

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

8 March 1949

Date

293 *Unk. France X-4 (St. Laurent)*

SUBJECT: - Unidentifiable Remains

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

1. The records pertaining to Unknown X- 4, Plot R,
Row 2, Grave 26, USMC St. Laurent, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2381, dated 5 August 1947. No
further information is available.

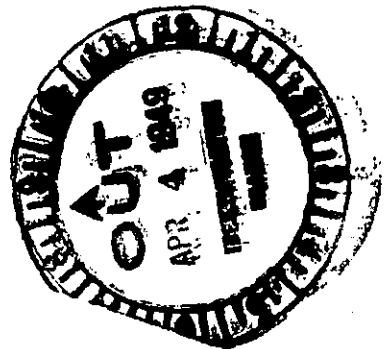
FOR THE COMMANDING GENERAL:

/s/ Capt Stanley C. Tyrrell
/t/ 1st Lt Edward E. Stout
1st Lt Ernest J. Oglesby

Received 31 MAR 1949 OQMG
Not identifiable from
information presently
available

NAT
File 31 mar 49
M. Blom
Ident. Sv

THE
MAY 1949
10000



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

8 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 4, Plot R,
Row 2, Grave 26, USIC ST. LAURENT, FRANCE,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

-Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2381, dated 5 August 1947.

Case reviewed by undersigned Members of the Board of Review:

Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 OMC

1/Lt Ernest J. OGLESBY, O-449004 Cav

Received 31 MAR 1949 00MG
Not identifiable from
information presently
available

Incl # 42

7
QMGT 293
Unk. X-4
France
(St. Laurent,)

1st Ind.

DEPARTMENT OF THE ARMY, OMC, Washington 25, D. C., 29 June 1948

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

1. Reference is made to basic communication.
2. The fingerprints submitted with Unknown X-4, Plot B, Row 2, Grave 26, USMC ST Laurent, France have been submitted to the F.B.I., US Navy and US Coast Guard for comparison and have been returned with negative results.

FOR THE QUARTERMASTER GENERAL:

T. R. METZ
Lt. Colonel, OMC
Memorial Division

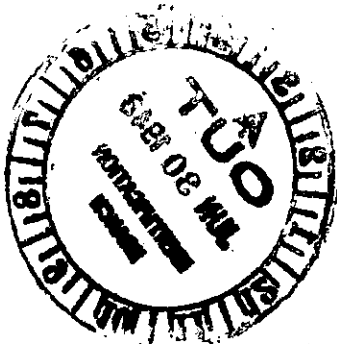
7
NJS

JCM

aem @
FISHER

3 56 PM '48
O. Q. M. G.
MAIL & RECORDS BRANCH

CC: ADMIN. SECT.





RECORDED
U.S. DEPT. OF JUSTICE
3 22 PM '46

16

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.	Chief, Navy Sect. MemDiv.	Chief, Ident. Sect. ID BR MemDiv	25 June 1948	<p>1. Reference attached letter from the Field dated 17 June 1948, it is requested that the following information be forwarded in reply.</p> <p>* 2. The fingerprints submitted with Unknown X-4, Plot R, Row 2, Grave 26, USMC St Laurent, France have been submitted to the F.B.I., US Navy and US Coast Guard for comparison and have been returned with negative results.</p> <p style="text-align: center;"><i>Waite</i> WAITE 73880</p> <p>I. Incl: (1) ltr from ETA dated 17 June 1948</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2 - Unknown X-4
(St. Laurent)

17 June 1948

SUBJECT: Comparison of Fingerprints of Navy Personnel

TO: The Quartermaster General, Washington 25, D.C.

1. It is requested that fingerprints submitted with Report of Burial for Unknown X-4, interred in Plot R, Row 2, Grave 26, USMC St. Laurent, France, be compared with Navy casualties missing in action on 6 June 1944 in Normandy, France.

2. Reprocessing of the remains of Unknown X-4 (St. Laurent) revealed the clothing remnants found on body indicated that the deceased was a member of the Naval Forces.

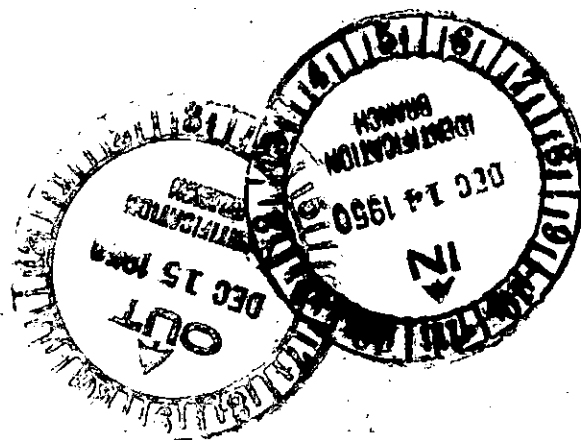
FOR THE COMMANDING GENERAL:

ROBERT A SALVADOR
Capt., Inf
Actg Asst Adj Gen

Tel: Paris, BALzac 5400, Ext 393



993 VAP X-4
Fingerprint
(St. Laurent)



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Interred 20 November 1948
I-1-3, St Laurent
DOUGLAS A. MAC KENZIE
Capt., Inf.- Cemetery Superintendent

Douglas MacKenzie
DISINTERMENT DIRECTIVE

P. B. Linton

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3582 00000
DATE: 10 09 47
DAY MONTH YEAR

NAME: UNKNOWNX-000004
SERIAL NUMBER: X-000004
RANK: [Blank]
ARM: [Blank]

CEMETERY: ST LAURENT BAVEUX
DISPOSITION OF REMAINS: 3505 80
CODE DIST. PT.

PLOT: R ROW: 2 GRAVE: 26 COUNTRY: FRANCE
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST. LAURENT, FRANCE
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: Unidentified X-4
SERIAL NUMBER: Utd RANK: Utd
DATE OF DEATH: 6-6-44 DATE DISTINTERRED: 25-9-47

IDENTIFICATION TAG ON: [] REMAINS [] MARKER
ORGANIZATION: [Blank] RELIGION: Utd
IDENTIFICATION VERIFIED BY: WALTER H. MACGUIRE, CWO
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress Cover and Clothes
CONDITION OF REMAINS: Advanced Decomposition

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES: 1 Arm of service corrected-Authority 355 (Hq,AGRC)
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 29-9-47 BY C.R. Tompkins
CASKET SEALED BY: C.R. Tompkins
EMBALMER (Signature): *C.R. Tompkins*

CASKET BOXED AND MARKED
DATE 29-9-47 BY H.B. Albert
SHIPPING ADDRESS VERIFIED BY: JOHN W. SHARP

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

John W. Sharp
JOHN W. SHARP
1st LT. INF

NAT FILE RECORDS
DATE 23 1949
F & R B?

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. LAURENT, FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1-5
1-5

WAR DEPARTMENT
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

QNGMU 293
Unknowns X-4, ~~X-8~~
(St Laurent) France

15 July 1947

SUBJECT: Fingerprint Comparison

TO : The Adjutant General, Washington, D. C.

ATTENTION: Status Review & Determination Sub-Section, Casualty
Section, Personnel Actions Branch, AGO, 5E 777, The Pentagon

1. The inclosed Burial Reports are returned to your office with a request that comparison be made of the fingerprints thereon with those on file for Nicholas V. De Angelis, 32846952.
2. It is requested that this office be advised of your findings, together with return of the forms.

FOR THE QUARTERMASTER GENERAL:

2 Incls
2 Reports of Burial

JAMES C. MacFARLAND
Major, QMC
Memorial Division

JUL 15 9 31 AM '47

JUL 15 8 55 PM '47
PERSONNEL BRANCH



4
X 393 Unk. France X-6 (St. Laurent)
X 293 De Angelis, Nicholas V. 32846952

QMGYB 293

Unknowns - France (St Laurent) 1st Inf
X-4, X-6, X-9, X-13 and X-22

Hqs., MD, OQMG, Washington, D. C.

22 July 1946

TO: Commanding Officer, American Graves Registration Command,
European Theater Area, APO 887, c/o Postmaster, New York, N.Y.

1. The fingerprints submitted on the Burial Reports of Unknowns X-4, X-6, X-13 and X-22 (St Laurent) have been compared with those on file for Major Leonard C. Godfray, O-20344, but were not found identical.

2. Fingerprints for Unknown X-9 have not been received in this office. It is, therefore, requested that they be forwarded, without delay.

FOR THE QUARTERMASTER GENERAL:

JAMES G. MacFARLAND
Major, OQMG
Assistant

EL

JUL 22 1946
MAIL & RECORDS BRANCH
O. R. H. G.

✓	293	UNK	X-4	Fingerprints (St Laurent)
✓	"	"	X-6	id as Harley, [unclear]
✓	"	"	X-13	id as New, Fulford, 2822231
✓	"	"	X-22	id as Kroystad, Bert, 20361677

293 Godfray, Leonard C. (O-20344) 37388185

RECORDS BRANCH

JUL 25 1946

RECORDS BRANCH

REGISTRATION AND
RECORDS BRANCH

JUL 22 12 26 PM '46

MEMORIAL DIVISION

RECEIVED
MEMORIAL DIVISION
JUL 22 1946

DE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887 U S ARMY

PLM/LFP/lfp

AGRRE (St Laurent R-2-26)

18 May 1946

SUBJECT: Fingerprint comparison.

TO : The Quartermaster General, Washington 25, D.C.

1. It is requested that fingerprints on Reports of Burial for Unknowns X-4, X-6, X-9, X-13 and X-22 (St Laurent) be compared with those on file for Major Leonard C. Godfray, ASN 0-20344, 16th Infantry Regiment.

2. It is further requested that results of the comparison be forwarded to this office at the earliest practicable date.

FOR THE COMMANDING OFFICER:

(VER. DIST 4550 Ext. 97)

PAUL L. McCRILLIS,
Major Inf.,
Actg. Asst. Adj. Gen.



*File
7-17-46
[Signature]*

RESTRICTED

AGPC-S 704 (19 Dec 44)

1st Ind.

JFH/SFM/jfs/4602

War Department, The Adjutant General's Office, Washington 25, D. C.
8 January 1945

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief
Registration and Planning Branch, Room 1100, Temporary Building C.

1. Fingerprints on Report of Burial No. 22927 (QMC Form 1-GRS)
could not be identified and the report is returned herewith.

✓ 2. reports of Burial Nos. 22971, 22979, 39408, and 39410, are
being retained for further investigation.

For The Adjutant General:

DANIEL P. POTLET
Colonel, AGD,
Officer in Charge,
Status Review and
Determination Section.

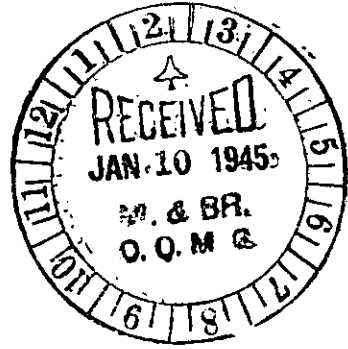
1 Incl. 1 GRS Form #1
5 W/D 5 GRS Forms #1

f. 293
Unknown
Stance
hiss

file
11 Jan 45
11 Dec 45

RESTRICTED

JAN 10 3 25 PM '45
MEMORIAL DIVISION



OFFICE

ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO SPQYG 293

Unknowns - France
22927 39408
22971 39409
22979 39410

19 December 1944



cc

cc 293

SUBJECT: Fingerprints of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D.C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed GRS Forms #1 are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to the identification of six (6) Unknowns, buried in the St. Laurent sur Mer #1 Cemetery.

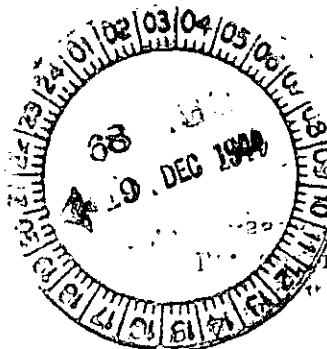
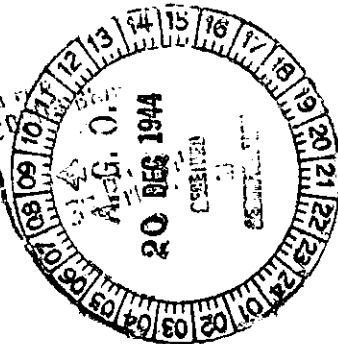
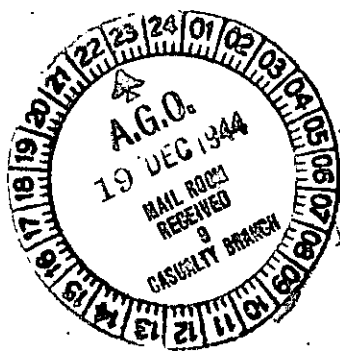
2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Forms, when reports are rendered.

For The Quartermaster General:

Mary K. Darling
MARY K. DARLING
Lt. Colonel, Q.M.C.,
Assistant.

6 Incls:
GRS Forms #1

(19 Dec 44)



19 DEC 1944

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION:

The following information is for your information: On the 19th of December 1944, the following information was received from the Casualty Branch of the Army General Office, London: The following information is for your information:

The following information is for your information: On the 19th of December 1944, the following information was received from the Casualty Branch of the Army General Office, London: The following information is for your information:

On the 19th of December 1944, the following information was received from the Casualty Branch of the Army General Office, London: The following information is for your information:

The following information is for your information:

The following information is for your information:

SSSAA 19510

SSSAA 28476

SSSAA 28476

SSSAA 28476

SSSAA 28476

19 DEC 1944

OFFICE OF THE CASUALTY BRANCH

ARMY GENERAL OFFICE

293 Unk, France misc

SPQYG 293
Unknowns - France

~~22927~~ 39408

22971 39409

ID ~~22979~~ 39410

19 December 1944

SUBJECT: Fingerprints of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D.C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed GRS Forms #1 are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to the identification of six (6) Unknowns, buried in the St. Laurent sur Mer #1 Cemetery.

2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Forms, when reports are rendered.

For The Quartermaster General:

MAYO A. DARLINS
Lt. Colonel, G.M.C.,
Assistant.

DEC 19 8 55 AM '44
MEMORIAL DIVISION

CCP

6 Incls:
GRS Forms #1

jp

293 Unk, 22927 France

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

39

Unknown X-4, Cemetery St. Laurent
France
Plot 26, Row 2, Grave 26

TOOTH CHART

1 July 1947

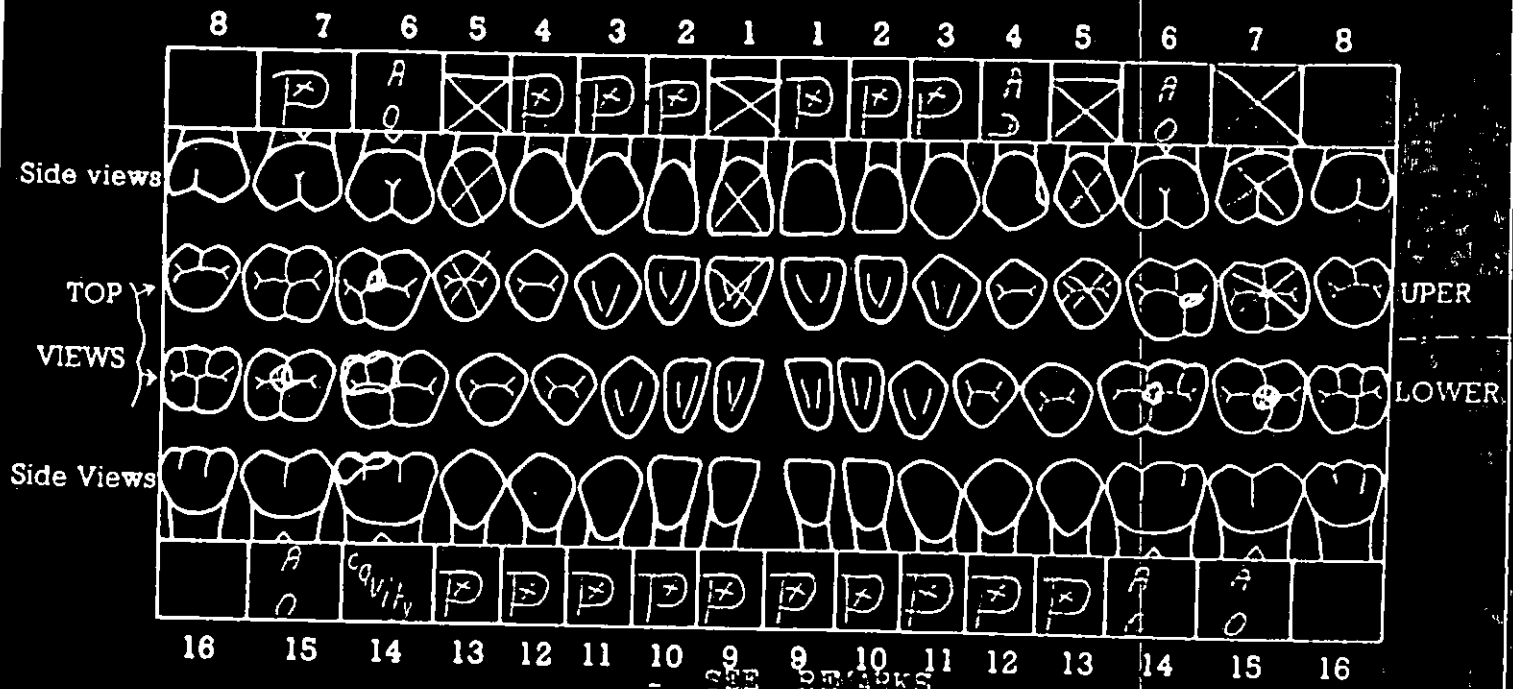
Date

Unknown X-4

Last Name		First	Initial	Rank	Serial No.
Unit		Organization			
Place of Death		Date of Death		Cause of Death	

Right

Left



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.

Edward Sebastian
Signature of Officer or other person who prepared Tooth chart

Ernest Caddy
Verified by G. P. S. Officer

ERNEST C. CADDY
CWO USA, C.I.P.

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



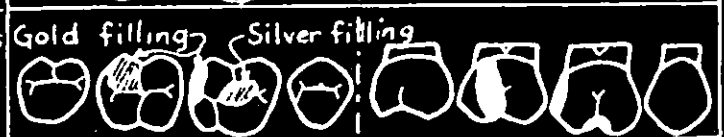
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

Posthumously missing R-2, 3, 4, 7, 9, 10, 11, 12, 13 and
 L-1, 2, 3, 9, 10, 11, 12, 13.
 Spaces: R-2-L-1, 5mm (est.); R-4-6, 3mm (est.);
 L-4-6, 6mm; L-6-8, 1mm.

Mesial version L-8

The sockets of L-1, 2, 3 are joined, teeth may have been abscessed.

Upper, partial, brown vulcanite denture replacing R-1, 5 and L-5, pontic replacing R-1 is 5mm wide, no pontics replacing R-5 and L-5, no clasps.

Small ivory colored teeth are in good alignment.

eh

IDENTIFICATION CHECK LIST

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

Unknown X - 4
 Cemetery St. Laurent - France -
 Plot R Row 2 Grave 26

1. ~~Arrived at cemetery~~ Date reprocessed: 1 July 1947.
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred by Subordinate Identification Point Carentan, France.
(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 _____	none		
	<small>(Type)</small>		
Raincoat _____	none		
Overcoat _____	none		
Jacket, Field _____	none		
Jacket, Combat _____	none		
Mackinaw _____	none		
Sweater _____	Remnants of one (1) (Navy blue)		<i>- wool knit -</i>
Jacket, HBT _____	none		
* Shirt, Wool OD _____	none		
Undershirt, Wool _____	none		
Undershirt, Cotton _____	none		
Trousers, HBT _____	none		
* Trousers, Wool OD _____	none		

Belt, web none
 Drawers, wool none
 Drawers, cotton Remnants of one (1) (white)
 Leggings, wool none
 Socks, ~~cotton~~ wool, Remnants of one (1) pair (white)
 * Shoes none (type)

Overshoes none
 Web Equipment none (type)

(Other item) Remnants of one (1) pair, Blue denim trousers. (Navy Type)
 (Other item) Remnants of one (1) Navy storm suit, Remnants of one (1) handkerchief (white), Remnants of one (1) pair coveralls, suspender type.

* 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?
Naval Force

6. Description of Remains: Femur 45,1; Humerus 32,9; Tibia 36,4; Radius 24,7;
 Age Utd Est. Ulna 25,7.
 Height 5'5 3/8" Weight Utd Description of wounds Utd

Bandages or dressings Utd 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 Dark Brown, approx. 2 1/2" long, straight
 (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** Eears **Utd**
(Size, shape, straight) (Size, set close to or far from head)

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

Teeth **See Tooth Chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **Utd**
(Prominent, receding, pointed, dimples, double)

Jaw **Pointed** Circumference of head in inches **Utd Fractured**
(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 **Dark brown**
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **Utd**
(Yes-no; location)

Legs **Utd**
(Insuum, 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 **Utd**
(Nose, arms, legs, etc.)

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

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

If not, explain hands missing

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

9. Remarks Remains received, fully clothed, with considerable amount of decomposed flesh. Clothing Navy Type. Original Burial Report found. No GRS Tag found.
Estimated weight of remains recovered: 45 Lbs.
Fluoroscopic Examination: Negative.
Chemical Laboratory Examination: Negative.
Case remains "Unknown".

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.

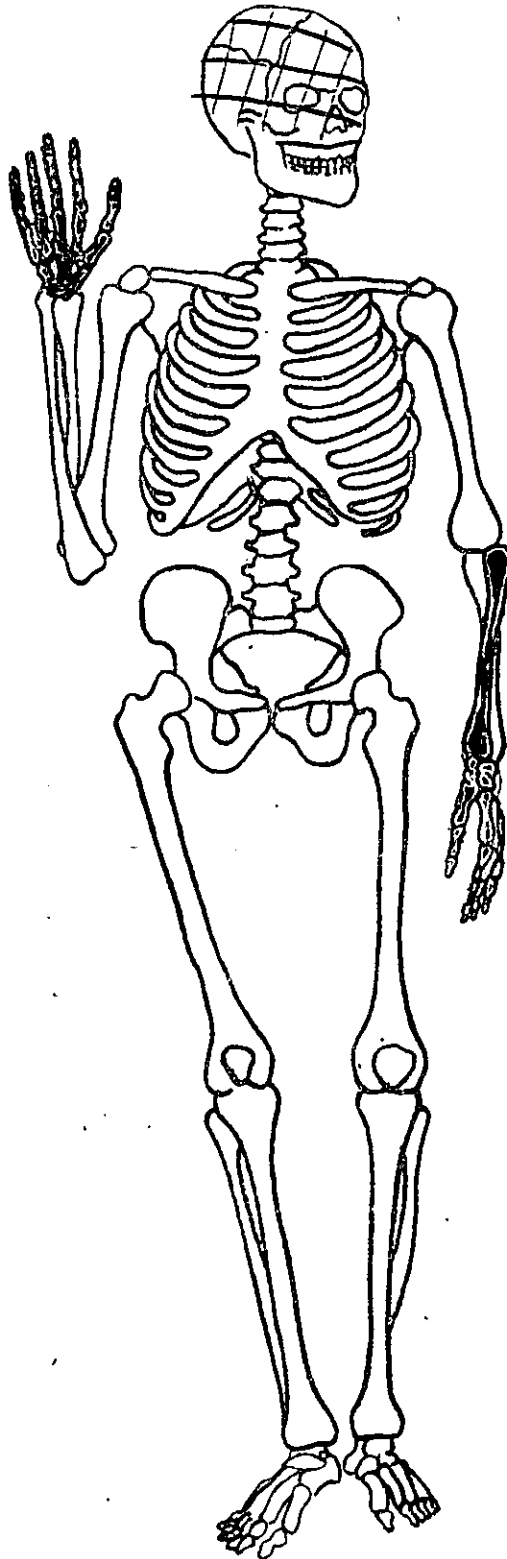
Ernest C Gaddy
(Officer's Name)
ERNEST C. GADDY
CWO USA
Rank Service

Central Identification Point
(Organization)

Unknown X-4
Cemetery St. Laurent, France
Plot R, Row 2, Grave 26

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus 32,9

Radius 24,7

Ulna 25,7

Femur 45,1

Tibia 36,4

Fibula

REPORT OF BURIAL

TM 10-63J AND AR 30-1815

REBURIAL

22 July 44
Date

UNIDENT. X
Last Name

First

Initial

Rank

Serial No.

Unit

Organization

- Normandy, France
Place of Death

6 June 44
Date of Death

KIA
Cause of Death

1100- 9 June 44
Time and Date of Burial

ST. LAURENT SUR MER # 1
Name of Cemetery

675-896
Name or Coordinates of Location

26
Grave Number

2
Row Number

R
Plot Number

Temp
Type of Marker

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

If No Identification Tags
How were remains identified?

Body disinterred from Amer Cem #2, Coord. 669-905; 13 July 44.

From Grave 452 Row 8 Plot A.
What means of identification were buried with the body?

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

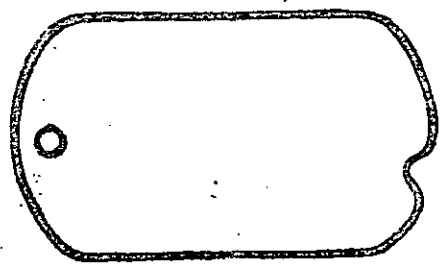
007376

Who is buried on:

Deceased's Right: Frank Sadusky (NMT) 31274604 27
Name Serial No. Rank Organization Grave No.

Deceased's Left: UNIDENT. X. 2. 25
Name Serial No. Rank Organization Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Name

_____ Address

Religion _____

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

ROBERT E. BERRY
1st Lt OMC
Grave Registration Officer

Incl 4
Incl #1
Incl 60 Incl #3

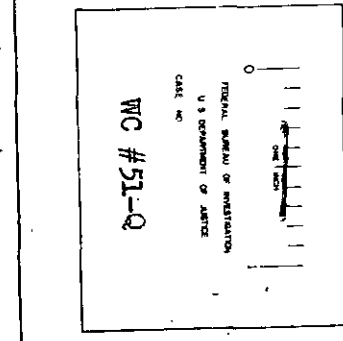
Deceased's Rig

Upper	8	7	6	5	4
Lower	8	7	6	5	4

Indicate: missing nature by linking anchor tee

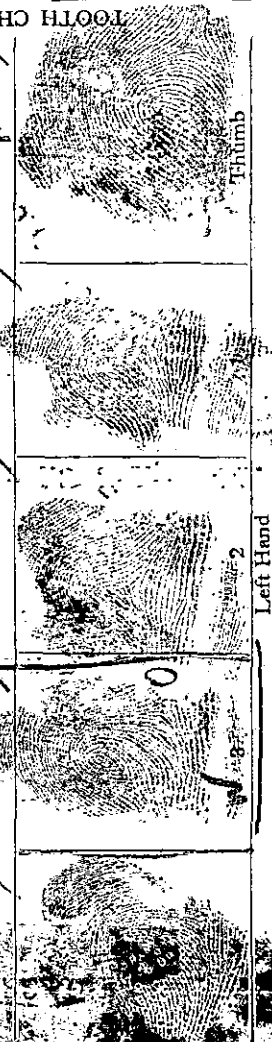
Characteristics: _____

Other Data: _____



Left	6	7	8
Right	6	7	8

TOOTH CHART



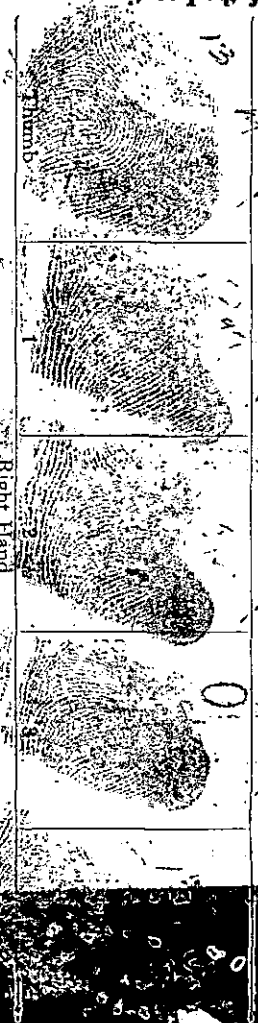
IF DECEASED UNIDENTIFIED
 Take fingerprints of Both Hands. If unable to obtain a complete set of fingerprints, take those you can, and fill in the following:

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

(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.:

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.



Unable to identify in
 Court based on fingerprints
 5/11/1945 - O.R.
 M-12. in 7. O.R.
 M-12. in 7. O.R.

227/222 144
 (OS)
 4/19/44

(4)

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR-30-1815 **REBURIAL**

22 July 44. 56
Date

Unknown
UNIDENT. X 4

Last Name First Initial Rank Serial No.

Unit Organization

Normandy, France **6 June 44** **KIA**
Place of Death Date of Death Cause of Death

1100- 9 June 44 **ST. LAURENT SUR MER # 1** **675-896**
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

26 **2** **R** **Temp**
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

Body disinterred from Amer Cem #2, Coord. 669-905; 13 July 44.
From Grave 452 Row 8 Plot A.
What means of identification were buried with the body?

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

Who is buried on:
Deceased's Right: **Frank Sadusky (NMI)** **31274604** **27**
Name Serial No. Rank Organization Grave No.
Deceased's Left: **UNIDENT. X. 2.** **25**
Name Serial No. Rank Organization Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee _____
Name
Address

Religion _____

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

NONE.

Signature of Officer or other person reporting burial

Robert E. Berry

Verified by G.I.S. Officer

ROBERT E. BERRY
1st Lt USMC
Company, 3rd Battalion, 5th Marine Regiment

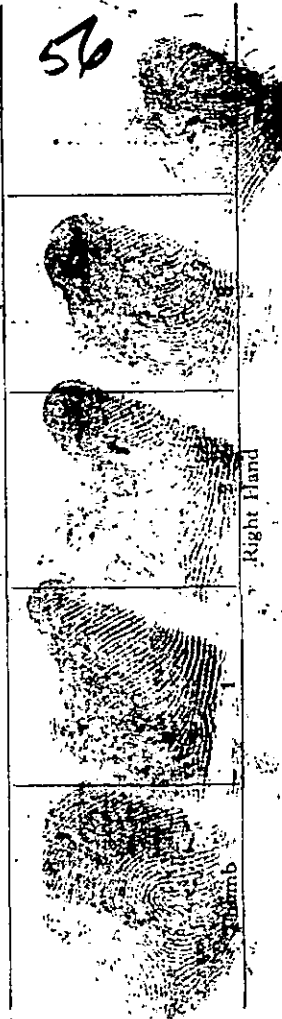
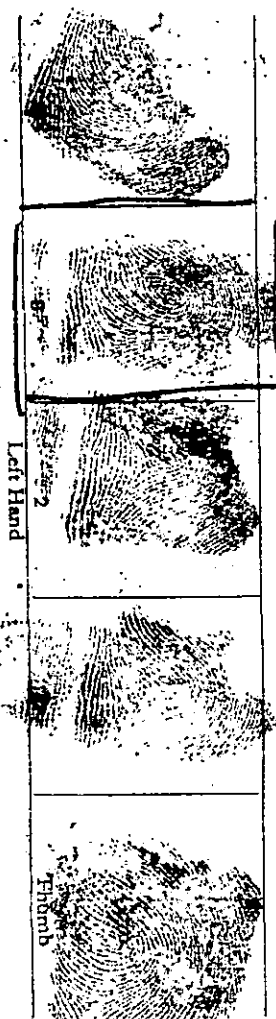
IF DECEASED UNIDENTIFIED

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.:



TOOTH CHART

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

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.

56

(4)

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR-30-1815

REBURIAL

22 July 44. 570
Date

UNIDENT. X 4

Last Name First Initial Rank Serial No.

Unit Organization

Normandy, France

6 June 44

KIA

Place of Death

Date of Death

Cause of Death

1100- 9 June 44

ST. LAURENT SUR MER # 1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

26

2

B

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Body disinterred from Amer Cem #2, Coord. 669-905; 13 July 44.

From Grave 452 Row 8 Plot A.

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Frank Sadusky (NMI)

31274604

27

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

UNIDENT. X. 2.

25

Name

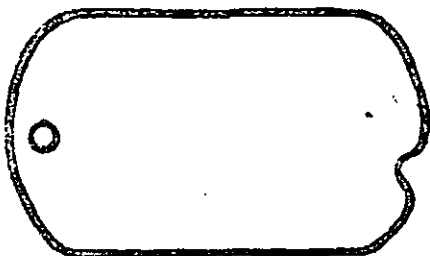
Serial No.

Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee

Name

Address

Religion

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

NONE.

*576 Manual 40
not iden
by abs in 7B1*

Signature of Officer or other person reporting burial

[Handwritten signature]

Verified by G.I.S. Officer

ROBERT E. BERRY
1st Lt OMC

Graves Registration Office

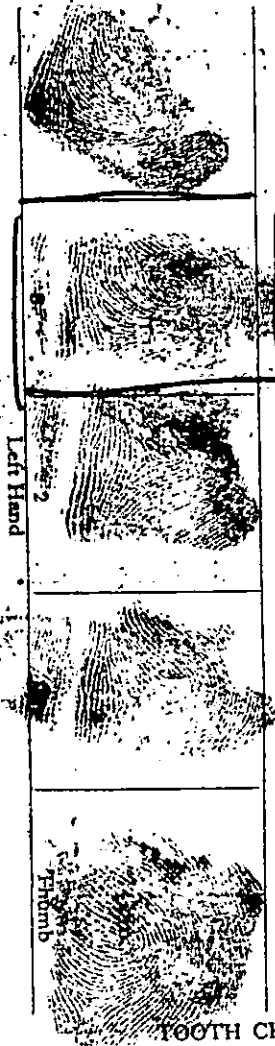
IF DECEASED UNIDENTIFIED

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.:



TOOTH CHART

	Deceased's Left															
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 ⊙; 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.