

293 unk France (St Laurent) X-37

QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET  
LIEGE BELGIUM

DEFERRED

AGRC 1903

WCL 34388

FROM QMGMT USMSG AGRC 1903

XRAY 37 ST LAURENT NOT TO BE RETURNED TO UNITED STATES PD ANNOTATION  
PERTAINED TO XRAY 34 ONLY

JMM  
JMN

TEC  
H

21 3 53 PM '50  
D.M. 9  
SEC. 1

AGRC 1903 IS MC IN NO 56462 (20 JUL 50)

Duncan: cam  
Clements

ADMINS BRANCH  
MEMORIAL DIVISION  
JUL 24 3 28 PM '50

OUTGOING

UNCLASSIFIED

241830Z

GRAVES

*[Signature]*

D. A. RENNER  
CAPE, QMC, MEM DIV

QMGMT CAPT NEFF EXT 52462  
293 X-37 (ST LAURENT) FRANCE

JUL 50



1. FILE UNDER NO. 293 - Unk. France (St. Laurent) X-37

**SYNOPSIS**

2. TYPE OF DOCUMENT: TEL 3. DATE: 20 Jul 50

4. FROM: CO 7887 DET LIEGE

5. TO: OQMG DEPTAR WASH DC

6. SUBJECT: MC IN NO. - 56462

REF NR AGRC 1903. FOR MEM DIV. MY LTR 27 APR, SUBJ: STATUS  
OF UNIDENTIFIABLE UNKNS ( TRANSMITTAL LTR NO. 4858 WITH INCLOSURES THERETO ) AND YOUR  
FIRST IND DTD 23 MAY. . . . .  
END SGD BALLARD.

7. DOCUMENT FILED 314.6 - GRS, Europe (T/L #4858)  
UNDER NO.

efs

- INSTRUCTIONS.—Enter after the above headings information as follows:
1. File classification under which this cross-index sheet is to be filed.
  2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
  3. Date of Document.
  - 4 and 5. Enter either or both, as applicable.
  6. Brief and comprehensive synopsis of the content or subject matter.
  7. File classification under which the document is filed.

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 X- 37, Plot C,  
Row 2, Grave 38, 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. 2392, dated 13/8/47. No  
further information is available.

FOR THE COMMANDING GENERAL:

1/s/ George J. Freeman  
(t)

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

FILE 23 NOV 1948  
1 AM  
A. H. H. H.  
S. P. H. H.  
S. P. H. H.

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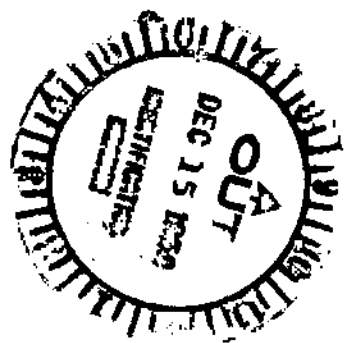
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FOR THE COMMANDING GENERAL :

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

Received 23 NOV 1948 - ODMG  
Not identifiable from  
information presently  
available

Incl #2)



Interred 11 December 1948

H-10-84 USMC, St Laurent **DISINTERMENT DIRECTIVE**

DOUGLAS A. MAC KENZIE *Douglas A MacKenzie*  
 Capt. Inf. Cemetery Superintendent

1

SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3582 00000

DATE

10 09 47  
 DAY MONTH YEAR

NAME

UNKNOWN X - 000037

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST LAURENT BAVEUX

DISPOSITION OF REMAINS

3505 80  
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

C 2 38 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 X - 000037

SERIAL NUMBER

Unk

RANK

Unk

DATE OF DEATH

6 June 1944

DATE DISTINTERRED

Sept  
 20 ~~XXXX~~ 1944

IDENTIFICATION TAG ON

ORGANIZATION

REMAINS  
 MARKER

RELIGION

Unk

IDENTIFICATION VERIFIED BY

WM. E. SMITH,  
 1st Lt, CE

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Wool OD Uniform and Field Jacket

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

None

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

None

RAF  
 FILE  
 RECORDS / UPDATED  
 DATE APR 19 1949  
 NAME O' A MATHEWS  
 BR. MEN. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE 15 Oct 47

BY

JOHN A. BRICKLEY

CASKET SEALED BY

John A. Brickley

EMBALMER (Signature)

*John A. Brickley*

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 15 Oct 47 BY R. J. Hodge

JOHN W. SHARP, 1 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.

*John W. Sharp*  
 JOHN W. SHARP, 1 Lt Inf  
 SIGNATURE OF GRS INSPECTOR

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

*m 12*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>RYE QY WNY</b> <b>DVLS</b> <b>SECURITY</b> <b>DATE</b> <b>WV3</b>	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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	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 37  
Cemetery St. Laurent, FRANCE  
Plot C Row 2 Grave 38

### Date Reprocessed :

1. ~~Reinterred in cemetery~~ 24 JUNE 1947  
(Hour) (Date)

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

3. Remains ~~recovered~~ or disinterred by Subordinate Identification Point, Carentan, FRANCE  
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<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 Remnants of one (1) pair

Drawers, cotton Remnants of one (1) pair (White)

Leggings, wool None

Socks, ~~cotton~~ <sup>wool</sup> Remnants of one (1) pair (white)

\* Shoes Remnants of one (1) pair (type) size -8 Service

Overshoes None

Web Equipment None (type) None

(Other item) Remnants of one (1) canteen cover. Remnants of one (1) shelter half

(Other item) Remnants of one (1) canvas tarp.

\* 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?

Femur - 44.8

Tibia - 37.2

Fibula 36.4

6. Description of Remains :

Age Utd Est. Height 5'6 1/8" Weight Utd Description of wounds Utd

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

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

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

Sunburn or tan, other than hand and face Utd

Complexion Utd  
(Light, medium, dark, clear, pimples, poeks, 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)

Goates Utd  
(Light, color, extent)

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

Nose Utd Eears Utd  
(Size, shape, straight) (Size, set close to or far from head)

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

Teeth None found  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches Missing  
(Large, small, normal) (Hat band)

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

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

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

Back Utd Circumcision Utd Pubic Hair None 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 Utd  
(Nose, arms, legs, etc.)

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

" See attached Chart "

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

If not, explain Hands missing

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

Missing

9. Remarks Remains received intact, wrapped in a shelter half and canvas tarp.  
Clothing was removed from remains. No clothing marks found. Estimated weight  
of remains 50 lbs. Fluoroscopic Examination Negative. No GHS Tag found. No  
burial report found. Only bones from lower extremity were measured for height.  
Nothing found to warrant Chemical Laboratory Examination .

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

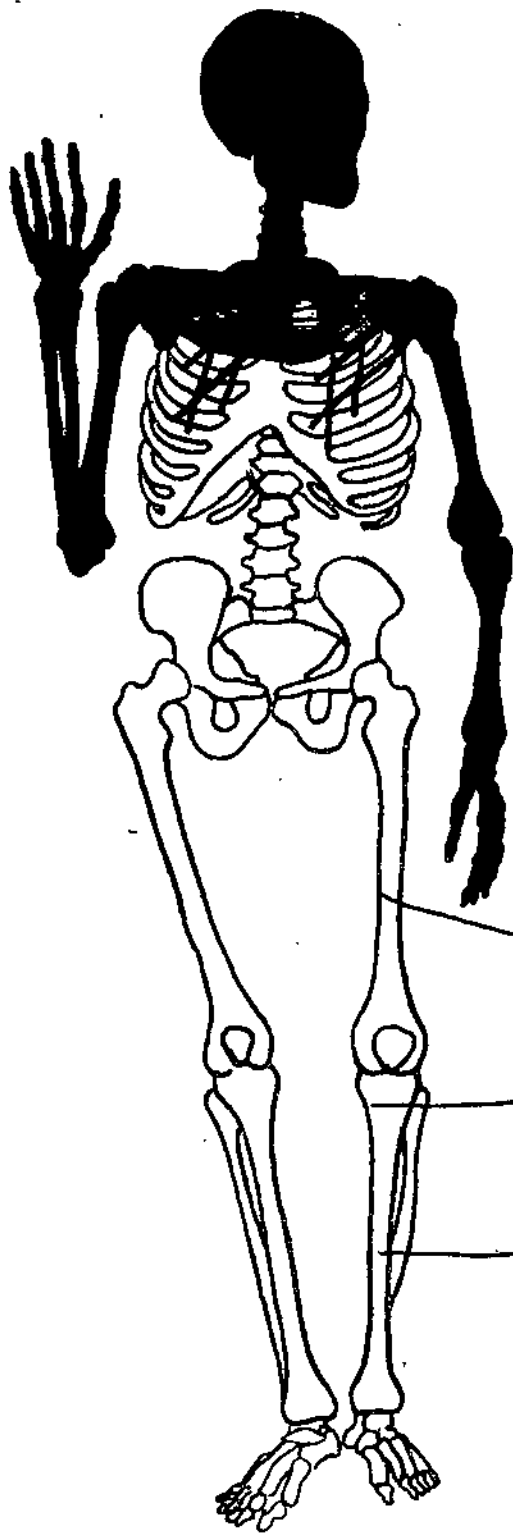
Central Identification Point  
(Organization)

A - 21  
St. Laurent Cemetery,  
FRANCE

# SKELETAL CHART

Plot: C Row: 2 Grave: 38

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Femur - 44.6

Tibia - 37.2

Fibula - 36.4

*Unknown*  
**UNIDENT. X 37 (AMERICAN)**

\_\_\_\_\_  
Last Name First Initial Rank Serial No.

\_\_\_\_\_  
Unit Organization  
**Normandy, France** **6 June 44** **KIA**

\_\_\_\_\_  
Place of Death Date of Death Cause of Death  
**1100- 10 June 44** **ST. LAURENT SUR MER # 1** **675-896**

\_\_\_\_\_  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
**38** **2** **C** **Temp**

Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No   
If No Identification Tags  
How were remains identified?

**UNIDENT. IMPOSSIBLE TO TAKE PRINTS**

What means of identification were buried with the body?

**GR. FORM # 1 in shell case.**

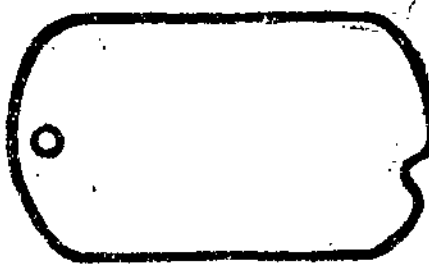
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: **Terryberry** **32841034** \_\_\_\_\_ **39**  
Name Serial No. Rank Organization Grave No.

Deceased's Left: **UNIDENT. X 36** \_\_\_\_\_ **37**  
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. QMC  
Graves Registration Officer

# 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.

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

Left Hand

8

2

1

Thumb

Right Hand

8

2

1

Thumb

## TOOTH CHART

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

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

Characteristics: \_\_\_\_\_

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

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