

Edelstein

1. FILE UNDER NO. 293 - Unk La Cambe X-464

SYNOPSIS

2. TYPE OF DOCUMENT: TELE 3. DATE: 19 Sep 51  
4. FROM: OQMG  
5. TO: CO 7187 GREG DET LIEGE BELGIUM  
6. SUBJECT: FROM QMGT UMSG AGRC 4074 ASSOC X'RAY 464 LA CAMBE WITH  
EMIL J PIOTROWSKI 37726670. RQST DIP COPIES 1ST IND DATED 26 JULY

7. DOCUMENT FILED UNDER NO. 293 -- Piotrowski, Emil J. 37726670

ch

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.



1-13-51

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HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Nov 1948  
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 464, Plot BE,  
Row 10, Grave 196, USMC La Cambe, 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. 2320, dated 3 June 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

NEW  
FILE  
27 Nov 1948  
J. H. B. Ac  
6 Dec 48

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EUROPEAN AREA  
APO 58 US ARMY

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #37

CMRB MMM

Interred 8 Jan 1949  
H-19-15 USMC. St Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE  
Capt. Inf. Cemetery Superintendent

*Douglas MacKenzie*

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3539 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000464

RANK

ARM  
Q  
DATE OF DEATH

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
3505 80  
DAY MONTH YEAR

PLOT  
BE

ROW  
10

GRAVE  
196

COUNTRY  
FRANCE

CODE  
6

DIST. PT.  
CAUSE OF DEATH

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-464

SERIAL NUMBER  
Utd

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISTINTERRED  
5 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Utd

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Mattress Cover

CONDITION OF REMAINS  
Badly Decomposed

OTHER MEANS OF IDENTIFICATION  
Burial Report found on Remains

MINOR DISCREPANCIES  
None

FILE  
12 MAY 1949  
BRICKLEY

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Nov 47

BY John A. Brickley

CASKET SEALED BY  
John A. Brickley

EMBALMER (Signature)  
*John A. Brickley*

CASKET BOXED AND MARKED  
DATE 21 Nov 47 BY R.J. Hodge

SHIPPING ADDRESS VERIFIED BY  
JAMES A. HOOVIER 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.

*James A. Hoover*  
JAMES A. HOOVIER 1st LT, INF.  
SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC La Cambé	TO Casketing Pt. B
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Pfc. Bert H. Kimmel
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W.T. DAILEY, CAPT. QMC	DATE 20 Nov 47
SIGNATURE OF RECEIVER <i>H.F. Hill</i> H.F. HILL, CAPT. QMC	DATE 20 Nov 47

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (SA VONNIZIBVIAE OBEDE)	NAME OF CONVOYER
SIGNATURE OF SHIPPER 21 FAVUENI' EBVICE	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

RECEIVED  
NOV 20 1947

## IDENTIFICATION CHECK LIST

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

Unknown X 464

Cemetery La Combe, France

Plot BE Row 10 Grave 196

**Date reprocessed: 14 April 1947**

1. ~~ARRIVED~~ ~~at cemetery:~~ \_\_\_\_\_  
 (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,  
 (Name and organization) 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	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type) .....

Overshoes ..... **None**

Web Equipment ..... **None** (type) .....

(Other item) ..... **None**

(Other item) ..... **None**

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or  
Insignia ..... **None**  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... **None**

Does clothing indicate that deceased was a member of the Air, Ground or 'Naval Force?

**UTD**

6. Description of Remains :

Age **UTD** Height **5 ft. 4 1/2** Weight **UTD** Description of wounds **UTD**

Bandages or dressings ..... **UTD** Scars ..... **UTD**  
(Length, width, location)

..... **UTD** Tattoos  
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks ..... **UTD**  
(Yes-no; description, location)

Sunburn or tan, other than hand and face ..... **UTD**

Complexion ..... **UTD**  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... **UTD**  
(Large, fat, thin, muscular)

Hair ..... **None found**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **UTD**  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... **UTD** Mustache ..... **UTD** Beard or ..... **UTD**  
(Color, setting, shape) (Color, size, shape) (Length, heavy)



Goatee UTD  
 (Light, color, extent)

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

Nose UTD Ears UTD  
 (Size, shape, straight) (Size, set close to or far from head)

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

Teeth see tooth chart  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches 21 1/2 inches  
 (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 None found  
 (Nose, arms, legs, etc.)

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

see 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? Yes If not, explain  
(Yes-no)

remains received in advanced stage of decomposition. No clothing found. Burial report states identification as an American only by a small amount of OD clothing on back of remains found on Omaha-beach- 8 Oct. 1944.

9. Remarks

Estimated weight: 35 Lbs .  
Fluoroscopic report: Negative.  
Remains unknown.  
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.

Ellsworth T. Mac Intyre  
ELLSWORTH T. MAC INTYRE  
(Officer's Name)

CAPTAIN Q.M.C.  
Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)

**SKELETAL CHART**

**Unknown X-464**  
**La Cambe, France**  
**Plot BE Row 10 Grave**  
**196**

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

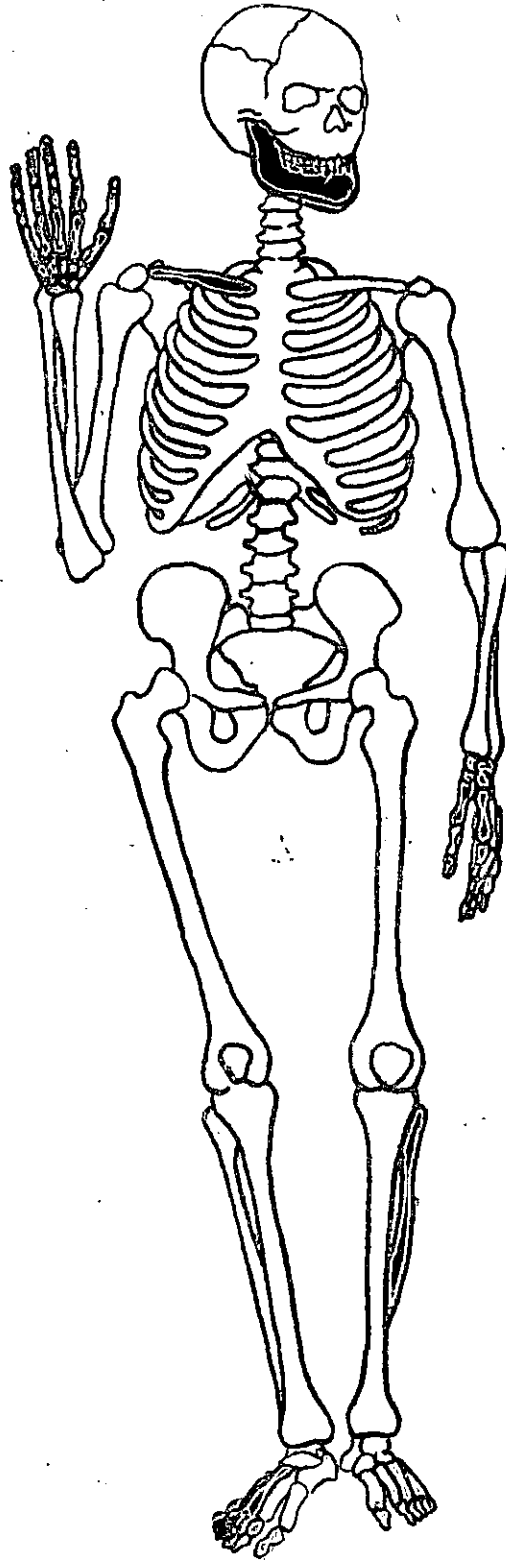


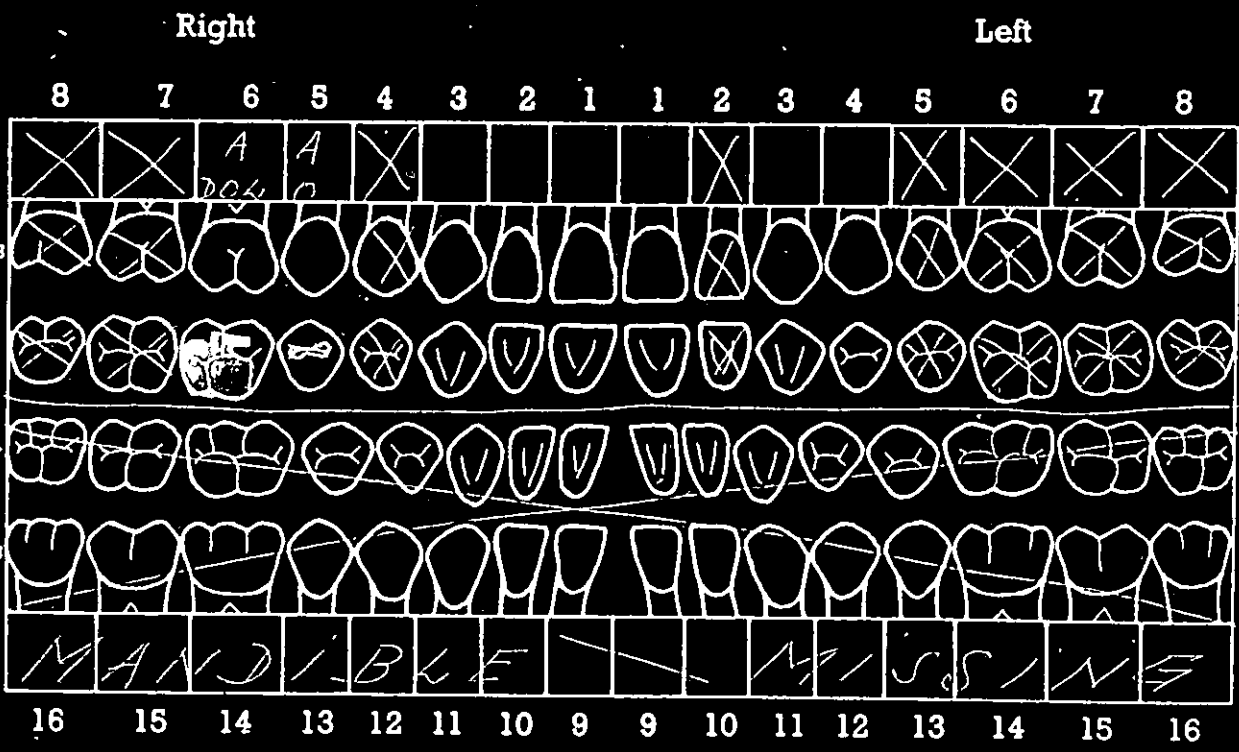
CHART "A"

# TOOTH CHART

14 April 1947  
 Date

Unknown X-464

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



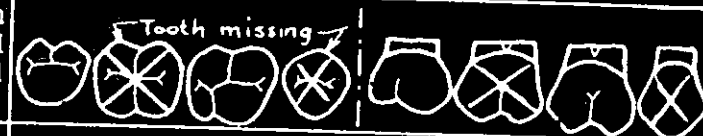
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Edward Sebastian (S.D.)*  
 Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. MacIntyre*  
 Verified by G. R. S. Officer

ELLSWORTH T. MAC INTYRE  
 CAPTAIN Q.M.C. C.I.P.

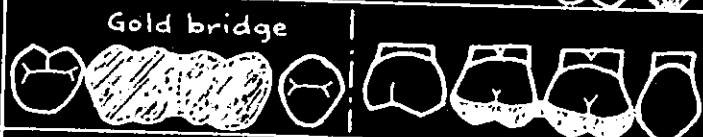
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



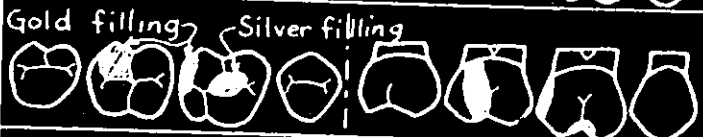
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus:



**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing, R1,2 and L1,3,4.  
 Spaces: R3-5, 5mm. L1-3, 5mm (est)  
 Medium sized ivory colored teeth.

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

23096-  
8 Oct. 1944

Date

<u>UNKNOWN</u> <u>X-464</u>	<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>
<small>Last Name</small>	<small>Rank</small>	<small>Rank</small>	<small>Serial No.</small>
<u>American</u>	<u>Unk.</u>		
<small>Unit</small>	<small>Organization</small>		
<u>Unk.</u>	<u>Unk1</u>	<u>Unk.</u>	
<small>Place of Death</small>	<small>Date of Death</small>	<small>Cause of Death</small>	
<u>1900 hrs. 8 Oct. 1944.</u>	<u>La Cambe</u>	<u>558-881</u>	
<small>Time and Date of Burial</small>	<small>Name of Cemetery</small>	<small>Name or Coordinates of Location</small>	
<u>196</u> <u>10</u>	<u>BE</u>	<u>Temp. Wooden Cross</u>	
<small>Grave Number</small> <small>Row Number</small>	<small>Plot Number</small>	<small>Type of Marker</small>	

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No   
 One GRS Ident. Tag      One GRS Ident. Tag

If No Identification Tags

How were remains identified?

Identification as an American only by a small amount of O.D. clothing on back of remains.

What means of identification were buried with the body?

Remains found on Omaha Beach  
8 Oct. 1944.

One GRS Ident. Tag

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

Who is buried on:

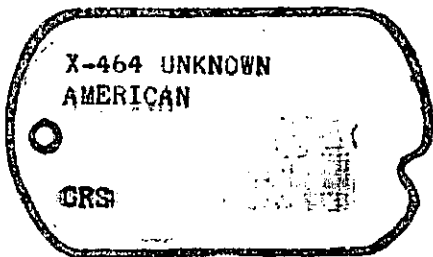
Deceased's Right:

<u>William</u>	<small>Serial No.</small>	<small>Rank</small>	<u>482nd</u>	<small>Grave No.</small>
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Deceased's Left:

<u>Gudinsky</u>	<u>31004502</u>	<u>Cpl</u>	<u>AAA AW Bn.</u>	<u>195</u>
<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>

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 Unk.  
Name

Address

Religion Unk.

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

No Personal Effects.

65

Signature of Officer or other person reporting burial

*Lynford G. Chase*

LYNFORD G. CHASE, 1st Lt., QMC

# 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.

Left Hand

Right Hand

One ONE Ident. Tag

One ONE Ident. Tag

Ident. tag as an American only by a mail to O.D. of back of remaining.

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

8 Oct 1944

William Gaudin

William Gaudin

1

2

3

4

5

6

7

8

## TOOTH CHART

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.

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

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

Characteristics:

Other Data:

D.K.

D.K.

No Personal Effects.