

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

___ Monument with Sculpture ___ without Sculpture ___ with Cannon ___ standalone Cannon
___ Historical Marker ___ Plaque ___ Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

___ GAR ___ MOLLUS ___ SUVCW ___ WRC ___ ASUVCW
___ LGAR ___ DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Unknown

Original Dedication Date May 30, 1914 Please consult any/all newspaper archives for a local paper's article that would have information on the first dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is currently located at:

Street/Road address or site location North Mill Street, Michigan Avenue and M-46
GPS Coordinates N43°24'27.2099 W84° 36'32.15999

City/Village &/or Township St Louis
County Gratiot State MI Zip Code 48880

The front of the Memorial faces: ___ North ___ South ___ East West

Government Body, Agency, or Individual Owner

Name UNKNOWN
Dept./Div. _____
Street Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ ext _____

Is Memorial on the National Register of Historic Places ___ Yes ___ No ID # if known UNKNOWN

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone ___ Concrete ___ Metal ___ Other
If known, name specific material (color of granite, marble, etc.) granite gray

Material of the Sculpture ___ Stone ___ Concrete ___ Metal Other Is it hollow or solid? prob hollow
If known, name specific material (color of granite, marble, etc.) type of zinc - blue gray color

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = N/A

For Cannons with/without monument:

Material of Cannon = Bronze Iron Type of Cannon (if known) _____

Rifled YES NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunnition a part of the Memorial? Yes No

[For camp/department monuments officer's use: Cannon on list of known ordnance] Yes No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial

Materials of the Memorial

Complete for All Memorials

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

30 Height 10 Width 10 Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found None

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

Face: Lest We Forget - [US Cartridge Box in Laurel Wreath] - Our Heroic Dead
Left: With Malice Toward None - [US Eagle clutching arrows and branch] - 1861-1865
Right: With Charity For All - [Michigan Seal] - 1914
Rear: Let Us Have Peace - US Flag - 1898

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

Cemetery Park Plaza/Courtyard "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: Roadside

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor _____


[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Thank you.

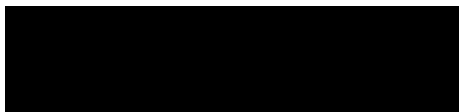
Inspector Identification _____ Date of On-site Survey 08/07/2017
Your Name Walt Busch
Address 1240 Konert Valley Dr
City Fenton State MO Zip Code 63026
Telephone 

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

US Grant Camp 68 Dept of MO SUVCW

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR – CIVIL WAR MEMORIALS COMMITTEE.













LEST WE FORGET



OUR HEROIC DEAD



WITH CHARITY FOR ALL



1914

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1861-1865



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