

COMPANY **RESTRICTED**  
**MORNING REPORT** ENDING 2400 **29** Jan 1945 **5**  
(DAY) (MONTH) (YEAR)

STATION **St Louis les Bains 707043 Nord de Guerre** Zone  
 ORGANIZATION **Co L 137 Inf Regt** Inf  
(CO, BATT, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37169572	Meyer, Melvin C	745 Pfc	J1
FR Dy to Trid to Co B 137 Inf Regt This			
Sta Departed			
37698047	Haltner, Gerald J	745 Pvt	J1
FR Dy to Trid to Co A 137 Inf Regt This			
Sta Departed			
36766774	Groser, Frank	504 Pvt	J1
FR Dy to Trid to Co E 137 Inf Regt This			
Sta Departed			
35298208	Ryan, Joseph T	604 Pvt	J1
FR Dy to Trid to Co F 137 Inf Regt This			
Sta Departed			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST
ASSIGNED					2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL					2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			145		11	156
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			145		11	156

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER		
			DATE			
I I	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST	DINNER	SUPPER	+	3
M E S S	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	O & OTHERS MESSED	TOTAL	
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	PLUS		
		MEN PRESENT	LESS			

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

SIGNATURE *Caryl H. Osborn*  
**CARYL H. OSBORN** 1st Inf  
(NAME) (GRADE) (ARM OR SERVICE)