

295 KALAT, WALTER R

REC

92-70-1

4786

9/16:00-1-1

Declassified in accordance with D.O. 13526

B

Att

16 December 1948

Pfc Walter R. Kalat, ASN 36 042 489  
Plot H, Row 13, Grave 35  
Headstone: Cross  
Nettuno (Anzio) U S. Military Cemetery

Mr. John Kalat  
3924 Handorf Street  
Downers Grove, Illinois

Dear Mr. Kalat:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, the central address of which is Room 713, 1712 "G" Street, N. W., Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interment activities are in progress, the cemetery will not be open to visitors. However, upon completion thereof, due notice will be carried by the press.

You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

how

Interred 25 Oct 48

MMM

H 13 38

USMC ANZIO

## DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major, QMC, Regulatory Superintendent

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 00902

DATE

15 05 48  
DAY MONTH YEAR

NAME

KALAT WALTER R

SERIAL NUMBER

36042489

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS

1

5202 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

I 2 16 ITALY

CAUSE OF DEATH

1

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NETTUNO, ITALY

NAME AND ADDRESS OF NEXT OF KIN

JOHN KALAT (FATHER) #Flag Sent  
3924 HANDORF STREET  
DOWNERS GROVE, ILLINOIS

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

 REMAINS MARKER

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shroud

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 10 August 1948

BY

A. P. Grace

CASKET SEALED BY

A. P. Grace

EMBALMER (Signature)

A. P. Grace

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 8/10/48 BY D. Palmieri

A. P. Grace

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

W. P. KING

SIGNATURE OF GRS INSPECTOR

NAT  
FILE  
RECORDS ANNOTATED  
DATE FEB 18 1949

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

R &amp; R

NOV 30 9 10 DEC 1948

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 <i>Frank A Wilson</i>	DATE 6 Aug 48

2. SHIPPED

FROM NAPLES PORT MORGUE		TO USMC ANZIO ITALY	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER DONDY A. WELCH SGT	
SIGNATURE OF SHIPPER F.A. WILSON CAPT QMC	DATE OCT - 7 1948	SIGNATURE OF RECEIVER <i>Edward E. Peterson</i>	DATE OCT - 7 1948

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 DONALD GROVE ILLINOIS JOHN KAGAL (FATHER)	
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

Interred

USMC ANZIO  
WILLARD EDGERTON  
Major QMC - Cemetery Superintendent

**DISINTERMENT DIRECTIVE**

**SECTION A - NAME AND BURIAL LOCATION OF DECEASED**

DIRECTIVE NUMBER

DATE

NAME <b>KALAT WALTER R</b>		SERIAL NUMBER <b>36042489</b>	RANK <b>PFC</b>	ARM <b>1</b>	DATE OF DEATH DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
PLOT NO.	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
<b>1</b>	<b>2</b>	<b>16</b>	<b>NAPLES ALLIED CEM ITALY</b>		

**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 <b>KALAT WALTER R</b>	SERIAL NUMBER <b>36042489</b>	RANK <b>PFC</b>	DATE OF DEATH	DATE DISINTERRED <b>4 Aug 48</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>USAGF</b>	RELIGION <b>P</b>	IDENTIFICATION VERIFIED BY <i>M G Borres</i> <b>M G BORRES 2 LT QMC</b>	

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	
DATE BY	EMBALMER (Signature)
CASKET SEALED BY	
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE BY	

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

*WILLARD EDGERTON*  
WILLARD EDGERTON  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CRIMINAL INVESTIGATION

### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM <b>USMC NAPLES ITALY</b>		TO <b>NAPLES PORTN MORGUE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>B K TRAYNOR WOIG</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>P C CRAIG CAPT JMC</b>	DATE <b>6 Aug. 48</b>	SIGNATURE OF RECEIVER	DATE

#### 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

### PART I REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Walter R. Kalat, 36 042 489  
Plot I, Row 2, Grave 16,  
United States Military Cemetery  
Naples, Italy

24 October 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, John KALAT

(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. Naples, Italy
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 \_\_\_\_\_ (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.)

NONE

Quoted 21 May 48  
Matthias

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

APR 17

M. L. LOFTIN

**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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)\*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

*John Kalat*  
 (SIGNATURE OF NEXT OF KIN)  
**JOHN KALAT**  
 (NAME PRINTED OR TYPED)

*3924 Handorf St*  
 (STREET AND NUMBER)  
*Downers Grove, Ill.*  
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18<sup>TH</sup> day of NOVEMBER 1947 at city (or town) of CHICAGO, county of COOK, and State (or Territory or District) of ILLINOIS.

*William Haffke*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
**Notary Public**  
 (OFFICIAL TITLE)

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



**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.

_____	_____
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

**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

_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTIONS

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

AS THE NEXT OF KIND OF THE DECEASED

PLEASE PRINT (PLEASE PRINT FULL NAME)

NAME IN FULL OF THE PERSON WHOSE RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED ARE BEING RELINQUISHED TO THE NEXT OF KIND OR SURVIVOR

LAST NAME FIRST NAME MIDDLE INITIAL

RELATIONSHIP TO THE DECEASED

CITY AND STATE

CITY OF TOWN

STATE OR COUNTRY

DATE

STREET AND NUMBER

CITY AND STATE

NAME PRINTED OR TYPED

PART III

If you are NOT a next of kind or survivor, please fill in PART III of this form.

NAME IN FULL OF THE PERSON WHOSE RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED ARE BEING RELINQUISHED TO THE NEXT OF KIND OR SURVIVOR

LAST NAME FIRST NAME MIDDLE INITIAL

RELATIONSHIP TO THE DECEASED

CITY AND STATE

CITY OF TOWN

STATE OR COUNTRY

DATE

STREET AND NUMBER

CITY AND STATE

NAME PRINTED OR TYPED

RECORDED  
 NOV 24 12 29 PM '47  
 MEMORIAL SERVICE CENTER  
 REC'D



OQMG FORM 381  
11 MAR 47

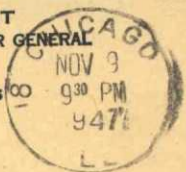
NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED WALTER KALAT	RANK P.F.C.	SERIAL NUMBER 36 042 489
NAME OF NEXT OF KIN JOHN KALAT	RELATIONSHIP FATHER	
OLD ADDRESS 3110 S. RIDGEWAY AVE CHICAGO 23 ILL		
NEW ADDRESS 3924 S. HANDORF ST. WEST MONT ILL		

REMARKS

NAT 11/18/47 mm7  
File

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.  
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)  
BUILD YOUR FUTURE  
WISELY SAFELY  
SAVING

OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION, R. R. BRANCH  
WASHINGTON 25, D. C.



Pfc Walter R. Kalat, 36 042 489  
Plot I, Row 2, Grave 16,  
United States Military Cemetery  
Naples, Italy

24 October 1947

Mr. John Kalat  
3110 South Ridgeway Avenue  
Chicago, Illinois

Dear Mr. Kalat:

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.

fbj

OCT 29 2 54 PM '47  
MAIL & RECORDS BRANCH

R

29 October 1946

Mr. John Kalat  
3110 South Ridgway Avenue  
Chicago, Illinois

Dear Mr. Kalat:

293  
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Walter R. Kalat, A.S.N. 36 042 489.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot I, row 2, grave 16. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located in Naples, Italy, 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,

T. B. LARKIN  
Major General  
The Quartermaster General

OCT 29 10 40 AM '46  
D. O. M. G.  
MAIL & RECORDS BRANCH

98

SPQYG 293  
Kalat, Walter R.  
SN 36 042 489

Address Reply To  
THE QUARTERMASTER GENERAL  
Attn: Memorial Division

21 December 1945

Mr. and Mrs. John Kalat  
3110 South Ridgeway Avenue  
Chicago 23, Illinois

Dear Mr. and Mrs. Kalat:

Your letter concerning your son, the late Private First Class Walter R. Kalat, has been received in this office.

There are no provisions at the present time whereby the War Department can furnish photographs of individual graves of deceased military personnel outside the United States; therefore, it is not possible to comply with your request.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN  
Major, Q.M.C.  
Assistant.

MLS

DEC 26 11 51 AM '45  
O Q M C  
MAIL & RECORDS BRANCH

MEMORIAL DIVISION  
DEC 26 8 46 AM '45  
MEMORIAL DIVISION  
GRAVES REGISTRATION SECTION  
PLK  
JRB  
HP

3110. S. Ridgeway<sup>3rd</sup>  
Chicago 23. Ill

11

Dear Sir

I would be so happy  
if you could get a picture  
of my son's grave. It is one  
wish I have. I would be  
so very thankful to you all.

243

P.F.C. Walter R. KALAT.

UNITED STATES MILITARY  
CEMETERY.

NAPLES, ITALY.

PLOT 1, ROW 2. GRAVE 16.

NAPLES, ITALY.

Thanking you from the bottom  
of my heart.

MR. MRS- JOHN KALAT.  
3110 S. RIDGEWAY AVE  
CHICAGO. 23. ILL. >



3110 S. Ridgeway Ave  
Chicago 23, Ill

SPQYG 93  
KALAT, WALTER R.  
S.N. 36042489

*I would be so happy if you could get a picture of my home grave. It is one I wish I have. I would be so very thankful to you all.*

PTC. Walter R. KALAT,  
UNITED STATES MILITARY  
CEMETERY.

VERONESI, ITALY  
LOT 1, ROW 2 GRAVE 16.  
VERONESI, ITALY



*Thank you from the bottom of my heart.*  
MEMORIAL DIVISION  
DEC 15 1946  
MAR. MRS ANN KALAT  
3110 S. RIDGEWAY AVE  
CHICAGO 23, ILL.

29096 P3  
KALAT. WALTER R.  
S.N. 36049489

GRAVES REGISTRATION SECTION  
Dec 10 9 56 AM '45  
MEMORIAL DIVISION  
DEC 7 12 17 PM '45  
MEMORIAL DIVISION



SPQYG 93  
Kalat, Walter R.  
S.N. 36042489

19 September 1945

Mrs. John Kalat  
3110 South Ridgeway Avenue  
Chicago 23, Illinois

Dear Mrs. Kalat:

Receipt is acknowledged of your letter requesting information concerning your son, the late Private First Class Walter R. Kalat.

The official report of interment received in this office shows that the remains of your son were interred at the United States Military Cemetery, Naples, Italy, Plot I, Row 2, Grave 16. This cemetery is located at Naples, Italy.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN  
Colonel, OMC  
Assistant

SEP 19 5 11 PM '45  
MAIL & RECORDS BRANCH  
1W

SEP 19 4 11 PM '45  
MEMORIAL DIVISION

8-4-45

JK

Sir;

I am writing to you in regard to information on location of the grave of

Pfc Walter R. Kalat

Co. B. 307 Engr. Bn.

A.P.O. 469 ASN 36042489

c/o Postmaster

New York, New York

Who was killed in action with the Paratrooper division on October 10, 1943 in Sicily

I have written before but to date have received no reply. But since D. day feel now you may give me the information will (will) be appreciated. Thanking you.

Mrs John Kalat  
3110 S. Ridgeway Ave  
Chicago 23, Ill

MEMORIAL DIVISION  
AUG 9 1 15 PM '45  
MEMORIAL DIVISION  
GRAND REGISTRATION SECTION  
AUG 8 9 15 AM '45



RESTRICTED  
CONFIDENTIAL

REBURIAL

310

Q.M.C. Form 1 - GRS  
808 MATOUSA  
June 1, 1953WALTER R KALAT  
36042489 T41 A  
NEDY KALAT  
3110 S RIDGEWAY AV  
CHICAGO ILL PREPORT OF BURIAL  
AR 30-1815 & TM 10-630

11 July 1944

Date Report Filled Out

NAG 19 1944

293 KALAT Walter R. 36042489 White  
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)  
 Pfc. Co. "B", 307th Engr. Bn. Army USA  
 (Rank) (Organization) (KIA) (Branch) (Country)  
 Naples, Italy 10 October 1943 Building Explosion Protestant  
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C, H, etc.)

## MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (x); No ( ). (1 tag found on marker)

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

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

Nedy Kalat

3110 S. Ridgeway Ave, Chicago, Ill.

(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, &amp; No. of Cemetery)

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

"I" 2 16 Wooden Cross Protestant  
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (1); Identification Tag attached to marker (1).

If Identification Tags not present, what other identification data were buried with the body and in what kind of container?

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

Right side : JORDAN, Joseph R. Pvt. 13096498 Co. B, 307th Engrs. Bn. 15  
 (Name) (Rank) (ASN) (Organization) (Grave No.)Left side : COLE, Roy K. Sgt. 39171882 Co. H, 36th Engr. Bn. 17  
 (Name) (Rank) (ASN) (Organization) (Grave No.)

S/ George L. Riddle, Chaplain.

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. 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

9-43 - 700,000

30689

2-21

### 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  $\frac{1}{2}$  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 ~~FROM~~ <sup>223</sup> 11 July 1944 from Plot A, Row 1, Grave 16, Allied Cemetery, Naples, Italy.  
 Reinterred same date in Plot "I", Row 2, Grave 16, Allied Cemetery, Naples, Italy.

#### TOOTH-CHART


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.

4  
3  
2  
1

Thumb  
Left  
Right

1  
2  
3  
4

Thumb

NDV 23 1943

~~CONFIDENTIAL~~Q.M.C. FORM 1 - GRS  
SOS NATOUSA  
July 1943

## REPORT OF BURIAL

AR 30-1815 &amp; TM 10-630

18 OCTOBER 1943

Date Report Filled Out

7124

93 KALAT WALTER R. 36042489 WHITE  
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

P.F.C. CO "B" 307TH ENGRS. BN. 82 ND. DIV. ARMY UNITED STATES  
 (Rank) (Organization) (Branch) (Country)

NAPLES, ITALY 10 OCTOBER 1943 BUILDING EXPLOSION PROTESTANT  
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C, H, etc.)

## MEANS OF IDENTIFICATION

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

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

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:

NEDY KALAT

(Name of Emergency Addressee)

3110 S. RIDGEWAY AVE, CHICAGO, ILLINOIS.

(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, &amp; No. of Cemetery)

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

A 1 16 WOODEN CROSS PROTESTANT.  
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (X) ; 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 ?

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

Right side : JORDAN, JOSEPH R. PVT. 13096498 CO "B" 307TH ENGRS. BN. 82ND. DIV. 15  
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : COLE, ROY K. SGT. 39171882 CO "H" 36TH ENGRS. BN. 17  
 (Name) (Rank) (ASN) (Organization) (Grave No.)

George L. Riddle Chap.  
(Signature of Officer Reporting Burial)John P. Mithersby  
(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.

~~CONFIDENTIAL~~

H.Q. - 160-Q. - 7-43 - 200 M.

20 JUL 1944 FILE



7124

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.

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SKETCH AND MAP REFERENCE :



TOOTH-CHART

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

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



Characteristics :

Other Data :

When unidentified, take thumb and fingerprints of both hands.

4  
3  
2  
1  
Thumb  
Left  
Right  
Thumb  
1  
2  
3  
4

If this not possible, fill in tooth chart.

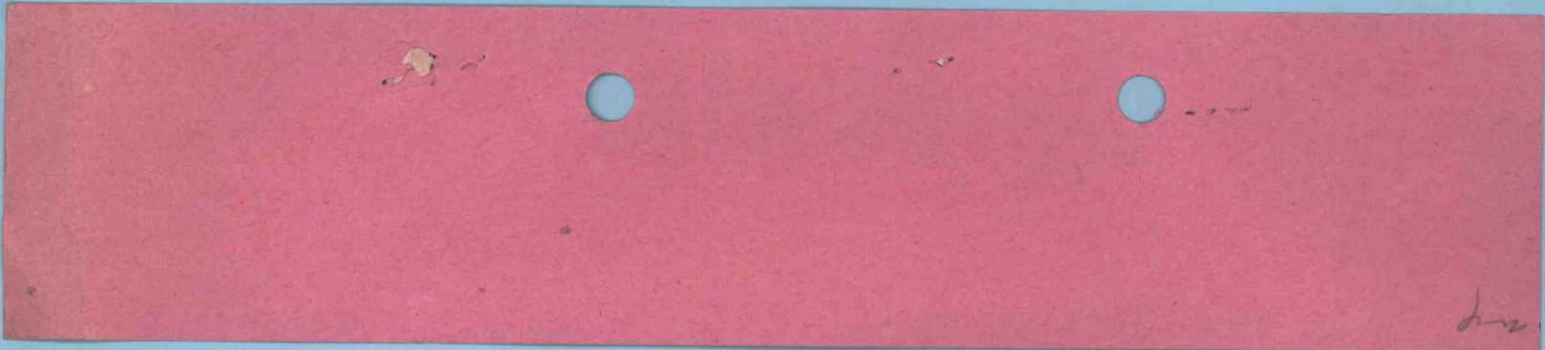
ml

P2C

293

Kalat, water R.

36042489



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

MG/ch4635

13 November 1943

DATE

FULL NAME <b>Kalat, Walter R</b>		ARMY SERIAL NO. <b>36 042 489</b>
GRADE <b>Pfc</b>	ARM OR SERVICE <b>Corps of Engineers (Airborne)</b>	DATE OF BIRTH <b>6 March 1916</b>
HOME ADDRESS <b>Lyons, Illinois</b>		
DATE OF DEATH <b>10 Oct 43</b>	PLACE OF DEATH <b>North African Area</b>	CAUSE OF DEATH <b>Killed in Action</b>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) <b>Mrs Nedy Kalat (mother) 3110 S. Ridgeway Ave., Chicago, Ill</b>		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) <b>Nedy Kalat (mother) 3110 S. Ridgeway Ave., Chicago, Ill.</b> <b>John Kalat (father) 3110 S. Ridgeway Ave., Chicago, Ill.</b>		

BY ORDER OF THE SECRETARY OF WAR:

**J. W. Reinhart**

ADJUTANT GENERAL

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

(OVER)

*Sub*  
*9-19-44*  
*W*

29,102  
293

CONFIDENTIAL  
MEMORIAL DIVISION

THIS COPY FOR THE O. N. C. (CONFIDENTIAL)

(OVER)

STANDARD FORM NO. 100-10

ADDITIONAL DATA: (CONFIDENTIAL)

U. S. DEPARTMENT OF STATE

STATION OF DECEASED <i>North African Area</i>		OFFICE OF THE SECRETARY (Italy)	
MEMORIAL DIVISION			
DATE OF DEATH	PLACE OF DEATH	CAUSE OF DEATH	
	<i>Nov 15 4 19 PM '43</i>		
NAME OF DECEASED		DATE OF BIRTH	
NAME OF SURVIVOR (INTEREST)		DATE OF BIRTH	

MEMORIAL DIVISION

REPORT OF DEATH  
WASHINGTON  
THE UNITED STATES OFFICE  
NAVY DEPARTMENT

50,100

40050 ✓

RTB:AP:mj ✓  
August 13, 1945 ✓

✓  
Mrs. John Kalat ✓  
3110 South Ridgeway Avenue ✓  
Chicago 23, Illinois ✓

Dear Mrs. Kalat:

This refers to your recent inquiry concerning the personal effects of your son, Private First Class Walter R. Kalat. ✓

The Army Effects Bureau has not received any previous communication from you.

Information received from overseas indicates that none of your son's personal effects were recovered. Anticipating your disappointment, I am sorry to convey this report.

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

Yours very truly, ✓

✓  
HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch

8-6-45

40000  
INQUIRY CLERK BAH

Sir,

I am writing to you in regards to the personal belongings of Pfc. Walter R. Kalat

Co. B. 307 Engr. Bn.

APo 469 ASN 36042489

% Postmaster New York, New York.

Who was killed in action while serving with the Para-Trooper division on October 10, 1943

We have written before but have to date received no reply. But since the war in ~~the~~ Europe is over, feel that now you can give me information. Your help will be appreciated

Thanking you

Mrs John Kalat

3110 S. Ridgeway Ave

Chicago 23, Ill. file my

8-13-45

8-2-45

*[Faint, mostly illegible handwritten text on lined paper]*

BUREAU  
ATLANTA, GA.  
AUG - 8 1945

*[Faint, mostly illegible handwritten text on lined paper]*



E.H. PM 12-4-43  
V.W.

**INVENTORY OF EFFECTS**  
(See AR 500 550)

Kalat, Walter R 36042489  
(Last name) (First name) (Middle initial) (Army serial number)

late a Pfc # 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,

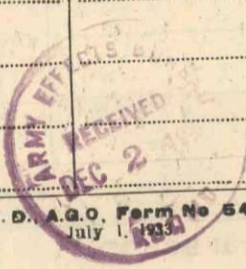
NUMBER	ARTICLES	* Package NUMBER
	None	
Nearest of Kin - Mother		
	Wedy Kalat c/o Frank Tans 5110 Ridgeway Ave Chicago, Ill.	

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

**CLASS II** - Other effects

NUMBER	ARTICLES
	None

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





40050

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

400-50  
MC/oh4635

13 November 1943

DATE

FULL NAME <b>Kalat, Walter R</b>		ARMY SERIAL NO. <b>36 042 489</b>
GRADE <b>Pfc</b>	ARM OR SERVICE <b>Corps of Engineers (Airborne)</b>	DATE OF BIRTH <b>6 March 1916</b>
HOME ADDRESS <b>Lyons, Illinois</b>		
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BY ORDER OF THE SECRETARY OF WAR:

THIS COPY FOR ARMY EFFECTS BUREAU

**J. W. Reinhart**  
ADJUTANT GENERAL