

# PVT William C. Faber

Location - West-A: R10, C55

## William Faber

A lifelong resident of Oshkosh, William Faber Jr., 54, of 1021 South Park Ave., passed away at 2:55 a.m. today at the Veterans Hospital at Wood, Wis., after a lingering illness.

The son of the late William and Matilda Faber, he was born in Oshkosh March 28, 1906. A veteran of World War II, Faber served in the United States Army.

Survivors include two sisters, Mrs. Daniel Nielsen, Oshkosh, and Mrs. Marjorie Siewert, Oshkosh; three nieces, and one nephew.

Funeral services will be held in private at 1:30 p.m. Thursday at the Konrad Funeral Home, with the Rev. Alexander Weinbender officiating. Interment will be in Riverside Cemetery. Friends may call at the funeral home from 7 to 9 p.m. Wednesday. The casket will not be open.

**Pvt. William C. Faber, 1315 South Park avenue, was with the 3990th service company unit. He entered service Dec. 11, 1942.**

| 16-11453-12 WW I                                                                                                                                                                         |                                                                                                                                                                                                                                       | WW II                                                                                                                                                                                                                                                                                                                                       | KOREA | ORIGINAL                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|
| 1. NAME OF DECEASED - LAST-FIRST-MIDDLE (Print or Type)<br><b>FABER, William Charles</b>                                                                                                 |                                                                                                                                                                                                                                       | APPLICATION FOR HEADSTONE OR MARKER<br>(See attached instructions. Complete and submit both copies)                                                                                                                                                                                                                                         |       |                                                           |
| 2. SERVICE NUMBER<br><b>36 287 101</b>                                                                                                                                                   | 3. PENSION OR VA CLAIM NUMBER<br><b>XC-12 613 827</b>                                                                                                                                                                                 | 13. NAME AND LOCATION OF CEMETERY (City and State)<br><b>Riverside Cemetery, Oshkosh, Wis.</b>                                                                                                                                                                                                                                              |       |                                                           |
| 4. ENLISTMENT DATE (Month, day, year)<br><b>12/11/1942</b>                                                                                                                               | 5. DISCHARGE DATE (Month, day, year)<br><b>9/29/1945</b> <i>HON</i>                                                                                                                                                                   | 14. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member of the Armed Forces of the United States. |       |                                                           |
| 6. STATE<br><b>WISCONSIN</b>                                                                                                                                                             | 7. MEDALS<br><b>- - - -</b>                                                                                                                                                                                                           | I hereby agree to accept responsibility for properly placing the stone or marker at the grave or memorial plot at no expense to the Government.                                                                                                                                                                                             |       |                                                           |
| 8. GRADE, BRANCH OF SERVICE, COMPANY, REGIMENT AND DIVISION<br><b>PRIVATE U. S. Army<br/>3990th. Service Command Unit</b>                                                                |                                                                                                                                                                                                                                       | NAME AND ADDRESS OF APPLICANT (Print or Type) <b>Mrs. Rhea Nielsen<br/>1021 W. South Park Ave., Oshkosh, Wis.</b>                                                                                                                                                                                                                           |       |                                                           |
| 9. DATE OF BIRTH (Month, day, year)<br><b>3/28/1906</b>                                                                                                                                  | 10. DATE OF DEATH (Month, day, year)<br><b>3/14/1961</b>                                                                                                                                                                              | SIGNATURE OF APPLICANT<br><i>Mrs Rhea Nielsen</i>                                                                                                                                                                                                                                                                                           |       | RELATIONSHIP<br><b>Sister</b><br>DATE<br><b>3/28/1961</b> |
| 11. RELIGIOUS EMBLEM (Check one)<br><input checked="" type="checkbox"/> LATIN CROSS (Christian)<br><input type="checkbox"/> STAR OF DAVID (Hebrew)<br><input type="checkbox"/> NO EMBLEM | 12. CHECK TYPE REQUIRED<br><input type="checkbox"/> UPRIGHT MARBLE HEADSTONE<br><input type="checkbox"/> FLAT MARBLE MARKER<br><input checked="" type="checkbox"/> FLAT GRANITE MARKER<br><input type="checkbox"/> FLAT BRONZE MARKER | 15. FREIGHT STATION<br><b>Oshkosh, Wisconsin</b>                                                                                                                                                                                                                                                                                            |       |                                                           |
| DO NOT WRITE HERE<br>FOR VERIFICATION<br><b>MAY 3 1961</b>                                                                                                                               |                                                                                                                                                                                                                                       | 16. SHIP TO (Print or type name and address of person who will transport stone or marker to cemetery)<br><b>G. Reinke Monument Company<br/>900 South Main Street, Oshkosh, Wis.</b>                                                                                                                                                         |       |                                                           |
| B/L<br><b>B 1129488</b>                                                                                                                                                                  |                                                                                                                                                                                                                                       | The applicant for this stone or marker has made arrangements with me to transport same to the cemetery.<br>SIGNATURE<br><i>G. Reinke</i><br><b>MAY 10 1961</b>                                                                                                                                                                              |       |                                                           |
| CONTRACTOR<br><b>H. E. FLETCHER CO., INC.<br/>WEST CHELMSFORD, MASS.</b>                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |       |                                                           |

**DA FORM 1815**

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

IMPORTANT - Item 17 on reverse side must be completed.