

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

9 DEC. 1948
Date

293 Unk (France) X-133 (St James)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 133, Plot N,
Row 9, Grave 205, USMC ST. JAMES, 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.

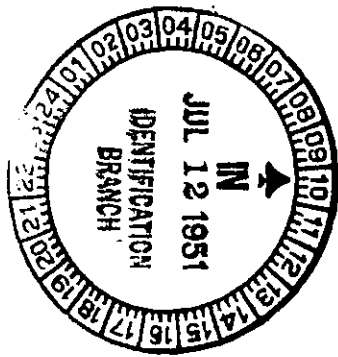
2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2123, dated 26 DEC. 48. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN
/t/

Received
4 JAN 1949
Not Identifiable from
information presently
available

✓
NAT
file
4 Jan 49
C. Newberry
Lieut. Col.



[Faint, mostly illegible text, possibly a document or report]

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FOR THE COMMANDING GENERAL :

George L. Freeman
GEORGE L. FREEMAN
1st Lt Q.C.
Actg Asst Adj Gen

Received
Not identifiable from
information presently
available

4 JAN 1949

DDMG

Incl # 51

WAS

P. J. Dixon

JS

1

Interred 3 December 1948

J-14-21 ST JAMES -

DISINTERMENT DIRECTIVE

H.F. Hill
H.F. HILL CAPT QMC
CEM. SUPT.

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3578 00044

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWNX-000133

SERIAL NUMBER
UNKNOWNX-000133

RANK
0

DATE OF DEATH
0 3504 80
DAY MONTH YEAR

CEMETERY
ST JAMES - AVRANCHES

DISPOSITION OF REMAINS
0 3504 80

DISPOSITION OF REMAINS
0 3504 80

PLOT
N 9

GRAVE
205

COUNTRY
FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. JAMES, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Unknown

SERIAL NUMBER
X-000133

RANK
Utd

DATE OF DEATH

DATE DISTINTERRED
21 May 1948

IDENTIFICATION TAG ON
 REMAINS EMP
 MARKER GRS

ORGANIZATION
UNKNOWN

RELIGION
UTD

IDENTIFICATION VERIFIED BY
Garrett J. Burke, Emb
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress Cover

CONDITION OF REMAINS
Skeletal Form

OTHER MEANS OF IDENTIFICATION
GR Form #1 with corres name with remains
EM Plate with remains

MINOR DISCREPANCIES
No GRS tag found as stated in C/H.

REMAINS PREPARED AND PLACED IN CASKET Transfer Case

DATE 21 May 1948
CASKET SEALED BY
W.K. Sorenson, Emb

BY Garrett J. Burke, Emb
EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 23/6/48 BY Henry B. Masin, Clk Rec

SHIPPING ADDRESS VERIFIED BY All Markings, Tags and Plates Verified By:
Kanemitsu-Ito, 1st Lt Inf

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

I certify that the entries on this form are true
T. C. Murray, Capt
SIGNATURE OF GRS INSPECTOR

copies of the entries on GRCV No 1194 for major discrepancies.
I Prepare Discrepancy Report on GRCV Form 1194 for major discrepancies.
Direct Directive which contains the signatures

persons whose names are typed hereon:
John Brown
302 R.

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 (ON ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. JAMES SERVICE	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

HEADQUARTERS
610th QM GRAVES REGISTRATION COMPANY
APO 562 U. S. ARMY

8 February 1945

SUBJECT: Reprocessing of Unknown: X-133. *(St James)*
TO : Commanding Officer, 1st QM Group, APO 562, U. S. Army.

1. Exhumation of subject American deceased has been accomplished and remains reprocessed in endeavor to establish identity.
2. A few bones comprised remains.
3. Combat shoe size 12.

For the Commanding Officer:

Alexander K. Zelenki
ALEXANDER K. ZELENSKI
1st Lt., QMC
G.R.S. Officer

CHECK LIST OF UNKNOWN

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

Unknown X - 133
Cemetery St. James, France
Plot N Row 9 Grave 205

1. ~~XXXXXX~~ **Reprocessed 20 Nov. 1946.**
(Hour) (date)

2. Place of death
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~XXXXXX~~ or disinterred ~~by~~ **and reprocessed by Subordinate Identification**
(Name and organization) **Point Carentan, France.**

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	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	none			
	(type)			

Raincoat **none**

Overcoat **none**

Jacket, Field **none**

Jacket, Combat **none**

Mackinaw **none**

Sweater **none**

Jacket, HBT **Remnants of,**

*Shirt, Wool, OD **none**

Undershirt, Wool **Remnants of, marked " 72 "**

Undershirt, Cotton **none**

Trousers HBT **none**

*Trousers, Wool OD **none**

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggings, Wool none (Note unusual lacing)

Socks, ~~knit~~ One (1) woolen OD.

*Shoes (type) One (1) right, size 10 1/2 E

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.

6. Chevrons or Insignia none
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch none

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Ground Forces

8. Description of Remains:

Age Utd Height Utd Weight Utd Description of wounds Utd

Bandages or dressings Utd Scars Utd
(Length, width, location)

Tattoos Utd
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks Utd
(yes-no; description, location)

Sunburn or tan, other than hands & face Utd

Complexion Utd
(light, med, dark, clear, pimples, pocks, freckles)

Build Utd
(large, fat, thin, muscular)

Hair Brown with some gray
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair Utd
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **Utd** (color, setting, shape) Mustache **Utd** (color, size, shape) Beard or Goatee **Utd** (length, heavy, light, color, extent)

Eyes **Utd** (color, setting, shape) Eyebrows **Utd** (color, bushiness, extent across nose)

Nose **Utd** (size, shape, straight) Ears **Utd** (size, set close to or far from head)

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

Teeth **See Tooth Chart** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **Utd** (prominent, receding, pointed, dimple, double)

Jaw **Utd** (large, small, normal) Circumference of head in inches **head fractured** (hat band)

Neck **Utd** (size, length, short, normal, wrinkled) Larynx **Utd** (prominent, normal)

Shoulders **Utd** (broad, straight, small, rounded) Arms **Utd** (length, muscular, color)

Utd (extent and quantity of hair)

Hands **Utd**

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

Utd (unusual characteristics of fingernails)

Chest **Utd** (size of nipples, color, quantity & extent of hair, large, small, normal)

Back **Utd** (quantity & extent of hair) Waist **Utd** (size of navel, appendectomy, amount)

Utd (quantity & color of hair) Circumcision **Utd** (yes-no) Pubic hair **Utd** (color)

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

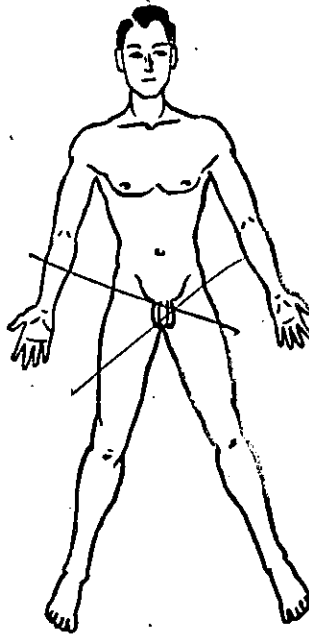
Legs **Utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **Utd** (Size, corns, callouses, flat) Toes **Utd** (slender, straight, crooked, overlap)

Evidence of healed fractures **Utd** (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:

See attached chart.



10. Have fingerprints been placed on Report of Internet no
Yes-no

If not, explain hands missing

11. Has tooth chart been prepared yes If not, explain see tooth chart.
Yes-no

12. Remarks: Remains recovered wrapped in mattress cover. No original
burial bottle found. No whole bones measured for height. All
bones fractured. Remains fully decomposed. Fluoroscopic Examination:
Negative. Nothing found to warrant Chemical Laboratory Examination.
Estimated weight of remains recovered 5 lbs.

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.

Robert A. Salvador
Officers Name

ROBERT A. SALVADOR

Captain Inf.

Rank

Service

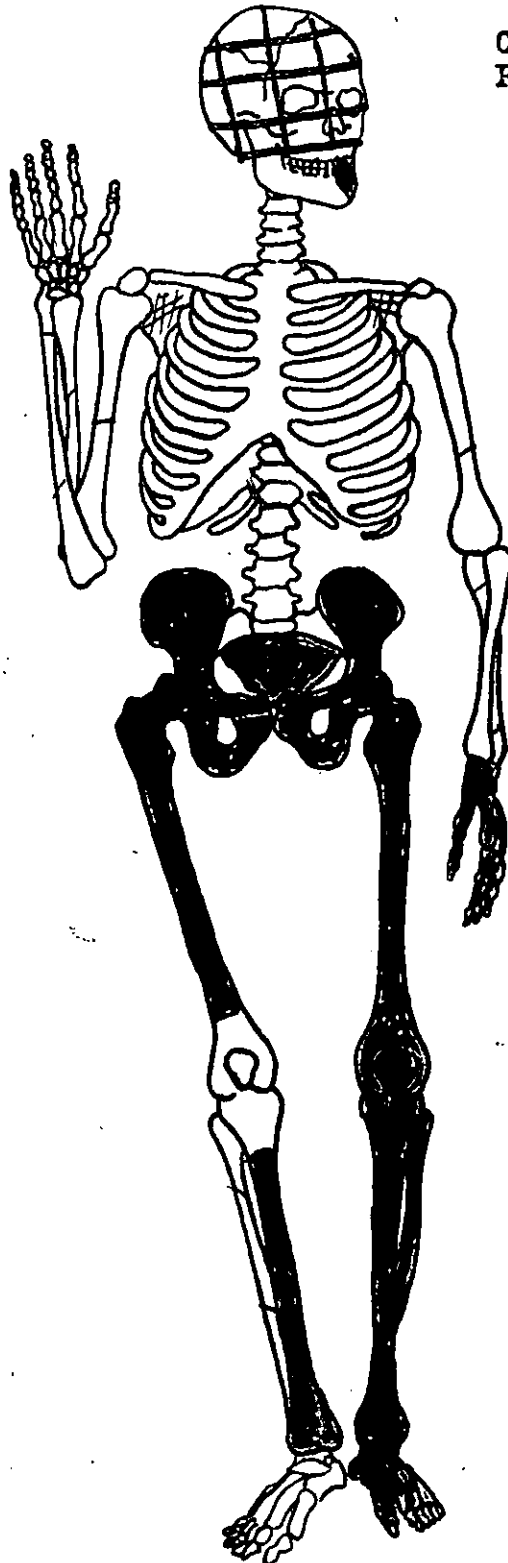
Central Identification Point

Organization

X-133

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Cemetery St. James, France.
Plot N, Row 9, Grave 205.

X-133

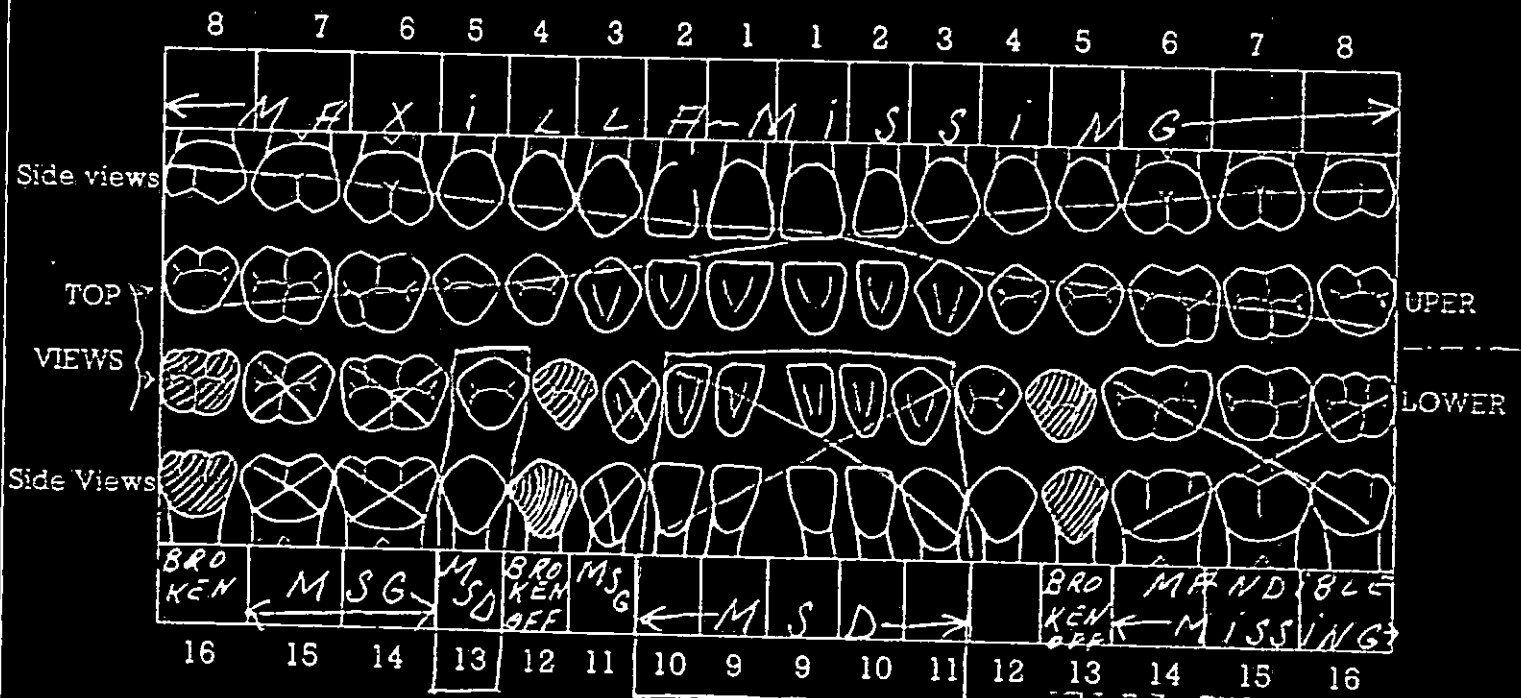
TOOTH CHART

May. 20. 1944
Date

UNIT NO. 4-150 - 2d. Force - France - Europe -
Last Name: [Redacted] First: [Redacted] Initial: [Redacted] Rank: [Redacted] Serial No.: [Redacted]
Unit: [Redacted] Organization: [Redacted]
Place of Death: [Redacted] Date of Death: [Redacted] Cause of Death: [Redacted]

Right

Left



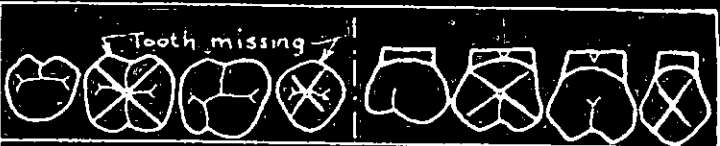
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

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Lawrence De Shaw W.D. Civ. M.S.
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

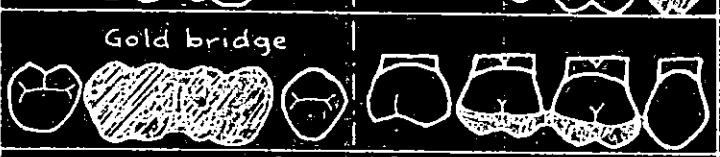
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



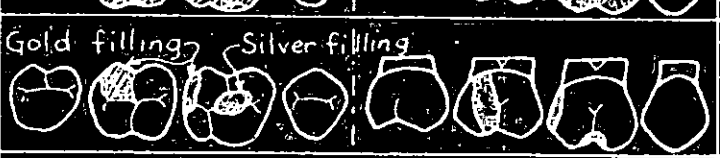
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Complete maxilla is missing. There is only one good tooth in mandible. The rest are 13D or broken. R-11, R-14 and R-15 appear to have been extracted.

410

RESTRICTED

22900

REGISTRATION
FORM NO. 1
Revised 1 Sept. 1943)

AMERICAN REPORT OF BURIAL
IF DECEASED IDENTIFIED

1 October 1944

Date

Take fingerprints of both hands if unable to obtain a complete set of fingerprints. Take fingerprints of the following:

Unknown X-133
Last Name Initial Rank Organization

Unit: Unk
Number of Ribs: Unk
Color of Hair: Unk
Color of Eyes: Unk
Weight: Unk

Brest Area Brest, France 15 August 1944 KIA
Place of Death Date of Death Cause of Death

810 hrs 1 Oct. 1944 U. S. Mil. Cem. St. James, France 308975
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

205 9
Grave Number Row 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? GRS Tag made and attached to Marker

What means of identification were buried with the body?
GRS Tag made and buried with body showing unknown number (X-133) on body.

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

Who is buried on:

Deceased's Right: Unknown X-132
Name Serial No. Rank Organization Grave No.

Deceased's Left: Fortunato 31008020 Pfc unk
Name Serial No. Rank Organization Grave No.

Signature of Person, 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:

Signature of Officer or other person reporting burial
EDWIN J. DONOVAN
1st Lt. QMC
Verifying Officer

76

RESTRICTED

22900

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

AMERICAN REPORT OF BURIAL

1 October 1944

Date

Unknown X-133

Last Name

Unit

Unk.

Rank

Unk.

Serial No.

Organization

Brest Area Brest, France 15 August 1944

Place of Death

Date of Death

Cause of Death

KIA

1810 hrs 1 Oct. 1944 U. S. Mil. Cem. St. James, France 308975

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

205 9

Grave Number

Row Number

Pit Number

Temporary

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?

GRS Tag made and attached to Marker.

What means of identification were buried with the body?

GRS Tag made and buried with body showing unknown number (X4133)

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

Who is buried on:

Deceased's Right: Unknown X-132 204

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: Fortunato 31008020 Pfc unk 206

Name

Serial No.

Rank

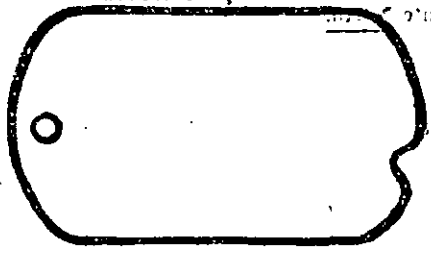
Organization

Grave No.

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

Signature of Officer

Signature of Officer 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:

76

Signature of Officer or other person reporting burial
EDWINE J. DONOVAN
1st Lt., QAC
Verified by GRS Officer

4401

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.

Body Badly Decomposed, unable to fingerprint or take tooth chart.

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

No information available on the body.

TOOTH CHART

Deceased's Right														Deceased's Left																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Upper														Lower																

Indicate missing natural teeth by X, crowns by C, fillings by F, Bridges by B, linking anchor teeth, replacements by artificial teeth by A.

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.

4-80-1-528

27560

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Thumb

Right Hand

Thumb