

1. G. R. S. Form No. 1.

Hq. G. E. S. Fla

2. Soldier's I.D. No. 1213589

3. Sprague ..... Glen ..... C .....  
Surname (in block letters) First Name and Initials

4. ....  
Rank Company Regt. or Corps

5. 10/16/18 ..... K.I.A .....  
Date of Death Cause, if known

6. 10/18/18 ..... St. Suplet Mil .....  
Date of Burial Cemetery

7. St. Suplet .....  
Town or Commune (in block letters) Department

8. 4 ..... 2 A .....  
Grave No. Plot No. or Letter

9. Name Peg? ..... Cross?  ..... Headboard? ..... Bottle? .....  
Check Method of Marking

10. Buried with Body? ..... Attached to Grave Marker? .....  
Identification Tags

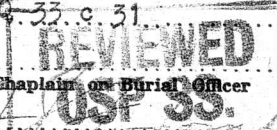
11. If name unknown and tags missing, give marks and description.

12. Map Reference, if interment is outside of cemetery

Wassigny G-33.c.31

13. Give name of Chaplain or Burial Officer

Signed



Group ..... Unit 362 ..... G. R. S.