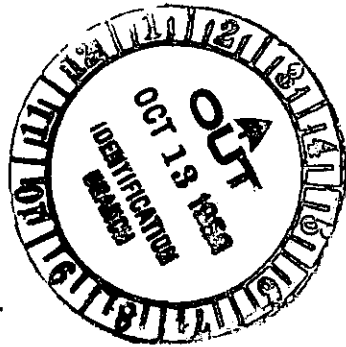


OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Id. Br. Id. Sec. Mem. Div.	Repat. Br. Rec. Sec. Mem. Div.	13 Oct. 1950	<p><i>293 Unknown St James CIL # 2134</i></p> <p>SUBJECT: CANCELLATION</p> <p>1. Unknown X-279, St. James, France, Plot P, Row 9, Grave 216, has been assigned CIL #2134 per Auth: HQS, AGRC-EA. 21 July 1949.</p> <p>2. Forwarded for necessary correction of records and return to Mail and Records Branch.</p> <p style="text-align: right;">NEFF 52462</p> <p style="text-align: right;"><i>B. Berrens</i> BERRENS 76128</p> <p>1 Incl. 293 (X-279, St. James, Fr.)</p>
2.  bkc	Rec Sec Repat Br Mem Div	M & R Br Adm Div	17 Oct 1950	<p>Necessary action has been taken in this section.</p> <p>1 Incl: n/c</p> <p style="text-align: right;"><i>James</i> ODENWALDER 73836</p> <p style="text-align: right;"><i>Presgraves</i> Presgraves 53975</p>



● AIRMAIL ●

CHGMT 314.6

1st Ind

GMS European

SUBJECT: Identification of World War II Deceased

Dept. of the Army, OCSG, Washington 25, D. C., 16 October 1950

TO: Commanding Officer, 7887 Graves Registration Detachment,  
APO 757, c/o Postmaster, New York, New York

1. Reference is made to paragraph 3, basic communication.
2. This Office concurs in the designation of Unknown X-279, St. James, France as CIL Unknown remains.
3. Returned herewith for your disposition is Unidentifiable Certificate for Unknown X-279.

FOR THE QUARTERMASTER GENERAL:

1 Incl

Withdrawn Incl 1 - Incl 5

Added 1 Incl

Incl 6 - Unident. Certif.  
for X-279

THOMAS E. COX  
Capt OMC  
Memorial Division

JMN

Duncan:cam  
Clements

● AIRMAIL ●

*File  
MAJ - 10-13-50  
Duncan  
2d Br.*

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
OPERATIONS DIVISION  
APO 757 (Liege) US ARMY

GROP 293.3

26 September 1950

SUBJECT: Identification of World War II Deceased

TO: The Quartermaster General  
Washington 25, D. C.  
ATTENTION: Memorial Division

1. Reference is made to letter, your office, dated 12 October 1949, your message WCL 42336 and paragraph 2, letter this Headquarters, dated 13 September 1950 (copies attached).

2. As requested by your office, the remains formerly assigned CIL #2134 were redesignated Unknown X-279, USMC St. James. However, it was noted during the above action that the remains presently designated X-279 do not compare with the former description and skeletal chart as shown on Record of CIL Remains #2134 (copy of CIL Record and QMC Form 1044 for Unknown X-279 enclosed). An investigation was conducted by this Headquarters to resolve the apparent discrepancy but results were negative. It cannot be determined whether the former description of subject remains was incorrect or if the remains recently charted as Unknown X-279 are those of a different deceased. It is also impossible to associate these remains with any particular casualty inasmuch as they were segregated from a Ground Forces casualty.

3. In view of the above, it is requested that reconsideration be given to the approval of the subject remains as CIL.

FOR THE COMMANDING OFFICER:

5 Incls:

1. Cy ltr, 12 Oct 49
2. Cy cable WCL 42336
3. Cy ltr, 13 Sep 50
4. Cy CIL Rec. #2134
5. QMC Form 1044 for X-279

GEORGE GUNDERMAN, Jr.  
Major, QMC  
Operations Division

QMGMT 293  
Unknown X-279  
(St James) France

12 October 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to your radio AGRC 5665, dated 26 August 1949.
2. Further reference is made to paragraph 2 (c), letter this Office dated 26 July 1949, QMGMP 293, Subject: Disinterment Discrepancies.
3. Request that Central Identification Laboratory designation for Unknown X-279 St James be cancelled and the remains reclassified as unidentifiable.
4. Further request that this Office be advised upon completion of your action.

FOR THE QUARTERMASTER GENERAL:

T.H. METZ  
Lt Col, QMC  
Memorial Division

NOT DISPATCHED

Encl # 1

FU 07

RR RFPBV

DE UEPC 235R

R 071815Z

FM OQMG WASHINGTON DC

TO CO 7887 GRREG DET LIEGE BELGIUM

GRAVES GRNC

WCL 42336 RPT WCL 42336

FROM QMGMR RQST STATUS OR DUP NR 1 COPIES DISINTDIRS FOR APPROVED  
UNIDENTIFIABLE XRAY 1114 CMA 7154 CMA 6434 ST AVOLD AND 279 ST JAMES  
PD NOT LISTED ON QZ OR QZ 10 ROSTERS PD CFMRQST

CFN 1 1114 7154 6434 279 10

07/2117Z

*Incl #2*

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
OPERATIONS DIVISION  
APO 757 (Liege) US ARMY

GROP 293 (R697F)

13 September 1950

SUBJECT: Transmittal of Disinterment Directive.

TO: The Quartermaster General,  
Washington 25, D.C.  
ATTENTION: Memorial Division

1. Reference your radio WCL 42336, forwarded herewith are copies of Disinterment Directives for Unknown X-6434, Unknown X-1114 and Unknown X-7154, St. Avold, which were previously forwarded to your office by Letter of Transmittal #4244 dated 22 August 1949 and #4277 dated 29 August 1949 respectively.

2. Action is now pending to redesignate CIL #2134 to Unknown X-279, St. James, and upon completion the remains will be permanently interred as soon as practicable and your office notified accordingly.

FOR THE COMMANDING OFFICER:

3 Incls:

1. QMC Form 1194 (X-6434)
2. " " " (X-1114)
3. " " " (X-7154)

GEORGE GUNDERMAN, Jr.  
Major, QMC  
Operations Division

Incl # 2

CB

RECORD OF CIL REMAINS

CIL Number 2134 USMC ST. JAMES

Additional (CIL) remains disinterred from Plot F Row 9 Grave 216

Remains removed from:

Same Grave: Name Unknown X-279 ASN           

Grave on Left: Name MERLINO, John J. ASN 39037732

Grave on Right: Name Unknown X-232A ASN           

Grave in adjoining Row:

At Head: Name: SMITH, Lloyd O. ASN 0-399383

At Foot: Name VANDERKERKOVE, Roland H. ASN 31184850


Brief description of Remains: (Attach skeletal chart if warranted)

One right talus; one left calcaneus; one prox. third of right  
fibula and one small portion of left scapula. See skeletal chart  
attached.

Disposition of Remains : (Storage Place) USMC St. Laurent

Unknown X-279, USMC St. James, redesignated CIL #2134.

Authy: HQS, AGRC-EA. 21 July 1949

  
(Signature of Officer  
verifying Report)  
EDWARD F. PRICE JR.  
Capt., QMC

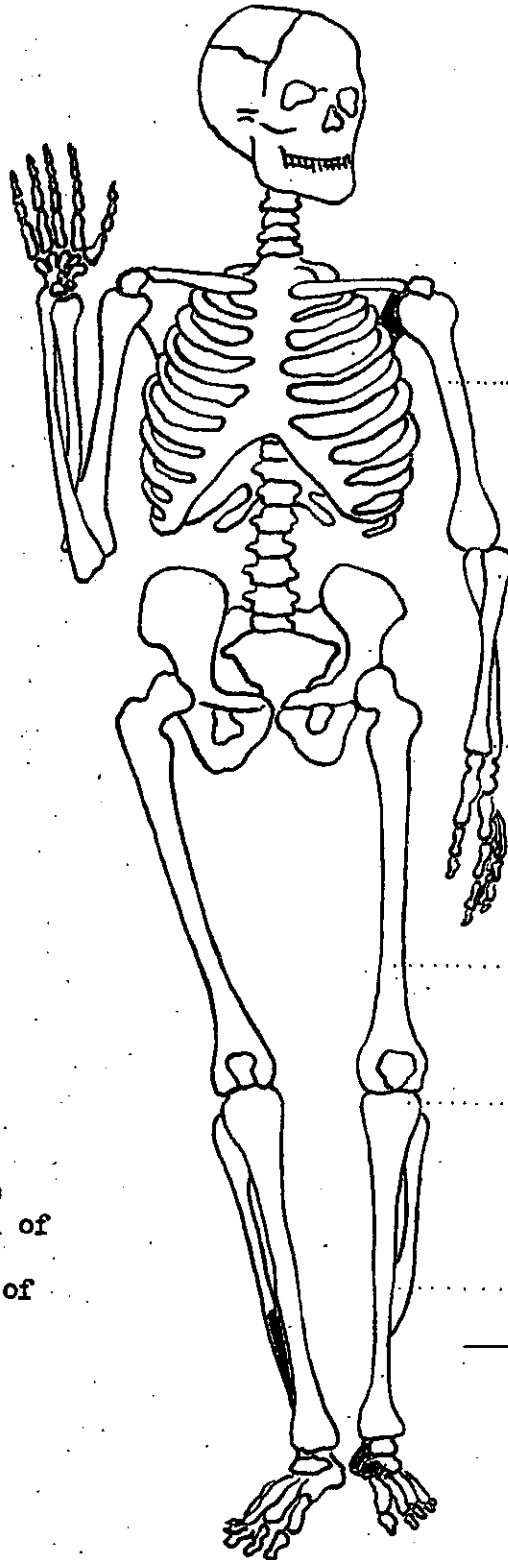


# SKELETAL CHART

(BLACK OUT PARTS OF BODY ~~NOT~~ RECEIVED)

R I G H T

L E F T



\_\_\_\_\_ CM. HUMERUS

\_\_\_\_\_ CM. RADIUS

\_\_\_\_\_ CM. ULNA

\_\_\_\_\_ CM. FEMUR

\_\_\_\_\_ CM. TIBIA

\_\_\_\_\_ CM. FIBULA

\_\_\_\_\_ ESTIMATED HEIGHT

- (1) One right Talus
- (1) One left Calcaneus
- (1) One proximal third of right Fibula
- (1) One small portion of left Scapula

PROCESSED BY: \_\_\_\_\_

IDENTIFICATION DATA

EO 3263 *ROUTED*

1. REMAINS OF UNKNOWN <b>UNKNOWN X-279</b>				2. DATE OF REPORT. <b>8 SEPT 1950</b>	
3. NAME OF CEMETERY <b>ST JAMES</b>	4. PLOT <b>P</b>	5. ROW <b>9</b>	6. GRAVE <b>216</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED <del>WEIGHT</del> <b>AGE</b> <b>UTO</b>	9. ESTIMATED HEIGHT <b>UTO</b>	10. COLOR OF HAIR <b>UTO</b>	11. RACE <b>UTO</b>
---	-----------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**MORTUARY PLATE**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**NONE**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>SEE SKELETAL CHART</b>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**NONE**

*Incl # 5*

MASS BURIAL

BONE LIST

UNK. 279  
D-9-216 St James

RIGHT

LEFT

Skull \_\_\_\_\_

Mandible \_\_\_\_\_

Cervical Vertebrae (X) 1/2 ATLAS

Clavicle \_\_\_\_\_

Scapula \_\_\_\_\_

Ribs \_\_\_\_\_

Sternum \_\_\_\_\_

Humerus \_\_\_\_\_

Radius \_\_\_\_\_

Ulna \_\_\_\_\_

Hand Bones \_\_\_\_\_

Dorsal Vertebrae (12) \_\_\_\_\_

Lumbar Vertebrae (5) \_\_\_\_\_

Sacrum \_\_\_\_\_

Pelvic bone \_\_\_\_\_

Femur \_\_\_\_\_

Patella \_\_\_\_\_

Tibia \_\_\_\_\_

Fibula \_\_\_\_\_

Foot Bones \_\_\_\_\_

2ND LEFT METACARPAL

3 PHALANGES LEFT HAND

2 PHALANGES LEFT FOOT

Clavicle \_\_\_\_\_

Scapula \_\_\_\_\_

Humerus \_\_\_\_\_

Radius \_\_\_\_\_

Hand Bones \_\_\_\_\_

Pelvic Bone \_\_\_\_\_

Femur \_\_\_\_\_

Patella \_\_\_\_\_

Tibia \_\_\_\_\_

Fibula \_\_\_\_\_

Foot Bones \_\_\_\_\_

Remarks:

8 Sept 1950

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(wherein segregation in whole or parts is impossible)

I certify that the Group Remains consist of \_\_\_\_\_ decedents based on the presence of one or more of the following \_\_\_\_\_ Number anatomical parts:

SIGNATURE OF MEDICAL OFFICER

21. Remarks and additional information

*NO TEETH RECOVERED*

*8 Sept. 1950*

*Remains do not compare with former description and skeletal chart for these remains.*

EST AGE.  
EST HGT.  
TECH. *WONACK.*

CLERK, *Miller*

I certify that I have personally viewed the remains of deceased and that all resulting information has been recorded to the best of my knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*W. Wonack*

1 Chief Chief 11 Oct  
Ident Br Mem Div 50  
Mem Div

DISCUSSION:

1. Reference is made to attached letter dated 26 September 1950, with inclosures, in which the Field requested reconsideration be given to the classification of Unknown X-279, St. James, France as GIL Remains.

2. In view of the minute quantity of remains (Tab A) and the fact that no association can be made with a casualty it is recommended that the Field be authorized to designate Unknown X-279 as GIL Remains.

GOX  
74059

NKFF  
52462

2 Attachments

- 1 - Ltr dtd 26 Sept 50 w/5 Incls
- 2 - 293 File Unk X-279

*CHO*  
Duncan: cam.  
McClements

Copy Furnished: Admin. Section

*Not sent - approve C2L - per Capt. Neff*

*12 Oct. 50 mac*

*C. Duncan*

H

1 Chief Ident Mem Div  
Chief Mem Div  
11 Oct 50

DISCUSSION:

1. Reference is made to attached letter dated 26 September 1950, with inclosures, in which the Field requested reconsideration be given to the classification of Unknown X-279, St. James, France as CIL Remains.

2. In view of the minute quantity of remains (Tab A) and the fact that no association can be made with a casualty it is recommended that the Field be authorized to designate Unknown X-279 as CIL Remains.

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*CHO*

Duncan: cam  
McClements

Copy Furnished: Admin. Section

*Not sent - approve C2L - per Capt. Neff*

*12 Oct. 50 mac*

*C. Duncan*

3146 STCS European  
Dis. Div.

OOHQ DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET LIEGE BELGIUM

DEFERRED

X

FROM CIGR

WCL 42 336

ROST STATUS OR DUP NR 1 COPIES DISINTDIRS FOR APPROVED UNIDENTIFIABLE XRAYS

1114 CMA 7154 CIA 6434 ST AVOLD AND 279 ST JAMES PD NOT LISTED ON QZ OR QZ 10 ROSTERS

PD CEMRQST

FOR RECORD ONLY:

Duplicate #1 copy of Disinterment Directives requested to complete  
on the approved unidentifiable Unknowns

*file*

293 WCL X-279 ST. JAMES, FRANCE

FJR

CMC

LWA



UNCLASSIFIED

GRAVES

CIGR CAPT ODENWALDER X73836

071815Z  
SEPT 1950

D. A. RENNERT  
CAPT., CIG, BEL. DIV.

293 GRS EUROPEAN

314.6 *Grass Energy*  
(Direct)

ONE SET OF THIS BOOK IS  
ON THE TOP OF THE

RECEIVED

PRICE

*WCL 49665*

NOV 1948

IT WAS THE LAST

RECEIVED THE INFORMATION DIRECTOR FOR THE YEAR TO COME ON MAY 29  
AND IN THE SAME ORDER IS CARRIED TO THE INFORMATION DIRECTOR FOR THE YEAR  
AND THE YEAR 200 AT THE END OF THE YEAR IN THE YEAR

*X-279*

THIS BOOK IS IN THE YEAR (20 200 20)

RECEIVED

RECEIVED

THE INFORMATION DIRECTOR  
FOR THE YEAR 200

RECEIVED  
NOV 20

M. H. JONES  
NOV 20, 1948



12/8

314.6 GAS Europe  
(Discount)

ORDER NO. OF THIS PAGE IS

UNCLASSIFIED

ON THIS PAGE FRAME

PRIORITY

WCL 49665

ACDC 5665

TO ORDER NO. 49665

REQUIRE THE INFORMATION INDICATED FOR THIS ORDER TO BE CANCELLED OR DISCONTINUED FOR THIS ORDER  
MAY 200 IN ORDER NUMBER IS CANCELLED TO DISCONTINUE CONTRACTS FOR THIS ORDER  
MAY 200 AND MAY 279 BY JAMES AND APPROVED AS CIL BY THIS OFFICE

X-279 (James)

na

ACDC 5665 IS IN IN 00007 (20 AND 29)

UNCLASSIFIED

SECRET

ORDER NUMBER 1-5037  
BY GS BUREAU

211500  
ACT 49

S. B. JONES  
1ST ST, ONE ONE ONE

**AIRMAIL**

QMGMT 293  
Unknown X-279  
(St. James) France

12 October 1949

**SUBJECT:** Identification of World War II Deceased

**TO:** Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to your radio AGEN 5665, dated 26 August 1949.
2. Further reference is made to paragraph 2 (c), letter this Office dated 26 July 1949, QMGMP 293, Subject: Misinterment Discrepancies.
3. Request that Central Identification Laboratory designation for Unknown X-279 St. James be cancelled and the remains reclassified as Unidentifiable.
4. Further request that this Office be advised upon completion of your action.

**FOR THE QUARTERMASTER GENERAL:**

T. H. MEYER  
Lt. Colonel, QMG  
Memorial Division

Newbaker: vmt  
Clements mlt  
REB

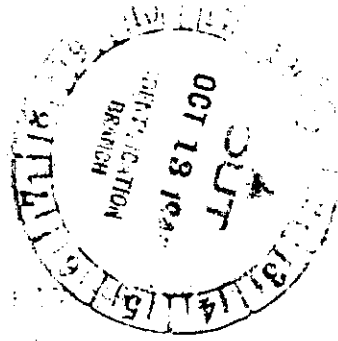
cc Admin Section

REB

TEC

**AIRMAIL**

JAMBIA



3

JAMBIA

7 October 1949

Mr. Newbaker,

RE: Remains of X-279 St. James

Capt. Barry has advised us to not accept  
CIL designation for X-279 St. James. Request the  
field to declare remains "unidentifiable."

M.A. Clements

NAT  
File

-----  
-----  
Identification Branch

~~Copy~~

QARC Paris

QARC 5665

MC IN NO 78497

Ref QARC 5665  
attn mem. Division

Unknowns X-73 Sorron, X-261 Marigny,  
X-279 St James, X-199 and X-260  
Le Chene Gueric now redesignated  
to CIL number 2213, 2151, 2134,  
2182 and 2183 respectively. Request  
Authority to cancel Disinternment Directives.  
End QARC RE Beckham.

26/11 552 Aug

AUG 6 1948

AGRC FORM No. 11  
Revised Sept. 1946  
Formerly "Check List  
of Unknowns")

# IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042)

Ex. O. # 866, dtd 22 March 1948

Unknown X - 279

Cemetery St. James, France

Plot P. Row 9 Grave 216

Date reprocessed:

1. Arrived at cemetery 15 April 1948  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or submitted~~ **reprocessed** by I.S. Hq. 1st Zone  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u> (Type)		
Raincoat	<u>Remnants of</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		



*For file  
Oct 15 50  
John P. ...  
F. J.*

Belt, web ..... **NONE**

Drawers, wool ..... **NONE**

Drawers, cotton ..... **NONE**

Leggings, wool ..... **NONE**

Socks, ~~wool~~ wool, **One**

\* Shoes ..... **NONE** (type)

Overshoes ..... **NONE**

Web Equipment ..... **NONE** (type)

(Other item) ..... **NONE**

(Other item) ..... **NONE**

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or  
Insignia ..... **NONE**  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... **NONE**

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? **UTD**

6. Description of Remains : **No bones for measurement**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings ..... **None** Scars ..... **UTD**  
(Length, width, location)

..... **UTD** Tattoos  
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks ..... **UTD**  
(Yes-no; description, location)

Sunburn or tan, other than hand and face ..... **UTD**

Complexion ..... **UTD**  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... **UTD**  
(Large, fat, thin, muscular)

Hair ..... **None found**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **UTD**  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... **UTD** Mustache ..... **UTD** Beard or ..... **UTD**  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... **UTD**  
 (Light, color, extent)

Eyes ..... **UTD** ..... Eyebrows ..... **UTD**  
 (Color, setting, shape) ..... (Color, bushiness, extent across nose)

Nose ..... **UTD** ..... Ears ..... **UTD**  
 (Size, shape, straight) ..... (Size, set close to or far from head)

Mouth ..... **UTD** ..... Lips ..... **UTD**  
 (Large, medium, small) ..... (Small, large, full)

Teeth ..... **No teeth recovered**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... **UTD**  
 (Prominent, receding, pointed, dimples, double)

Jaw ..... **UTD** ..... Circumference of head in inches ..... **Skull missing**  
 (Large, small, normal) ..... (Hat band)

Neck ..... **UTD** ..... Larynx ..... **UTD**  
 (Size, length, short, normal, wrinkled) ..... (Prominent, normal)

Shoulders ..... **UTD** ..... Arms ..... **UTD**  
 (Broad, straight, small, rounded) ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... **UTD**

Fingers ..... **UTD**  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....  
 (Unusual characteristics of fingernails)

Chest ..... **UTD**  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... **UTD**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... **UTD** ..... Circumcision ..... **UTD** ..... Pubic Hair ..... **None**  
 (Quantity and extent of hair) ..... (Yes-no) ..... (Color)

Hernioplasty ..... **UTD**  
 (Yes-no; location)

Legs ..... **UTD**  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... **UTD** ..... Toes ..... **UTD**  
 (Size, corns, callouses, flat) ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... **None evident**  
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.



7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Fingers Missing

8. Has tooth chart been prepared? No If not, explain Teeth fecovered  
(Yes-no)

9. Remarks These remains were segregated from "Henry, Feil, O-1297017," Plot F, Row 5, Grave 120. Designated as Unknown X-279 and buried in Plot P, Row 9, Grave 216. For further information see Narrative attached to case "Henry, Feil O-1297017".

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

NARRATIVE

The following extra Anatomical parts were found with remains of "Henry Feil O-1297017". (1) one left calcanius, (1) right Talus, (1) one proximal third of right Fibula, (1) One small portion of left Scapula.

These extra anatomical parts could not be consolidated with the remains of "Otra Gladden, 34396583," as the remains of "Otra Gladden", consisted of a complete body.

The extra anatomical parts were placed in a burial box and reburied as Unknown X-279 in Plot P, Row 9, Grave 216, USMC, St. James, France.

/s/ THOMAS W. TURNER  
(Officer's Name)

DA0 IDENT. TECH.  
Rank Service

FIRST ZONE  
(Organization)

*Certified True Copy!*  
*Woodrow W. Toal*  
*Capt. USMC*

# SKELETAL CHART

X-279  
St. James, France

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



- (1) One right Talus.
- (1) One left Calcaneus.
- (1) One proximal third of right  
Fibula.
- (1) One small portion of left  
Scapula.

Height - UTD

CHART "A"

These remains in  
USMC St. James, Plot F,  
Row 5, Grave 120 prev.  
identified as Henry Teil,  
have been reidentified as  
PVT. Cecil, J. Pugh 34679167

Duplicate copies -  
Originals filed in the  
293 file for Cecil A. Pugh.

# IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042)

AK

EX-0# 816, 22 MARCH '48

Unknown X

Cemetery ST. JAMES, France

Plot F Row 5 Grave 120

DATE REPROCESSED  
1. Arrived at cemetery 15 APRIL 1948  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)

3. Remains REPROCESSED  
~~recovered or disinterred~~ by I.S. FIRST ZONE, AGRC  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u>		
Raincoat	<u>REMNANTS OF</u>		
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

AK

Q-20

Belt, web \_\_\_\_\_

Drawers, wool NONE

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, <sup>WOOL</sup>~~COTTON~~ ONE, REMNANTS OF

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment NONE (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia NONE (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD  
R - FIBULA 38.9  
R - TIBIA 38.0

6. Description of Remains:

Age UTD Height <sup>Est.</sup> 5' 9 1/4 Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars UTD (Length, width, location)

UTD Tattoos  
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks UTD (Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD (Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD (Large, fat, thin, muscular)

Hair LIGHT BROWN, 3" LONG, SLIGHTLY WAVY (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD (Color, setting, shape) (Color, size, shape) (Length, heavy)

72

FEIL, HENRY  
0-1297097

Goatee UTD  
(Light, color, extent)

Eyes UTD Eyebrows UTD  
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose UTD Ears UTD  
(Size, shape, straight) (Size, set close to or far from head)

Mouth UTD Lips UTD  
(Large, medium, small) (Small, large, full)

Teeth SEE ATTACHED TOOTH CHART  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD  
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches 21  
(Large, small, normal) (Hat band)

Neck UTD Larynx UTD  
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD  
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

UTD

Hands UTD

Fingers UTD  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD  
(Unusual characteristics of fingernails)

Chest UTD  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair UTD  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD  
(Yes-no; location)

Legs UTD  
(Muscular, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures NONE EVIDENT  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

3

7. Have finger prints been placed on Report of Interment? NO  
(Yes-no)

If not, explain FINGERS MISSING

8. Has tooth chart been prepared? YES If not, explain  
(Yes-no)

9. Remarks REMAINS RECEIVED IN SKELETAL FORM, CLOTHING,  
FOUND IN DEBRIS, BARE NO MARKINGS. TEETH FOUND IN DEBRIS  
AND CHARTED. SKULL DISARTICULATED; FOUND AMONG  
REMAINS. ONE BURIAL REPORT FOUND, NO GRS TAG<sup>found.</sup> ESTIMATED  
WEIGHT OF REPROCESSED REMAINS: 6 LBS. ESTIMATED HEIGHT 5'9 1/4

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

"NOTE SEE NARRATIVE"

Thomas W. Turner  
(Officer's Name)

DAC Ident Tech  
Rank Service

First Zone  
(Organization)

Carl W. Ray  
Pfc  
Clerk - Recorder



K.O. # 816

narrative

~~FRIT, HENRY~~

~~O-1297017~~

~~Plot-F Row-9 Grave-120~~

ANATOMICAL PARTS

THE FOLLOWING EXTRA ~~ONES~~ WERE FOUND WITH REMAINS OF "HENRY FEIL, O-1297017." ① ONE LEFT CALCANEUS, ① RIGHT TALUS, ① ONE PROXIMAL THIRD OF RIGHT FIBULA, ① ONE SMALL PORTION OF LEFT SCAPULA.

ANATOMICAL PARTS

THESE EXTRA ~~ONES~~ COULD NOT BE CONSOLIDATED WITH THE REMAINS OF "OTRA GLADDEN, 34396583," <sup>AS</sup> ~~BECAUSE~~ THE REMAINS OF "OTRA GLADDEN" CONSISTED OF A COMPLETE BODY.

ANATOMICAL PARTS

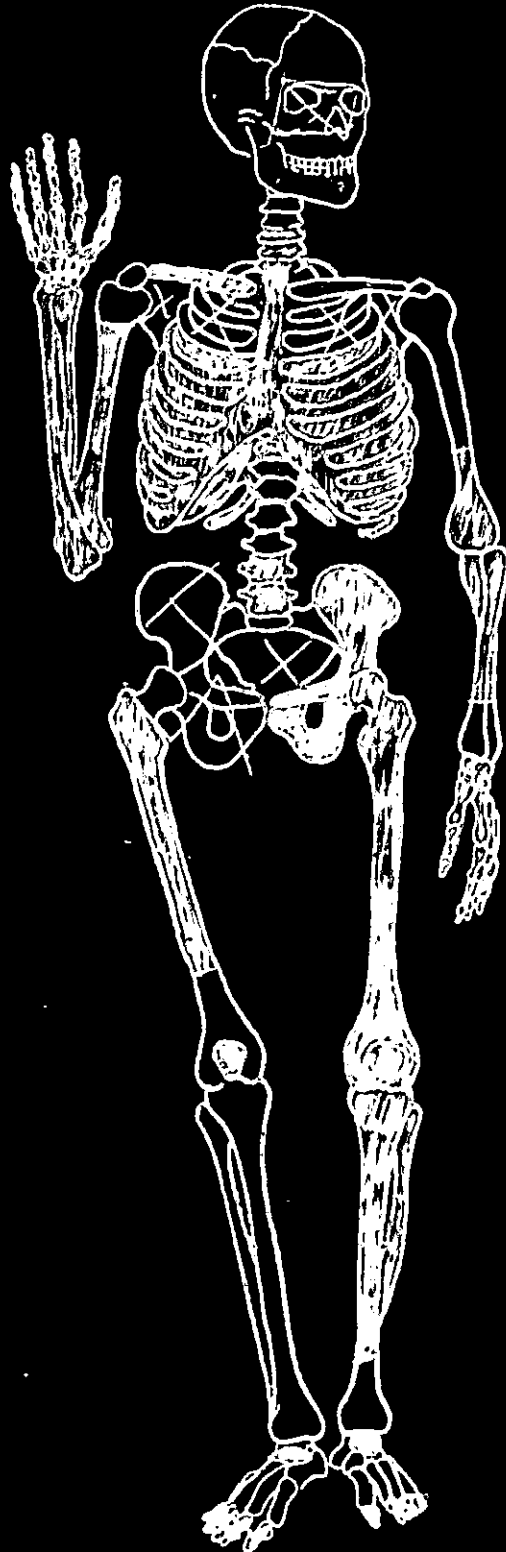
THE EXTRA ~~ONES~~ WERE PLACED IN A BURIAL BOX AND REBURIED AS UNKNOWN X-279 IN PLOT-P ROW-9 GRAVE-216, USMC, ST. JAMES, FRANCE.

J. R. VER  
EX-O# 814

FEIL, HENRY  
O-1297017

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



R- FIBULA 38.9

R- TIBIA 38.0

CHART "A"

EST HEIGHT 5'9 1/4

6/

St. James

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

# TOOTH CHART

15-4-48

FEIL

HENRY

Date  
0-1297017

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Place of Death

Date of Death

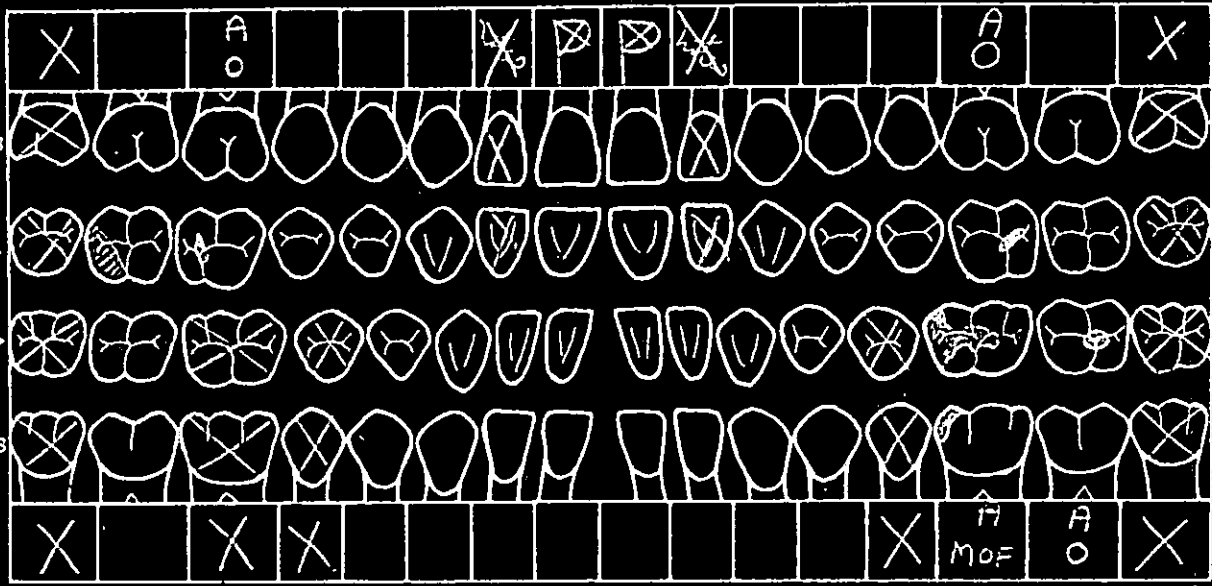
Cause of Death

Right

See notes on L-2 + R-2

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

W -  
1st Lt. L. De Snow

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



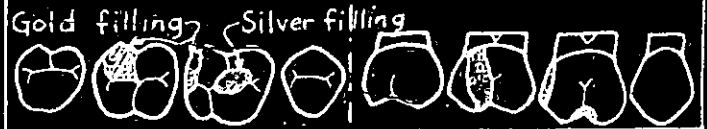
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus:



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Spaces: R-11-12, 2MM., R-12-15, 14MM.  
L-11-12, 2MM., L-12-14, 2 1/2 MM.

Size - average  
alignment - Good  
color - Ivory

Note: There is no L-2 or R-2 present nor is there a space between R-1-3 or L-1-3 where R-2 + L-2 should be. There <sup>is</sup> a deciduous tooth present between R-1 + R-3 + also between L-1 + L-3.

# DISINTERMENT DIRECTIVE

6

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3

054222

25 10 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	000007		0	0	0

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST JAMES FRANCE			011	3504 CODE DIST. CTR.

### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. JAMES, FRANCE	(BY ADMINISTRATIVE DECISION)

### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY 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	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	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

REMARKS AND SPECIAL INSTRUCTIONS

**DISINTERMENT DIRECTIVE**

DMS

6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3

357B 04422

15 10 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWNX-000275		0	0	5

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST JAMES FRANCE			216	350 CODE 80 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. JAMES, FRANCE	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	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

REMARKS AND SPECIAL INSTRUCTIONS

Please remove  
these papers, <sup>certificates of unidentified</sup> as they  
may be returned to the  
field.

C. Duncan.  
2d. Sec.

AUG 6 1948

X-279

GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1943)

# GRAVES REGISTRATION

Take fingerprints of both hands on male to obtain a complete set of fingerprints. Take those you can, and fill in the following:

Date: 28 April 1948  
Serial No.: Unk.

Unk. X-279

Last Name

First

Initial

Unk.

Unit

Laundry Marks:

Height:

Number of Ribs:

Weight:

Wear Glasses?

Color of Eyes:

Place of Death

Location of Death

Color of Hair:

Cause of Death

USMC, St. James, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

216

Row Number

Plot

Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

No Identification Tags: The remains of "Feil, Henry, O-1297017", Plot F, Row 1, Grave 120, and the remains of "Gladden, Otra, 343965831", Plot G, Row 1, Grave 8, USMC, St. James, France, were reprocessed for possible partial consolidation. Reprocessing of "Feil", revealed an excess of anatomical parts present and segregation was accomplished. Per instruction received from Hq. AGRC, Paris, the excess anatomical parts were designated Unk. X-279 and interred in Plot P, Row 9, Grave 216. The remains of "Feil" were reinterred in Plot F, Row 5, Grave 120, and the remains of "Gladden", were reinterred in Plot G, Row 1, Grave 8, USMC, St. James, France.

To determine Right or Left use Deceased's Right and Left.

One copy of GRS Form # 1, placed in a burial bottle and buried with the remains.

Who is buried on:

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Name

Serial No.

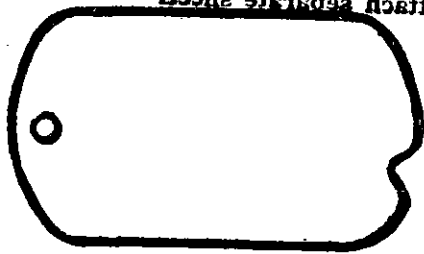
Rank

Organization

Grave No.

If this is an isolated burial, make a sketch of the

## TOOTH CHART



If print is not affixed fill in below:

Emergency Addressee

Unk. X

CANCELLED 13 October 1950, Assn. CIL #2152, per

Auth: HQS, AGRC-EA, 21 July 1948

Address

Religion

Unk.

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

None

Signature of Officer or other person reporting burial

Verified by G. R. S. Officer

2	0
1	1
0	0
4	4
3	3
5	5
1	1
1	1
2	2
1	1
0	0
1	1
2	2
0	0
2	2

RECORDED & INDEXED

REC'D. LAMPRECHT  
S. DA CIV IS  
COLEMAN W. WOLF  
CAPTAIN  
P-11-1102-1337-0-1-10-10-10



GRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1943)

# REPORT OF BURIAL

Unk. X-279

28 April 1948 Date

Take fingerprints 10-630 AND OR 30-1815  
complete set of fingerprints, Take those You Can, and fill in the following :

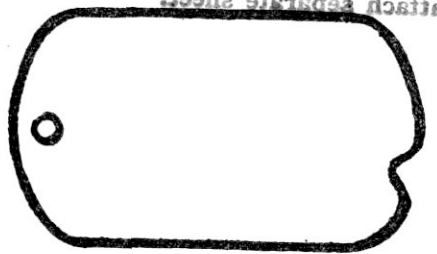
Last Name	First	Initial	Unit	Height	Weight	Color of Hair	Color of Eyes	Color of Skin	Cause of Death
Unk.	Unk.								
Place of Death	Date of Death	Name of Cemetery	Name or Coordinates of Location	Wear Glasses?	Number of Ribs	Tooth Chart Attached?			
		USMC, St. James, France	Temp. Wdn. Cross						
Time and Date of Burial	Grave Number	Row Number	Plot Number	Type of Marker					
216									

Disposition of Identification Tags : Buried with body Yes  No  Attached to Marker Yes  No   
 If No Identification Tags How were remains identified ? The remains of "Feil, Henry, O-1297017", Plot F, Row 1, Grave 8, USMC, St. James, France, were reprocessed for possible partial consolidation. Reprocessing of "Feil", revealed an excess of anatomical parts present and segregation was accomplished. For instruction received from Hq. AGRC, Paris, the excess anatomical parts were designated Unk. X-279 and interred in Plot P, Row 9, Grave 216. The remains of "Feil" were reinterred in Plot F, Row 5, Grave 120, and the remains of "Gladden", were reinterred in Plot G, Row 1, Grave 8, USMC, St. James, France.  
 What means of identification were buried with the body ? One copy of GRS Form # 1, placed in a burial bottle and buried with the remains.  
 To determine Right or Left use Deceased's Right and Left.

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left :	Name	Serial No.	Rank	Organization	Grave No.

## TOOTH CHART

Upper	8	7	6	5	4	3	2	1	
Lower	1	2	3	4	5	6	7	8	



Emergency Addressee: Unk. X-279  
 Name: Unk. X-279  
 Address: CANCELLED 13 October 1950, Asst. Dir. for Ident. Div. OIA #2132, per  
 Auth: HQS, AGRC-EA. 21 JULY 1948

List only Personal Effects Found on Body and disposition of same : None

Signature of Officer or other person reporting burial: \_\_\_\_\_  
 Verified by G. R. S. Officer: \_\_\_\_\_

LEO H. LAMPRECHT  
 1S DA CIV IS  
*Goodman 2 Wolf*  
 COBROW W. WOLF  
 APTAIN MC  
 P-SI-AGRC-EA OFFICER

RECORDS BRANCH  
 APR 14 1948  
 UNK. X-279

# IDENTIFICATION

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Attached to Marker:  No  Yes  
 Buried with body:  No  Yes  
 How were remains identified? \_\_\_\_\_

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

Name: \_\_\_\_\_ (Serial No. \_\_\_\_\_)  
 Rank: \_\_\_\_\_ (Serial No. \_\_\_\_\_)

DRIVER REGISTRATION  
 FORM NO. 1  
 (Revised 1 Sept. 1947)

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date and Date of Birth: \_\_\_\_\_  
 Civil Number: \_\_\_\_\_

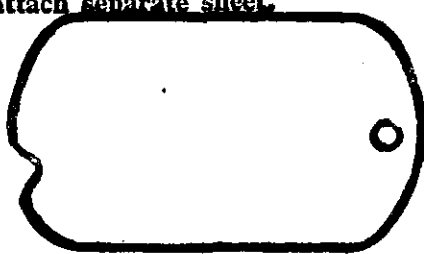
Disposition of Identification Tags: Buried with body  Yes  No  
 How were remains identified? \_\_\_\_\_

Deceased's Left: \_\_\_\_\_  
 Deceased's Right: \_\_\_\_\_

## TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location oriented with North and Landmarks. If more space needed attach separate sheet.

Indicate North



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

Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower																

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○  
 by C linking anchor teeth; replacements by artificial teeth X.

Characteristics: \_\_\_\_\_  
 Other Data: \_\_\_\_\_

RECORDS BRANCH  
 9:38 AM '48  
 DIVISION

**IF DECEASED UNIDENTIFIED,**

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Height: Laundry Marks:  
 Weight: Number of Rifle:  
 Color of Eyes: Wear Glasses?  
 Color of Hair: Is Tooth Chart Attached?  
 Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

**TOOTH CHART**

		Deceased's Left														
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower																

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X.

Characteristics :

Other Data :

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

