

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Joseph Vastyshak, 33 175 008
 Plot 1, Row 2, Grave 14,
 United States Military Cemetery
 Naples, Italy

24 October 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

Mr. Metro Vastyshak

(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

(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 _____

(LOCATION OF CEMETERY SELECTED) BEVERLY CEMETERY, N. J.

- ☒ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Gettysburg, Pa.

(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.)

Unusual was 6128

None same as above

Coded - V. Lance
 10-13-48

OQMG FORM 345 MILITARY

14 NOV 1946

16-50411-1

PAGE 1

27 AUG 1948

Baker

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.)

I desire to have my son's body returned to U. S. A. for reburial at the Germantown Cemetery, Germantown, Pa. and if there is not any space available then my 2nd choice would be the National Cemetery Gettysburg, Pa.

NAT Settled 13 May 1947

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. Witness by signature mark X *Mary Vastyschak Eck*

149 1/2 Green St., Allentown, Pa.

Signature by mark X Metro Vastyschak
(SIGNATURE OF NEXT OF KIN)
Metro Vastyschak
(NAME PRINTED OR TYPED)

149 1/2 Green Street
(STREET AND NUMBER)
Allentown, Pa.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 15th day of Dec.

19 47, at city (or town) of Allentown, county of Lehigh, and State (or Territory or District) of Pennsylvania

Ernest J. Boger
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

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

NOTARY PUBLIC
My Commission Expires
May 1, 1948

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.

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(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

(SIGNATURE)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

XX

XX

XX

XX

XX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RECORDS BRANCH
DEC 19 12 21 PM '47
MEMORIAL DIVISION



mm LH

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5258 01677

DATE
15 10 48
DAY MONTH YEAR

NAME
VASTYSHAK JOSEPH

SERIAL NUMBER
33175008

GRADE
PFC

ARM
1

RACE
1

RELIGION
2

CEMETERY
NAPLES ALLIED CEM ITALY

PLOT
I

ROW
2

GRAVE
14

DISPOSITION OF REMAINS
2221 01-03
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
BEVERLY NATIONAL CEMETERY
BEVERLY, NEW JERSEY

NAME AND ADDRESS OF NEXT OF KIN
MR. METRO VASTYSHAK (FATHER)
149 1/2 GREEN STREET
ALLENTOWN, PENNSYLVANIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
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IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
	Wm H Spurlin 1st Lt

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

405

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE		TO USAT ERIC C.	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER WILLIAM H SPURLIN 1ST LT QMC	
SIGNATURE OF SHIPPER A F HUBBARD LT COL AF	DATE 15 JAN 49	SIGNATURE OF RECEIVER John E. Glander	DATE 15 JAN 49

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC.. PORT TRANSPORTATION OFFICER	DATE FEB 10 1949

3. SHIPPED

FROM my PE trailer		TO Detail	
KIND OF CONVEYANCE		NAME OF CONVOYER H. O. Young	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.. PORT TRANSPORTATION OFFICER	DATE FEB 14 1949	SIGNATURE OF RECEIVER H. O. YOUNG Captain, QMC	DATE FEB 14 1949

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

VASTYSHAK JOSEPH

33175008 PFC

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

I 2 14 NAPLES ALLIED CEM ITALY

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

VASTYSHAK JOSEPH

33175008

PFC

4 Aug 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

☐ MARKER

USAGF

UNK

M G BORRES 2 LT QMC

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shroud

Skeletal

OTHER MEANS OF IDENTIFICATION

Burial report

MINOR DISCREPANCIES 1

Embossed tag reads: PVT

REMAINS PREPARED AND PLACED IN CASKET

DATE 10 August 1948

BY

GEORGE P. LOTTER, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

GEORGE P. LOTTER, EMBALMER

GEORGE P. LOTTER, EMBALMER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 10 Aug 48 BY D. Tursi, Recorder

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

B. K. TRANON, WO(JG), USA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC NAPLES ITALY		TO NAPLES PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER B K TRAYNOR WOJG	
SIGNATURE OF SHIPPER P C CRAIG CAPT QMC	DATE 6 Aug. 48	SIGNATURE OF RECEIVER FRANK A WILSON, CAPT., QMC	DATE 6 Aug. 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	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

Date 9 March 1949

TO: Mr. Metro Vastyshak
149½ Green St.
Allentown, Pa.

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

U. S. NATIONAL CEMETERY
BEVERLY, N. J.

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran Joseph Vastyshak
Rank, etc. Pfc 82nd Airbn Div Engrs
Grave or lot No. 2020 Section C
Date of death _____ (World War II Repatriation Program)
Date buried 9 March 1949

To be filled in by Next of Kin

State desired PENNSYLVANIA
Religious emblem desired LATIN CROSS FOR CHRISTIAN FAITH
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)
Date of birth AUG. 31 1919
Address of kin 149½ GREEN, ST. ALLENTOWN, PA.
Signature Metro Vastyshak Date MARCH 12 1949

DIED OCT. 10
1943

Mr. Metro Vandyshak
145 Green St.
Allentown, Pa.



RECEIPT OF REMAINS

HEADQUARTERS, NYPE
DISTRIBUTION CENTER #1, AGRS
58th ST. & 1st AVE.

DISTRIBUTION CENTER

BROOKLYN, N.Y.

ROUTINE

SUPERINTENDENT

REMAINS CONSIGNED TO:

BEVERLY NATIONAL CEMETERY

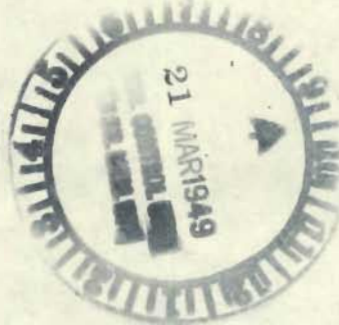
BEVERLY, N. J.

REMAINS OF THE LATE PFC JOSEPH VANSTYSHAK ³³¹⁷⁵⁰⁰⁸ ACCOMPANIED BY
AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING
ON WEDS 9 MARCH PLEASE MAKE ARRANGEMENTS TO ACCEPT
REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME
OF ARRIVAL.

ESCORT: CPL. PASQUALE ANNECHIARICO
RA 11 066 ~~XXX~~ 535
DET 5, 3100 ASU

G. H. BARE

COLONEL, QMC



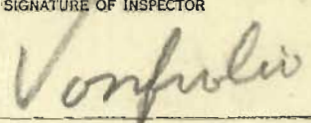
I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 9 DAY OF March, 19 49
DAY MONTH

Pasquale Annechiarico
WITNESS (Escort)
RA-11066535

Frank A. Lockwood, Jr.
CONSIGNEE

RAT
FILE
RECORDS ANNOTATED
DATE MAR 23 1949
NAME Frank
R & R BR.

CASE NO.		INSPECTION CHECK LIST					SPACE NO.
NAME OF DECEASED (<i>Last, First, Middle Initial</i>)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
VASTYSHAK JOSEPH		AGF	W		M		
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE					
PFC	33175008	BEVERLY NATL CEM., BEVERLY, NEW JERSEY					
SHIPPING CASE—GENERAL APPEARANCE (<i>Check ONLY Discrepancies</i>)			CONDITION OF SHIPPING CASE (<i>Check One</i>)				
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (<i>Exterior</i>)			REMARKS				
FINISH (<i>Interior</i>)							
HANDLES							
HANDLE BOLTS							
STENCILING—NAME PLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET—GENERAL APPEARANCE (<i>Check ONLY Discrepancies</i>)			CONDITION OF CASKET (<i>Check One</i>)				
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (<i>Exterior</i>)			REMARKS				
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS (<i>Sealing</i>)							
ODOR OR MOISTURE							
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM				<input type="checkbox"/> REPAIR SHOP			
CONDITION OF REMAINS				CASKET REPAIRED			
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				<input type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (<i>Explain</i>)				CASKET EXCHANGED			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				SHIPPING CASE REPAIRED			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				SHIPPING CASE EXCHANGED			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR	
							
REMARKS							

RECEIVED
GREENWICH MEAN TIME (Z)

FEB 23 18 15 1949

SIGNAL CENTER
HQ. NYPE. BKLYN., N. Y.

WU037 GOVT PD

BEVERLY NJER FEB 23 1233P

COMMANDING GENERAL ATTN AGR SVC

NEWYORK PORT OF EMB BROOKLYN NY

FUNERAL SERVICES FOR PFC JOSEPH VASTYSHAK 33175008

SCHEDULED FOR 115 PM WED 9 MAR 1949 PLEASE CONFIRM AND

GIVE TIME OF ARRIVAL

FRANK A LOCKWOOD SUPT BEV NATL CEM BEVERLY NJER

108P

33175008 115 PM 9 1949 BEV..

RECEIVED
GREENWICH MEAN (Z)

JAN 30 03 20 1949

SIGNAL CENTER
HQ. NYPE. BKLYN., N. Y.

WU X133 15 GOVT COLLECT

ALLENTOWN PENN 29 636P

G H BARE

COL QMC

REPLYING TELEGRAM REFERENCE LATE PFC JOSEPH VASTYSHAK
INSTRUCTIONS IN YOUR TELEGRAM ARE HEREWITH CONFIRMED
METRO VASTYSHAK.

~~1018P~~ 1018P.

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

49 JAN 25 21

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

MR. METRO VASTYSHAK

149 $\frac{1}{2}$ GREEN ST.,

ALLENTOWN, PA.

JAMES MCCARTHY
Major, TC
Admin O, AGR Div.

USAT "CPL. ERIC G. GIBSON"

PLEASE BE ADVISED REMAINS OF THE LATE PFC JOSEPH VASTYSHAK
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS BURIED IN
BEVERLY NATL CEM., BEVERLY, NEW JERSEY

WE CANNOT GIVE A DEFINITE DELIVERY DATE, BUT SUPERINTENDENT OF NATIONAL CEMETERY
WILL NOTIFY YOU BY TELEGRAM GIVING DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN
SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. IT IS EXPECTED
THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE FUNERAL CAN
TAKE PLACE. MILITARY ESCORT WILL ACCOMPANY REMAINS TO NATIONAL CEMETERY. PAYMENT
OF SEVENTY FIVE DOLLARS INTERMENT EXPENSE ALLOWANCE IS NOT REPEAT NOT AUTHORIZED
IN CASES WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY
HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS' ORGANIZA-
TION OR BY MILITARY OR NAVAL PERSONNEL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS
WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY IN-
STRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF
EMBARKATION. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH
CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS
INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

RELEASED TO W U

28 JAN 49

G. H. BARE, COL, QMC

33817

ITEM

It is the policy of the Government to maintain a high level of security and to protect the interests of the people. This policy is based on the principle of non-interference in the internal affairs of other countries.

THE GOVERNMENT OF THE UNITED STATES OF AMERICA
DEPARTMENT OF STATE
WASHINGTON, D. C.

OFFICE OF THE SECRETARY OF STATE
WASHINGTON, D. C.

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

DEPARTMENT OF STATE
WASHINGTON, D. C.

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WASHINGTON, D. C.

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

DEPARTMENT OF STATE
WASHINGTON, D. C.

QKCMF 293

Vastyshak, Joseph SN 33 175 008

Plot I, Row 2, Grave 14

USMC Naples, Italy

13 May 1948

Mr. Metro Vastyshak
149 1/2 Green Street
Allentown, Pennsylvania

Dear Mr. Vastyshak:

We have received the form, "Request for Disposition of Remains", in regard to the final interment of the remains of your son, the late Private First Class Joseph Vastyshak.

Unfortunately, the National Cemetery at Germantown, Pennsylvania, which you have designated as the final resting place of your son, is now closed to additional burials. No grave space remains available. Neither is there grave space available in the Gettysburg National Cemetery, Gettysburg, Pennsylvania.

The nearest National Cemetery in which grave space is still available is the Beverly National Cemetery, Beverly, New Jersey. The next nearest is the Woodlawn National Cemetery, Elmira, New York. Either of these cemeteries, or any other National Cemetery may be selected for the final repose of the remains of your son.

It is therefore requested that you draw a line through the information entered in Option 4, on the inclosed Disposition form, and put the name and location of the National Cemetery which you now select for the final resting place of the remains of your son immediately above the incorrect entry. If you desire to select a new Option, merely draw a line through Option 4 and place a check in the block beside the new Option chosen.

Please return the Disposition form to this office at the earliest possible date.

Sincerely yours,

rtd 2 Incls

1. Req for Disp Fm
2. Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division



RECEIVED
JAN 13 1946
U.S. DEPT. OF JUSTICE
WASHINGTON, D.C.

JAN 13 1946

Mr. Nathan J. ...
100 ...
...

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The ...
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CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)		GRADE	SERIAL NUMBER	
Vastyshak, Joseph		Pfc.	33 175 008	
PREVIOUS BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
USMC, Naples, Italy		I	2	14
ADDRESSEE		ADDRESS (Street, City, State).		
MR. Metro Vastyshak		149 1/2 Green Street		
MISS		Allentown, Pa		
MRS.				
RELATIONSHIP				
Father				

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
1651	<p>Unfortunately, the National Cemetery at Germantown, Pennsylvania, which you have designated as the final resting place of your son is now closed to additional burials. No grave space remains available. Neither is there grave space available in the Gettysburg National Cemetery, Gettysburg, Pa.</p> <p>The nearest National Cemetery in which grave space is still available is the Beverly National Cemetery, Beverly, New Jersey. The next nearest is the Woodlawn National Cemetery, Elmira, New York. Either of these cemeteris, or any other National Cemetery may be selected for the final repose of the remains of your son.</p> <p>It is therefore requested that you draw a line through the information entered in option 4, ^{on the enclosed DF} and put the name and location of the National Cemetery which you now select for the final resting place of the remains of your son in ^{medically above the incorrect entry.}</p> <p>→ If you desire to select a new option merely draw a line through option 4, and place a check in the block besides the new option chosen.</p> <p>Please return the DF to this office at the earliest possible date.</p> <p>Incl. 345 Form, Signed</p> <p align="right">CC: Mr. Arrowsmith.</p>

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE
<i>M. R. Jolly</i> 5-11-48		

ROUTING SLIP

TO	ACTION TAKEN	INITIALS	DATE
IDENTIFICATION			
SPECIAL CHECKERS			
X CORRESPONDENCE SECTION	FL		
CORRESPONDENCE SUBSECTION			
CONTROL (In)			
A-Z AND 333 (For recheck)			
PLOT MAP			
ACTION REQUIRED	Letter to REMARKS		
NAME	Mr. Metro Vestyshak,		
RANK	149 1/2 Green St.,		
ASN	Allentown, Pa		
ORGANIZATION			
ITEM No. 1	No available space in		
ITEM No. 2	Hermantown or		
ITEM No. 4	Gettysburg. Nearest		
ITEMS Nos. 5 AND 6	Met. Cem. is Bererley		
ITEM No. 7	New Jersey		
ITEM No. 8			
ITEM No. 9	M. Lottin		
SUSPENSE	12 Apr 48		

Pfc Joseph Vastyshak, 33 175 008
Plot I, Row 2, Grave 14,
United States Military Cemetery
Naples, Italy

24 October 1947

Mr. Meteor Vastyshak
144 Bridge Street
Allentown, Pennsylvania

Dear Mr. Vastyshak:

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

4 Incls.

Oct 29 2 54 PM '47
D O M C
MAIL & RECORDS BRANCH

fbj

7-10-1968

1947-1948

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-22-2001 BY 60322 UCBAW

THOMAS H. JARVIS
Major General
The Quartermaster General

ON DOG
HOUND - BARKING

RESTRICTED
CONFIDENTIAL
REDUBIAL
REPORT OF BURIAL
AR 30-1815 & TM 10-630

19 1944
420

11 July 1944

Date Report Filled Out

VASTYSHAK	Joseph	(NMI)	33175008	White
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
Pvt.	Co. "B", 307th Engr. Bn.		Army	USA
(Rank)	(Organization)	(KIA)	(Branch)	(Country)
Naples, Italy	10 October 1943	Building Explosion		Unknown
(Place of Death)	(Date of Death)	(Cause of Death)		(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (); No (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : Medical
Form #52 E.M.T.

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of Same : None

None

None

(Name of Emergency Addressee)

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud 1000 hrs. 11 July 1944 Allied Cemetery, Naples, Italy.

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

"I"	2	14	Wooden Cross	General
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (O); Identification Tag attached to marker (O).

If Identification Tags not present, what other identification data were buried with the body and in what kind of container? QMC Form-1 GRS sealed in bottle and buried one foot below grave
marker

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side : FIORETTI, Dominic R. T/5 35377868 Co.H, 36th Engr. Bn. 13

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : JORDAN, Joseph R. Pvt. 13096498 Co. B, 307th Engr. Bn. 15

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

S/ George L. Riddle, Chaplain.

(Signature of Officer Reporting Burial)

(Verified by unit GRS. Officer)

LEO E. TRITSCHLER, 1st Lt. 602nd QM Co (GR)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U. S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED
CONFIDENTIAL
RESTRICTED

20 NOV 1944

1. PREPARATION OF BODY: Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave $\frac{1}{2}$ tag on body, forward $\frac{1}{2}$ with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is not possible fill out tooth-chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. BURIAL: Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). *Place only one body in a grave.* Dig graves side by side, row behind row.

3. MARKING OF GRAVE: Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available, copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material, and turn over to Graves Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

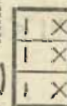
SKETCH AND MAP REFERENCE :

Disinterred 11 July 1944 from
Plot A, Row 1, Grave 14, Allied
Cemetery, Naples, Italy.
Reinterred same date in Plot "I",
Row 2, Grave 14, Allied Cemetery,
Naples, Italy.

TOOTH-CHART

	(Examinee's)															
	(Right)								(Left)							
8																
7																
6																
5																
4																
3																
2																
1																
10																
9																
8																
7																
6																
5																
4																
3																
2																
1																
16																
15																
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8																
7																
6																
5																
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1																
16																
15																
14																
13																
12																
11																
10																
9																
8																
7																
6																
5																
4																
3																
2																
1																

Indicate : missing natural teeth by X; crowns by O;
fillings by □; bridges by — linkings anchor teeth;
replacements by denture (horizontal line.)



Characteristics :

Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth-chart.

Left
Right

Thumb

Thumb

2742

NOV 23 1943

RESTRICTED
CONFIDENTIAL

Q.M.C. Form 1 - GRS

SOS NATOUA

July 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

18 OCTOBER 1943

Date Report Filled Out

VASTYSHAK

JOSEPH

(NMI)

33175008

WHITE

(Last Name)

(First Name)

(Middle Initial)

(Serial No.)

(Race)

PVT.

CO "B"

307th ENGRS. BN.

82ND. DIV.

ARMY

UNITED STATES

(Rank)

(Organization)

(Branch)

(Country)

NAPLES, ITALY

10 OCTOBER 1943

BUILDING EXPLOSION

(Place of Death)

(Date of Death)

(Cause of Death)

(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (X).

If no identification tags, other means used to identify body (identification card, letters, etc.) :

MEDICAL FORM # 52 E. M. T.

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of Same : NONE:

CLASSIFICATION DOWNGRADED
By Authority The QMGSignature *D. Wolfe*

Date

3-31-50

NONE

(Name of Emergency Addressee)

NONE

(Name of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

SATURDAY 1600: 16 OCTOBER 1943

(Time and Date of Burial)

ALLIED CEMETERY, NAPLES

(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

A

1

14

WOODEN CROSS

PROTESTANT.

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(Type of Religious Ceremony)

Identification Tag buried with body () ; Identification Tag attached to marker ().

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? COPY Q.M.C. FORM NO. 1, G.R.S. BURIED IN BOTTLE W/BODY.

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side : FIORETTI, DOMINIC R. T/5. 35377868 CO "H" 36TH ENGRS. BN.

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : JORDAN, JOSEPH R. PVT. 13096498 CO "B" 307TH ENGRS. BN. 82ND. DIV. 15

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED
CONFIDENTIAL

H.Q. - 160-Q. - 743 - 200

15 JUL 1944 FILE
2-56

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY** : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

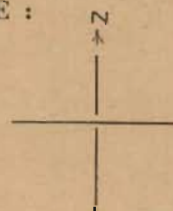
2. **BURIAL** : Dig grave to a depth five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body.) Place only one body in a grave. Dig graves side by side, row behind row.

3. **MARKING OF GRAVE** : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. **LOCATION OF GRAVE** : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. **PERSONAL EFFECTS** : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

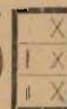
SKETCH AND MAP REFERENCE :



TOOTH-CHART

(Examinee's)															
(Left)								(Right)							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

INDICATE : missing natural teeth by X; crowns by O; fillings by □ ; bridges by — ; denture replacements by denture (horizontal line.)



Characteristics :

Other Data :

When unidentified, take thumb and fingerprints of both hands.

3

2

1

Thumb

Left
Right

Thumb

1

2

3

4

If this not possible, fill in tooth chart.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

DATE 15 November 1943
Bayton/cmq 4628

FULL NAME Vastyshak, Joseph		ARMY SERIAL NO. 33 175 008
GRADE Pfc	ARM OR SERVICE Corps of Engineers (Paratroop status)	DATE OF BIRTH 31 Aug. 1919
HOME ADDRESS Allentown, Pennsylvania		
DATE OF DEATH 10 Oct. 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs. Anna Vastyshak (Mother) 144 Bridge St., Allentown, Pa.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs. Anna Vastyshak (Mother) 144 Bridge St., Allentown, Pa. Mr. Meteor Vastyshak (father) 144 Bridge St., Allentown, Pa.		

BY ORDER OF THE SECRETARY OF WAR:

THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

(OVER)

DANIEL J. REIDY.

ADJUTANT GENERAL

RESTRICTED

ADDITIONAL DATA (CONFIDENTIAL)

STATION OF DECEASED

Algeria

Nov 16 4 34 PM '42

MEMORIAL DIVISION

68-450



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

IN REPLY REFER TO: 39467 S ✓

JFM:JS:vb ✓
December 7, 1944

Miss Mary Vastyshak
149½ Green Street
Allentown, Pennsylvania

Dear Miss Vastyshak:

This will acknowledge your letter of November 13, making inquiry concerning the personal effects of your brother, Private First Class Joseph Vastyshak.

It is with regret that I tell you the Army Effects Bureau has received information indicating that no effects of Private Vastyshak were recovered. Knowing that any possessions of your brother would be of immeasurable value to you I sincerely wish it were possible to give you a favorable reply.

You are assured that if information should be received at a later date indicating the recovery of any of Private Vastyshak's property, you will be notified promptly.

Yours very truly,

A. L. SMITH
Administrative Assistant
Army Effects Bureau



KANSAS CITY, MISSOURI
401 HANDELY AVENUE
KANSAS CITY QUARTERMASTER DEPOT
ARMY SERVICE FORCES

OT 9372H Y2939 30.

11/16
Jmme

39467 RA

SN 1. 13744
149 1/2 Green St.
Allentown, Pa.

Gentlemen, Jmme **IMMEDIATE ACTION**

I received a letter several months ago saying that if my brother's personal effects wouldn't come, that I should write to the Quartermaster General in Washington. But in the meantime I inquired at the Red Cross and they referred me to this address.

I'd like to call your attention to the fact that it is more than a year since we've received news of our loss and we hadn't received any of his personal things. I'd like to know if any thing was sent to the Depot and of course we'd like to have it.

My brother's address was

Pfc. Joseph Vastyshek
Co. B, 307th Eng. Bn.
82nd Airborne Div.
A.S. No. 33175008

Thank You
Mary Vastyshek
149 1/2 Green St.
Allentown, Pa.





WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

39467 *ODD* 1148

DATE 15 November 1943

Bayton/emq 4628

FULL NAME Vastyshak, Joseph		ARMY SERIAL NO. 33 175 008
GRADE Pfc	ARM OR SERVICE Corps of Engineers (Paratroop status)	DATE OF BIRTH 31 Aug. 1919
HOME ADDRESS Allentown, Pennsylvania		
DATE OF DEATH 10 Oct. 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs. Anna Vastyshak (Mother) 144 Bridge St., Allentown, Pa.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs. Anna Vastyshak (Mother) 144 Bridge St., Allentown, Pa. Mr. Meteor Vastyshak (father) 144 Bridge St., Allentown, Pa.		

BY ORDER OF THE SECRETARY OF WAR:

RECEIVED

RECEIVED

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.

TO THE SECRETARY OF THE INTERIOR
FROM THE ATTORNEY GENERAL

RE: [Illegible]

THE [Illegible] OF THE [Illegible]
[Illegible]

WHEREAS [Illegible]
[Illegible]

AND WHEREAS [Illegible]
[Illegible]

REPORT OF THE
COMMISSIONER OF THE
BUREAU OF LAND MANAGEMENT
TO THE SECRETARY OF THE INTERIOR
FOR THE YEAR 1900



INVENTORY OF EFFECTS

(See AR 600 550)

Vastyshak, Joseph (NMI) 33175008
 (Last name) (First name) (Middle Initial) (Army serial number)

late a **Pfc** **Co B 307 A/B Engr Bn**
 (Grade) (Organization or arm or service)

who died on the **10** day of **Oct**, 19 **43**

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

NUMBER	ARTICLES	* Package NUMBER
	None	
	Nearest of Kin- Mother	
	Anna Vastyshak	
	144 Bridge St.	
	Allentown, Penna.	

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

CLASS II — Other effects

NUMBER	ARTICLES
	None



CLASS II — Continued

[illegible]

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.

A. T. ZANDEN,
CWO., 307 A/B Engr Bn.,
Personnel Adjutant.

APO 469 (station)

29 October, 1943

*Strike out words not applicable.

H G. M B S. MAF 48/25 m

293-Vastyshak, Joseph 33175008

