

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

17 Nov 1948  
Date

SUBJECT: Unidentifiable Remains

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

293  
1. The records pertaining to Unknown X- 76, Plot 2,  
Row 6, Grave 103, 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. 2369, dated 23/7/47. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George J. Freeman  
/t/

Received 23 Nov 1948 OQMG  
Not id  
information possibly  
available

File  
22 Nov 1948  
23 Nov 1948  
2d. En.  
2d. En.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

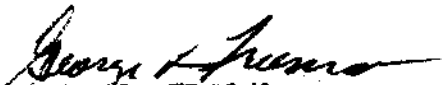
17 NOV 1948  
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A-76, Plot G, Row 6, Grave 103, 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. 2369, dated 23/7/47. No further information is available.

FOR THE COMMANDING GENERAL :

  
GEORGE L. FREEMAN  
1st Lt      SAC  
Actg Asst Adj Gen

Received 23 Nov. 1948 OQMG  
Not identifiable from  
information presently  
available

Incl # 35

GWA

Interred 30 November 1948  
 J-20-8-USMC. St Laurent **DISINTERMENT DIRECTIVE**  
 DOUGLAS A. MAC KENZIE *Douglas MacKenzie*  
 Capt. Inf. Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3582 00000

DATE 10 09 47  
 DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER X-000076

RANK

ARM *8*

DATE OF DEATH

DAY MONTH YEAR

CEMETERY ~~ST LAURENT~~ BAVEUX

DISPOSITION OF REMAINS 3505 80  
 CODE DIST. PT.

PLOT G ROW 6 GRAVE 103 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown

SERIAL NUMBER X-000076

RANK Utd

DATE OF DEATH 6 June 44

DATE DISINTERRED 7 Oct. 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION Utd

RELIGION

IDENTIFICATION VERIFIED BY JOHN H. CLARK  
 2 Lt. QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS  
 Clothing remnants in mattress cover. Dry disarticulate skeleton.

OTHER MEANS OF IDENTIFICATION  
 None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq,AGRC)

REMAINS PREPARED AND PLACED IN CASKET

DATE 7 Oct. 47 BY J. A. Brickley

CASKET SEALED BY J. A. Brickley

EMBALMER (Signature) *John A. Brickley*

CASKET BOXED AND MARKED

DATE 7 Oct. 47 by R. J. Hodge, Rec.

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.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDS AND INDEXED  
 DATE APR 12 1949  
 NAME *W. H. Hodge*  
 R & R BR.

RECORD OF CUSTODIAL TRANSFER

DATE  
TIME  
BY  
RECORD MAINTAINED

FROM		Casketing point "B" AGRC		TO		USMC-ST. LAURENT, FRANCE	
KIND OF CONVEYANCE		Hand		NAME OF CONVOYER		JOHN W. SHARP, 1st Lt. INF.	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		JOHN W. SHARP, 1st Lt. INF.		8 Oct. 47			
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		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	

# IDENTIFICATION CHECK LIST

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

Unknown X - 76  
Cemetery St. Laurent - France -  
Plot G Row 6 Grave 105

- ~~Arrived at cemetery~~ Date reprocessed: 25 June 1947.  
(Hour) (Date)
- Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
- Remains ~~recovered or~~ disinterred by Subordinate Identification Point Carentan,  
(Name and organization) France.
- Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
- 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>none</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>		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, wool **none**

Socks, cotton **none**

\* Shoes (type) **none**

Overshoes **none**

Web Equipment (type) **none**

(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? **No**  
**UTD**

6. Description of Remains: **Humerus 31, 1**

Age **Utd** Est. Height **5'2 1/8"** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **None found** 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, hushiness, 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 Tooth Chart**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** 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)

Hands **missing**

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

**missing**  
 (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 found**  
 (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 found**  
 (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? 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 with small amount of decomposed flesh wrapped in a British type blanket. No clothing found. Burial Report found. No CRS Tag found. Estimated weight of remains recovered: 20 Lbs. Fluoroscopic Examination: Negative. Nothing found to warrant Chemical Laboratory Examination. 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.

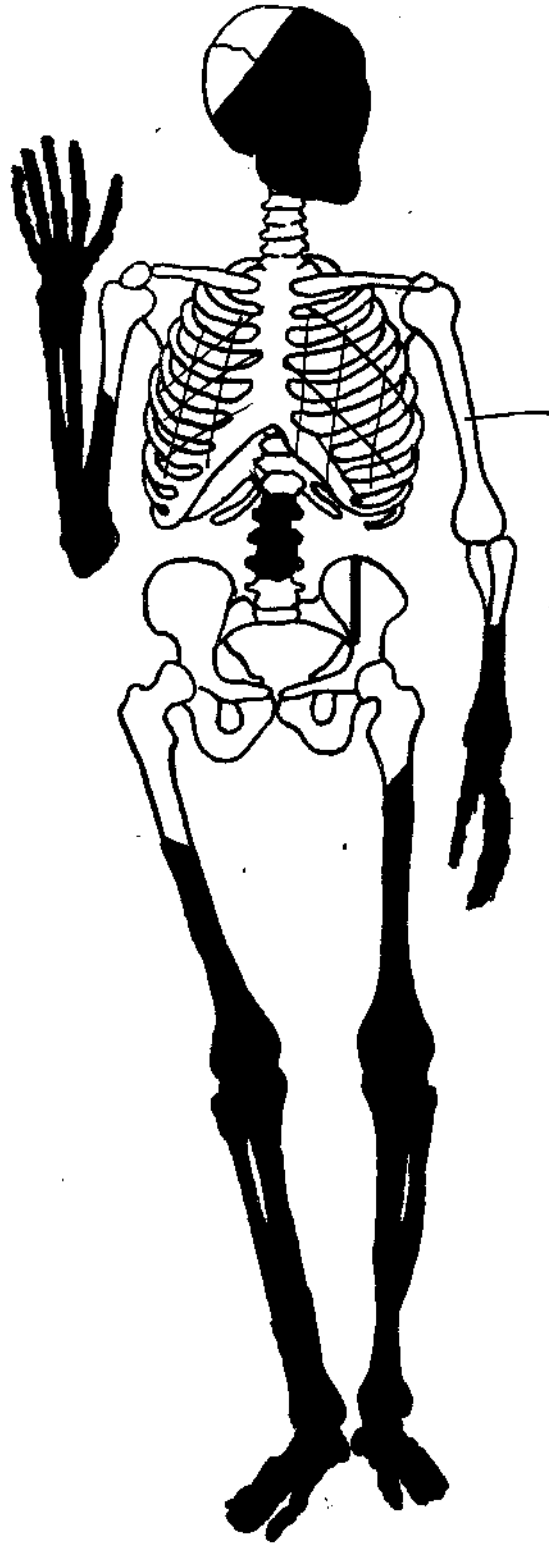
*Ernest C. Gaddy*  
(Officer's Name)  
**ERNEST C. GADDY**  
CWO USA  
Rank Service  
**Central Identification Point**  
(Organization)



Unknown X-76  
Cemeter - St. Laurent - France -  
Plot G, Row 6, Grave 103

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



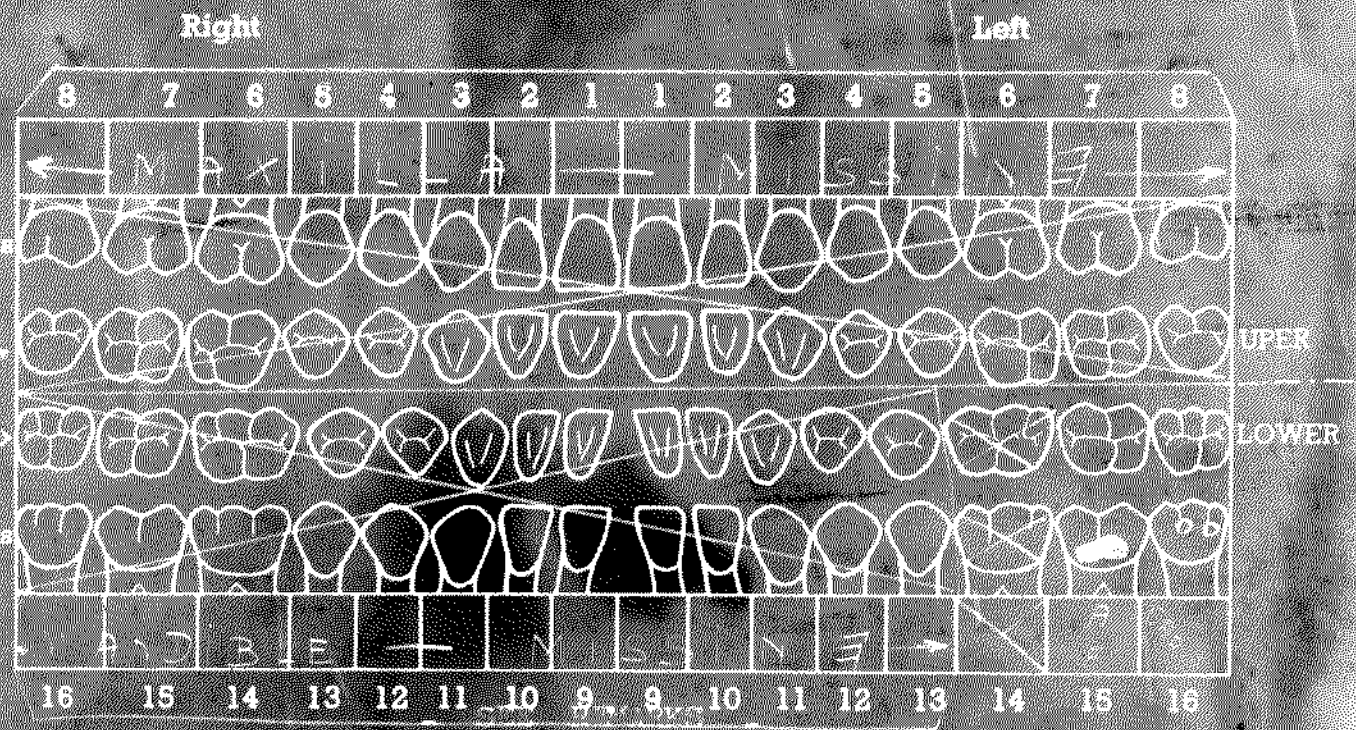
Humerus 31,1

# TOOTH CHART

25 June 1947

Unknown Y-76

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



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.

Signature of Officer or other person who prepared Tooth chart

*[Handwritten Signature]*  
 Verified by G. I. 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**

Mesial version L-13, 16  
Mandible has been cheated off anteriorly  
of L-14  
Small ivory colored teeth.

RESTRICTED 22175

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

23 July 1944  
Date

UNKNOWN  
Last Name

(American)  
First

Initial

Rank

Serial No.

Unit

Organization

Normandy, France  
Place of Death

6 June 1944 (Est)  
Date of Death

KIA  
Cause of Death

1700 hrs, 21 June 1944  
Time and Date of Burial

St Laurent SurMer #1  
Name of Cemetery

675-896  
Name or Coordinates of Location

103  
Grave Number

6  
Row Number

G  
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?

Fingerprints and tooth Charts impossible

What means of identification were buried with the body?

GRS Form #1 in 50 Cal Shell Casing

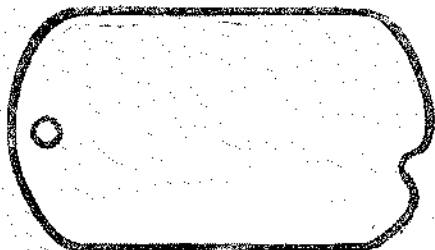
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Brandt, Gerald D. 638-37-58 104  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Mendez, Joe V. 38025400 102  
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

73

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

**ROBERT E. BERRY**  
1st Lt. OMC

Graves Registration Officer