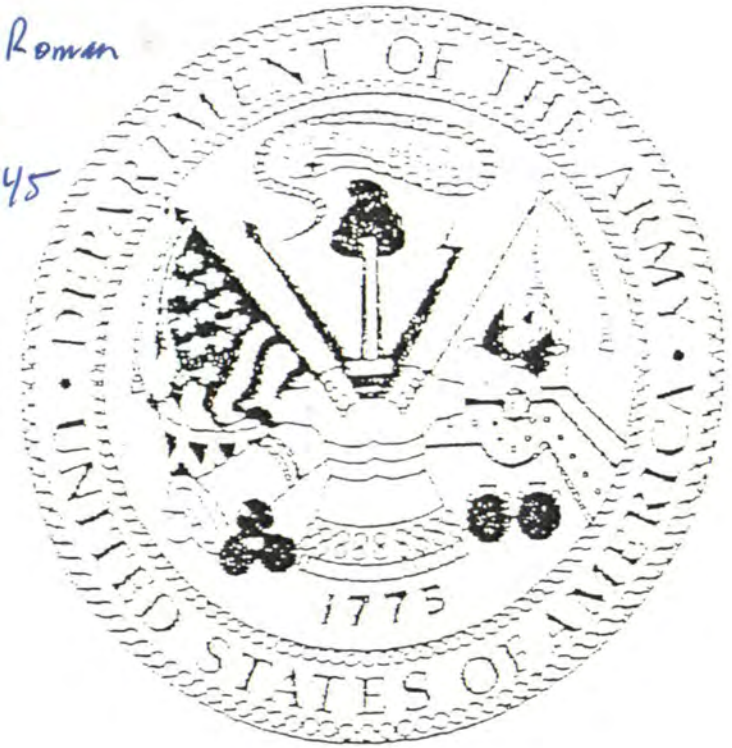
2nd LT Leo J. Roman
downed over
Belgium 3-20-45



INDIVIDUAL DECEASED PERSONNEL FILE

BUDGET BUREAU No. 49-R277

REQUEST FOR DISPOSITION OF REMAINS

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

2nd Lt Leo J. Roman, 02.068 051
Plot U, Row 6, Grave 136
United States Military Cemetery
Margraten, Holland

DATE: JUL 28 1948

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, Josephine B. Roman
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☒ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: *(Please place an "X" in the box opposite the option you have selected.)*

☒ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)

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

☐ YES ☐ NO

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

None

15 NOV 1948

Ordered
26 Oct 48

OQMG FORM 14 NOV 1944 **345 MILITARY**

AUG 25 1948

PART I (*Continued*)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

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

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Roman	Edmund	A	Brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
317 Clinton St.	New Britain		Conn.

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.

Josephine B Roman
(SIGNATURE OF NEXT OF KIN)

317 Clinton St.
(STREET AND NUMBER)

Josephine B. Roman
(NAME PRINTED OR TYPED)

New Britain, Conn.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 10th day of August 1948, at city (~~town~~) of New Britain, county of Hartford, and State (~~or Territory~~) ~~District~~ of Connecticut

Georgia K Thomson
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

RESTRICTED

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

191

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 March 1945
Date

293

Roman,	Leo	J.	2nd Lt.	0-2068051
Last Name	First	Initial	Rank	Serial No.

AC	416 Bomb Gp. L
Unit	Organization

Petit Brogel, Belgium	21 20 March 1945	NBC
Place of Death	Date of Death	Cause of Death

1455 22 March 1945	U.S. Mil. Cem., Margraten, Holland	VK 645482
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location

196	6	U	Wooden Cross
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?

By Officers Identification Card WDAGO 65-1

What means of identification were buried with the Body?

GRS 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:	Babbage, W.	0-766177	Unknown	AC	195
Deceased's Left:	Andersen, Charles J.	0-445522	Unknown	AC	197

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

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

ROMAN, LEO J.
[illegible]
0-2068051

(TYPED IN)

Emergency Addressee Unknown
Name

Address

Religion Unknown

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

RESTRICTED

Edwin J. Doran
ED... J. Signature of Officer or other person reporting burial
1st. Lt., QMC GRS Officer
611 QM Gr. Reg. Co.
Verified by G.R.S. Officer

RRE Form #43
20 Sep 48

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

ROMAN	LEO	J	2nd LT	O-2068051
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGRATEN

Incl #

PHYSICAL EXAMINATION FOR FLYING

(See AR 40-100, 40-105, 40-110)

Class 44 - 11 DR

0-2068051

1. Roman, (Last name) Leo (First name) John (Middle initial) Av/C (Grade and arm or service) 31324328 (Serial No.) 22 (Age) 1 1/12 (Years service)

2. SAAAFBS, San Angelo, Texas. (Address) Commission and extended active duty. (Purpose of examination)[1] 12/ /43 Qualified (Date and result last examination)

— (Aeronautical ratings) Flying time as: Pilot — (Total); observer — (Total); pilot — (Last 6 mos.); observer — (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 1 Last 1944; smallpox 1944 (Date); reaction Immune

4. Medical history.

(In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Usual childhood diseases.
Appendectomy, 1940, no complications, complete recovery.
Submucous resection, 1943, no complications, complete recovery.
Denies all else.

5. Eye: Inspection Normal Nystagmus None
6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal
7. Visual acuity: R. E., 20/ 20, correctible to 20/ — L. E., 20/ 20, correctible to 20/ —
8. Depth perception (uncorrected) 9 mm. With correction — mm.
9. Heterophoria at 6 meters: Eso 1 Exo 0 R. H. 0 L. H. 0 Prism divergence 4
10. Red lens test Normal Angle convergence: PcB 40 mm. Pd 60 mm. — °
11. Accommodation: R. 11 D. L. 12 D. Addition required for 50 cm. R. — L. —
(Jaeger type): Right J. 1, correctible to J. —: Left J. 1, correctible to J. —
12. Color vision Normal to pseudo - isochromatic plates.
13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. Normal L. Normal
14. Refraction: R. reads 20/20 with — S. ○ — CAx — ° L. reads 20/20 with — S. ○ — CAx —
15. Ear: History of ear trouble Denies
16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal
17. Hearing (whisper): R. 20/20. L. 20/20. Audiometer (percent loss): R. — L. —
18. Nares Normal Tonsils Normal
19. Teeth:

(a)

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

Indicate: Restorable carious teeth by ○; nonrestorable carious teeth by /; missing natural teeth by X

(b) Remarks, including other defects None
(c) Prosthetic appliances None (d) Classification[2] IV
20. History of swing, train, air, or sea sickness Denies
21. Barany chair (when indicated with results) —
22. Posture Good (Excellent, good, fair, bad) Figure Stocky (Slender, medium, stocky, obese) Frame Medium (Light, medium, heavy)
23. Height, 69 1/4 inches. Weight, 171 pounds. Chest: Inspiration 38 Expiration 34 Rest 35. Abdomen 32
24. Skin and lymphatics Normal See # 37 Endocrine system Normal
25. Bones, joints, muscles Normal
Feet Normal
26. Heart Systolic murmur, mitral area, no cardiac enlargement, no transmission See # 37
27. Pulse rate, 72 B.P.: S. 128 D. 70 Schneider — Pulse immediately after exercise 96
Two minutes after exercise 80 Character Full and regular.
28. Arteries Normal Varicose veins None apt., etc

JUL 17 1944

MAY 18 1849

[1] Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.
[2] I, II, III, or IV; see par. 3, AR 40-510.

W. D., A. G. O. Form No. 64
(May 20, 1941)

USMC: MARGRATEN

I CERTIFY that the typed names appearing above are the same as the original signatur on the No. 4 copy of F - 1194 concerne

1K

PLOT: I OW: 1 GRAVE: 26
DATE OF BURIAL: 2 FEB 49
VERIFIED BY GRS OFFICER:
WILLARD B OWEN, CAPT, INF.

DISINTERMENT DIRECTIVE

Raymond T. Rodriguez
RAYMOND T RODRIGUEZ
CWO USA W 2107058

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 4650 13595

DATE: 15 DAY | 10 MONTH | 48 YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
ROMAN LEO J	02068051	2 LT	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MARGRATEN HOLLAND	U	6	136	4601 CODE / 80 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT 31 JAN 49

NAME AND ADDRESS OF CONSIGNEE
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN
MRS. JOSEPHINE B. ROMAN (MOTHER)
317 CLINTON STREET
NEW BRITAIN, CONNECTICUT

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAAF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

FILE
6 MAY 1949
IDENTIFICATION BRANCH MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

4 APR 1949

4 April 1949

2nd Lt. Leo J. Roman, ASN 02 068 051
Plot H, Row 1, Grave 26
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mrs. Josephine B. Roman
317 Clinton Street
New Britain, Connecticut

Dear Mrs. Roman:

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

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

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

E. FELDMAN
Major General
The Quartermaster General

gwa

RESTRICTED

INVENTORY FORM

20 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Roman,	Leo	J.	2/Lt.	0-2068051
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of A. C. (Unit) _____ (Organization)

was reported N B C (Status (KIA, MIA, Hosp. etc.)) about 20 March 1945 (Date) 1944.

signated Beneficiary if information readily accessible Unknown

---

INVENTORY OF EFFECTS

1 Souvenir Bank Note
1 Billfold
1 Money order Receipt
17 Photographs
12 Postagee Stamps
1 Religious Emblem
1 Social Security Card

"oney in the amount of $52.01 has been turned into C. B. NORRIS, Major, FD (Name of finance office and

211-868 Form WDFD 38 enclosed.
symbol number)

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ (Rail, Truck, etc.) on _____ 194__.

Name _____
EDWIN J. DONOVAN
Rank & ASN 1st Lt., QMC 0-1595473
Organization 611th QM Gr. Reg. Co.

Any additional pertinent information:

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

In Reply Refer To RR Br: QMGMR 293 Roman, Leo J., 2nd Lt, 02 068 051
Plot U, Row 6, Grave 136
United States Military Cemetery
Margraten, Holland

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

JUL 28 1948

PRIORITY

Miss Mildred Jenkins, Home Service Director
North Atlantic Area, American Red Cross
300 Fourth Avenue
New York 10, New York

Dear Miss Jenkins:

The Next of Kin of the above captioned deceased mother (relationship) Mrs. Josephine B. Roman, (name) 317 Clinton Street, New Britain, Connecticut (address) has failed to return a Form 345 indicating disposition instructions for the remains. The form was dispatched 28 November 1947.

It is respectfully requested that the attached QMG Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

2 Incls

JUL 28 9 54 AM
O.Q.M.G.
MAIL & RECORDS BRANCH

JOHN O. HYATT
Colonel, QMC
Memorial Division

vb

1948

2nd Lt Leo J. Roman, 0-2 068 051
~~Plot U, Row 6, Grave 136,~~
United States Military Cemetery
Margraten, Holland

28 November 1947

Mrs. Josephine B. Roman
317 Clinton Street
New Britain, Connecticut

Dear Mrs. Roman:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

gmk

31 October 1946

Mrs. Josephine B. Roman
317 Clinton Street
New Britian, Connecticut

Dear Mrs. Roman:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Second Lieutenant Leo J. Roman, A.S.N. 02 068 051.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot U, row 6, grave 136. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

hm

WAR DEPARTMENT

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

REPORT OF DEATH DATE 20 April 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
ROMAN, LEO J.	02068051	2nd Lt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
New Britain, Connecticut	Air Corps	19 Jan 22
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	21 Mar 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	12 Aug 1944	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Josephine B. Roman (Mother) 317 Clinton St., New Britain, Connecticut

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Josephine B. Roman (Mother) Same as above.
Mr. John C. Roman (Brother) Same as above.

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of Death rec'd in the W. D. 2 April 1945.

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

BY ORDER OF THE SECRETARY OF WAR: 8 APR 1945

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

WAR DEPARTMENT

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

482128

REPORT OF DEATH

DATE 20 April 1945 WW

FULL NAME	ARMY SERIAL NUMBER	GRADE
ROMAN, LEO J.	02068051	2nd Lt

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
New Britain, Connecticut	Air Corps	19 Jan 22

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	21 Mar 1945

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	12 Aug 1944			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Josephine B. Roman (Mother) 317 Clinton St., New Britain, Connecticut

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Josephine B. Roman (Mother) Same as above.
Mr. John G. Roman (Brother) Same as above.

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Evidence of Death rec'd in the W. D. 2 April 1945.

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

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944 WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

482128

RTB:VM:mjw
September 17, 1945

Mrs. Josephine B. Roman
317 Clinton Street
New Britain, Connecticut

Dear Mrs. Roman:

The Army Effects Bureau has received some additional property of your son, Second Lieutenant Leo J. Roman.

These effects, contained in two cartons, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Yours very truly,

83

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Josephine B. Roman

317 Clinton Street

New Britain, Connecticut

SHIP TO:
2nd Lt. Leo J. Roman

Effects of:
Name

0-2068051

482128 D

ASN

Case No.

Wt.

DATE 17 September 1945

RTB:VM:mjw

Smith
ICH: 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.

2 Pkgs. - 31-8-28-45

REMARKS:

SHIP DAMAGED PROPERTY

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of Packages 2

SEP 20 1945

EK
Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

486123

RF?:V':na
September 6, 1945

Mrs. Josephine B. Roman
317 Clinton Street
New Britain, Connecticut

Dear Mrs. Roman:

The Army Effects Bureau has received from overseas some personal effects of your son, Second Lieutenant Leo J. Roman.

I am inclosing a check for $38.01, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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 officer'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,

C. B. QUINN
2nd Lt. QMC
Chief, Files Branch

1 Incl—
Check

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: 2nd Lt. Leo J. Roman

Mrs. Josephine B. Roman
317 Clinton Street
New Britain, Connecticut

Effects of: O-2068051
Name

482128 D

ASN

Case No.

Wt.

DATE 6 Sept. 1945
RTB:VM:md

FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 134110
Amount $52.01 MD

____ Inclose "Valuables" item
____ Ship "Valuables" item(s)

____ Remove G.I.
____ Note discrepancy in _____
____ Films removed
____ Diary removed
____ Laundry removed

138764 emh

ROUTING:

1 Accounting Branch
2 Warehouse Division
3 Files Branch, Adm. Div.

134110

482128

September 8 45

Josephine B. Roman

52.01

Fifty-Two and 01/100

REMARKS:

Franked
Est. Exp. Chgs. SEP 12 1945
Est. Frt. Chgs.
No. of packages

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
INVENTORY

CASE NO. 487,128 ma.

TYPED BY jc

DATE 7/11/45

STATUS DEC

NAME Leo J. Roman

A.S.N. 0-2068051

RANK 2nd Lt.

ORGANIZATION

AMOUNT 52.01

ACCOUNT NO. 13410 LE

PAID-Check No. 138764

LIST NO. F 269

REMARKS

8-2

A C C O U N T I N G I N V E N T O R Y

Eff. QM Form 11a (10 Feb 45)

RESTRICTED

INVENTORY FORM

20 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Roman,	Leo	J.	2/Lt.	O-2068051
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

887

TO: Effects Quartermaster, Communications Zone, APO _____ US Army

The above named individual of A. C. _____ (Unit) _____ (Organization)

was reported N B C (Status (KIA, MIA, Hosp. etc.)) about 20 March 1945 (Date) 1944.

Designated Beneficiary if information readily accessible Unknown

---

INVENTORY OF EFFECTS

1 Souvenir Bank Note
1 Billfold
1 Money order Receipt
17 Photographs
12 Postagea Stamps
1 Religious Emblem
1 Social Security Card

Money in the amount of ~~$52.01~~ 0 has been turned into C. B. NORRIS, Major, FD (Name of finance office and symbol number) 211-868 Form WDFD 38 enclosed. 0

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ (Rail, Truck, etc.) on _____ 194__.

Name EDWIN J. DONOVAN

Rank & ASN 1st Lt., CMC 0-1595473

Organization 611th AM Gr. Reg. Co.

Any additional pertinent information:

AG ETO FORM NO. 26

RESTRICTED

AG P BR--400M--27165ABCD--8-44

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS

	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

STATUS

	DECEASED
	MISSING
	P. O. W.
	ABANDONED
X	UNKNOWN

3	BAGS, CLOTH OR TRAVEL	2	BELT		OVERCOATS		
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS	X	PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL		
X	BOOKS	X	BRUSHES		PEN, FOUNTAIN		
	BRACELET, IDENT.		CASE	X	PHOTOS		
	CAMERAS		CLOTH, WASH		PIPES		
	CLOTHING	2	COATS		RINGS		
X	MISC. ARTICLES		FOOTLOCKER		SCARFS		
X	RELIGIOUS ARTICLES	3	FOOTWEAR, PR.	7	SHIRTS		
	RIBBONS, DECORATION	1	GLASSES W. Case.	X	SOCKS, PR.		
	SHORT SNORTER	1	GLOVES, PR.		STATIONERY		
	SOUVENIR MONEY	X	HANDKERCHIEFS	X	TIES		
	SOUVENIRS	1	HEADWEAR		TOBACCO		
	TESTAMENTS		JACKETS	X	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	3	KITS	X	TOWELS		
357	U. S. MONEY (AMOUNT)		KNIVES	9	TROUSERS, PR.		
	WATCH		LETTERS	2	TRUNKS, PR.		
2	WINGS	1	LIGHTERS	X	UNDERWEAR		

CONTAINERS ADDRESSED TO

None.

INFORMATION

Taken from Personal papers.
Josephine Roman. (mother)
317 Clinton St.
New Britain. Conn.

NAME AND STATUS VARIATIONS

43 shown. A.S.N. #680
Personal papers shown. #O-2068057

CROSS REFERENCE

LAUNDRY

	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF 1 SHEETS
9700	2	28 aug 45		

NAME: Lee J. Roman.
A. S. N.: O-2068057
ORGANIZATION:
RANK: 2nd Lt.
CASE NO.:

WAREHOUSE SPACE: 7-334	EXAMINED BY: Meadows.		DIARY REMOVED
	PACKED BY:		PHOTO FILM REMOVED
PACKAGE DESCRIPTION: 1 Valise	WEIGHT: 60 #	INSPECTED BY:	MOTION PICTURE FILM REMOVED
		STORED BY:	SHIPPED — DATE: SEP 20 1945 — BY WHOM:

R-8051E

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

R-8051E

	DRY CLEANING	Do not use
	TROUSERS. WOOL	
	COAT. SERVICE. WOOL	
	OVERCOAT. LONG	
	OVERCOAT. SHORT. WOOL	
	CAP. GARRISON	
	CAP. SERVICE	
	TIES. WOOL	
	GLOVES. LEATHER OR WOOL	
	SCARFS. SILK. RAYON. OR WOOL	
	SWEATERS	
	TRUNKS. SWIM	
	LEGGINGS	
	BATHROBES	
	BED ROLL	
	COMFORTER	
1	RAIN Coat 15 Oct	
1	CAP Cov 8/13/47	
1	[illegible]	

	LAUNDRY	Do not use
4	SHIRTS. WOOL	1
	TROUSERS. COTTON	
	TIE. COTTON	
1	UNDERSHIRTS. COTTON	1
2	SHIRTS. DRESS. COTTON	
4	DRAWERS. COTTON	1
	SWEATSHIRTS. COTTON OR WOOL	
	DRAWERS. WOOL	
3	SOCKS. COTTON. PR.	
	SOCKS. WOOL. PR.	
	PAJAMA TOPS	
	PAJAMA BOTTOMS	
	FATIGUES. 1 PC., COTTON	
	FATIGUES. TOPS. COTTON	
	FATIGUES. TROUSERS. COTTON	
	FATIGUES. CAP	
	BELT. COTTON	
	TOWEL. HAND	
1	TOWEL. BATH	
	CLOTH. WASH	
	GLOVES. COTTON	
	JACKET. FIELD	
	SUPPORTERS. ATHLETIC	
5	HANDKERCHIEFS	
	SCARFS. COTTON	
	CASE. PILLOW	
	TRUNKS. GYM	
	SHEETS. COTTON	
	BAGS. BARRACKS	

TALLY NO. 9700 | ORIG. NO. OF PKGS. 2 | EXAMINING DATE 28 Aug 47 | BOX NO. | SHEET 1 OF 1 SHEETS

NAME Lee J. Roman | A. S. N. O-2068057

ORGANIZATION | RANK 2nd Lt | CASE NO.

WAREHOUSE SPACE 3-29 | EXAMINED BY Meadows. | SUPERVISOR'S OK EL | LAUNDRY REMOVED FROM FOOTLOCKER

PACKAGE DESCRIPTION | WEIGHT | LISTED BY [illegible] | CHECKED BY [illegible] | CHECKED AND PACKED BY

SHIPPED

DATE SEP 29 1947 | BY WHOM

X	INBOUND INVENTORY
X	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

	DECEASED
	MISSING
	P. O. W.
	ABANDONED
	UNKNOWN

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS	1 U.S. dollar bill and tags	
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL		
1	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL		
	BOOKS		BRUSHES		PEN, FOUNTAIN		
	BRACELET, IDENT.		CASE		PHOTOS		
	CAMERAS		CLOTH, WASH		PIPES		
	CLOTHING		COATS		RINGS		
X	MISC. ARTICLES		FOOTLOCKER		SCARFS		
X	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS		
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.		
	SHORT SNORTER		GLOVES, PR.		STATIONERY		
	SOUVENIR MONEY		HANDKERCHIEFS		TIES		
	SOUVENIRS		HEADWEAR		TOBACCO		
	TESTAMENTS		JACKETS		TOILET ARTICLES		
	TOWELS & WASHCLOTHS		KITS		TOWELS		
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

CONTAINERS ADDRESSED TO

none

INFORMATION

address from S. S. card

Leo Roman
317 Clinton St.
New Britain, Conn.
Stanley Tools

NAME AND STATUS VARIATIONS

CROSS REFERENCE

typed 7-27

	CHECK	REC'D BY	NUMBER			BUREAU CHECK
	MONEY ORDER					TRANSMIT ORIGINAL
	BOND		SYMBOL			ORIG. REG. MAIL
	TRAV. CHECK					TO G. A. O.
	FOREIGN CURRENCY		AMOUNT			MUTILATED
	U. S. CURRENCY					TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF / SHEETS
387	1	20-Aug 45	5	1 / 1

NAME: LEO - J - ROMAN	A. S. N.: O-2068951
ORGANIZATION: A. C.	RANK: 2ND LT. CASE NO.:
WAREHOUSE SPACE: 762	EXAMINED BY: [illegible]
PACKED BY:	DIARY REMOVED
INSPECTED BY:	PHOTO FILM REMOVED
STORED BY:	MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION	WEIGHT

SHIPPED

DATE	BY WHOM
SEP	

Serial No. O-2068051 Name Roman, Leo J.

Grade ..... Rank .....

Organization .....

Address .....

Nearest Relative .....

Address .....

Killed in Action ..... Died of Disease .....

Date Mar 20 45 Hospital .....

Battle Area Petit Broge, Belgium Information P.O.D.

Place of Burial U.S. Mil. Am. Margraten

Point of Coordination .....

Description of Body .....

.....

Members Missing .....

.....

.....

Signed .....