293 Malasky, Andrew A. 32334814 Pfc. Inf. European. (N.Y.) 44 ws

CERTIFICATE

(AR 30-1830) W.W.II

PAID

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
MALASKY, ANDREW A.	PVC	32336314	USAGF

I certify that the sum of $ 267.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
ST MARY'S	YONKERS	N.Y.

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to:

NEW YORK PORT OF EMBARKATION
D - C #1 AGR
1st Avenue & 58th Street
Brooklyn, N.Y.

SIGNATURE OF CLAIMANT: Leonora Stefonowick

ADDRESS OF CLAIMANT (City, Street or RFD, and State): 211 BUENA VISTA AVE

RELATIONSHIP TO DECEDENT: MOTHER

DATE: 7-19-48

PART B - NATIONAL OR POST CEMETERY

B REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT

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

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

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to:

SIGNATURE OF CLAIMANT:

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

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.

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

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 58th STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

LM

ROUTINE

REMAINS CONSIGNED TO: DUCHYNSKI FUNERAL HOME
111 YONKERS AVENUE
YONKERS, NEW YORK

REMAINS OF THE LATE PFC ANDREW A MALASKY ACCOMPANIED BY AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING ON THURSDAY 15 JULY PLEASE MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: TIERNEY, DONALD P, SGT,
RA-31419469, DET #5, 1300 ASU

G. H. BARE
COLONEL, QMC

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

THIS 15 (DAY) DAY OF July (MONTH), 19 47

Sgt Donald P Tierney (WITNESS (Escort)) AFF
31419469

Duchynski Funeral Home (CONSIGNEE)
Jim Cherko

BRC
FILE
RECORDS ANNOTATED
DATE 21 Aug '48
NAME Mapp
N & R BR.

QMC FORM 15 NOV 46 1193

10—50073-1 U. S. GOVERNMENT PRINTING OFFICE

MMM

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3586 02602

DATE: 15 (DAY) 12 (MONTH) 47 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
MALASKY ANDREW A	32334814	PFC	1	DAY / MONTH / YEAR

CEMETERY		DISPOSITION OF REMAINS
ST MERE EGLISE NO 2 - CARENTAN	1	2300 (CODE) 01 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	3	41	FRANCE	2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
DUCHYNSKI FUNERAL HOME 111 YONKERS AVENUE YONKERS, NEW YORK	MRS. ELIZABETH STEPFANOWICH(MOTHER) 211 BUENA VISTA AVENUE YONKERS, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME *	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
ANDREW A MALASKY	32334814	Pfc.	Unk	April 13,48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER	USAGF	Cath.	C.R.TOMPKINS, Emb.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Fatigues	Advanced decomposition

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES 1: None

REMAINS PREPARED AND PLACED IN ~~XXXXXXXX~~ Transfer Case

DATE 14 April 1948 BY C.R.Tompkins

CASKET SEALED BY	EMBALMER (Signature)
W.T.Bush	W T Bush

CASKET BOXED AND MARKED	~~XXXXXXXX~~ VERIFIED BY
DATE 29/4/48 BY R.Cook Clk. Recorder (except casketing)	plates verified by John Talbot Jr. JOHN TALBOT JR., 1Lt Lt. FA

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

Robert B Howard

ROBERT B HOWARD, 2 Lt. Inf.

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC St. Mere Eglise No. 2	TO: Casketing Point A, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: Pfc. R.Gibbs
SIGNATURE OF SHIPPER: A.P.King, 1st Lt. CAV. — DATE: 19/4/48	SIGNATURE OF RECEIVER: E.N.Ciampo, 1st Lt. FA — DATE: 19/4/48

2. SHIPPED

FROM: Casketing Point A, Cherbourg	TO: Port Unit Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: E.N.Ciampo, 1st Lt. FA — DATE:	SIGNATURE OF RECEIVER: For John E. Hendry Jr., Major CAC — DATE:

3. SHIPPED

FROM: CHERBOURG PORT UNIT	TO: NYPOE
KIND OF CONVEYANCE: USAT GREENVILLE VICTORY	NAME OF CONVOYER: RAYMOND MC MANUS, CAPT., TC.
SIGNATURE OF SHIPPER: JOHN E.HENDRY,JR,MAJOR,CAC — DATE: 17/6/48	SIGNATURE OF RECEIVER: Raymond E. McManus — DATE: 17/6/48

4. SHIPPED

FROM: USAT GREENVILLE VICTORY	TO: NYPOE
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: RAYMOND E. McMANUS, Captain, TC, Transport Commander — DATE: 25/6/48	SIGNATURE OF RECEIVER: R. E. McMANUS, COLONEL, T. C., PORT TRANSPORTATION OFFICER — DATE: JUN 26 1948

5. SHIPPED

FROM: NYPE	TO: TO DC#1
KIND OF CONVEYANCE: TRACTOR	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: COLONEL, TRANSPORTATION — DATE: JUN 26 1948	SIGNATURE OF RECEIVER: Lt. Col. SUP, Operations Officer DC# 1 — DATE: JUN 26 1948

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:

INSPECTION CHECKLIST

SPACE NO. 611 BAY NO ____ *(FOR USE AT DISTRIBUTION POINT)*

NAME	RANK	SERIAL NUMBER
MALASKY, ANDREW A.	PFC	32334814

NEXT OF KIN	ADDRESS
Mrs. Elizabeth Stepfanowich	211 Buena Vista Avenue, Yonkers, N.Y.

SHIPPING CASE - General Appearance *(Check ONLY Discrepancies)*		CONDITION OF SHIPPING CASE *(Check one)* ☑ SATISFACTORY ☐ UNSATISFACTORY
✓	FINISH *(Exterior)* touch up	REMARKS
	FINISH *(Interior)*	Re stencil
✓	HANDLES adjust	
	HANDLE BOLTS	
✓	STENCILING - NAMEPLATE clean	

CASKET - General Appearance *(Check ONLY Discrepancies)*		CONDITION OF CASKET *(Check one)* ☑ SATISFACTORY ☐ UNSATISFACTORY
✓	FINISH *(Exterior)* clean + polish	REMARKS
	HANDLES AND FASTENINGS	Lodge and base refinished
	STENCILING - NAMEPLATE	
✓	CAM LOCKS *(Sealing)* tighten	
	ODOR OR MOISTURE	

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM	☐ MORTUARY REPAIR SHOP
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☐
NECESSARY DISINFECTION *(Explain)*	CASKET EXCHANGED ☐
	SHIPPING CASE REPAIRED ☐ ✓
	SHIPPING CASE EXCHANGED ☐
	REMARKS Plastic jewel and handle

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
				7/9/48	

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

Final Inspection
A Pappanolo C-B

Posted 7/9/48

QMC FORM 4 MAR 46 R-5024 *Local Reproduction Authorized*

WUB55 XV GOVT 29 COLLECT 6 EXTRA

YONKERS NY JUN 21 731P

DISTRIBUTION CENTER NO 1

NY PORT OF EMBARKATION

RETEL DATE REMAINS OF PFC ANDREW A MALASKY DELIVERY TO DUCHYNSKI FUNERAL HOME 111 YONKERS AVE YONKERS NY THIS CONFIRMS ORIGINAL INSTRUCTIONS

MRS ELIZABETH STEPFANOWICH 211 BUENA VISTA AVE YONKERS NY

111 211

2XX)842P

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

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

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				68

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

DAY LETTER

PRECEDENCE FOR

ACTION	INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE

IDENTIFICATION	CLASSIFICATION

ACTION TO:

- MRS. ELIZABETH STEPPANOWICH
- 211 BUENA VISTA AVE.
- YONKERS, NEW YORK

INFORMATION TO:

PLEASE BE ADVISED THE REMAINS OF THE LATE PFC ANDREW A MALASKY ARE ENROUTE TO THE UNITED STATES AND WILL ARRIVE NEW YORK PORT ABOARD THE USAT ON . DEBARKATION FROM SHIP AND MOVING REMAINS UNDER MILITARY GUARD TO DISTRIBUTION CENTER NUMBER ONE, FINAL CHECKING, VERIFICATION OF RECORDS, ASSIGNMENT OF ESCORT AND ARRANGING FOR TRANSPORTATION BY MOTOR OR RAIL TO FINAL DESTINATION WILL TAKE FROM ONE TO FOUR WEEKS. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO DUCHYNSKI FUNERAL HOME 111 YONKERS AVE., YONKERS, N. Y. . WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE, HOWEVER, WE APPRECIATE YOUR DESIRE TO RECEIVE REMAINS AS SOON AS POSSIBLE AND ASSURE YOU EVERY EFFORT IS BEING MADE TO EXPEDITE DELIVERY. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO THE DATE REMAINS WILL BE DELIVERED TO HIM AND HE WILL BE REQUESTED TO INFORM YOU SO THAT YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE

SECURITY CLASSIFICATION — AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF

WD AGO FORM 11-168 15 JUN 1945 This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45601-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

760

E

ACCOMPANIED BY MILITARY ESCORT. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE CONFIRM THE ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER NUMBER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. SUGGEST YOU ARRANGE WITH ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE
COLONEL, QMC

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

Pfc Andrew A. Malasky, 32 334 814
Plot B, Row 3, Grave 41,
United States Military Cemetery
Ste. Mere Eglise #2, France

25 September 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, ELIZABETH STEPFANOWICH (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 St Mary's Cem Yonkers NY (NAME AND LOCATION OF CEMETERY)
- ☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)
- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: *(If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)*

9 DEC 1947

Coded 17 Nov 47
Gallagher,

QQMG FORM 345 MILITARY 14 NOV 1946 — OCT 27 — 30-50411-1

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
Duchynski	John		
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			
Duchynski Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
111 Yonkers Ave	Yonkers 01	West	N Y
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Yonkers. N Y			Y 3-6121

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
Malasky	Frank		brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
211 Buena Vista Ave	Yonkers	West.	N Y

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.

Elizabeth her mark Stepfanowich — 211 Buena Vista Ave
(SIGNATURE OF NEXT OF KIN) — (STREET AND NUMBER)

ELIZABETH STEPFANOWICH — Yonkers, N Y
(NAME PRINTED OR TYPED) — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13 day of Oct, 1947, at city (~~or town~~) of Yonkers, county of West., and State (~~or Territory or District~~) of New York.

Wm Duchynski
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

WM. DUCHYNSKI
Notary Public in the State of New York
Appointed for Westchester County
Commission Expires March 30, 1949

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

(DATE)

(SIGNATURE) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

DEPARTMENT OF THE ARMY

Pfc Andrew A. Malasky, 32 334 814
Plot B, Row 3, Grave 41,
United States Military Cemetery
Ste. Mere Eglise #2, France

25 September 1947

Mrs. Elizabeth Stepfanowich
211 Buena Vista Avenue
Yonkers, New York

Dear Mrs. Stepfanowich:

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,

8 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

irr

QMEXG 293
Malasky, Andrew A.

27 August 1946

Mrs. Elizabeth Stepfanowich
211 Buena Vista Avenue
Yonkers, New York

Dear Mrs. Stepfanowich:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Andrew A. Malasky, A.S.N. 32 334 814.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot B, row 3, grave 41.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

vd

T. B. LARKIN
Major General
The Quartermaster General

EMK

INFORMATION GUIDE FOR CR/L TO NOK

	PLOT	ROW	GRAVE
CEMETERY [illegible]	B	2	11

NAME [illegible] RANK Pvt ASN [illegible]

Next of Kin (Relationship) Mother

Name [illegible] (Mrs.)

Street [illegible]

City & State [illegible] N. Y.

Original Burial [X] Reburial [ ]

DATE [illegible] Name of Person Executing Form [illegible]
(First) (Last)

Photo Yes [ ] No [ ]

not

file 2 Aug 46 Mrs

Grave Registration Form No. 1 (Revised 1 Sept. 1942)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Re-Burial 26261

June 27, 1944
Date

Last Name	First	Initial	Rank	Serial No.
Melasky,	Andrew	A.	Pfc.	32334814

Unit: 12 Inf Div.
Organization: 4th Inf. Div.

Place of Death	Date of Death	Cause of Death
France St Mere Eglise	June 6, 1944	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
~~XXXXX~~ 1300-June 27, 1944	~~VII~~ Corps Cem. # 3,	St. Mere Eglise

Grave Number	Row Number	Plot Number	Type of Marker
41	3	B	Temp.

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

If No Identification Tags
How were remains identified?

REBURIAL

What means of identification were buried with the body? Previously buried in Normandy Cemetery

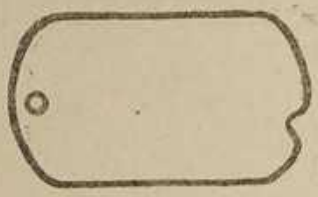
Plot A Row 9 Grave 180

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Genest	31067285	Pvt.	4th Div.	# 42
Deceased's Left:					

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 _____ Name

_____ Address

Religion _____

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

REBURIAL FROM " UTAH RED", CEMETERY.

FILE
MAY 17 1945
AED

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

NO. 208. 22/9/43. 38081/E/15219

Doc #66

IF DECEASED UNIDENTIFIED

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

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

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

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

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

Left Hand: Thumb, 1, 2, 3, 4

Right Hand: Thumb, 1, 2, 3, 4

TOOTH CHART

	Deceased's Right															Deceased's Left							
Upper	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

Characteristics: _____

Other Data: _____

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

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

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

SEP 25 1944 26261

10 June 1944
Date

Last Name	First	Initial	Rank	Serial No.
Malasky,	Andrew	A.	No Info.	32334814

Unit	Organization
NO Info.	12 Inf Regt — No Info.

454

Place of Death	Date of Death	Cause of Death
Carentan Peninsula, France	9 June 1944	K.I.A.

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
2000 10 June 1944	607 Macon Temp.	447964

Grave Number	Row Number	Plot Number	Type of Marker
180	9	A	Temporary

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	END OF ROW				
Deceased's Left:	AE LACLAVE	15077527	No Info.	USA	179

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 No Info.
Name

Address

Religion

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

1 Service Ribbon

Signature of Officer or other person reporting burial

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

Neal F. Baker
Verified by G.R.S. Officer

NOV 23 1944
File C.B.

MQ. 60K. 22/6/43. 38031/2/15210

IF DECEASED UNIDENTIFIED

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

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

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

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

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

Left Hand: Thumb, 1, 2, 3, 4

Right Hand: Thumb, 1, 2, 3, 4

TOOTH CHART

	Deceased's Right															Deceased's Left							
Upper	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

Characteristics: _____

Other Data: _____

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

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 9 Sept 1944
afn 4632

FULL NAME	ARMY SERIAL NUMBER	GRADE
Malasky, Andrew A.	32 34 814	PFC
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Yonkers, New York	Infantry	17 Nov 1912

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	8 June 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	12 May 1942			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Elizabeth Stepfanowich, Mother, 211 Buena Vista Avenue, Yonkers, New York

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Elizabeth Stepfanowich, Mother, Same as above
Miss Emily Malasky, Sister, Same as above

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

ADDITIONAL DATA AND/OR STATEMENT

15 SEP 1944 FILE

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulio

ADJUTANT GENERAL

WD, AGO, FORM NO. 62-1, 29 MAY 1944

5

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE 322291

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 9 Sept 1944
sfm 4632

FULL NAME	ARMY SERIAL NUMBER	GRADE
Malasky, Andrew A.	32 234 814	PFC
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Yonkers, New York	Infantry	17 Nov 1912

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Wounds received in action	8 June 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS	MONTHS	DAYS
European Area	12 May 1942			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Elizabeth Stefanowich, Mother, 211 Buena Vista Avenue, Yonkers, New York

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Elizabeth Stefanowich, Mother, Same as above
Miss Emily Malasky, Sister, Same as above

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

ADDITIONAL DATA AND/OR STATEMENT

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsrandall

ADJUTANT GENERAL

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

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

JS:dsf

Case No. 222291

Date 19 January 1945

SUBJECT: Report of transactions in disposing of the effects of

Andrew A. Malasky (Name of deceased), 32334814 (Army Serial Number) late a

Private First Class (Grade), Infantry (Organization, Army or Service) who died

on the 8th day of June, 19 44, at European Area.

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 17 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Elizabeth Stepfanowich 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, Mrs. Elizabeth Stepfanowich (Name of person found entitled) of 211 Buena Vista Avenue (Number, Street or Avenue), Yonkers (City, Town or Village) State of New York, is the mother (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Col. Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Eff. QM Form 75

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

IN REPLY REFER TO 222291-S

(S-12-20-44)
JHM:JS:gh
November 20, 1944

file off
plus

Mrs. Elizabeth Stepfanowich
211 Buena Vista Avenue
Yonkers, New York

Dear Mrs. Stepfanowich:

The Army Effects Bureau has received from overseas the inclosed service ribbon which belonged to your son, Private First Class Andrew A. Malasky.

Please acknowledge receipt of the ribbon by signing one copy of this letter in the space provided below and returning it to me. For your convenience, there is inclosed an addressed envelope which requires no postage.

I wish to express my sincere sympathy in the loss of your son.

Yours very truly,

A. L. SMITH
Administrative Assistant
Army Effects Bureau

2 Incls--
Service Ribbon
Envelope

Receipt acknowledged:

Mrs. Elizabeth Stepfanowich 24 1944
Signature Date

Sheet 1 of 1 Sheets
Box No. _____

ARMY EFFECTS BUREAU
INVENTORY

Deceased X
Missing ___
P.O.W. ___
Abandoned ___

SHOWN ON TALLY-IN AS ~~Malasky, Andrew A.~~ ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 5486 INVENTORY DATE 11-7-44 CASE NO. 222291 MR

EFFECTS OF ANDREW A. MALASKY RANK ---

A.S.N. 32334814 ORG. ---

PACKAGE DESCRIPTION:

ARTICLE DESCRIPTION	

No other effects

REMARKS:

No information

No correspondence

C.A.T.. Not available

ATTACHMENTS:

1 Inventory of effects
1 G.R. Label
1 Envelope w/ribbon

~~NO CORRESPONDENCE~~

~~SHORTAGE ON REVERSE~~

~~O.I. ON REVERSE~~

STORAGE)
SPACE)

SAFE STORAGE ___
VAULT STORAGE ___

WEIGHT
SHIPPED

Inventoried by L. Johnston Packed by _____

Eff. QM Form 11 (Re[illegible]/10/44)

file
Pl

INVENTORY OF EFFECTS
(see AR 600-550)

Malasky, Andrew A. 32334814
(Last name)(First name)(Middle initial)(Army serial No.)

late a No Info. No Info.
(Grade) (Organization or arm or service)

who died on the 9 day of June 19 44

CLASS I-Sabor, insignia, decorations, medals, campaign bauges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

Number	Articles	*Package Number
1	Service Ribbon	

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

CLASS II -- Other effects

Number	Articles

W.D.,A.G.O. Form No. 54
July 1, 1933

CLASS II -- Continued

Number	Articles
	Money (Specie ____ ; _____ / Notes ____ ; _____)

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

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 _____
(Give name and degree of relationship; if legal representative or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

_____

_____

_____
(Station)

_____, 19____
(Date)

*Strike out words not applicable.

Serial No. 33334514 Name ANDREW A MALASKY
Grade Rank No Info
Organization U.S. ARMY No Info
Address No Info
Nearest Relative No Info
Address No Info
Killed in Action ✓ Died of Disease
Date 9 JUNE 1944 Hospital
Battle Area FRANCE Information

Place of Burial 607 MACON TEMP CEM LAFAYETTE PENNSYLVANIA
Point of Coordination 412264
Description of Body

Members Missing

Signed Alfred Brady