MONTH	YEAR		
		16	JUN	44	KIA	128

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MR	PHILIP		APICELLA	FATHER
NO. AND NAME OF STREET		CITY		COUNTY STATE
2919 HAMILTON STREET		BELLAIRE		OHIO

REMARKS:

☐ Evidence of death rec'd in WD 19 July 44 jat  
☐ CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 ☒ AG 201 REQ 8 Jul 44

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
<p><i>File Notif</i></p>				

REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☒ CHECKED BY W. H. H. J. W. V. J. REVIEWED BY DRK

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

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

DISTRIBUTION 38

COPIES FURNISHED:

☐ CHIEF, WAR BOND DIVISION

☐ OFFICERS BRANCH, A.G.O.

*File  
nd*

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

131387

**REPORT OF DEATH**DATE 16 August 1944

GBR/4627

FULL NAME <b>Apicella, Anthony</b>				ARMY SERIAL NUMBER <b>35290713</b>		GRADE <b>Cpl.</b>	
HOME ADDRESS <b>Bellaire, Ohio</b>				ARM OR SERVICE <b>Coast Artillery Corps</b>		DATE OF BIRTH <b>28 Aug. 1914</b>	
PLACE OF DEATH <b>European Area</b>			CAUSE OF DEATH <b>Killed in action</b>			DATE OF DEATH <b>16 June 1944</b>	
STATION OF DECEASED <b>European Area</b>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>23 March 1942</b>		LENGTH OF SERVICE FOR PAY PURPOSES	
						YEARS	MONTHS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Philip Apicella (Father) 2919 Hamilton St., Bellaire, Ohio</b>							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Philip Apicella (Father) 2919 Hamilton St., Bellaire, Ohio</b> <b>Mrs. Mary Apicella (Mother) Route #2, Bellaire, Ohio</b>							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						AUTHORIZED ABSENCE	
						YES	
						NO	
						IN FLYING PAY STATUS	
						YES	
						NO	
						X	
						OTHER PAY STATUS (SPECIFY BELOW)	
						YES	
						NO	

ADDITIONAL DATA AND/OR STATEMENT

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart

James W. Reinhart

ADJUTANT GENERAL