COMPANY [illegible] 29 Jan 45

MORNING REPORT

STATION St Louis les Bains Fy7043 Nord de Guerre Zone

ORGANIZATION Co K 137 Inf Regt Inf

SERIAL NUMBER	NAME	GRADE	CODE
	Re Change		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W/O		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED			1		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			1		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			145		5	150
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			145		5	150

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER ____

II. MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	÷ 3	AVERAGE

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____

MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET ____ O & OTHERS MESSED ____ TOTAL ____

MEN PRESENT ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN ITEM II REPRESENT AN ACTUAL [illegible]

SIGNATURE CARYL M. O'KEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

VD COPY THRU WRL OR SCH