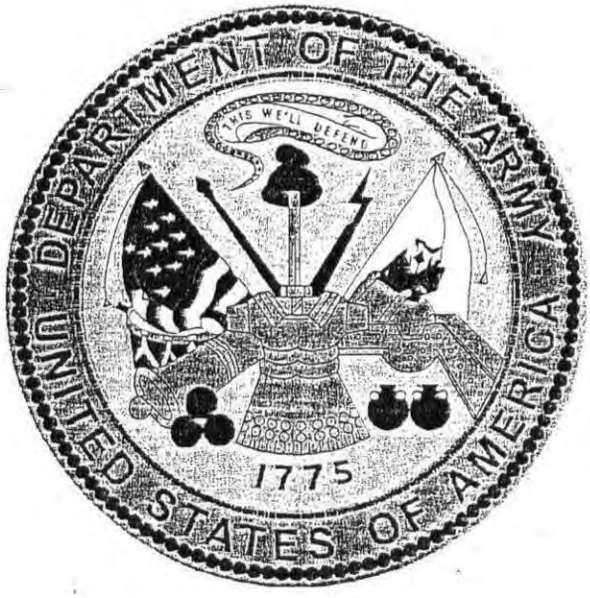


INDIVIDUAL DECEASED PERSONAL FILE

QMGOD 293, Hause, Robt. K., Pvt. 3d Ind
SN 13 027 360

Department of the Army, OQMG, Washington 25, D. C., 15 October 1951

TO: Chief, Pennsylvania Military District
Indiantown Gap Military Reservation, Pa.

Records from the Army Effects Bureau at Kansas City, Missouri, on file in this Office, reveal the effects received at the Bureau for Pvt. Robt. K. Hause, SN 13 027 360, were shipped to his father on 17 March 1945. Further, the records do not indicate the father was advised that the fountain pen was missing.

FOR THE QUARTERMASTER GENERAL:

1st. Ind 25 Sept. 51

RUSSUM
53821

SZ

JS

Oct 16 10 52 AM '51
O Q M G
MAIL & RECORDS BRANCH

C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

RE

JM

QL

AIDQT 153 HAUSE, Robert K. 2nd Ind JFS/dmg
, Sept 51) 293
SUBJECT: Claim of Pvt. Robert K. Hause, 13027360 (Dec'd) by Mrs. Violet Hause (Mother)

Hq Pa Mil Dist, Indiantown Gap Military Reservation, Pennsylvania 1 OCT 1951

TO: Department of the Army, Office of the Quartermaster General, ATTN: QMGOD

Pvt. Robert K. Hause, 13027360, Co. B, 307, A/B Engr Bn, missing on the 6th day of June 1944.

FOR THE ACTING CHIEF, PENNSYLVANIA MILITARY DISTRICT:

JOHN E VOGT
WOJG USA
Asst Adj

QMGOD 293, Hause, Robt. K., Pvt. 3d Ind.
SN 13 027 360

Department of the Army, OQMG, Washington 25, D. C., 15 October 1951

TO: Chief, Pennsylvania Military District
Indiantown Gap Military Reservation, Pa.

RECEIVED OCT 9 1951

Records from the Army Effects Bureau at Kansas City, Missouri, on file in this Office, reveal the effects received at the Bureau for Pvt. Robt. K. Hause, SN 13 027 360, were shipped to his father on 17 March 1945. Further, the records do not indicate the father was advised that the fountain pen was missing.

FOR THE QUARTERMASTER GENERAL:

C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

RECEIVED OCT 10 1951

HEADQUARTERS PENNSYLVANIA MILITARY DISTRICT
INDIANTOWN GAP MILITARY RESERVATION
PENNSYLVANIA

14 September 1951

SUBJECT: Claim of Pvt Robert K. House, 13027360 (Dec'd) by Mrs. Violet House (Mother)

TO: The Quartermaster General
Effects Section
Field Service Division
Washington 25, D. C.

Information is requested as to the date Mr. David House received Pvt. House's effects, and whether or not at that date, Mr. David House was informed that a fountain pen was missing.

FOR THE ACTING CHIEF, PENNSYLVANIA MILITARY DISTRICT:

/s/ JOHN E. VOGT
WOJG USA
Asst Adj

QMGOD 293, Hause, Robt. K., Pvt 1st Ind
SN 13 027 360

Department of the Army, OQMG, Washington 25, D. C., 25 September 1951

TO: Chief, Pennsylvania Military District
Indiantown Gap Military Reservation, Pa.

It is desired that this Office be advised of the place and date of casualty in order that proper action may be taken onthis case.

FOR THE QUARTERMASTER GENERAL:

/s/ C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

QMGOD 293, Hause, Robt. K., Pvt. 1st Ind
SN 13 027 360

Department of the Army, OQMG, Washington 25, D. C., 6 March 1951

TO: Chief, Pennsylvania Military District
Schuylkill Arsenal
2620 Grays Ferry Avenue
Philadelphia 46, Pennsylvania

1. There are inclosed pertinent copies of correspondence on file in this Office relating to the fountain pen in question.

2. All of the effects listed on the inclosed copy of the inventory of effects were received at the Bureau and transmitted to the father of subject deceased with the exception of the fountain pen.

FOR THE QUARTERMASTER GENERAL:

2 Incls:
1. N/c
2. Added:
Cys of Corres

H. L. HART
Colonel, QMC
Chief, Field Service Division

R

MAR 6 4 55 PM '51
O.Q.M.G.
MAIL & RECORDS BRANCH

EI
JE
JD
GG

ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

SZ/nh
27 February 1951

Reference 130162

SUBJECT: Transmittal of Inquiry

TO: The Quartermaster General
Effects Section
Field Service Division
Washington 25, D. C.

1. Your attention is invited to inclosed letter from the Chief, Pennsylvania Military District, 2620 Grays Ferry Avenue, Philadelphia 46, Pennsylvania 293, regarding personal effects belonging to Robert K. Hause, ASN 13027360. Records at this Bureau indicate the case file, number as above, has been forwarded to your office.

2. It is requested that your office reply direct to the inquiring officer in this matter. He has not been informed of this reference.

Stanley Zablocki
STANLEY ZABLOCKI
Captain, QMC
Effects Quartermaster

1 Incl
1. Ltr fr Chief, Pa Mil Dist

130/62

JFS/mmf

AIDGT 153 Hause, Robert K. 12 February 1951

SUBJECT: Claim of Pvt Robert K. Hause, 13027360 (Dec'd)
by Mrs. Violet Hause (Mother)

TO : Commanding Officer
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City, Missouri.

1. This headquarters is in receipt of subject claim under the provisions of AR 25-100. In this connection, request your records of Pvt Hause be checked and copies of the files thereto be forwarded to this headquarters.

2. Mrs. Hause, of 812 Reed Street, Allentown, Pennsylvania, refers to a letter she received 29 June 1950 from an army organization. The letter mentions a gold Schaeffer fountain pen as being missing from her son's effects. If the letter was originated at your headquarters, request a copy of said letter be forwarded to this headquarters.

3. The letter or copies of the letter have been unsuccessfully requested from Mrs. Hause. Both the claimant and her husband have expressed verbal vehemence to the claims officer this headquarters, toward the Army.

FOR THE CHIEF, PENNSYLVANIA MILITARY DISTRICT:

F.B. BAIRD
WOJG USA
Asst Adj

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

IN REPLY REFER TO QMDKG 130162

SZ/ns
10 July 1950

SUBJECT: Transmittal of Inquiry

TO : The Quartermaster General
Effects Section
Field Service Division
Washington 25, D. C.

1. Your attention is invited to inclosed letter from Mrs. Violet V. Hause, 812 Reed Street, Allentown, Pennsylvania

D 93

regarding personal effects belonging to her son, Robert K. Hause, ASN 13027360. Records at this Bureau indicate the case file, number as above, has been forwarded to your office.

2. It is requested your office reply direct to Mrs. Hause in this matter. She has not been informed of this reference.

FOR THE COMMANDING OFFICER:

Stanley Zablocki

STANLEY ZABLOCKI
Captain, QMC
Effects Quartermaster

1 Incl
1. Ltr fr Mrs. Hause

n

RECEIPT OF REMAINS

DEC 4 1948

DISTRIBUTION CENTER
AGR DISTRIBUTION CENTER, PHILA. QM DEPOT

OLIVER S BURKHOLDER UNDERTAKER
1717 HANOVER AVENUE
ALLENTOWN PA

DAY LETTER
~~ROUTINE~~ O.I. 4929

REMAINS CONSIGNED TO:

REMAINS OF LATE PVT ROBERT K HAUSE 13027360 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER THREE SEVENTEEN READING RAILROAD LEAVING PHILADELPHIA ELEVEN AM SEVEN DECEMBER AND DUE TO ARRIVE ALLENTOWN PA ONE TEN PM RAILROAD TIME SEVEN DECEMBER . REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT OF KIN. ESCORT WILL BE PERMITTED TO REMAIN A MAXIMUM OF SEVENTY TWO HOURS.

C. R. YOST, LT COL, QMC

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

THIS 7th (DAY) DAY OF December (MONTH), 19 48

Sgt. Martin F. Gorse
WITNESS (Escort)

Oliver S. Burkholder
CONSIGNEE

MAT
FILE
RECORDS ~~AUDITED~~
DATE JAN 31 1949
NAME M. Shuster
R & R ~~OFF~~.

QMC FORM 1193
15 NOV 46
mjl

16—52072-1 U. S. GOVERNMENT PRINTING OFFICE

O.I. 4929

INSPECTION CHECK LIST

(For Use at Distribution Point)

Name	Rank	Serial Number
HAUSE, ROBERT K.	PVT	13027360

Source: David Hause (father), 812 Reed St., Allentown, Pa.

Consignee: Oliver S. Burkholder (undertaker) 1717 Hanover Ave., Allentown, Lehigh County, Pa.

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)

✓	FINISH (Exterior)
	FINISH (Interior)
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE
	HEALTH PERMIT MARKER
	HEALTH PERMIT NUMBER

Condition of Shipping Case (Check One): ☐ Satisfactory ☑ Unsatisfactory

Remarks:

CASKET - General Appearance (Check ONLY Discrepancies)

✓	FINISH (Exterior)
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS (Sealing)
	ODOR OR MOISTURE

Condition of Casket (Check One): ☐ Satisfactory ☑ Unsatisfactory

Remarks:

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM ☐ REPAIR SHOP

Condition of Remains: ☐ Satisfactory ☐ Unsatisfactory

Necessary Disinfection (Explain)

Casket Repaired: ☐ Yes ☐ No

Casket Exchanged: ☐ Yes ☐ No

Shipping Case Repaired: ☐ Yes ☐ No

Shipping Case Exchanged: ☐ Yes ☐ No

Remarks:

Time	Date	Signature or Mortician	Time	Date	Signature of Inspector
				12/7/48	T Brumby

Remarks

Wd Dump 12-6-48 ES

Tuesday Dec 7 (88)

ck'd to Shp

B 427

QMC Form R-5054 Local Reproduction Authorized

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR			10 NOV 1948	

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*)
PHILADELPHIA QUARTERMASTER DEPOT, PHILA., PA.

SECURITY CLASSIFICATION

ACTION TO:

• DAVID HAUSE GOVT PAID

. 812 REED ST

. ALLENTOWN, PENNA. DLR AND CHECK ANY CHGS

PRECEDENCE FOR

ACTION	INFORMATION
DAY LETTER	O.I. 4929

☒ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE

IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE PVT ROBERT K. HAUSE ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO OLIVER S. BURKHOLDER 1717 HANOVER AVENUE ALLENTOWN, PA.

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER PHILA. QUARTERMASTER DEPOT, PHILA PENNA. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE
C. R. YOST, LT COL., QMC

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE 1 OF 1

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—16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR			DEC 4 1944	

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)
AGR DISTRIBUTION CENTER, PHILA. QM DEPOT

SECURITY CLASSIFICATION

ACTION TO:

- OLIVER S BURKHOLDER UNDERTAKER
  1717 HANOVER AVENUE
  ALLENTOWN PA
-
-

DAY LETTER PRECEDENCE FOR
XXXXXXXXX INFORMATION
XXXXXXXXX O.I. 4929

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

REMAINS OF LATE PVT ROBERT E HAUGE 13027360 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER THREE SEVENTEEN READING RAILROAD LEAVING PHILADELPHIA ELEVEN AM SEVEN DECEMBER AND DUE TO ARRIVE ALLENTOWN PA ONE TEN PM RAILROAD TIME SEVEN DECEMBER . REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT OF KIN. ESCORT WILL BE PERMITTED TO REMAIN A MAXIMUM OF SEVENTY TWO HOURS.

C. R. YOST, LT COL, QMC

SECURITY CLASSIFICATION — AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF

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

66—16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

mjl

GEN-P-51

SFS:bb

INTERNAL ROUTE SLIP

(Classification)

HEADQUARTERS, U.S. FORCES, EUROPEAN THEATER

FILE NO: 000.5 (File No. 12-662 HODGES (V)).

SUBJECT: Expeditious Notification to Families of Information Re Death Which Will Possibly Develop at Future War Crimes Trials. DATE 12 April 1946

(Number each memo or minute consecutively. Fill in each column, signed legibly draw a line across the sheet. Use entire width of sheet for long memoranda.)

No.	From	Pass to	Date	HAS THIS PAPER BEEN COORDINATED WITH ALL CONCERNED ?
1.	JA, WCB	Amer. Gr. Reg. Cmd., USFET, Rear. Cas. Br., A.G. USFET, Rear. (In Turn)	12 April 1946	1. Reference is made to carrier note of this branch to you, subject as above, under date of 4 March 1946, relative to the requirements of the message from AGWAR, signed WARTAG, reference number WX-98062, 21 February 1946, cite SPXPC-E, directing that it is essential that steps be taken to inform the War Department when there is evidence on which a death report can be made so that the next of kin may be notified prior to the release of any publicity concerning the same during or as a result of war crimes trials. 2. The case of the United States versus Thomas ZIEGLER, File No. 12-662, is being prepared for trial. Information contained in the file discloses that the following evidence indicating the death of American military personnel may be introduced at the trial:
a.	Victim:			Robert HOUSE, Private, ASN 13027360. Evidence in the file indicates that the name of the deceased is as given above.
b.	Burial:			Believed to be in unknown cemetery near GRASSETH, Germany, (GSGS Series 4346, Sheet P51, Coordinates H76). (H-76)
				It is believed that the victim was working as a prisoner of war at Arbeitkommando IIa, GRASSETH, Germany, and was shot to death in a barracks on or about 26 October 1944. 3. It is requested that pertinent information be forwarded to the War Department by the fastest available means at the earliest practicable time.

C. B. Mickelwait
C. B. MICKELWAIT,
Colonel, JAGD,
Deputy Theater Judge Advocate.

Telephone: WIESBADEN 8707.

13264 1 IN 18 AVR. 1946 G. R. APO 887

War Crimes Branch, LRS, 1948

(Classification)

AGPD-642-8-45-500 M 32064

(6233)

DEC 1 7 1948

CERTIFICATE

(AR 30-1830)

4612

C284

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.

H. C. STEIGER
COL., F. D.
PHILA., PA.
SYMBOL 212-345
STA 669

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
293 ROBERT K. HAUSE	PVT	13027360	AGF

I certify that the sum of $ 150.00 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
Arlington Memorial Park	MICKLEY'S. Mickley'n, Lehigh Co.	Pa.

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:*
   Commanding Officer
   Philadelphia Quartermaster Depot
   2800 South 20th Street
   Phila.,45,Pa.
   ATTN: AGR Division

SIGNATURE OF CLAIMANT: David Hause

ADDRESS OF CLAIMANT (City, Street or RFD, and State): 816 Hoxt, Rt. Allentown, Pa.

RELATIONSHIP TO DECEDENT	DATE
Father	12/3/48

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:*

PAID

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.

IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL			ARMY SERIAL NUMBER		GRADE
House, Robert F			13057[illegible]		Pvt
HEIGHT	**WEIGHT**	**COLOR EYES**	**COLOR HAIR**	**SHOE SIZE**	**DATE OF DEATH**
5 ft 4 in	116	Brown	Brown	7½ C	27 Oct 42

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED *(Give complete designation)*

Co "B" (Prob) 307 QM Engr Bn

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

Killed in action at Camp Unidentified, POW camp

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

STATION	DATES
Philadelphia, Penna	Apr 41
Aberdeen Proving Gd, Md	Apr 41
Camp Butner, N C	May 42
Ft. Benning, Ga	Jun 42
Camp Shanks, N Y	Apr 42

FROM: U.S. AGO CLINICAL RECORDS BRANCH
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS

DENTAL CHART 18 Mar 41

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		O											O		X
UPPER RIGHT								UPPER LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X												X	X
LOWER RIGHT								LOWER LEFT							

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

(Indicate dentures, bridgework, etc., if shown.)

Pvt Robert K. Hause, 13 027 360
Plot O, Row 5, Grave 2069,
United States Military Cemetery
St Avold, France

10 October 1947

Mr. David Hause
812 Reed Street
Allentown, Pennsylvania

Dear Mr. Hause:

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.

OCT 16 4 O Q M G MAIL & RECORDS

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

reg

Hause, Robert K (Pvt.). 13 027 360

FILE UNDER NO. 293 -

INDEX SHEET

RECORDS

FORM LETTER

20 Nov. Nov. 1946

FROM: CGMD
TO: OC, Amer. GRS, European Theater Area, APO 887, c/o PM, New York

SUBJ: Burial Records

Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE	DATE OF DEATH
Hause, Robert K	(Pvt.).	13 027 360	0	5	2069	(27 Oct.44).

DOCUMENT FILED UNDER NO. 314.6 - Graves Reg Serv (European) U.S. Misc

op

SAVE
U.S. ARMY CONSERVATION PROGRAM

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMR 293
Hause, Robert K.
SN 13 027 360

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

12 December 1946

Mr. David Hause
General Delivery
Chester Post Office, Pennsylvania

Dear Mr. Hause:

This office promised that upon receipt of burial information concerning your son, the late Private Robert K. Hause, you would be advised.

The official report of burial shows that the remains of your son were originally interred at Grasseth, Czechoslovakia, but were later disinterred and moved to a more suitable site where constant care of the grave can be assured by our Forces in the field.

The report of burial further discloses that the remains of your son are now interred in Plot O, Row 5, Grave 2069, in the United States Military Cemetery St. Avold, located twenty-three miles east of Metz, France.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

JAN 13 1947
CORRESPONDENCE
P & R

file
2 letters
7 Jan 1947

RC

GMCMR 314.6
Graves Registration
T/O European Area

20 November 1946

SUBJECT: Burial Records, Corr.

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents, interred at the United States Military Cemetery St. Avold, France, be changed to read as underscored:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE
Clinton, Clemon Jr.	Pvt	RA 38 742 217	8 Jul 46	CCCC	9	107
Greenfeld, Milton	Pfc	32 643 099	2 Aug 45	FF	9	106
293 Hause, Robert K.	Pvt	13 027 360	27 Oct 44	O	5	2069
Kelly, Lloyd W.	1/Lt	O 694 562	19 Jul 44	GGGG	4	37
Layton, Will H.	2/Lt	O 205 8503	13 Oct 44	VVV	9	107
Orozco, Carlos	Pfc	37 353 633	6 Apr 45	CCC	11	126

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, GMC
Assistant

Changes made in individual's initial log are to be entered below:

1. AGO
2. _____
3. _____
4. _____
5. _____

Officer's initials M.G.R.

Correct records to read

Hause, Robert K.
Rank Pvt
ASN 13027360

W. E. Taylor
13 Nov 46

SAVE

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

SPQYG 293

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

SUBJECT: Report of Burial

TO: Commanding General
American Graves Registration Service-ETA
Versailles, France
A.P.O. 757
c/O Postmaster New York, N. Y.

1. Request that a Report of Burial, if completed, or other currently available information be furnished concerning the following named decedent for whom no report is on hand in this office:

NAME: Hause, Robert K. DATE OF DEATH: 27 Oct 44

RANK: Pvt. PLACE OF DEATH: P W Camp, Hammersburg, Germany

SERIAL NO.: 13 027 360

The following information is authentic as per AGO Report of Death: Name, Rank, Serial Number.

2. The following information has been received in this office which may aid in the location and recovery of his remains:

PLACE OF BURIAL:

Municipal Cemetery at Grasseth/Sudetenland, Germany, at left side of double grave number 9.

AS PER GERMAN CASE REPORT KU , GERMAN CARD

3. If no Report of Burial is on hand, it is requested that this office be furnished the approximate time during which the particular area where his remains are believed to be located will be searched.

FOR THE QUARTERMASTER GENERAL:

GUSTAVE GAVIS
2nd Lt. QMC
Assistant.

27

25-68144-8 M

att to green
Report of Burial

Basic: Ltr. QMG,SPGYG 293, sub: Report of Burial.

293 Hause, Robert K.

RRE(~~Hausse~~, Robert K. 13027360) 1st Ind WHF/RGP/rr

HQ. AMERICAN GRAVES REGISTRATION COMMAND, ETA, APO 887, US Army, 19 August 46.

TO: The Quartermaster General, Washington 25, D.C.

1. Remains of the late Pvt. Robert K. ~~HAUSSE~~ HAUSE, ASN 13027360, are interred in Plot O , Row 5 , Grave 2069 ~~U. S. Military Cemetery~~ at St. Avold, France.

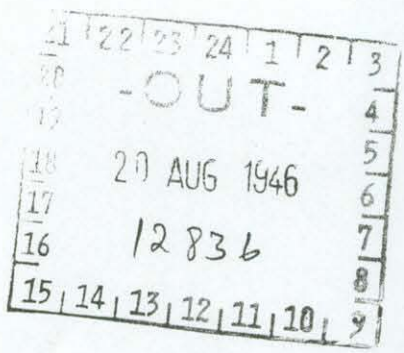
2. In compliance with basic communication a true copy of Report of Interment is forwarded.

FOR THE COMMANDING OFFICER:

Don B. Mohler

DON B. MOHLER
Major QMC
ACTG ASST ADJ GEN

Incl: a/s.



Declassification sheet made 11/13/45

Bill
24 Sept 44
Battle

RESTRICTED

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

25 July 1945
Date

HAUSE

HAUSSE	Robert	Unk	13027368
Last Name	First	Initial Rank	Serial No.

Unk.	Unk
Unit	Organization

Grasseth, Czech.	27 Oct 1944	GSW
Place of Death	Date of Death	Cause of Death

1545- 19 July 1945	US Mil. Cem. St. Avold, France	Cross
Time and Date of Burial	Name of Cemetery, Name or Coordinates of Location	

2069	5	9	
Grave Number	Row Number	Plot Number	Type of Marker

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

If No Identification Tags How were remains identified Information given by Arnold Polland of Grasseth, Czech. Name came from mine record. One German PW tag around neck(ST. XIIA) N81753) Mine record and tag around neck correspond. Tooth chart takem.

What means of identification were buried with the body ?

GRS Form #1, in burial bottle and embossed plate

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

Who is buried on :

Deceased's Right :	DAVIS	Unk	Unk	Unk	2070
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left :	EGGLESTON,	38514757	Unk	US AAF	2068
	Name	Serial No.	Rank	Organization	Grave No.

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

No identification Tags

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

Robert Hausse

Emergency Addressee Unk
Name

Address

Religion nk

List only Personal Effects **Found on Body** and disposition of same : No personal Effects

REBURIAL

Previously Buried in isolated grave located at: Coord: 531902 Grasseth, Czech.

Signature of Officer or other person reporting burial

s/t

F.L. PHILLIPS, 2nd Lt QMC, HQ, OIS
Verified by G.R.S. Officer

TRUE COPY

For PHILIP J. WOLF Maj. QMC
Major QMC

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

SPQYG 293

293 Hause, Robert K.

13027360

SUBJECT: Report of Burial

TO: Commanding General
American Graves Registration Service-ETA
Versailles, France
A.P.O. 757
c/o Postmaster New York, N. Y.

1. Request that a Report of Burial, if completed, or other currently available information be furnished concerning the following named decedent for whom no report is on hand in this office:

NAME: Hause, Robert K.
RANK: Pvt.
SERIAL NO.: 13 027 360
DATE OF DEATH: 27 Oct 44
PLACE OF DEATH: P W Camp, Hammersburg, Germany

2. The following information has been received in this office which may aid in the location and recovery of his remains:

PLACE OF BURIAL:

Municipal Cemetery at Grasseth/Sudetenland, Germany, at left side of double grave number 9.

AS PER GERMAN CASE REPORT KU , GERMAN CARD

3. If no Report of Burial is on hand, it is requested that this office be furnished the approximate time during which the particular area where his remains are believed to be located will be searched.

FOR THE QUARTERMASTER GENERAL:

GUSTAVE GAVIS
2nd Lt. QMC
Assistant.

25-68144-8

SPXYG 293
Hause, Robert K.
SN 13 027 360

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

17 November 1945

Mr. David Hause
General Delivery
Chester Postoffice, Pennsylvania

Dear Mr. Hause:

Acknowledgement is made of your letter requesting information relative to the burial of your son, the late Private Robert K. Hause.

The report of interment received in this office from the German Government through the British, shows that the remains of your son were interred at Grasset/Sudetengau, Poland. This burial information has not been verified but you will be notified when such verification is made by our Graves Registration Service and the remains removed to an established American cemetery.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

tep

OFFICIAL COPY

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH DATE 20 December 1944

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hause, Robert K.	13 027 360	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Allentown, Pennsylvania	Corps of Engrs	21 Feb 1923
PLACE OF DEATH / **CAUSE OF DEATH**		**DATE OF DEATH**
Camp Unstated, POW Camp, Germany / Killed In Action		27 Oct 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	1 April 1941	Over 3 Years

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

Mrs. Violet Hause, mother, 1403 Chester Pike, Crum Lynne, Pennsylvania

BENEFICIARY (*Name, relationship, and address*)

Mrs. Violet Hause, mother, 1403 Chester Pike, Crum Lynne, Pennsylvania
David Hause, father, 812 Reed Street, Allentown, Pennsylvania

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*	X	

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of war status on 5 August 1944. The prisoner of war status was terminated on 14 December 1944, killed in action 27 October 1944, on which date evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

*On Parachute Pay

FILE

BY ORDER OF THE SECRETARY OF WAR

ELI S. FOWLER
ADJUTANT GENERAL

WD AGO FORM 1 JUN 1945 **52-1** EDITION OF 1 FEBRUARY 1945 MAY BE USED.

G R

OGMG Form No. 302
17 June 1944

B U R I A L I N F O R M A T I O N

393

NAME HAUSE, ROBERT K. (POW 81753) ASN 13 027 360

RANK ..... ORGANIZATION .....

EMERGENCY ADDRESSEE Mother: V. House, 600 Braxton Road, Leedon Establishment, Ridley Park, Pennsylvania.

DATE OF DEATH Oct. 27, 1944. PLACE .....

CAUSE OF DEATH: Shot by a German guard because he refused to work.

PLACE OF BURIAL In the cemetery of Grasset (Sudetengau) Northwest part of the Cemetery, Czechoslovakia (Grasseth on report?), Grave No. 9 from left to right, Poland.

DATE OF BURIAL Oct. 29, 1944 DATE OF REBURIAL .....

PERSONAL EFFECTS .....

REMARKS SOURCE OF INFORMATION: AMB#10367, dated 27 December 1944. Extract from a list of Officers and Men who have died of wounds, received from R.H. WICKHAM, R.S.M. British Man of Confidence, Stalag XI B dated 5th Dec. 1944 and countersigned by Major P. Smith, R.A.M.C., Senior British Medical Officer.

Grasseth -- German Spelling.

Grasset -- Czechoslovakian Spelling.

24-97813-3M

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 29 Dec 1944

kma

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hause, Robert K. German (P.O.W.)	13 027 360	PVT
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Allentown, Pennsylvania	Corps of Engineers	21 Feb 23
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
Camp Unstated, P.O.W. Camp, Germany	Killed in action	27 Oct 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	1 Apr 41	over 3 yrs,

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Violet Hause (mother) 1403 Chester Pike, Crum Lynne, Pa.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Violet V. Hause (mother) same as above
David Hause (father) 812 Reed St., Allentown, Pa.

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	*X	

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of war status on 5 August 1944. The prisoner of war status was terminated on 14 December 1944, ~~himself~~ killed in action 27 October 1944, on which date evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

*ON PARACHUTE PAY

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. Q. 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:

Eli A. Fowler

DEC 28 1944

ADJUTANT GENERAL

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

130162

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
Hause, Robert K.	13027360	Pvt	-	

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
Op. Unstated	--	--	--		POW	220163-3-1-2

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS VIOLET HAUSE	MOTHER	14 AUG 1944

NO. AND NAME OF STREET—CITY—STATE

1403 CHESTER PIKE, CRUM LYNNE, PENNSYLVANIA

REMARKS: AG 353.6 (5 Aug 44) ☐ CORRECTED COPY

US 2073 Thru PMG, IRC, According capture card dated beginning July German lands

ARMY EFFECTS BUREAU RECEIVED AUG 19 1944

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ____ FORM 43 ____ AG 201 REQ ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ____ YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
[illegible]	[illegible]	POW	[illegible]	

FORWARDED TO ➔	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
	☐	☐	☐	☐	☐	☐	☐	☐	☐

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY [illegible] REVIEWED BY [illegible]

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

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

DISTRIBUTION "A" ☐ 33 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ ____ COPIES
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

130162 r

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
HAUSE ROBERT K	13027360	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	06	JUN	44	J	MIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	VIOLET		HAUSE	MOTHER

NO. AND NAME OF STREET	CITY	COUNTY	STATE
1403 CHESTER PIKE	CRUM LYNNE		PENNSYLVANIA

REMARKS:

☐ CORRECTED COPY 27 June 1944 FMC

ARMY EFFECTS BUREAU RECEIVED EDGMD

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED / FORM 43 / AG 201 REQ ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO / YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE / CHECKED BY Gore Telegraphy REVIEWED BY King

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

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

DISTRIBUTION A 45

COPIES FURNISHED:

- ☐ AIR ADJUTANT GENERAL
- ☐ AMERICAN RED CROSS
- ☐ ARMY EFFECTS BUREAU
- ☐ ASST. CHIEF OF STAFF, G-1
- ☐ BUREAU OF PUBLIC RELATIONS
- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
- ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
- ☐ SOCIAL SECURITY BOARD
- ☐ SURGEON GENERAL
- ☐ THE ADJUTANT GENERAL
- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

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

IN REPLY REFER TO #130,162

JRM:NM:mam
March 20, 1945

Dear Mr. Hause:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Robert K. Hause.

These effects are being forwarded to you in one carton.

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

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

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

Yours very truly,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: **Mr. David Hause**

Effects of: **Pvt. Robert K. Hause**

1403 Chester Pike

ASN **13027360**

Crum Lynne, Pennsylvania

Case No. **130162 D**

Wt.

DATE March 16, 1945
JRM:NM:mmh

Horace J. McMillan
FOR: Effects Quartermaster

REMARKS:

____Inclose Bureau Check
Acct. No,_____
Amount_____
____Inclose "Valuables" item
____Ship "Valuables" item(s)

___Remove G.I.
___Note discrepancy in_____
___Films removed
___Diary removed
___Laundry removed

ROUTING:

____Accounting Branch
__1__Warehouse Division
__2__Files Branch, Adm. Div.

REMARKS:

FRANKED

Franked_____
Est. Exp. Chgs._____
Est. Frt. Chgs._____
No. of packages__1__

MAR 17 1945

MAR 23 1945

M/C
Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

R E S T R I C T E D

201 - Hause, Robert K (Enl) 1st Ind. ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 20 July 1944.

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

130162

G. B. B.

1 Incl(s) n/c

R E S T R I C T E D

Date 13 July 1944

SUBJECT: Personal effects of soldier Missing in Action.

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

THRU : Commanding General, 82d Airborne Division, APO 469, U. S. Army.

1. Name. Robert K. Hause

2. Grade or rank. Pvt

3. Army Serial Number. 13027360

4. Organization. Co "B", 307 A/B Engr Bn

5. Status. ~~KIA~~, MIA, ~~XXXXXXX~~

6. Date of casualty. 6 June 44

7. Date and disposition of effects. 13 July 44 Effects QM 82d A/B Div

8. Bank in United Kingdom in which ~~deceased~~ missing had an account. none

9. Names of Debtors and Creditors. none

10. Name and address of next of kin. Violet V. Hause, Mother,
1403 Chester Pike,
Crumynne, Penna.

For the Commanding Officer:

A. T. ZBINDEN,
CWO, USA, 307 A/B Engr Bn,
Pers. Adjutant.

1 Incls:
WD AGO Form 54 (trip only)

C O P Y
KCQMD
ALB-wdt

EFFECTS QUARTERMASTER U.K.
DEPOT G-14
United States Army

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

TO : The Effects Quartermaster, Kansas City QM Depot,
601 Hardesty Avenue, Kansas City, Missouri.

1. The attached Inventories have been on hand at this office for 30 days or more; the effects to which they refer have never been received by this office. It is believed the effects may have been erroneously forwarded direct to your office, to the beneficiary; or to the Effects Quartermaster in France. In view of the fact that we are unable to contact the Units to ascertain disposition of the effects, and that ultimately all effects will be received by your office, we are forwarding these forms for your records.

2. The method of handling Form 54's at this office is that all Form 54's are checked against effects on hand. Where effects have been received, such forms will be forwarded by letter of transmittal to your office giving information as to the disposition of the effects, and at the expiration of one month, if no effects are received, the forms will be transmitted to your office in accordance with paragraph 1.

R. J. MOULTON.
Lt. Col. QMC.
Effects Q M U.K.

Incls: Inventories and
List in duplicate.

HAUSE, Robert (Pvt.) 13027360

Born: February 21, 1923 Pennsylvania

Mother: Mrs. V. Hause
600 Braxton Road
Leedom Establishment
Ridley Park, Pennsylvania, USA

Gestorben am: 27 October auf dem Arb. Kdo. A-2
Grasseth / Sud. Gau.

Todesursache: Erschiessung wagen Arbeitsverweigerung
und Ungehorsams.

Beerdigt am: 29 October 1944 auf dem Ortsfriedhof
in Grasseth/Sudetengau, auf der
linken Seite des Doppelgrabes Nr. 9

The above is a true copy of the official notice which is on file in the office of the American Camp Leader, Stalag XIII B

J. R. Sullivan

(Pvt.) J. R. Sullivan
American Camp Leader
33748498
Stalag No. 81-586

Gen Bryan

ADDRESS OFFICIAL COMMUNICATIONS TO
THE SECRETARY OF STATE
WASHINGTON, D. C.

DEPARTMENT OF STATE
WASHINGTON

In reply refer to
SWP 711.62114A/4-745

May 7, 1945

The Acting Secretary of State presents his compliments to the Honorable the Secretary of War and transmits for the attention of the Provost Marshal General for whatever action that may be deemed appropriate a copy of despatch no. 11366 dated April 7, 1945, from the American Legation at Bern, together with its original enclosures, two copies of a death certificate and a translation thereof issued in the case of American Prisoner of War Private Robert Hause, ASN 13,027,360, who died on October 27, 1945? at Work Detachment A-2, Grasseth, Sudetengau, Germany.

Reference is made in this regard to a telegram no. 4118 dated December 6, 1944, from the Department to the Legation and to telegram no. 8042, dated December 8, 1944, in reply thereto. These telegrams were transmitted informally to the War Department on December 9, 1944, and December 27, 1944, respectively.

1944 Ro 5/16/45

Enclosures:

Despatch no. 11366,
April 7, 1945, with
enclosures.

130162

Allentown, Penna.
June 29, 1950

RE; Hause, , Robert K.
Deceased World War II, Veteran
ASN. 13 027 360

Hause, Mrs. Violet V. (mother)
812 Reed Street
Allentown, Pennsylvania

Army Effects Bureau
Kansas City Quartermaster Depot, 601
Hardesty Ave.,
Kansas City 1, Missouri

Dear Sir;

I wish to make application for the Personal Effects of my deceased son Robert K. Hause who died in a German Prison Camp Stalag 4-B Dec. 14, 1944 and I did not receive any of his personal effects to date.

I surely will appreciate your cooperation by checking into this matter as I am very anxious to know just what became of my deceased son's personal belongings.

Any information you can render me in regards to my claim will be appreciated.

Trusting to hear from you, I remain

Very truly yours,

Violet V Hause

Violet V. Hause

14 July 1950

QMGOD 293
Hause, Robt. K.,Pvt.
SN 13 027 360

Mrs. Violet V. Hause
812 Reed Street
Allentown, Pennsylvania

Dear Mrs. Hause:

Your letter dated 29 June 1950, addressed to the Army Effects Bureau at Kansas City, Missouri, regarding the effects of your son, the late Private Robert K. Hause, has been forwarded to this Office for reply.

All of the records from the Bureau which pertain to your son's effects are now on file here. A review of these records discloses that certain effects were received at the Bureau for him in 1945 and transmitted to his father, Mr. David Hause, 1403 Chester Pike, Crum Lynne, Pennsylvania. All of the effects listed on the overseas inventory were received at the Bureau with the exception of one fountain pen.

If you desire, you may file a claim for the monetary value of this pen by contacting The Judge Advocate General, Claims and Litigation Group, Washington 25, D. C.

You have my continued sympathy in the loss you have been called upon to bear.

Sincerely yours,

WILLIAM F. CONLON
Major, QMC
Field Service Division

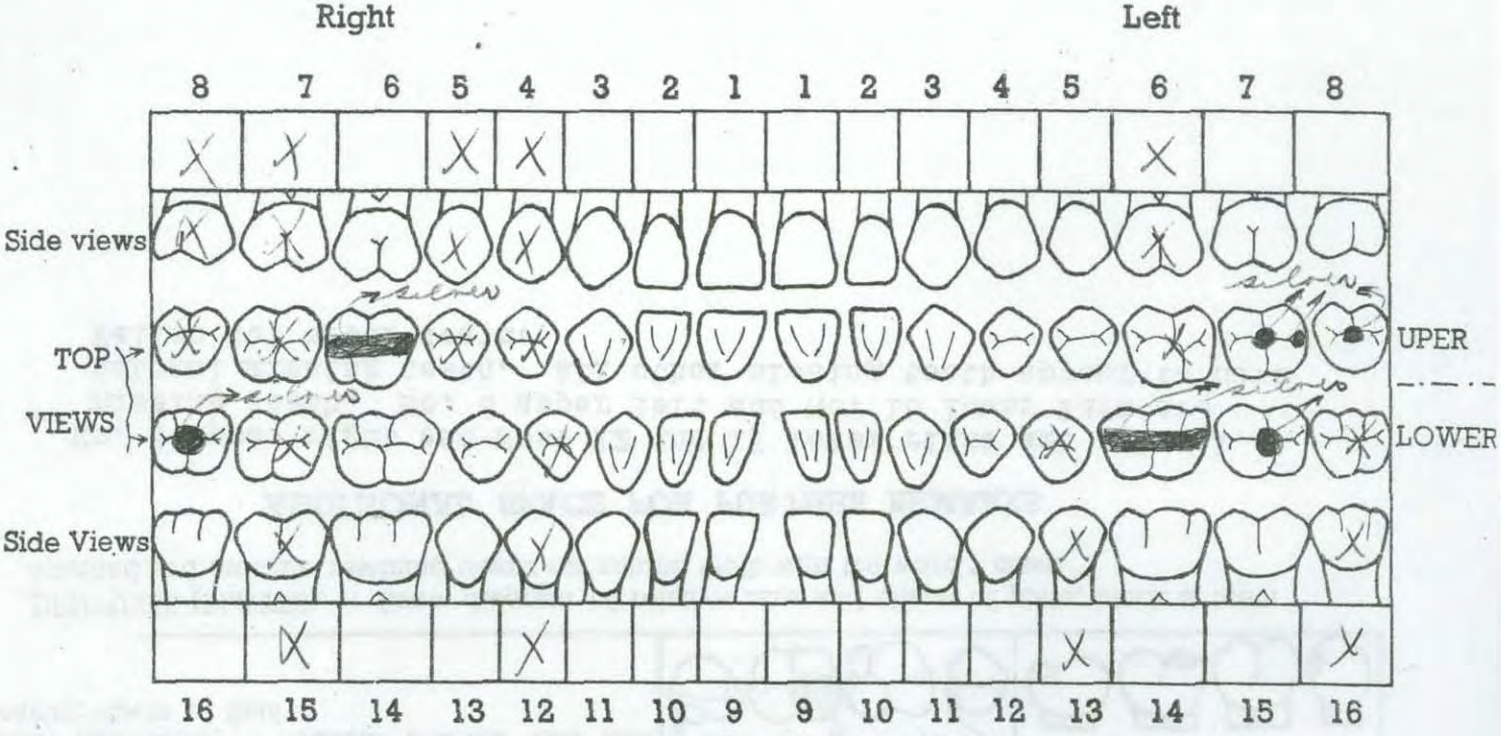
G. R.& E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

Last Name	First	Initial	Rank	Serial No.	Date
HAUSSE	Robert		Unk	Unk	Unk

Unit	Organization
Unk	Unk

Place of Death	Date of Death	Cause of Death
Grasseth, Czech	27 Oct 1944	GSW



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

Signature of Officer or other person who prepared Tooth chart

1st Lt QMC
Verified by G. R. S. Officer

GRAVES REGISTRATION
FORM N° 1-A

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :	
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :	
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES). Outline location and size of cavity, shade in thus :	

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

ADDITIONAL SPACE FOR FURTHER REMARKS

No. 5 upper right and Nos. 12 and 15 lower right are natural missing teeth. No. 6 upper left and No. 16 lower left are natural missing teeth. All other missing teeth appear to have fallen out after death.

SIP. 11-44/25 M.75349

JLC

DISINTERMENT DIRECTIVE

34-68

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3574 05022

DATE: 15 (DAY) 01 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
HAUSE ROBERT K	13027360	PVT	1	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
ST AVOLD - METZ	1	3200 03

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
0	5	2069	FRANCE	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

OLIVER S. BURKHOLDER
1717 HANOVER AVENUE
ALLENTOWN, PENNSYLVANIA

NAME AND ADDRESS OF NEXT OF KIN

DAVID HAUSE (FATHER)
812 REED STREET
ALLENTOWN, PENNSYLVANIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
HAUSE Robert K	13027360			13 Aug 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[X] REMAINS EMB [X] MARKER GRS	USAGF	P	Embalmer Forrest L. Brown NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover

CONDITION OF REMAINS: Disarticulated, complete

OTHER MEANS OF IDENTIFICATION

Report of burial dated 14 July 45 with remains. Embossed plate with remains. Prisoner of War tag with remains read: "STALAG 117.5".

MINOR DISCREPANCIES *1*

Report of burial read last Name: "HAUSSE". Report of burial does not give Middle Initial, Plot-Row-Grave. Report of burial read Rank, Serial Number: "UNKNOWN".

REMAINS PREPARED AND PLACED IN ~~CASKET~~ Transfer box

DATE 16 Aug 48 BY Forrest L. Brown Embalmer

CASKET SEALED BY	EMBALMER (*Signature*)
RICHARD N CONRAD, EMB. SUPV.	RICHARD N CONRAD, EMB. SUPV.
CASKET BOXED AND MARKED 2/9/48 CHARLES R CARDER DATE BY CLERK RECORDER	~~SHIPPING ADDRESS VERIFIED BY~~ All markings, tags & plates verified by: P.F. MCDONALD, CAPT., QMC.

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

William J. Smith 1st Lt CE 7857 AGRC Zone 3 H

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
KIND OF CONVEYANCE: Avold, France	NAME OF CONVOYER: Belgium
SIGNATURE OF SHIPPER: R. B. McDaniel, Capt FA	DATE: 26 Aug 48
SIGNATURE OF RECEIVER: Pfc George E. Smith, 15338869	DATE: 31 AOUT 1948

2. SHIPPED

FROM	TO
AGRC ANTWERP BELGIUM	U.S.A.T.
KIND OF CONVEYANCE: ZEC	NAME OF CONVOYER: K. W. WHEREOTT CAPT. T. C.
SIGNATURE OF SHIPPER: L E Butler Lt Col Inf	DATE: 29 OCT.
SIGNATURE OF RECEIVER: K W Wherett	DATE: 29 OCT.

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: X	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER: for W. W. PREISCH LIEUT. COLONEL, TC.	DATE: NOV 16 1948

5. SHIPPED

FROM	TO: PORT TRANSPORTATION OFFICER
KIND OF CONVEYANCE: NYPE Train	NAME OF CONVOYER: DCO3 Sgt Stanley Gestwicki
SIGNATURE OF SHIPPER: W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE: NOV 17 1948
SIGNATURE OF RECEIVER	DATE: NOV 18 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

54. Bandages or dressings None Scars Flesh & sk decayed
(length, width, location)

55.

56. Left arm between elbow & wrist Tattoos
(number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks Flesh & skin decayed
(yes-no) (description, location)

58.

59. Sunburn or tan, other than hands and face Flesh & skin decayed

60. Tobacco stain on fingers or teeth Fingers decayed. No stain on teeth
(designate where extent)

61. Complexion Flesh & skin decayed Build Medium
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62.

63. Hair Brown, long, straight
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek

64.
distinctive cutting or other characteristics)

65. Sideburns None Mustache None Beard or goatee None
(color, setting, shape) (color, size, shape) Length,

66.
heavy, light, color, extent)

67. Eyes decayed Eyebrows Hair rotted off
(color, setting, shape) (color, bushiness, extend across nose)

68. Nose decayed Ears Decayed
(size, shape, straight) (size set, close to or far from head)

69. Forehead small, rounded (bone structure) Mouth Decayed Lips Decayed
(high, wide, normal) (large, medium, small) (small, large, full)

70. Teeth White, straight, even.
(white, size, uneveness, spacing, noticeable crowns, fillings, extractions)

71. Chin Pointed Cheekbones Normal
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw Normal Circumference of head in inches 21"
(large, small, normal) (hat band)

73. Neck Decayed Larnyx Decayed Shoulders Est.
(size, long, short, normal, wrinkled) (prominent, normal) (broad,

74. broad, from bone structure Arms 18" (bone length) Flesh decayed
straight, small, normal) (length) (muscular, color, extent and quantity of hair)

75. Est 6½" circum. Hands Est. normal (bone structure)
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76. decayed
(marks on fingers indicating that rings were worn)

77.

78. Fingers Short, slender (bone structure)
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

79. decayed
(Unusual characteristics of fingernails)

80. Chest Est 36" (bone structure) Flesh gone
(size at nipples; color, quantity and extent of hair; large, small, normal)

81. Back Flesh gone Waist Est 32" Flesh gone
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)

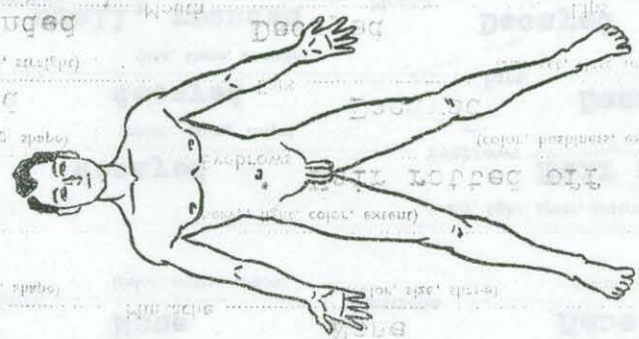
82. decayed Circumcized (yes-no) Pubic hair rotted/away (color) Herniaplasty (yes-no) (location) Flesh decayed

83. Legs Est 32" (bone length) Flesh decayed
(Inseam) (muscular; knock-kneed, bowed, normal) (quantity, color and extent of hair)

84. Feet Bones broken & detached Toes Broken & detached
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

85. Evidence of healed fractures None
(nose, arms, legs, etc.)

86. Block out parts of body not received at cemetery Body intact



87. Have photographs been made and attached No (yes-no) If not, explain Remains do not warrant photos.

88. Have fingerprints been placed on GRS No 1 No (yes-no) If not, explain Fingers decayed

8[illegible] tooth, chart been prepared ? Yes (yes-no) If not, explain

90. Remarks: Nothing remains of body but a skeleton form with a little decayed flesh on hip and thighs. Flesh on face is gone with a little hair on scalp.

91.

92.

93.

94.

95.

96.

Signature of GRO and Organ[illegible]on

1/0050

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

250

25 July 45
Date

Last Name	First	Initial	Rank	Organization	Serial No.
HAUSSE	Robert		~~Unk~~ PVT	~~Unk~~ 367 ENG BN	~~Unk~~

Unit	Place of Death	Date of Death	Cause of Death
~~Grasseth, Czech.~~	~~Unk~~	~~27 Oct 1944~~	~~GSW~~
Grasseth, Czech.		27 Oct 1944	GSW

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1545 19 Jul. 45	U.S. Mil Cem	St Avold, France

Grave Number	Row Number	Plot Number	Type of Marker
2069	5	O	Cross

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

If No Identification Tags

How were remains identified? Information given by Arnold Polland of Grasseth, Czech. Name came from mine record. One German PW tag around neck (ST XIIA N81753) Mine record and tag around neck correspond. Tooth chart taken.

What means of identification were buried with the body?

GRS Form #1 in burial bottle and embossed plate.

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:	DAVIS	UNK	UNK	UNK	2070
Deceased's Left:	EGGLESTON	38514757	UNK	U.S.A.A.F.	2068

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

No Identification Tags

Robert Hausse
O

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

Emergency Addressee Unknown
Name

Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same: No personal effects.

REBURIAL

Previously buried in isolated grave

located at Coord: 531902 Grasseth, Czech.

14 DEC 1945
FILE

J. J. Phillips
Signature of Officer or other person reporting burial

F. L. PHILLIPS, 2nd Lt., QMC, HQ, OIS.

Verified by G.R.S. Officer

250

REPORT OF BURIAL
IF DECEASED UNIDENTIFIED

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

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

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

Left Hand — 4 3 2 1 — Right Hand

Thumb — Thumb

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

TOOTH CHART

Deceased's Left / Deceased's Right

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

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

Characteristics:

Other Data:

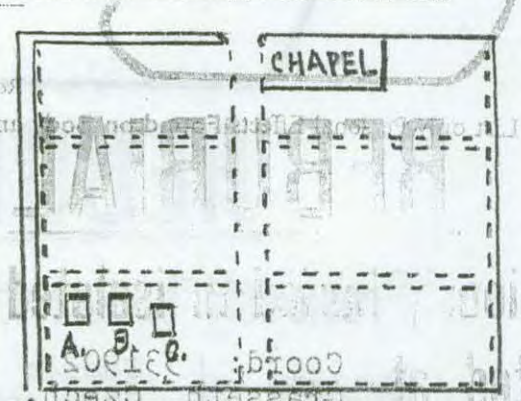
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

SKETCH OF TWO AMERICANS DISINTERRED

N

GRAVE
A. EDWARD BECKWITH
B. ROBERT HAUSSE
C. A. KURCHEY-CIVILIAN

MAP REF: TIRSCHENREUTH
SCALE: 1:100,000
SHEET: 77
COORD: (531902)



CIVILIAN CEMETERY
GRASSET, CZECH.

AG P BR HQ 306 22560

3048 Qm Gr Co
5 JULY 1945
DR: T/SGT R.L. LOMSDALEN

CHECK LIST FOR UNKNOWNS

Sgt. George L. Wilcher
(name of soldier processing remains)

HAUSSE, Robert.

1. Unknown X ..... U. S. Military Cemetery No. St Avold, France

2. If remains were disinterred, attach Check List for Disinterments.

3. Arrived at cemetery 1500 (hour) 19 Jul 45 (date) From 3048th QM GR Co. (collecting-point)

4. Place of death Grasset, Czech., Map Ref: Tirschenreuth, Scale 1:100,000 (name) Sheet T-7, Coord (531902) (coordinates and landmarks)

5.

6. Remains recovered by T/Sgt Richard Lomsdalen, 3048th QM GR Co. (name and organization)

7. Evacuated to cemetery by 3048th QM GR Co. (name and organization)

load list attached Yes (yes-no) 9. Are names of deceased found in same area as this Unknown starred Yes (yes-no) 10. Are circumstances described which may indicate organization of the deceased No (yes-no) 11. If only part of a body was received, was a careful search made for other parts of Unkown Body Intact (yes-no)

12. If remains come from vehicle, plane, etc: Not applicable (type of vehicle or plane, nick name, serial number, organization or symbols)

13.

14. Crew list Not applicable (names of other deceased and positions in which found)

15.

16.

17. If a tank, which hatches were free and available for escape use Not applicable

18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane Not applicable (parts of markings ot symbols) (burned) (pierced by shell fire - where)

19.

20. Not applicable (found in town field by road etc.) (damaged by mine explosion)

21. (names of men who escaped) (description of other vehicles or planes in same area)

22. Detailed description of personal effects None (Indicate exact pocket or part of body where found)

23.

24.

25.

26.

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)				
28. Raincoat				
29. Overcoat	None Est	36R	Green	
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT	Est	14½-31		Absolute estimate taken
* Shirt, Wool OD				
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT	Est	32-32		Absolute estimate taken
39. * Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool	None Est	32	OD	
42. Drawers, Cotton				
43. Leggings				
44. Socks Wool Cotton	(Feet brokenoff)			
45. * Shoes (type)				
46. Overshoes				
47. Web Equipment (type)	Jump Trousers None Est	Med	Brown	
48. (other item)				
49. (other item)	None			None

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

50. Chevrons or Insignia: Est. (type and location; shirt jacket coat helmet) Shoulder Patch

Unk 5'10" 150 CSW

51. **Description of Remains**

52. Age (years) Height (ft-in) Weight (lbs) Description of wounds

53.

NAME, RANK, ASN, ORGANIZATIN AND TRUCK NO. OF DRIVER DELIVERING BODIES TO COLLECTING POINT

NAME	RANK	ASN	ORGANIZATIONS (If unknown, give all possible organizations) (Use more than one line if necessary)	PLACE OF DEATH (Give coordinates, land marks, name of closest town, country)	DATE AND HOUR of delivery to point
ORGANIZATION					
"					
- - "	-	-	- - - -	- - - - -	
"					

NAME, RANK, ASN, ORGANIZATION AND TRUCK NUMBER OF DRIVER EVACUATING BODIES FROM COLLECTING POINT TO THE CEMETERY

NAME	RANK	ASN
Lomsdalon, Richard	T/Sgt	39208074
ORGANIZATION		
3048 QM GR Co.		

NOTE: Whenever Unknowns are processed, personnel operating the collecting point must furnish additional information to the cemetery covering the following points.

1. If evacuated from vehicle or plane, obtain the serial number of the plane or vehicle, organization if possible, type of plane or vehicle, position occupied by the deceased, and description of how vehicle or plane was destroyed.
2. Name of other deceased found in the same vicinity as the Unknown.
3. All possible organizations to which the deceased may have been assigned.
4. All other clues obtainable which may aid in establishing identity, including the exact location and position in which the remains were found.

Name of Collecting Point ..... **Exact Location** .....

Date Delivered to Cemetery .....

NAME (Last Name First)	ASN	ORGANIZATIONS (If unknown, give all possible organizations) (Use more than one line if necessary)	PLACE OF DEATH (Give coordinates, land marks, name of closest town, country)	DATE AND HOUR of delivery to point
McHugh, Antony	Unk	Unk	Cheb, Czech Coord: 332 752	1000 13 July 1945
Stone, William M	14109485	Unk	Weipert, Czech Coord: 750 240	"
Davis, R.C.	Unk	Unk	Dolzandon, Czech Coord: 447 686	"
Hausse, Robert	Unk	Unk	Grasseth, Czech Coord: 531 902	"
Beckwith, Edward	Unk	Unk	"	"

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

at case #1

Only PART I should be completed, if identification tags are availible.
Both PART I & II should be completed if identification tags are not available.
If information is unavailable, so indicate.

5-July 1945
Date

PART I (Positive identification)

1. ROBERT HAUSSE
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached
NO TAGS ONE GERMAN PW TAG AROUND NECK (ST-X11A N 81753)

3. Give exact location from which disinterred, furnishing coordinates and map series used
GRASSET, CZECH.
Map Ref: Tirschenreuth Scale 1; 100,000 Sheet T-7 Coord (531902)

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetary)
GRASSET CIVILIAN CEMETERY

5. Approximate or established date of death (state which & give basis for date selected
EST. ;0-27-44
Aronld Polland of Grasset Czech gave this information,

6. Approximate or established date of burial (give basis for date established)
EST. 10-28-44
same as Par. 5

7. Manner in which grave was marked and all information contained on the marker
Wooden cross no markings

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned
There were no personal effects. Franz Waltensdorel caretaker of the cemetery assumed they were removed at the PW camp where the deceased was a prisoner by a German officer.

9. Names an addresses of **all** persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).
Arnold Polland 76, Grasset, Czech. gave the information in Par. 5, 6 he also ~~gave~~ was the foreman of the mine where this men worked as a PW.
Franz Waltendorel, 72, Grasset Czech. gave information in Par 8

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. ...
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

13. Give as detailed description as possible of condition and amounts of remains .....

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned) .....

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without instrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable: .....

16. Give description of any vehicle found in the area that could be connected with the death of the deceased .....

(Type) (WD Serial No.) (Organization) (Serial No. and Type of each gun)

17. Give exact location of remains in vehicle before removal .....

18. If buried in a coffin, give description and markings .....

19. List names of all other deceased persons buricd in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains .....

20. Other pertinent information which would aid in establishing identity .....

Richard F. Tomsdalen tec Sgt 39206774 3048 Gr CO

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

Kontroo-Offz. Falkenau a.Eger Grasseth, den 1.11.1944.

V e r n e h m u n g s n i e d e r s c h r i f t .

Vorgefuhrt, mit der Sache vertraut gemacht, gibt nach Wahrheitserinnerung, auf Befragen an:

Zur Person: Savage Robert Erk. 82610 geb. 15.7.22 New York.

Am 26.Okt. 1944 arbeitet ich mit meinem Kaneraden Beckwith Edward am Abbau in der Grube, um mit Pickel und Schaufel Kohle zu losen. Um 21 Uhr losten sich mehrer Stucke Kohle von der Decke d Abbauortes und fielen etwa 6 m hoch herab. Mein Kanerad Beckwit wurde von einem grossen Stuck Kohle am Rucken getroffen und fiel hin. Er war nicht gleich tot. Er sagte, erkann nicht atmen und nichts sehen.

Ich selbst wurde durch herabfallende Kohle leicht verletzt. Nachdem ich mich von der behindernden Kohle befreit hatte, befreite ich meinen Kameraden Beckwith ihn bedeckenden Kohle.

Ich rief um Hilfe, Beckwith war inzwischen bewusstlos geworden. Auf die Rufe kam ein Bergarbeiter und mit diesem trug ich Beckwith in den Soeiseraum.

V. g.g.u.

Dolmetscher Kgf.Unterschrift.

Geschlossen Grasseth den 1.11.1944

Feld. u.stallv.Kontr.Off.

2065

On October 26.1944 there was a mine cave in at the Egerlander Bergbau mines, in Konigswerth Czech. an American PW who was working in the mine at the time of the cave in was killed. This mans name was Edward Beckwith. The next day October 27,1944 an Robert Hausse also a PW and who apperantly had taken leadership of the PW's went to the German Officer in charge of the PW's camp (Capt.Brawn) and told him "The men will not work in the mine" at this time the Capt. and Robert Hausse had a arguement which led to Hausse telling the Capt. that he could shoot him if he liked or anything else but he and the men would not go back in the mine. The Capt then drew his pistol and shot Robert Hausse, This information came from Arnold Polland who was foreman at the mine. The dates and verification of the names of these men came from the mine records. Each man when disinterred had a German PW identification tag around his neck, and the mine records of these two men corresponded with that information found on the tags. Arnold Polland address is 76, Gresset Czech.

TALLY NO. 6759
INV. DATE 1-Mar-45
ORIG. NO OF PKGS. 1
BOX NO.
SHEET 1 OF 1 SHEETS
ORGANIZATION Co B, 307 Engr Bn.

NAME Robert K. Hause

U.S.N. 13027368 RANK Pvt

	BELT		TOWELS & WASHCLOTHS	21	WINGS
	BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL
	CLOTH, WASH		BRACELET, IDENT.		BILLFOLD, (NO MONEY)
	COATS		BRUSHES		CASE
	FOOTWEAR, PR		CAMERAS		FOOTLOCKER
	GLOVES, PR		GLASSES	1	KIT, SEW, TLT, OR WRITING
	HANDKERCHIEFS		KNIVES		BOOKS
	HEADWEAR		LIGHTERS		BOOKS, ADDRESS
	JACKETS	X	MISC. INSIGNIA		BOOKS, ILOT LOG
	OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUR)
	SCARFS		PENCIL, MECHANICAL		FILMS
	SHIRTS		PIPES		LETTERS
	SOCKS, PR	X	RELIGIOUS ARTICLES		PAPERS, PERSONAL
	TIES	X	RIBBONS, DECORATION		PHOTOS
	TOWELS		RINGS		SHOE SHINE ARTICLES
	TROUSERS, PR.		TOBACCO		SHORT SNORTER
	TRUNKS, PR.		TOILET ARTICLES	X	SOUVENIRS
	UNDERWEAR		WATCH	X	SOUVENIR MONEY
					STATIONERY
					TESTAMENTS
					U.S. MONEY (AMOUNT)

REMARKS From address on photo
Miss Frances Rydzewski
156 Packawanna Lane
Kingston, Penna

MAR 9 1945

ATTACHMENTS X FORM #54 | FORM #100

C.A.T. None

WEIGHT	G.I. REMOVED
	X SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY RRMOVED
DATE SHIPPED	LOCKED STORAGE

WAREHOUSE SPACE 606 STORED BY

2. Dez. 1944

M.N.U.S.A. 207

229

M.-Stammlager XIII B
Az. I o - Nr. 1542/44

Weiden, den 15. November 1944
Ruf Nr. 2310/9

An die
Wehrmachtauskunftstelle
für Kriegerverl. und Kgf.
in S a a l f e l d / Saale

Betrifft: Erschiessung des amerikanischen Kgf. Erk.Nr. 81753, H a u s s e, Robert, vom Arb.Kdo. A 2 in Grasseth/Sudetengau.

Der amerikanische Kgf. Erk.Nr. 81753 H a u s s e, Robert, geb. am 21.2.1923 in Alentown (Pa.), ist am 27.Oktober 1944 im Arb. Kdo. A 2 in Grasseth/Sudetengau gestorben.

Todesursache: Erschiessung wegen Arbeitsverweigerung und Ungehorsams.

Die Beerdigung erfolgte am 29.10.1944 um 17,oo Uhr auf dem Gemeindefriedhof in Grasseth/Sudetengau, auf der linken Seite des Doppelgrabes Nummer 9.

Verfügungen von Todes wegen (Testament) wurden nicht festgestellt

Eine Sterbefallanzeige, sowie eine halbe Erk.Marke und der Nachlass des Verstorbenen liegen ~~liegen~~ diesem Schreiben bei.
Der Nachlass besteht aus zwei amerikanischen Erk.Marken und einem Ring. 10 K. 333 fein

Die Heimatanschrift lautet: Mrs. V. H a u s s e, 600 B r a x t o Road, Leedom Establishment, RIDLEY PARK?(Pennsylvania). Eine Benachrichtigung von hier aus ist nicht erfolgt.

Die P.K. I wird mit der vorgeschriebenen Wastliste durch die Gruppe Kartei gesondert übersandt.

Die P.K.II mit etwaigen Depositen Devisen und rückständigen Lohngeldern folgt ebenfalls durch die Gruppe Verwaltung gesondert.

Anlagen: 1 Sterbefallanzeige
1 halbe Erk.Marke (Beilage)
1 Ring
(1/1) 2 amerik.Erk.Marken.

Mo.

1 Ring K. Gold
1312=360 T. 42-43

A.B. .....
Hauptmann

Abschl. gegen Empf. 12/12.44
M. Schulz Fräulein

H.I.V. U. P.A. 267

27.10.1944

Falkenau ....., den .....

S t e r b e f a l l - A n z e i g e .

Todestag-Stunde und Ort (Strasse)	27.10.1944. 4.45 Uhr. Grasseth
Todesursache bei gewaltsamen Tod Art und Weise od. Ursache, bei Unfällen auch ob Berufs- oder Betriebsunfall	
a) Grundleiden?	
b) Begleitkrankheiten?	
c) Nachfolgende Krankheiten?	
d) Welches der genannten Leiden hat den Tod unmittelbar herbeigeführt?	Halsdurchschuss
Vor- und Familienname des Verstorbenen	Robert Hausse
Und Erkennungsmarken-Nr.	89753
Beruf und Dienstgrad	Student, Soldat
Geburtstag und Ort (Kreis)	21.2.1923. Allentown Pennsylvania
Religion	Engl. Ref.
Staatsangehörigkeit	Muttersprache USA
Wohnort u. Wohnung d. Verstorbenen	Philadelphia
Familienstand (ld. verh. gesch.)	ledig
Vor- und Familienname der Ehefrau	
Wohnort und Wohnung der Ehefrau	
Vor- u. Familienname der Eltern des Verstorbenen sowie ihr Wohnort	Mrs. Hausse, Pennsylvania Brexton Road Leedom Est. Ridley Park Mrs. Hausse Pennsylvania
Wer hinterbleibt, falls Ehegatte oder Kinder nicht mehr am Leben oder nicht mehr vorhanden? (Anschrift dieser Person)	

Dienstsiegel

.....

(Unterschrift des Arztes)

M.U.D. Walter Schmal

SUBJECT: Report of transactions in disposing of the effects of

Robert K. Hause (Name of deceased), 13037360 (Army Serial Number) late a

Private (Grade), Corps of Engineers (Organization, Army or Service) who died

on the 27 day of October, 19 44, at European area.

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

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

a. No legal representative or widow of decedent being present at 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 $ none 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 15 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of David Hause 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, David Hause (Name of person found entitled) of 1407 Chester Pike (Number, Street or Avenue), Crum Lynne (City, Town or Village) State of Pennsylvania, is the father (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Offic

Enclosure No. 2 to despatch No. 11366
dated April 7, 1945, from the
American Legation, Bern.

TRANSLATION

HAUSE, Robert (Private), 13027360

Born: February 21, 1923, Pennsylvania

Mother: Mrs. V. Hause
600 Braxton Road,
Leedom Establishment,
Ridley Park, Pennsylvania, USA.

Died: October 27, 1944, at Work Detachment A-2,
Grasseth, Sudetengau.

Cause of death: Shot because of refusal to work
and disobedience.

Buried on October 29, 1944, in the local cemetery
at Grasseth, Sudetengau, on the lefthand
side of double grave No. 9.

The above is a true copy of the official notice which is on file in the office of the American Camp Leader, Stalag XIII B.

(signed) J.R. Sullivan, Private
American Camp Leader
33748398
Stalag No. 81-586.

dmh

AMB#10367, dated 27 December 1944.

The following prisoner of war was shot by a German guard on the 27th of October 1944:

HAUSE, Robert POW#81753; Ammy No. #13027360

REASON OF SHOOTING: "Erschiessen wegen Arbeitsverweigerung und Ungerhorsam"

BURIEL: 29th of October 1944 at the cimitry of Grasseth/Sud. Gau, Left side of the grave No. 9.

NEXT TO KIN: (mother) V. House, 600 Braxton Road,
Leedon Establishment
Ridley Park, Pennsylvania.

Reason for shooting —
Shot because he refused
to work —

burial location —
3rd Cemetery Grasset /Sud Tha —
grave No 9

INTERNATIONAL COMMITTEE OF

THE RED CROSS, Geneva

CENTRAL AGENCY FOR PRISONERS OF WAR

CASUALTIES

Name and given names	Robert Hause
Place and date of birth	21-3-23 in Alentown (Pa).
Place and date of death	27-10-1944 in Grasseth/Sudetengau Labor Commando A 2.
Unit (corps, regiment, battalion, company) and army serial number (data on Identification tag)	M. Permanent Camp for POWs XII A 81753
Family address	Mrs. V. Hause, 600 Braxtown Road Leedom Establishment, Ridley Park? Penna.
Where and when taken prisoner?	6.6.1944 in Normandy, France.
Cause of death	Shot because he refused to work 29-10-44.
Place of burial	Cemetery in Grasseth/Sudetengau
Is the grave marked and can it be found by the family later?	In the southwest part of the cemetery on the left side of the double grave no. 9.
Personal effects	According to the list of personal belongings.
Will they be sent with the certificate of death thru the good offices of the Secretary of War?	
In case the family may not have been notified could a clergyman, a physician or a nurse who had been with the deceased during his illness or his last moments, send to us, so that we might convey them to the family, some particulars about the last moments and burial?	The shot was fatal. The man died instantly.
(Date, stamp, and signature of the qualified authority)	
(Signature)	Signature of two witnesses
	signature illegible. 1st Lt. and 2nd in commandof company.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

Personalkarte I: Personelle Angaben

Kriegsgefangenen-Stammlager: XIIA

Beschriftung der Erkennungsmarke Nr. 81753

Lager: XIIA

Des Kriegsgefangenen

Name: HAUSE

Vorname: ROBERT K

Geburtstag und -ort: 21·2·23 ALENTOWN, PA.

Religion: PROTESTANT

Vorname des Vaters: DAVID

Familienname der Mutter: BAUM.

Staatsangehörigkeit: U.S.A.

Dienstgrad: PRIVATE

Truppenteil: AIRBORNE Komp. usw.

Zivilberuf: STUDENT Berufs-Gr

Matrikel Nr.: (Stammrolle des Heimatstaates): 13027360

Gefangennahme (Ort und Datum): 6·6·44 NORMAN

Ob gesund, krank, verwundet eingeliefert: FIT

Lichtbild

Nähere Personalbeschreibung

Größe	Haarfarbe
5-4	BROWN

Besondere Kennzeichen: Special marks & recognition NONE. none

Fingerabdruck des **rechten** Zeigefingers

Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen

Emergency address:

MRS. V. HAUSE.
600 BRAXTON ROAD
LEEDON ESTABLISHMENT
RIDLEY PARK PENNSYLVANIA U.S.A.

Gestorben am: 27.Oktober 1944 auf dem Arb.Kdo. A 2 in Grasseth/Sud.Gau

Todesursache: Erschiessung wegen Arbeitsverweigerung und Ungehorsams.

Beerdigt am : 29. Oktober 1944 auf dem Ortsfriedhof in Grasseth/Sudetengau, auf der linken Seite des Doppelgrabes Nummer 9.

Copy submitted to War Crimes Office, Bldg C 7 Feb 46. BG

OKW-Befehl v. 10.1.40 beachtet! 27. AUG. 1944

Bemerkungen:

Beschriftung der Erkennungsmarke Nr. Lager: Name:

Gestorben am: 27. Oktober 1944 auf dem Arb.Kdo. A 2 in Grasseth/im Sudetengau

Todesursache: Erschiessung wegen Arbeitsverweigerung und Ungehorsams

Beerdigt am : 29. Oktober 1944 auf dem Ortsfriedhof in Grasseth/Südgau, auf der linken Seite des Doppelgrabes Nr.9

Died 27 Oct. 1944 in a Labor Detachment A 2 in Grasseth / in Sudetengau -

Cause of death - shot because of refusal to work and disobedience

Buried: 29 Oct. 1944 in the local Cemetery in Grasseth/Sudetengau, on the left side of double grave No. 9

Bemerkungen:

Meldpflichtig der Erkennungsmarke Nr. ~~8175~~ Lager: XIIB Name: HAUSE

Kdr. Kgf. Nr. 1

Absendestelle: M-Stalag XIII B Weiden=Opf.d.3o.11.44 H. Nr. U.S.A.602

Ref.V Abst.

Aufstellung

über den Nachlass des amerik.Kgf.-

Robert H a u s e ,+ 1362360

verstorben laut Anschreiben Erk.Nr.81 753

Guthabenbescheinigung über RM 7.60

aufgestellt: Junge

geprüft:

Junge

5.2.44

Beschriftung der Erkennungsmarke	Charaktereigenschaften u.a.	Besond. Fähigkeiten	Sprachkenntnisse	Führung
Nr. 81753				
Lager: XII A				

Strafen im Kr.-Gef.-Lager	Datum	Grund der Bestrafung	Strafmaß	Verbüßt, Datum

Schutzimpfungen während der Gefangenschaft gegen			Erkrankungen		
Pocken	Sonstige Impfungen (Ty.-Paraty., Ruhr, Cholera usw.)		Krankheit	Revier von bis	Lazarett — Krankenhaus von bis
am	am	am			
Erfolg	gegen	gegen			
am	am	am			
Erfolg	gegen	gegen			
am	am	am			
Erfolg	gegen	gegen			
	am	am			
	gegen	gegen			

Versetzungen	Datum	Grund der Versetzung	Neues Kr.-Gef.-Lager
	27/7/44	M. Stamm	Lager XII A
	21/8/44	versetzt	St.IV B

Versetzungen	Datum	Grund der Versetzung	Neues Kr.-Gef.-Lager
	—		

Oberkommando der Wehrmacht
Wehrmachtauskunftstelle
für Kriegerverluste und Kriegsgefangene

H.N S.A.602

Februar 1945

Ref.V Abst.

Nachlass des amerik.Kgf.-

Robert H a u s e, †

Erk.Nr.81 753

Guthabenbescheinigung über RM 7.60

Im Auftrage

H a u p t m a n n

1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	3	19	20	21	22	23	24	25

Personalkarte I: Personelle Angaben

Kriegsgefangenen-Stammlager: XIII B. Hammelburg

Beschriftung der Erkennungsmarke
Nr. 81753
Lager: XII A.

Des Kriegsgefangenen

Name: HAUSE
Vorname: ROBERT
Geburtstag und -ort: 31.2.1920 PENNSYLVANIA
Religion: PROST
Vorname des Vaters: DAVID
Familienname der Mutter: BAUM

Staatsangehörigkeit: AMERICAN
Dienstgrad:
Truppenteil: AIRBORNE Komp. usw.:
Zivilberuf: STUDENT Berufs-Gr.:
Student.
Matrikel Nr. (Stammrolle des Heimatstaates): 13027360
Gefangennahme (Ort und Datum): FRANCE 6.6.44
Ob gesund, krank, verwundet eingeliefert:

Lichtbild

Nähere Personalbeschreibung

Größe	Haarfarbe	Besondere Kennzeichen:
5' 4"	BROWN	

Fingerabdruck des rechten! Zeigefingers

Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen

MOTHER.
600, BRAXTON ROAD
FREEDOM ESTABLISHMENT
RIDLEY PARK, PENNSYLVANIA

Wenden!

N. S. A.

Als Quittung zurück erbeten.

H.N .S.A.602

Ref.V Abst.

Nachlass des amerik.Kgf.-

Robert H a u s e,†

Erk.Nr.81 753

Guthabenbescheinigung über RM 7.60

Beschriftung der Erkennungsmarke	Charaktereigenschaften u. a.	Besondere Fähigkeit	Sprachkenntnisse	Führung
Nr.				
Lager:				

2

Strafen im Kr.-Gef.-Lager	Datum	Grund der Bestrafung	Strafmaß	Verbüßt, Datum

Schutzimpfungen während der Gefangenschaft gegen			Erkrankungen		
Pocken	Sonstige Impfungen (Ty.-Paraty., Ruhr, Cholera usw.)		Krankheit	Revier von bis	Lazarett — Krankenhaus von bis
am	am	am			
Erfolg	gegen	gegen			
am	am	am			
Erfolg	gegen	gegen			
am	am	am			
Erfolg	gegen	gegen			
	am	am			
	gegen	gegen			

Versetzungen	Datum	Grund der Versetzung	Neues Kr.-Gef.-Lager	Versetzungen	Datum	Grund der Versetzung	Neues Kr.-Gef.-Lager
	26.8.44	Von St. XII-A					
	14.9.44.	Von St. [illegible]	[illegible] B				

Kommandos

Datum	Art des Kommandos	Rückkehrdatum
16.9.44	Arb. Kdo A.2 in Grassett Bes.:	

Absendestelle: M.-Stammlager XIII B Az.Ic -Nr.1542/44 H. Nr. U.S.A.264

Weiden,d.15.11.44

Aufstellung

über den Nachlaß des amerik. Kgf. H a u s e ,Robert +

geb: am 21.2.1923 i.Alentown (Pa) Erkm: Robert Hause 13027360 T-42-4
gest: am 27.10.44 i.Arb.Kdo. A.2 in Grasseth/Sudetengau
beerdd am 29.10.44 um 17,00 Uhr
Grabl: Gemeindefrdh.i.Grasseth/Sdg. a.d.linken Seite des Doppel = grabes Nr.9

1 Ring (10 K.) ohne Stein
1/1 Erkm.

Heimanschrift: Mrs.V.Hause 600 Braxton Road
Leedom Establishment,
RIDLEY PARK ? Pennsylvania

Aufgestellt: 14.12.44

aufgestellt: Schulz
geprüft: Schulz/Fricke
geschrieben: Fricke
verlesen: Schulz

Vordruck 500 C/0261

Oberkommando der Wehrm.
Wehrmachtauskunftstelle
für Kriegerverluste und Kriegsgefangene

H.N. U.S.A. 264

Ref.V/Abst. Aufstellung. Im Dezember 1954

Nachlaß des amerik. Kgf. H a u s e ,Robert +

geb: am 21.2.1923 i.Alentown (Pa) Erkm: Robert Hause 13027360 T-42-43

1 Ring (10 K.) ohne Stein
1/1 Erkm.

Heimanschrift: Mrs.V.Hause 600 Braxton Road
Leedom Establishment,
RIDLEY PARK ? Pennsylvania

Im Auftrage

H.N. U.S.A. 264

Ref.V/Abst. **Aufstellung.**

Nachlaß des amerik. Gef. H a u s e ,Robert +

geb: am 21.2.1923 i.Alentown (Pa) Erkm: Robert Hause 13027360 T-42-43

N

1 Ring (10 K.) ohne Stein

1/1 Erkm.

Heimanschrift: Mrs.V.Hause 600 Braxton Road
Leedom Establishment,
RIDLEY PARK ? Pennsylvania

QMG FORM 719
7 May 1945

BURIAL INFORMATION

Hause Robert

NAME (Last, First, Middle Initial)	ASN	GRADE
HAUSE, Robert (POW 81753)	13027360	Pvt.
ORGANIZATION		DATE OF DEATH: Oct. 27, 1944
PLACE: Buried in the Cemetery of Grasset near Falkenau-(Grasseth Sudetenland on report?) (German Spelling) grave no. 9 from left to right Czechoslovakia	DATE OF BURIAL: Oct. 29, 1944	DATE OF REBURIAL

REMARKS

Source of Information--AMB#10367, dated 27 December 1944. Extract from a list of ~~Amn~~ officers and men who have died of wounds, received from R.H. Wickham, R.S.M. British Man of Confidence, Stalag XI B dated 5th Dec. 1944 and countersigned by Major P. Smith, R.A.M.C., Senior British Medical Officer.

Died Oct. 27, 1944 in working party A-2 (attached to Stalag XIII B in Grasset (Near Falkenau) Sudetenland.

Cause of Death--Shot by a German guard because he refused to work.

A copy of these records are filed at Stalag XIII B. Stalag Hq. at Weiden, Bavaria, Germa This is an exact copy of German records taken by Pvt. James R. Sullivan, 33748498, Home address RFD 2, Elizabethtown, Pa.

Emergency Addressee of Hause; V. Hause, 600 Braxton Road, Leedon Establishment, Ridley Park, Pennsylvania.

Nov. 1, 1945

Bureau of Graves Reg.
Prov General
War Dept.
Washington 25
D. C.

Dear Sir,

In reference to your letter from War Dept. Adj. Generals Office of A G 201 293 HAUSE, ROBERT K. PC-N 335154 of Dec. 18th 1944 informing his mother of his death in a German Prison Camp on Oct. 27, 1944 I wish to find out where he is buried. I am asking this information personally so as to not make any more grief for the mother than has been therefore. I am the father of this boy but so as to keep personal feelings calm I'm asking you to send the answer to this letter to

David Hause, Jr.
General Delivery
Chester Postoffice
Penna.

Our former address was

1403 Chester Pike
Crum Lynne, Pa.

NOV 15
600 Braxton Rd.
Ridley Park, Pa.

Enclosure No. 1 to despatch No. 11366 dated Oct. 7, 1947 from the American Legation, Bern.

Familien- u. Vorname: Hause, Robert +

Hinterlegungs-Nr. U.S.A. 264

geboren am 21.2.23 in: Alentown Pa. Kreis:

Truppenteil: 2

Dienstgrad: Kgf.

Erkennungsmarke: Robert Hause 13027360 T-42-43

Tag des Todes	Ort des Todes	Beerdigt am
27.10.44	i.Arb.Kdo A.2 i. Grasseth/Sdg.	29.10.44 um 17,00 Uhr

Lage und Nr. des Grabes: Gemeindefrdh.i.Grasseth/Sdg. a.d. Linken Seite des Doppelgrabes Nr.9

Gemeldet durch M.-Stammlager XIII B Az.Ic -Nr.1542/44 Weiden.d.15.11.44

V 5 C 1362 Fr

Heimanschrift: Mrs.V.Hause 600 Brexton Road
Leedom Establishment
RIDLEY PARK ? Pennsylvania

NAME

HAUSE, ROBERT K PVT

BAY	PALLET	BOX	TALLY
23	80	524	6759

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600 550)

Hause, Robert K 13027360
(Last name) (First name) (Middle initial) (Army serial number)

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

who died on the 6th day of June, 1944 missing

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

NUMBER	ARTICLES	* Package NUMBER
24	Souvenir coins	
5	Rings	
1	Parachute Wings	
3	Pins (Souvenir)	
1	Rosary	
1	Service Ribbon	
1	Fountain Pen	
1	Souvenir book-Pompeii	
1	Sweater	
1	Packet Photos	
1	Shoe shine kit	

*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

1 1112

REGISTER OF DENTAL PATIENTS

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

(1) SURNAME	(2) CHRISTIAN NAME	(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Hause	Robert K	Pvt	C	307 Engr.	21	C	Texas	2 Wks.	Examination R Cervix R7 Cervix R7 Pulpitis R7 Cervix L7 Cervix L8	8/10/43 05 (Zinc Eug) 8/10/43 AC (Zinc Eug) 8/11/43 TC (Zinc Eug 8/11/43 A 8/17/43 A	Rev. CTC Rev. CTC Rev. CTC

Gemeldet durch: V. L. Ref. d. W.G.D. Waff.- Trupp.- San.-

Familien- u. Vorname: Hause, Robert K

Geboren am 11. 1. 19 in: Abbeville Kreis: Vermilion

Truppenteil: Hdqtrs. (COVER)

Dienstgrad: Pvt

Erkennungsmarke: 8 4 4 3

Tag des Todes	Ort des Todes	Beerdigt am
6. 6. 1944	Cassino	Grab-Nr.

Lage und Nr. des Grabes:

CLASS II — Continued

NUMBER	ARTICLES
	None
	Effects were sent To: Effects QM 82d A/B Div for Delivary to: Violet V. Hause, Mother 1403 Chester Pike, Crumpane, Pa. Through, Effects QM, ETOUSA, APO 871, US Army.

Money { Specie $ None
Notes $ None

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. Zbinden
A. T. ZBINDEN, CWC, USA,
307 A/B Engr Bn. Pers. Adj.

APO 469 US Army
(Station)

16 July, 1944
(Date)

*Strike out words not applicable.

H.Q. M.B.S. MAY 43/25 m

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD

CEMETERY PLOT ROW GRAVE

NAME : HAUSE ROBERT K

RANK : PVT

ASN : 13027360

ORGANIZATION : 307 ABNE ENG. Bn.

DATE OF DEATH :

PLACE OF DEATH :

CAUSE OF DEATH :

E.J. (Signature)

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTEPN UNION

JOSEPH L. EGAN
PRESIDENT

1201

LL-B

SYMBOLS
DL = Day Letter
NL = Night Letter
LC = Deferred Cable
NLT = Cable Night Letter
Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

1943 NOV 11 PM 1 20

PB602

P.ALA165 27 3 EXTRA COLLECT=ALLENTOWN PENN 11 107P

THE COMMANDING OFFICER=

PHILA QUARTERMASTER DEPOT PHILA=

THIS IS TO CONFIRM TELEGRAM RECEIVED FROM YOU IN REGARDS TO REMAINS OF PFC ROBERT H HAUSE INSTRUCTIONS ARE CORRECT PROCEED AS DIRECTED=

DAVID HAUSE 812 REED ST=

812.

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

250

CORRECTIONS AND ADDITIONS TO BURIAL REPORT AS TAKEN FROM AG CASUALTY CARD

NAME HAUSSE, ROBERT H.

RANK PVT

ASN 13027360

ORGANIZATION 307 ABNE ENG BN

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EL
(Signature)

QMG FORM 219
7 May 1945

BURIAL INFORMATION

NAME (Last, First, Middle Initial)	ASN	GRADE
HAUSE, Robert K. (POW 81753)	13027360	Pvt.
ORGANIZATION REBURIED 19 Dec 45 St Avold - 0-5-2069 P 391		**DATE OF DEATH** Oct. 27, 1944 / KIA
PLACE Buried in the Cemetery of Grasset near Falkenau-(Grasseth Sudetenland on report?) (German Spelling) grave no. 9 from left to right Czechoslovakia	**DATE OF BURIAL** Oct. 29, 1944	**DATE OF REBURIAL**

REMARKS

Source of Information--AMB/10367, dated 27 December 1944. Extract from a list of ~~xxx~~ Officers and men who have died of wounds, received from R.H. Wickham, R.S.M. British Man of Confidence, Stalag Xl B dated 5th Dec. 1944 and countersigned by Major P. Smith, R.A.M.C., Senior British Medical Officer.

Died Oct. 27, 1944 in working party A-2 (attached to Stalag XIII B in Grasset (Near Falkenau) Sudetenland.

Cause of Death--Shot by a German guard because he refused to work.

A copy of these records are filed at Stalag XIII B. Stalag Hq. at Weiden, Bavaria, Germar This is an exact copy of German records taken by Pvt. James R. Sullivan, 33748498, Home address RFD 2, Elizabethtown, Pa.

Emergency Addressee of Hause; V. Hause, 600 Braxton Road, Leedon Establishment, Ridley Park, Pennsylvania.

Dec 31

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A5 023538

DATE OF REQUEST 10-10-51

√ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE

FILE OR SERIAL NUMBER AND SUBJECT: 293. Hause, Robert K. 13027360

REQUESTED PAPERS NOT IN FILE

TO — NAME AND EXTENSION OF PERSON REQUESTING FILE: T. Good 54190 — DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER: OCMH, Repat. Sec

RETURN — Departmental Records Branch, AGO, 219 North Lee Street, Alexandria, Virginia — DATE RETURNED — TO RETURN FILE, INITIAL HERE

When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.

TRANSFER COUPON

No. A5 023538

TO: 293 Hause, Robert K.

NOTE THAT FILE OF: 600 - [illegible]

HAS BEEN TRANSFERRED TO: (Name) Lt Uber

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. Pers. Records

DATE 10-10-51 — SIGNATURE [signature]

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

usted.

☆ U. S. GOVERNMENT PRINTING OFFICE 1951-933601

WD AGO FORM 545
1 MAY 1946

Hause Robert
Last Name First Name

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

Hospital	From	To	Register Number
[illegible]			

[illegible]
Clerk Date Branch

AGRAC 1-383 1-9-46

REPATRIATION RECORDS BRANCH

13 Nov 46
Date

NAME Hause, Robert K.

SERIAL NO. 13027360

CEMETERY US Mil Cem St Avold, France

PLOT 0

ROW 5

GRAVE 2069

LETTER TO Field

CORRECT RECORDS TO READ

Hause, Robert K.
Rank Pvt
ASN 13027360

W. E. Taylor

Special Checker

[illegible]

RRE Form #39
13 Jul 48

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

HAUSE	Robert	K	PVT	13027360
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN

Repatriated to the United States: 6-NOV 48

Deutschland Amerikaner
Familien- u. Vorname: Haus Robert
geboren am 21.2.23 in: Pennsylvania 304
Truppenteil: Airborne
Dienstgrad: Soldat
Erkennungsmarke: 84 753
Tag des Todes 27.10.44 | Ort des Todes Arb. Kdo. A 2 | Beerdigt am 29.10.44
Lage und Nr. des Grabes: Doppelgrab Nr. 9.
Friedhof in Grasseth/Südl. linke Seite
Gemeldet durch: V.L. Ref/l. W.G.O. Waff.-SS Trupp.-/San.- Bl.
V4 Ref. Hq Halegx VIII B Lü.

Incl #

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Robert K. Hause, 13 027 360
Plot O, Row 5, Grave 2069,
United States Military Cemetery
St Avold, France

10 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

I, David Hause (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

Arlington Memorial Park, American Cemetery Asso., Lehigh Co., Pennsylvania
(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.)*

CODED

16—50411-1

OQMG FORM 14 NOV 1946 345 MILITARY

DEC 4

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			
Oliver S. Burkholder,			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1717 Hanover Ave.,	Allentown, 03	Lehigh,	Pennsylvania
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Allentown, Pa.	Allentown, Pa.		8775

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
Saeger (nee Hause)	Elaine	L.	Sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
812 Reed St.,	Allentown,	Lehigh,	Pennsylvania

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.

David Hause — (SIGNATURE OF NEXT OF KIN)

812 Reed St., — (STREET AND NUMBER)

David Hause. — (NAME PRINTED OR TYPED)

Allentown, Pa. — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17th day of November, 19 47, at city ~~(or town)~~ of Allentown, county of Lehigh, and State (or ~~Territory or District~~) of Pennsylvania

Frank A. Brophy — (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

ALDERMAN
My Commission Expires
1st Monday in January 1950

(OFFICIAL TITLE)

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

16—50411-1