

# INDIVIDUAL DECEASED PERSONNEL FILE

1882  
CHECK LIST FOR DISINTERMENTS  
(To accompany Report of Reburial)

Only Part I should be completed, if identification tags are available.  
Both Part I & Part II should be completely filled out if identification tags are not available.  
If information is unavailable, so indicate.

PART I  
(Positive Identification)

1. FRENCH CHARLES M. UNK 6938879 38th Arm'd Inf. Bgt.  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached  
one identification tag on chain around neck.
3. Give exact location from which disinterred, furnishing coordinates and map series used  
Nord Dusselderfer cemetery, Grave no. 606 plot III C, Dusseldorf, Germany (T-3392, Central Europe, 1:100,000, Koln Sheet R1)  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Approximate or established date of death (state which & give basis for date selected)  
October 4, 1944, cemetery records.
6. Approximate or established date of burial (give basis for date established)  
October 4, 1944, cemetery records.
7. Manner in which grave was marked and all information contained on the marker  
not marked.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
none
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)  
Cemetery director. Herr Karl Joli.  
Office of Burgomaster  
Office of German Red Cross

PART II  
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

13. Give as detailed description as possible of condition and amount of remains

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14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

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15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

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16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)

17. Give exact location of remains in vehicle before removal

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18. If buried in a coffin, give description and markings

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19. List names of all other deceased persons buried in the vicinity, also give available information concerning the cause & place of death of each that may assist in identification of those remains

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20. Other pertinent information which would aid in establishing identity

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(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

RRE Form #39  
13 Jul 45

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Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

FRENCH	Charles	M	S SG	6938879
(Last Name)	(First Name)	(Initial)	(Rank)	(ASF)

Repatriated to the United States:

5 NOV 1948

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Incl #

buried

13 Aug 445

US Mil Cem MARGHARTEN HOLLAND

Plot PP row 7 G ave 175

FAMILIEN- u. VORNAME: Freu, Charles W., American

geboren am - in: - Preis: 2361

Truppenteil: -

Dienstgrad: -

Erkennungsmarke: 7178

Tag des Todes | Ort des Todes | Beerdigt am  
14. 10. 1918 | Dusseldorf | 18. 11. 1918

Lage und Nr. des Grabes:  
an den Ehrenfriedhöfen Dusseldorf, Parz. 116 Grab

Vermeldet durch: D.L. ... Ref. I. Ref. im Stat. San. 471.006

Breast shot through. Lungs hurt. Pneumothorax. Haemothorax. Heart debility.  
Haemorrhage in pleura space.

pub. 13 Aug 15

MARGRATEN

PP-9-175

Kriegsgräber-Fürsorge Wehrfreikommando VI.

Nr. 70 442

# Verlustmeldung

W. Kdr. Düsseldorf  
U. S. A. 1882

M.-Stalag VI J, Dorsten  
(Gruppenteil)

Düsseldorf  
(Bezeichnungsort)

F r e n c h Charles M  
(Familienname) (Vorname)

(Gemeinde usw.)

Dienstgrad amerik. Kgf. USA POW Mil. cem.

Ehrenfriedhof

(Gemeindefriedhof, Ehrenfriedhof, Feldgrab)

Geburtsort unbekannt unknown

Geburtsort " 14.10.1944

Sobestag Lagerlazarett VI J

Sobestort Düsseldorf-Gerresheim  
Hospital

Erkennungsmarke Nr. VI J 7178

Anschrift der Angehörigen unbekannt  
Unknown

laut Umbettungsprotokoll Nr. vom des

Margraten - pp-7-195

Sobesursache: infolge Verwundung

Beigesetzt am: 18.10.1944

Art: Brustdurchschuss m. Lungenverletzung, Pneumothorax, Hämorthorax, Herzschwäche, Blutung

Kriegshauptplatz:

Ripienfellraum ~~XXXXXX~~ über die Grabstätte: O V E R



DDMG FORM 119  
7 May 1945

BURIAL INFORMATION GERMANY K-52 1882

NAME (Last, First, Middle Initial)		ASN	GRADE
FRENCH, Charles		6 938 879	S/Sgt.
ORGANIZATION			DATE OF DEATH
Air Corps <sup>38 Armd. Inf. Bn.</sup> (F-34)			Oct. 14, 1944
PLACE	DATE OF BURIAL	DATE OF REBURIAL	
Buried in Dusseldorf Military Cemetery, <del>Section III</del> Sect. 111c, grave no. 606. Germany			
REMARKS			
Source of Information-- Rus 8521 Telegram from Bern, dated Nov. 10, 1944			
REBURIED: Margraten. PP. 7. 175			
Incl 19'			

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

W W - II

12-2-1948

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT **H. SMITH**

**FRENCH, CHARLES M**

**7500**

**A**

**6938879**

**SSG**

**USAGF**

**Lt. Col., U. S. A.**

**St. Louis, Mo.**

**Symbol 210 684**

**Station 801**

RANK OR GRADE

SERIAL NO.

A.  INTERMENT EXPENSES  
(Civilian or Private Cemetery)

B.  TRANSPORTATION EXPENSES  
(National or Post Cemetery)

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ **75.00** was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

**Maple Park Cemetery**

NAME:

**Aurora**

CITY OR COUNTY:

**Missouri**

STATE:

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

COMMANDING OFFICER  
KANSAS CITY QUARTERMASTER DEPOT  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI  
ATT: AMERICAN GRAVES REGISTRATION DIVISION

SIGNATURE OF CLAIMANT

*Harold R. French*  
ADDRESS: (Street number or RFD, City and State)  
**1528 Cass, St. Louis, Missouri**

RELATIONSHIP TO DECEDENT

**Father**

REMARKS



1183909

JAN 3 1949

\$ 75.00

# RECEIPT OF REMAINS

DISTRIBUTION CENTER **CO KANSAS CITY QUARTERMASTER DEPOT**  
**KANSAS CITY MISSOURI**

DAY LETTER **fj**

ROUTINE

REMAINS CONSIGNED TO: **ULMER FUNERAL HOME**

**12088 GARRISON**

**CARTHAGE MISSOURI**

**NOV 27 1948**

REMAINS OF LATE STAFF SERGEANT CHARLES M FRENCH BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT DUE TO ARRIVE CARTHAGE STATION SIX FIFTEEN AM RAILROAD TIME TWO DECEMBER ON MISSOURI PACIFIC TRAIN NUMBER TWO HUNDRED TEN. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. PLEASE NOTIFY NEXT OF KIN OF SCHEDULED ARRIVAL.

**S ZABLOCKI**  
**1ST LT QMC**



I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 2 DAY OF Dec MONTH, 19 48

Edward L. Carlin  
WITNESS (Escort)  
M. J. [Signature] R. G. [Signature]

Ulmer Funeral Home  
CONSIGNEE  
By [Signature]

4830

**FILE**  
**RECORDS ANNOTATED**  
**DATE** 12-21-48  
**NAME** [Signature]

DISINTERMENT DIRECTIVE

96-131

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 4650 05678		DATE 15 07 48 DAY MONTH YEAR	
NAME FRENCH CHARLES M.			SERIAL NUMBER 6938879	RANK S SG	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY MARGRATEN - AACHEN					DISPOSITION OF REMAINS 1 7500 09 CODE DIST. PT.	
PLOT PP	ROW 7	GRAVE 175	COUNTRY HOLLAND		CAUSE OF DEATH 1	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ULMER FUNERAL HOME 12088 GARRISON CARTHAGE, MISSOURI (F/B AURORA, MISSOURI)	NAME AND ADDRESS OF NEXT OF KIN MR. NORMAL R. FRENCH (FATHER) 1026 SOUTH CASE STREET CARTHAGE, MISSOURI
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME CHARLES M. FRENCH	SERIAL NUMBER 6938879	RANK S SG	DATE OF DEATH	DATE DISTINTERRED 7 SEPTEMBER 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY EDWARD E. STOUT 1/LT CE NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS ADVANCED STAGE OF DECOMPOSITION	REMAINS COMPLETE -
OTHER MEANS OF IDENTIFICATION NONE	MINOR DISCREPANCIES NONE	



REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 8 SEPTEMBER 48 BY LEON J. CECIL EMBALMER

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV. EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS CLERK RECORDER SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS VERIFIED BY JOHN W. PATTON, CAPT. CML. C.

*Leon J. Cecil*

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

*Ernest J. Oglesby Jr*  
ERNEST J. OGLESBY JR 1/LT GAV  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CONTINUITY NUMBER

LT

# RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM <b>USMC MARGRATEN, HOLLAND</b>	TO <b>ANTWERP PORT - PIER 140</b>		
KIND OF CONVEYANCE <b>RAIL</b>	NAME OF CONVOYER <b>CPL EARL M. KOLLE, RA 36237249</b>		
SIGNATURE OF SHIPPER <i>Lloyd L. Meyer</i> <b>LLOYD L. H. MEYER</b> 1/LT., INF 0-1327166	DATE <b>19/10/48</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>20 OCT 1948</b>
2. SHIPPED			
FROM <b>AGRC ANTWERP BELGIUM</b>	TO <b>U.S.A.T. Carroll Victory</b>		
KIND OF CONVEYANCE <b>VC. 2</b>	NAME OF CONVOYER <b>K.W. Whellett</b> Transport Comdr		
SIGNATURE OF SHIPPER <b>L E Butler Lt Col Inf.</b>	DATE <b>29 OCT 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>K.W. Whellett</b>	DATE <b>29 OCT 1948</b>
3. SHIPPED			
FROM	TO <b>NYPE</b>		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>W. W. PRITSCH</b> LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE <b>NOV 16 1948</b>
4. SHIPPED			
FROM <b>NYPE</b>	TO <b>NYPE</b>		
KIND OF CONVEYANCE <b>TRAIN</b>	NAME OF CONVOYER <b>Vasilios A. Papageorge</b>		
SIGNATURE OF SHIPPER <b>W. W. PRITSCH</b> LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE <b>NOV 18 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>W. W. PRITSCH</b>	DATE <b>22 NOV 1948</b>
5. SHIPPED			
FROM	TO <b>WM. C. GLEASON</b> 1st Lt, INF		
KIND OF CONVEYANCE <b>CARTRIDGE MISSOURI</b>	NAME OF CONVOYER <b>CARTRIDGE MISSOURI</b>		
SIGNATURE OF SHIPPER <b>AGNEB ELMERAG HOME</b>	DATE	SIGNATURE OF RECEIVER <b>USE STREET</b> <b>MS' MOHWAG B' ERENCH (EATHEB)</b>	DATE
6. SHIPPED			
FROM <b>NYPE</b>	TO <b>T</b>		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>NOV 20 1948</b>
7. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

INSPECTION CHECK LIST

ROUTING

- MORTICIAN
- REPAIR SHOP
- PAINT SHOP
- INSPECTOR
- OPERATIONS OFFICER
- ADMINISTRATIVE BRANCH

*Normal*

IDENTIFICATION CONTROL

*S*

FRENCH, CHARLES M      7500      A  
 6938879      SSG      USAGF  
 M      W      P      P  
 MR NORMAL R FRENCH  
 1026 SOUTH CASE STREET  
 CARTHAGE MISSOURI  
 ULMER FUNERAL HOME  
 12088 GARRISON  
 CARTHAGE MISSOURI

*Form 12-1-48*

*11/29/48*

SHIPPING CASE

SEC.	REPAIR SHOP	DESCRIPTION	SEC.	PAINT SHOP
		STUD BOLTS (BOTTOM)		
		INTERIOR		
		CLEATS		
		ANGLE STRAPS		
		GROMMETS		
		DRAW BOLTS		
		HANDLES		
		RIVETS		
	<i>1-2-3-4-5-7-TH</i>	MOULDING		<i>wa</i>

CASKET

	CASKET TOP	<i>TH</i>	
	CAM LOCKS		<i>W. touch</i>
	GASKET		
	LIP (ANGLE RING)	<i>1-2-8</i>	
	HAND RAIL		<i>Ru</i>
	FINIAL		
	HAND RAIL PLATE		
	CASKET BODY		
	MOULDING		

MORTUARY

WORK COMPLETED BY	DATE	TIME	SIGNATURE
MORTICIAN			
CARPENTER	<i>11-29-48</i>	<i>1035-1045</i>	<i>W. B.</i>
PAINTER	<i>11-29-48</i>	<i>1025-1127</i>	<i>W. B.</i>
INSPECTOR	<i>11-29-48</i>	<i>1140</i>	<i>Leighty</i>
OPERATIONS OFFICER	<i>11-29-48</i>	<i>1144</i>	<i>W. B.</i>

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

# WESTERN UNION

JOSEPH L. EGAN  
PRESIDENT

(37)

SYMBOLS

- DL = Day Letter
- NL = Night Letter
- LC = Deferred Cable
- NLT = Cable Night Letter
- Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

KD005 SC034

S.CEA012 17 GOVT COLLECT=CARTHAGE MO 11 936A=

KANSAS CITY QUARTERMASTER DEPOT=

082

KSC=

ALL ARRANGEMENTS FOR THE LATE STAFF SGT CHARLES M FRENCH  
ARE OK AS PER YOUR TELEGRAM=

N R FRENCH=

1948 NOV 11 AM 10 04

*Oh Egan*

CO. KANSAS CITY QUARTERMASTER DEPOT  
KANSAS CITY MISSOURI

DAY LETTER

MR NORMAL R FRENCH

1026 SOUTH CASE STREET

CARTHAGE MISSOURI

NOV 1946

fj

WE HAVE BEEN ADVISED REMAINS OF THE LATE **STAFF SERGEANT CHARLES M FRENCH**  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS  
INDICATE YOU WISH REMAINS DELIVERED TO **ULMER FUNERAL HOME CARTHAGE MISSOURI PD**  
WITHIN FORTY EIGHT HOURS AFTER RECEIPT  
OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW  
DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM  
COLLECT TO KANSAS CITY QUARTERMASTER DEPOT KANSAS CITY MISSOURI. REPLY IS  
NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT  
GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED  
AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL  
BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY  
DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE  
RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL  
DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME  
REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH  
YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS



CO KANSAS CITY QUARTERMASTER DEPOT  
KANSAS CITY MISSOURI

DAY LETTER

TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

QMGGG 293  
(French, Charles M.)

Ltr Mr. E. N. Hackney, Carthage, Mo., 7 Dec 48  
re: Date of enlistment of Charles M. French.

The Adjutant General

OQMG,  
Administrative Division  
General Service Branch

10 December 1948

Champeno  
74238

1. Forwarded as a matter pertaining to your office.
2. The writer has been advised of this reference.

FOR THE QUARTERMASTER GENERAL:

HNW

ME  
ME

BL  
BL

E. PACKARD,  
Administrative Division.

1 Incl:  
Ltr 7 Dec 48 w/inc/

DEC 10 3 53 PM '48  
MAIL & RECORDS BRANCH

# REQUEST FOR DISPOSITION OF REMAINS

*L-6/3/78*

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

*prev Roda*  
*4-7-48*  
*25 May 1948*

S/Sgt Charles M. French, 6 938 879  
Plot 2P, Row 7, Grave 175,  
United States Military Cemetery  
Mangratten, Holland

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.  
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, ~~Charles~~ *Norma R. FRENCH* (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) *Father*

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
*Maple Park Cemetery Aurora mo.*  
(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF NATIONAL CEMETERY SELECTED)  
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)  
 YES  NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

*None*

*CLM*  
*voided 4/19/48 Benyon*  
FORM 345 MILITARY  
14 NOV 1946

16-50411-1

*28 APR 1948*

*Area*

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
Ulmer Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1208 1/2 Garrison	Carthage	Jasper	Mo.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Carthage, Mo.	Carthage, Mo.	2222	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
SPELLER	Mary	F.	Sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Route II Box 52	Cartersville		Ill.

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Norma R. French  
(SIGNATURE OF NEXT OF KIN)  
Norma) R. FRENCH  
(NAME PRINTED OR TYPED)

1026 So. Case St.  
(STREET AND NUMBER)  
Carthage, Missouri  
(CITY AND STATE)

I Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of June, 1948 at city (or town) of Carthage, county of Jasper, and State (or Territory or District) of Missouri

[Signature]  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
(OFFICIAL TITLE)

\*NOTE.—Page 4 is part of the notarial attestation.

## PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE \_\_\_\_\_ (PLEASE INSERT RELATIONSHIP) \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

## PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

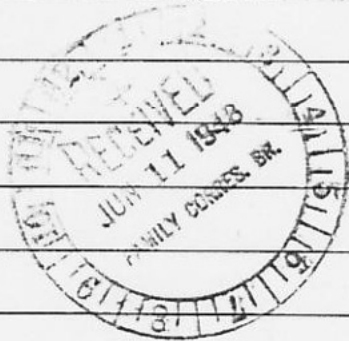
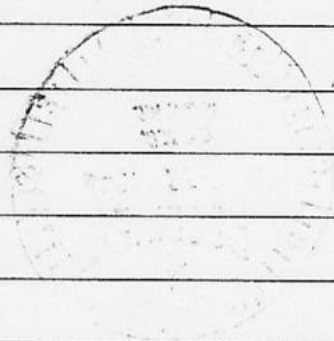
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.



*JH*

DD FORM 381  
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED	RANK	SERIAL NUMBER
CHARLES M. FRENCH	S/SPT	6938879
NAME OF NEXT OF KIN		RELATIONSHIP
NORMAN R. FRENCH		SON
OLD ADDRESS		
710. W. Walnut Springfield MO		
NEW ADDRESS		
1026 S. CASE CARTHAGE, MO		
REMARKS		

*File  
RR  
17  
MAY  
17  
1948  
Sheet*

S/Sgt Charles M. French, 6 938 879  
Plot PP, Row 7, Grave 175,  
United States Military Cemetery  
Margraten, Holland

25 May 1948

Mr. Normal R. French  
Carthage, Missouri

Dear Mr. French:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

8 Incls. *MAY 27*  
*U. S. MAIL & RECORDS*

tjh



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

DATE 25 May 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(Form 734 will indicate file dispatched to LOI SECTION)

Reference:

NAME FRENCH, CHARLES M. RANK S/SGT  
SERIAL NUMBER 6938879 CEMETERY US MIL CEM. MARGRATEN, HOLLAND  
PLOT PP ROW 7 GRAVE 175

Request new\* LOI be sent to:

NAME MR. NORMAN R. FRENCH RELATIONSHIP FATHER  
ADDRESS \_\_\_\_\_  
CITY CARTHAGE STATE MISSOURI

Basis of request: (Must include definite facts)

Wife remarried - Postow 345  
Disposition form.

Request Approved: \_\_\_\_\_

Approving Officer's Remarks: \_\_\_\_\_

\* Strike out if no LOI previously dispatched

Re DA

C. Benoit RL 25 May 48

File  
LOI Section  
25 May 1948  
T. Heard

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER, AND REPORTED PLACE OF BURIAL

DATE: 3-22-48  
393-8  
Rgn

293

S/Sgt Charles M. French, 6 938 879  
Plot PP, Row 7, Grave 175,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose. If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, \_\_\_\_\_ (Please indicate relationship to the deceased by placing an "X" in the proper box.)

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

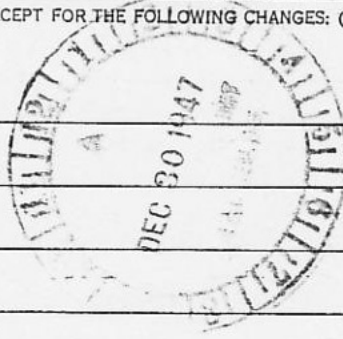
- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

- YES
- NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)



File 21 May 48  
for section  
O. Belmont

RODA

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)\*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)

\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_,

19\_\_\_\_, at city (or town) of \_\_\_\_\_, county of \_\_\_\_\_, and State (or Territory or

District) of \_\_\_\_\_

\*NOTE.—Page 4 is part of the notarial attestation.

\_\_\_\_\_  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

\_\_\_\_\_  
(OFFICIAL TITLE)

**PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY**

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE \_\_\_\_\_, (PLEASE INSERT RELATIONSHIP) \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

	(DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

**PART III**

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME <b>FRENCH</b>	FIRST NAME <b>NORMAL</b>	MIDDLE INITIAL <b>R.</b>
RELATIONSHIP TO THE DECEASED <b>FATHER</b>		
NUMBER AND STREET <b>UNKNOWN</b>	CITY OR TOWN <b>CARTHAGE</b>	STATE OR COUNTRY <b>MISSOURI</b>

*Not listed*  
old add. 230 S. meramec st. clayton, mo.

<b>Edris Darlene French Moses</b> (SIGNATURE)	<b>December 26, 1947</b> (DATE)
<b>EDRIS DARLENE FRENCH MOSES.</b> (NAME PRINTED OR TYPED)	<b>6033 Suburban, ave.</b> (STREET AND NUMBER)
	<b>St. Louis, Missouri</b> (CITY AND STATE)

*Statement in file*



OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION

SUBJECT: REG. LOI  
ENGINE SECTION, REAR BRANCH, MEMORIAL DIVISION  
ROOM 2701, Temporary B Bldg.

293 Date 7 Apr 1948

s/sgt Charles M French 6938879  
RAJIV (NAME) FIRST MIDDLE LAST SERIAL NO.

GRAVE LOCATION LOI TO BE SENT TO: 7

Memorial Normal R French  
Cemetery Ir. MI.

PP 7 175  
Plot Row Grave

M-TR&M  
Authority for LOI:

Carthage, Mo  
City State

RECEIVED  
4 29 48  
Z Admitt  
W. J. ...  
...

293

OFFICE OF THE QUARTERMASTER GENERAL

MEMORIAL DIVISION

FILE

Name 21181211/101  
Action 11/12/101

SUBJECT: RE: LOI  
MACHINE SECTION, REAR BRANCH, MEMORIAL DIVISION,  
ROOM 2701, Temporary B Bldg.

Acceptance Section  
Family Conres. Branch

293

Date 7 Apr 1948

S/Sgt Charles M French 6938879  
RANK (NAME) FIRST MIDDLE LAST SERIAL NO.

GRAVE LOCATION

LOI TO BE SENT TO: 7

Manufacturers Normal R French  
Cemetery Name

PP 7 175  
Plot Row Grave  
M-TR-M  
Authority for LOI:  
Carthage, Mo  
City State

RECEIVED  
4/9/48  
Administrative

293

French, Charles M.

6938879

st

December 26, 1947

Department of the Army  
Office of the Quartermaster General  
Washington 25, D. C.

Gentlemen:

Enclosed is form 345 Military, with part three completed, as I have re-married and am not the next of kin authorized to direct the final disposition of the remains of the deceased named on page one of said form.

For your information, this is to advise that the mother of the deceased is divorced from the father and has re-married. Her present name and address is unknown.

My present name is Edris Darlene Moses.

Yours Truly,  
Edris Darlene Moses  
6033 Suburban, ave.  
St. Louis 12, Missouri

1 NAT  
16 Feb  
C. J. [unclear]



W  
#/Sgt Charles M. French, 6 938 879  
Plot FF, Row 7, Grave 175,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mrs. Edris B. French  
5190 Cotes Avenue  
Saint Louis, Missouri

Dear Mrs. French:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls. 8  
2011

DEC 9 3 18 PM  
O. O. M. G.  
MAIL & RECORDS BRANCH

gmk

LOI sent father 25 May 48  
C. B. French

22 July 1947

Mrs. Ebris Darlene French  
5190 Cotes Avenue  
St. Louis, Missouri

Dear Mrs. French:

293 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant Charles M. French, A.S.N. 6 938 879.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot PP, row 7, grave 175. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide all legal next of kin with full information and solicit their detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

JUL 21 1 06 AM '47  
MAIL & RECORDS BRANCH

FORM 914.6  
Graves Registration  
(European, U. S. Miss.)

35 JUN 1947

**SUBJECT:** Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery, Margraten, Holland, be changed to read as underscored:

<u>NAME</u>	<u>RANK</u> <u>GRADE</u>	<u>SERIAL NO.</u>	<u>DATE OF</u> <u>DEATH</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
Donaldson, John B.	Pfc	32 755 164	<u>6 Apr 45</u>	AA	3	63
French, Charles M.	<u>S/Sgt</u>	6 938 879	<u>14 Oct 44</u>	FP	7	175

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicate above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. HILLEY  
Major, QMG  
Memorial Division

A I R M A I L

KK

Gen. M. Aeg - wife 1899 d. Stalay of 2 Trosten a. 24. 11. 24  
" " Den-Karte I Sterbefall - Stalay v. J. Stalay  
V. 4 a. Ref 101 Tur. Bering a. St. A. Dusseldorf - Gersheim  
R. A. 10/12.  
19. d. St. A. 1099

A. Nr. # 887 am. S. 1. 45 eingeg.  
" " 836/12/45 am. S. 1. 16. 1. 45

Sch. n. 18. 12. 44 do. Fort. 80ten Turmes, Genf searchbooked 14. 1. 45 Vgl.

Reported in amended list 1599 from Stalay III C. Dornen,  
dated 24 Nov 44

Reported in Personal card I death (certifint) - extract, from  
Stalay III C - Dornen.

Letter of 18 Dec 44 from I RC, answered 16 Jan 45.

Identified as I/Sgt. Charles M. ~~James~~, 6938879, d. 13 Aug 45.

Befangenenlager: Stalag 17 F  
Dortan Stalag  
Befangenen-Nr.: 7178  
Row no. 7178

Name: French, Charles W.  
993 French, Charles W.

Vornamen: Charles W.  
Charles W.

Geburtsort u. Geburtsort:  
Birth place and date: inlebs emlenow

Vorname des Vaters: inlebs

Familiennamen der Mutter: inlebs

Name u. Anschrift der zu benachrichtigenden Person: Dead 14 Oct 44 at 0045 hours - Dinseldorf (medical station?)

Aufenthalt u. Veränderungen: FF 44, 10, 44 0.45 Uhr Dinseldorf Frankfurt  
Buried on 18 Oct 44, Dinseldorf Honor Cemetery, Section 11 C, Grave #606  
Beerdigt am: 18. 10. 44 Ehrenfriedrich Dinseldorf, Bay III  
Have one: French Charles W. DOW-14Oct44  
Case held in Spec. Ident. Skrupel

Staatsangehörigkeit: M. S. R.

FRENCH  
Charles M

Truppenteil: organization

Komp. usw. Matr. Nr. 13 Oct 44

Ort und Tag der Befangennahme oder Internierung: 13. 10. 44

Verwundungen, Verletzungen oder Tod: Blutung im Rücken  
wann und von wo zugegangen: Blood in fallraum  
Plena area

Nr. der Liste: 1599

Seite der Liste:

Profession Beruf: unknown  
Religion: inlebs  
Grade: inlebs  
Dienstgrad: inlebs

File 9-46  
7-2-44  
NAN  
Smith

FORM 10  
7 May 1945

BURIAL INFORMATION

NAME (Last, First, Middle Initial)

FRENCH, Charles W.

ASN

38557102

GRADE

ORGANIZATION

DATE OF DEATH Oct. 14, 1944 at  
00:45 o'clock, Gerresheim  
POW base hospital.

PLACE

DATE OF BURIAL

DATE OF REBURIAL

REMARKS

Source of Information---

International Committee of the Red Cross, Geneva, Switzerland, Ex Central Agency for  
Prisoners of War Casualties. File NO: Ref. VIII/A.St.A 109/44.

543 French, Charles W 38557102

HEADQUARTERS, ARMY SERVICE FORCES  
MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

1	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
2				
3			MEMORIAL DIVISION	



MAY 25 1 00 PM '45  
GRAVES REGISTRATION SECTION  
MAY 24 4 07 PM '45  
MEMORIAL DIVISION

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
				TELEPHONE

**MEMO ROUTING SLIP**

TO THE FOLLOWING IN ORDER INDICATED.

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
1	Director, Memorial Division, OAG			
	Room 1667, Temple C, Washington, D.C.			
2				
3				

For your information.

*HARB*

1 Inclosure  
(with duplicate)

*10/10/45*  
*19/14/45*  
*23 MAY 1945*  
*DISPATCHED*

*293 French, Charles W*

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	Casualty Branch, Inves & Corres, Room 4627, Munitions, Washington, D. C.			<del>23 May 45</del>
				TELEPHONE



INTERNATIONAL COMMITTEE OF

THE RED CROSS, Geneva

CENTRAL AGENCY FOR PRISONERS OF WAR

File NO: CASUALTIES  
Ref.VIII/A.St.A 109/44

Name and given names Charles W. French, soldier, American POW (branch of the service, occupation and religio: unknown. 38557722)  
Place and date of birth Unknown.

Place and date of death 14-10-44 00:45 o'clock, Gerresheim POW base hospital.

Unit (corps, regiment, battalion, company)

and army serial number (data on identification tag) Unknown

Family address Unknown  
Marital state: Unknown  
Where and when taken prisoner?

Cause of death

Place of burial

Is the grave marked and can it be found later by the family?

Personal effects

Will they be sent with the certificate of death thru the good offices of the Secretary of War?

In case the family may not have been notified could a clergyman, a physician or a nurse who had been with the deceased during his illness or his last moments, send to us, so that we might convey them to the family, some particulars about the last moments and burial?

(Date, stamp, and signature of the qualified authority)

Düsseldorf, 27 December 1944.

(Signature) Signature of two witnesses  
The Office of Vital Statistics  
By G. Weise.

INTERNATIONAL COMMITTEE OF  
THE RED CROSS, Geneva  
CENTRAL AGENCY FOR PRISONERS OF WAR

File NO: CASUALTIES  
Ref.VIII/A.St.A 109/44

Name and given names Charles W. French, soldier, American POW (branch of the service,  
occupation and religio: unknown.

Place and date of birth Unknown.

Place and date of death 14-10-44 00:45 o'clock, Gerresheim POW base hospital.

Unit (corps, regiment, battalion, company)

and army serial number (data on Unknown  
identification tag)

Family address Unknown

Marital state: Unknown

Where and when taken prisoner?

Cause of death

Place of burial

Is the grave marked and can it

be found later by the family?

Personal effects

Will they be sent with the certificate

of death thru the good offices of

the Secretary of War?

In case the family may not have been notified

could a clergyman, a physician or a nurse who

had been with the deceased during his illness

or his last moments, send to us, so that we might

convey them to the family, some particulars

about the last moments and burial?

(Date, stamp, and signature of the

qualified authority)

Düsseldorf, 27 December 1944.

(Signature) Signature of two witnesses  
The Office of Vital Statistics  
By G. Weise.

DDMC FORM 319  
7 May 1945

BURIAL INFORMATION

NAME (Last, First, Middle Initial)

**FRENCH, CHARLES** M

ASN

GRADE

ORGANIZATION

DATE OF DEATH

PLACE

**Military Cemetery at Busseldorf, Germany  
Section III C, Grave No. 606**

DATE OF BURIAL

DATE OF REBURIAL

REMARKS

**RUSD 599-625 Received through the IRS Geneva, Switzerland.**

*French, Charles*

25-39936-9M

*2*  
*file 8/4*  
*7-17-45*  
*16-2*  
*9-17*

193 French Charles M.

TELEGRAM

Rus 8521 ,

Bern, Nov. 10, 1944.

Three American POW died on Oct. 14, 7178/six Pursuit planes  
French, Charles, <sup>0</sup>wounded when shot while plane was shot down.  
Plane 7177 /six (J--pursuit plane?) Diaz, Manuel-<sup>0</sup>30 March 21, wounded when  
shot while plane was shot down; relatives- Meneci Serrano Diaz, Ozona, Tex.  
Stop 26/10 ( Oct. 26) 76087/twelve, Walker, John-<sup>9</sup>9/Dec. 18-meningitis  
(repeats ) relatives- mother, Mrs. James Walker, 1314 E. Maryland Ave.,  
Kokomo, Indiana. High Command of the Armed Forces. POW lost 2403

Translated from the German by F. R. Glaser-12/2/44

8

1293 Diaz, Manuel  
1293 Walker, John





# REPORT OF BURIAL

## 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 Rife: \_\_\_\_\_  
 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.

Attached to Body Yes  No  Attached to Mouth Yes  No

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

4	Date		
2	Serial No.	Name	Place of Death
1	Type of Mark	Time and Date of Burial	Grave Number
1	Grave No.	Name	Grave No.
1	Grave No.	Name	Grave No.

### TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by C; fillings by F; bridges by B; link anchor teeth; replacements by artificial teeth X

**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.**

Sketch of Location

Emergency Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 List only Personal Effects Found on Body and disposition of same:  
 None

Exhumed by SIS on 13 OCT 1945

CHECK LIST FOR DISINTERMENTS  
(To accompany Report of Reburial)

170 W

Only Part I should be completed, if identification tags are available.  
Both Part I & Part II should be completely filled out if identification tags are not available.  
If information is unavailable, so indicate.

PART I  
(Positive Identification)

1. FRENCH CHARLES M. LINK 6938879 38th Arm'd Inf. Rgt.  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached one identification tag on chain around neck.
3. Give exact location from which disinterred, furnishing coordinates and map series used Nord Dusseldorfer cemetary, Grave no. 606 plot 111-C, Dusseldorf, Germany (F-3392, Central Europe, 1:100,000, Keln Sheet-R1)  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Approximate or established date of death (state which & give basis for date selected) October 4, 1944, cemetary records.
6. Approximate or established date of burial (give basis for date established) October 4, 1944, cemetary records.
7. Manner in which grave was marked and all information contained on the marker not marked.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned none
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)  
Cemetary director. Herr Karl Joli.  
Office of Burgomaster  
Office of German Red Cross

PART II  
(Doubtful or Undetermined Identification)

Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)  
Description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of presence of mustache or beard, etc.

ST  
11

170-13

13. Give as detailed description as possible of condition and amount of remains

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable;

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity, also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

*Walter R. Jary* (Individual in Charge of Disinterment) *Sgt. 34053605* (Rank) *612. D. N. G. Reg. Co.* (ASN) (Organization)

*Aug. 13, 1945* (Date)



**WAR DEPARTMENT**  
 THE ADJUTANT GENERAL'S OFFICE  
 WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 15 Aug 45 med.

FULL NAME <b>French, Charles M.</b>		ARMY SERIAL NUMBER <b>6 938 879</b>	GRADE <b>S/Sgt.</b>
HOME ADDRESS <b>St. Louis, Missouri</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>2 Apr 23</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Wounds received in action</b>		DATE OF DEATH <b>14 Oct 44</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>19 Apr 40</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>Over 3 yrs.</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Mrs. Naomi R. Dintlemann, mother, 230 South Meramec St., Clayton, Missouri**

BENEFICIARY (Name, relationship, and address)

**Edris Darlene French, wife, 5190 Cotes Ave., St. Louis, Mo.**

**Mrs. Naomi R. Dintlemann, mother, same as above, Mary French, sister, 5147 \***

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATT

**\*\*Beneficiaries Cont'd.**

**M Kensington Ave., St. Louis, Mo.**

The individual named in this report of death is held by the War Department to have been in a missing in action status from 4 Oct 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of War status on 8 May 1945. The prisoner of War status was terminated on 8 May 1945, on which date evidence considered sufficient to establish the fact that he died on 14 Oct 1944 was received by the Secretary of War from the German Government through the International Red Cross.

BY ORDER OF THE SECRETARY OF WAR

*Eli S. Fowler*

FILE  
 AUG 21 1945  
 UG

ADJUTANT GENERAL

26-2338  
1  
4/44

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 15 Aug 45 med.

FULL NAME <b>French, Charles M.</b>		ARMY SERIAL NUMBER <b>6 938 879</b>	GRADE <b>S/Sgt.</b>
HOME ADDRESS <b>St. Louis, Missouri</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>2 Apr 22</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Wounds received in action</b>		DATE OF DEATH <b>14 Oct 44</b>
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>19 Apr 40</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>Over 3 yrs.</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Mrs. Naomi R. Dintlemann, mother, 230 South Meramec St., Clayton, Missouri</b>			
BENEFICIARY (Name, relationship, and address) <b>Edris Darlene French, wife, 5190 Cotes Ave., St. Louis, Mo.</b> <b>Mrs. Naomi R. Dintlemann, mother, same as above, Mary French, sister, 5147 *</b>			
INVESTIGATION MADE YES NO		IN LINE OF DUTY YES NO	OWN MISCONDUCT YES NO
		WAS DECEASED ON DUTY STATUS YES NO	AUTHORIZED ABSENCE YES NO
		IN FLYING PAY STATUS YES NO <input checked="" type="checkbox"/>	
		OTHER PAY STATUS (Specify below) YES NO	
ADDITIONAL DATA AND/OR STATEMENT			<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE

\*\*Beneficiaries Cont'd.

4 Kensington Ave., St. Louis, Mo.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 4 Oct 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of War status on 8 May 1945. The prisoner of War status was terminated on 8 May 1945, on which date evidence considered sufficient to establish the fact that he died on 14 Oct 1944 was received by the Secretary of War from the German Government through the International Red Cross.

BY ORDER OF THE SECRETARY OF WAR

*Eli S. Fowler*

ADJUTANT GENERAL

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

268038

-BATTLE CASUALTY REPORT

NAME FRENCH CHARLES M		SERIAL NUMBER 6938879	GRADE TEC5	ARM OR SERVICE INF	REPORTING THEATRE ETO	
PLACE OF CASUALTY HOLLAND9	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 219
	DAY 04	MONTH OCT	YEAR 44			

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME MRS NAOMI R DENTLEMAN	RELATIONSHIP MOTHER	DATE NOTIFIED 23 OCTOBER 44
NO. AND NAME OF STREET—CITY—STATE 430 SOUTH STREET CLAYTON MISSOURI		

REMARKS:

CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43  AG 201 REQ

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO  DATE

PREVIOUSLY REPORTED NO  YES  (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO

SPEC. IDEN. TELEGRAM WOUNDED LETTER CORES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY *[Signature]* REVIEWED BY

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A"  COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 Hardesty Avenue  
Kansas City 2, Missouri

*file  
da*

(S-10-28-45)  
RTB:VM:vd  
August 21, 1945

In Reply Refer To: 268038

Mrs. Naomi R. Dintlemann  
230 South Meramec  
Clayton 5, Missouri

Dear Mrs. Dintlemann:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Technician Fifth Grade Charles M. French:

1 Carton and contents

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,

*P. L. Koob*

P. L. KOOB  
1st Lt. QMC  
Officer-in-Charge  
SJ Unit

Incl--  
Envelope

Receipt acknowledged:

Naomi R. Dintlemann Oct-6-1945  
(Signature of Bailee) (Date)

Eff. QM Form 205 (11 Apr 45)

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Naomi R. Dintlemann

SHIP TO:

250 South Meramec

Clayton 5, Missouri

Effects of: T/5 Charles M. French  
Name

6938879

ASN

2-8038-M

Case No.

Wt.

DATE 21 August 1945

RTB:VM:vd

*Naomi R. Dintlemann*  
FOR: Effects Quartermaster

REMARKS:

----- Inclose Bureau Check  
----- Acct. No. \_\_\_\_\_  
----- Amount \_\_\_\_\_  
----- Inclose "Valuables" item  
----- Ship "Valuables" item(s)

----- Remove G.I.  
----- Note discrepancy in \_\_\_\_\_  
----- Films removed  
----- Diary removed  
----- Laundry removed

ROUTING:

----- Accounting Branch  
----- 1. Warehouse Division ✓  
----- 2. Files Branch, Adm. Div.

REMARKS:

----- **FRANKED**  
----- Franked \_\_\_\_\_  
----- Est. Exp. Chgs. \_\_\_\_\_  
----- Est. Frt. Chgs. \_\_\_\_\_  
----- No. of packages 1

*[Signature]*  
----- Shipping Clerk

AUG 25 1945



ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU			STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY ✓					
	G. R. OR SUB GR LABEL				DECEASED	
	WILL OR POWER OF ATTY.				MISSING	X
<input checked="" type="checkbox"/>	TALLY IN FORM 43 ✓				P. O. W.	
					ABANDONED	
					UNKNOWN	
<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS	
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL	
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL	
	BOOKS		BRUSHES		PEN, FOUNTAIN	
	BRACELET, IDENT.		CASE		PHOTOS	
	CAMERAS		CLOTH, WASH		PIPES	
<input checked="" type="checkbox"/>	CLOTHING ✓		COATS		RINGS	
<input checked="" type="checkbox"/>	MISC. ARTICLES ✓		FOOTLOCKER		SCARFS	
	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS	
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.	
	SHORT SNORTER		GLOVES, PR.		STATIONERY	
<input checked="" type="checkbox"/>	SOUVENIR MONEY ✓		HANDKERCHIEFS		TIES	
	SOUVENIRS		HEADWEAR		TOBACCO	
	TESTAMENTS		JACKETS		TOILET ARTICLES	
	TOWELS & WASHCLOTHS		KITS		TOWELS	
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.	
	WATCH		LETTERS		TRUNKS, PR.	
	WINGS		LIGHTERS		UNDERWEAR	
CONTAINERS ADDRESSED TO				INFORMATION		
<i>None</i>				<i>Mrs. Chas M. French 5190 Cates Ave St Louis, Mo.</i>		
NAME AND STATUS VARIATIONS				CROSS REFERENCE		
	CHECK	REC'D BY	NUMBER		BUREAU CHECK	
	MONEY ORDER				TRANSMIT ORIGINAL	
	BOND		SYMBOL		ORIG. REG. MAIL	
	TRAV. CHECK		AMOUNT		TO G. A. O.	
	FOREIGN CURRENCY				MUTILATED	
	U. S. CURRENCY				TO ISSUING AGENCY	
DATE						
<i>Aug 18</i>						
BANK OR PLACE OF ISSUE						
PAYEE						
REMITTER OR DRAWER						
<i>Aug 18</i>						
TALLY NO. ✓	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET	OF SHEETS	
<i>9997</i>		<i>8 Aug 1945</i>		<i>1</i>	<i>1</i>	
NAME <i>Charles M. French</i>				A. S. N. <i>6938879</i>		
ORGANIZATION <i>7th Armia Air</i>				RANK <i>1st Lt</i>		CASE NO. <i>268038</i>
WAREHOUSE SPACE <i>3298</i>			EXAMINED BY <i>L. Remy</i>		DIARY REMOVED	
			PACKED BY <i>1st Lt</i>		PHOTO FILM REMOVED	
PACKAGE DESCRIPTION <i>H1</i>			INSPECTED BY		MOTION PICTURE FILM REMOVED	
			STORED BY <i>W.H.</i>		SHIPPED	
					DATE <i>Aug 18 1945</i>	
					BY WHOM <i>[Signature]</i>	

RESTRICTED  
INVENTORY FORM

19 JANUARY 1945

Date

SUBJECT: Inventory of Personal Effects of:

FRENCH CHARLES M S/5 6938879  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_ US Army

The above named individual of 26 ARMED INF BN 7TH ARMORED DIVISION  
(Unit) (Organization)

was reported MIA about 4 OCTOBER 1944  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible NOT KNOWN

INVENTORY OF EFFECTS

- 1 WATER BAG ✓
- 1 PAIR shoes ✓
- 2 HATS ✓
- 1 SEWING KIT ✓
- PERSONAL LETTERS CARDS AND PAPERS ✓
- 1 CIGARETTE LIGHTER ✓
- 2 COLLAR INSIGNIAS ✓
- 2 MEDALS WITH BARS ✓

Money in the amount of NONE has been turned into \_\_\_\_\_  
(Name of Finance Office)  
Form WDFD 38 enclosed.  
and symbol number)

Names and addresses of any Banks in which accounts may be carried: NOT KNOWN

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by TRUCK on 19 JAN 1945  
(Rail, Truck, etc.)

Name Sam B. Plyler  
Rank & ASN SAM B PLYLER  
CAPT CRC G-1016266  
Organization HEADQUARTERS 7th AD

Any additional pertinent information:



NAME FRENCH, CHARLES M T/5 8879

BAY	PALLET	BOX	TALLY
18	16		9997
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG.			

Eff. QM Form 43