

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Unk - (misc) St. Arnold*

*X-1588 X-6108 X-6137 X-6150 X-6297*

**SYNOPSIS AND DATES**

*X-6387-A X-6387-B X-6387-C X-6457*

*misc filed*

NEW CLASSIFICATION

*293 Unk (St. Arnold X-1588)*

# RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APO 757

943unk St. Avold X-6108 m2.

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-6108 St Avold

(POC) ST LAURENT

File  
14 March 50  
H. Martin

REPORT OF INVESTIGATION AREA SEARCH  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD-Y-5-51

29 April 1946.  
Date

NAME X-6108 Unknown RANK Unknown ASN Unknown  
ORGANIZATION Unknown  
MEANS OF IDENTIFICATION none

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point)

SECTION A GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following

a. NAME UNKNOWN, X-6108 RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:

a. NAME Unk. RANK Unk. ASN Unk.

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

Winterfeld-- Bellantone-- 1 other unknown

(Use reverse side for listing of crew members from MOCR)

A. Date of above burials 20 Feb. 1946 Common Graves? No

4. Delated \_\_\_\_\_

5. Name and type of cemetery Isolated burial  
(Military or Civilian)

6. Map Coordinates of the Cemetery \_\_\_\_\_

a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

b. Is sketch attached? \_\_\_\_\_

8. If remains are not located in a cemetery, give exact location.

a. Town Drusenheim Coordinates Gu. Ro. Map R, 1618; Sht. 87; Sc/1-200,000

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Cross and helmet

10. If grave is marked with cross, give the exact markings thereon

No markings

a. From what source was this information obtained? \_\_\_\_\_  
(Identification tags, personal effects)

b. By whom? \_\_\_\_\_

11. Where are the cemetery records? None  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? \_\_\_\_\_

b. Where was the information obtained? \_\_\_\_\_

c. By whom? \_\_\_\_\_

12. What is the date of death? Est. 20 Feb. 1945

a. Give basis Time of fighting in area

13. What is the cause of death? Presumed (GSW)

a. Give basis Acc. witnesses

14. What is the date of burial? 20 Feb. 1946

a. Give basis Statement of town official

15. What is the place of death? Drusenheim Coords See #8

a. Give basis Acc. witnesses

16. Where were the remains found? Drusenheim Coords See #8  
In field near

a. By whom? Rene Gable

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? \_\_\_\_\_

Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_

18. Who made the burial? Civilian  
(Civilian, American Mil or German Mil)

a. What are the names and addresses? \_\_\_\_\_

Winterfield-- Bellantone-- 1 other unknown

b. Are certificates and statements attached? Yes

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? \_\_\_\_\_

a. Give location in plane from which the bodies were removed

(Tail gunner, pilot, radio turret, etc., or front, side, of plane)

b. Near wreckage? \_\_\_\_\_

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane \_\_\_\_\_

b. Markings and/or name of plane \_\_\_\_\_

c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_  
\_\_\_\_\_

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
Enemy plane? \_\_\_\_\_ Collision? \_\_\_\_\_

22. Did plane explode in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

23. Did plane burn in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

24. What was the direction of the flight? \_\_\_\_\_  
\_\_\_\_\_

25. What was the civilian opinion regarding the destination of the plane?  
\_\_\_\_\_

26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with the date of death of above named deceased? \_\_\_\_\_

28. Number of planes in formation prior to crash \_\_\_\_\_

29. State precise time and date of plane crash \_\_\_\_\_  
(Night?, Day?)

30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? \_\_\_\_\_

a. Give specific position in tank from which deceased was removed \_\_\_\_\_

(Radio man, driver, asst driver or i. front, side, or back)

b. Near wreckage? \_\_\_\_\_

32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank \_\_\_\_\_

b. Markings and/or name of tank \_\_\_\_\_

c. Numbers on motors, machine guns, ammunition, instruments, etc. \_\_\_\_\_  
\_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?, Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_  
If so, give complete and thorough results of the interrogation.  
a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased  
\_\_\_\_\_

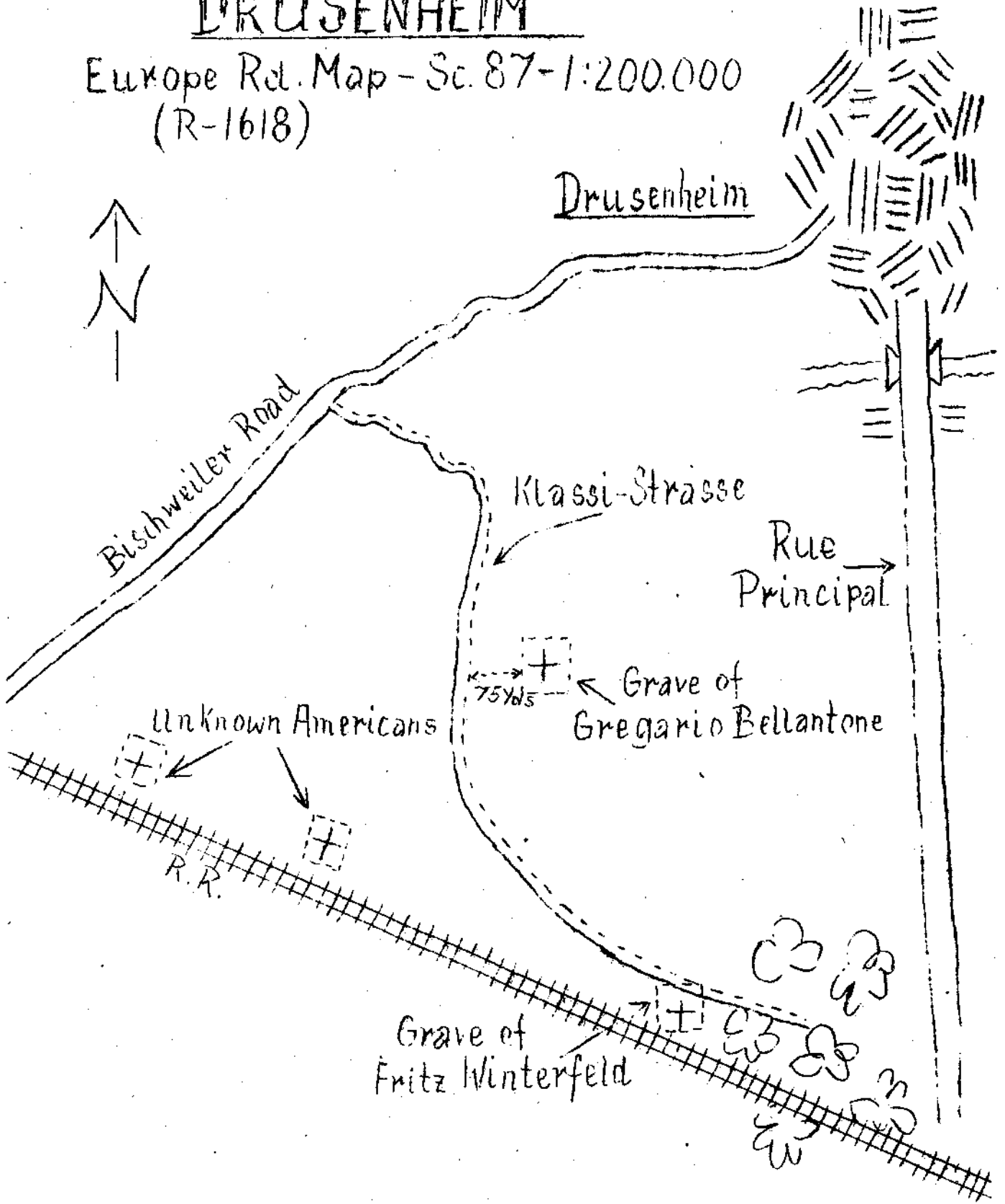
SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by investigating team No  
If not, state reason None found  
a. Were identification tags found at the time of death? Unk.  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_  
Present disposition \_\_\_\_\_  
If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.  
b. Were personal effects found at the time of death? Unk.  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_  
Present disposition \_\_\_\_\_  
c. Was deceased identified by living members of the crew at the time of death? Unk.  
d. Did Cemetery register or cross indicate the immunization shot? No
42. Was deceased given first aid? Unk. If so, where? \_\_\_\_\_  
By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_
43. Was deceased evacuated to a German hospital? No  
Where? \_\_\_\_\_ Names of the people concerned \_\_\_\_\_
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No  
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No  
a. If so, give basis for positive assumption \_\_\_\_\_  
b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? No By whom? \_\_\_\_\_  
When? \_\_\_\_\_

UNKNOWN X-6108  
REGISTERED U.S. MIL. GEN.  
ST. AVOLB-X-5-51

# DRUSENHEIM

Europe Rd. Map - Sc. 87-1:200,000  
(R-1618)



UNKNOWN X-6108  
CEMETERY ST. AVOLD  
PLOT X ROW 5 GRAVE 51

Arrived at cemetery 1500 23 April 1946 From \_\_\_\_\_  
(hour) (date) (collecting point)

Place of death \_\_\_\_\_  
(name) (coordinates & landmarks)

Evacuated to cemetery by \_\_\_\_\_  
(name and organization)

Remains recovered by \_\_\_\_\_  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same  
(yes-no)

area as this Unknown started \_\_\_\_\_ Are circumstances described which  
may indicate organization of the deceased \_\_\_\_\_ If only part  
of a body was received, was a careful  
search made for other parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc; \_\_\_\_\_  
(type of vehicle or plane)

nickname \_\_\_\_\_ serial number \_\_\_\_\_ organization or symbols \_\_\_\_\_

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use \_\_\_\_\_

If organization to which vehicle or plane was assigned or if names  
of all other deceased are not known, give detailed information  
concerning vehicle or plane \_\_\_\_\_

(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects \_\_\_\_\_  
(Indicate exact pocket

or part of body where found)



Belt, Web \_\_\_\_\_  
 Drawers, Wool none  
 Drawers, Cotton remnants of  
 Leggings, Wool none (Note unusual lacing)  
 Socks, Cotton none  
 \*Shoes (Type) none  
 Overshoes none  
 Web equipment (Type) none  
 (Other item) none  
 (Other item) none  
 \*If the body is nude, sizes of these items be computed by measuring the remains.

6. Chevrons or Insignia \_\_\_\_\_  
 (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch none

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces. none

8. Description of Remains: Ground Forces  
 Age \_\_\_\_\_ Height \_\_\_\_\_ Weight 15 lbs Description of wounds \_\_\_\_\_  
 Bandages or dressings UTD None Scars UTD  
 (Length, width, location)  
 Tattoos UTD  
 (Number, location-illustrate on sep. page)  
 Outstanding moles, warts or birthmarks UTD  
 (Yes-no; description, location)  
 Sunburn or tan, other than hands & face \_\_\_\_\_  
 Complexion UTD  
 (Light, red, dark, clear, pimples, poeks, freckels)  
 Build UTD  
 (Large, fat, thin, muscular)  
 Hair UTD  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
 (length, width, location)

\_\_\_\_\_ Tattoos \_\_\_\_\_  
 (number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks \_\_\_\_\_  
 (yes-no) (description, location)

Sunburn or tan, other than hands and face \_\_\_\_\_

Tobacco stain on fingers or teeth \_\_\_\_\_  
 (designate where, extent)

Complexion \_\_\_\_\_ Build \_\_\_\_\_  
 (light, med, dark, clear, pimples, pecks, freckles) (large, fat, thin, muscular)

Hair \_\_\_\_\_  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or goatee \_\_\_\_\_  
 (color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes \_\_\_\_\_ Eyebrows \_\_\_\_\_  
 (color, setting, shape) (color, bushiness, extend across nose)

Nose \_\_\_\_\_ Ears \_\_\_\_\_  
 (size, shape, straight) (Size, set close to or far from head)

Forehead \_\_\_\_\_ Mouth \_\_\_\_\_ Lips \_\_\_\_\_  
 (high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth \_\_\_\_\_  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin \_\_\_\_\_ Cheekbones \_\_\_\_\_  
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw \_\_\_\_\_ Circumference of head in inches \_\_\_\_\_  
 (large, small, normal) (hat band)

Neck \_\_\_\_\_ Larynx \_\_\_\_\_ Shoulders \_\_\_\_\_  
 (size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

\_\_\_\_\_ Arms \_\_\_\_\_  
 (length) (muscular, color, extent & quantity of hair)

\_\_\_\_\_ Hands \_\_\_\_\_  
 (vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

\_\_\_\_\_ (marks on fingers indicating that rings were worn)



Fingers

(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(unusual characteristics of fingernails)

Chest

(size at nipples; color, quantity & extent of hair; large, small, normal)

Back

(quantity and extent of hair)

Waist

(size at navel, appendectomy, amount & color o

Circumcized hair)

(yes-no)

Pubic hair

(color)

Herniaplasty

(yes-no)

(location)

Legs

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

Feet

(size; corns, callouses; flat)

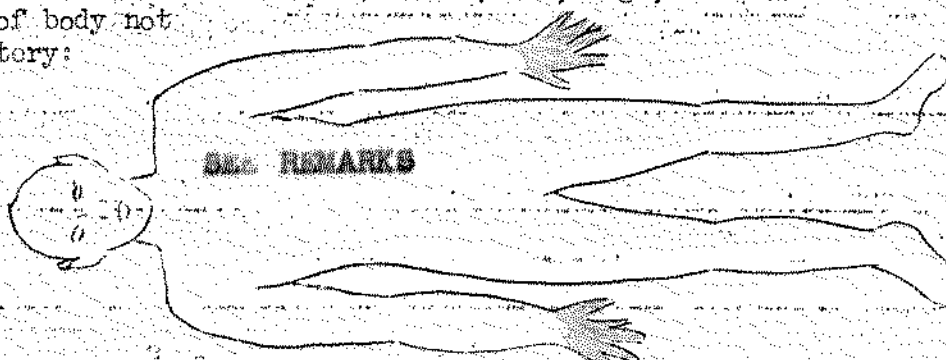
Toes

(slender, straight, crooked, overlap)

Evidence of healed fractures

(nose, arms, legs, etc.)

Black out parts of body not received at cometary:



Have photographs been made and attached

(yes-no)

If not, explain

UTD

Have fingerprints been placed on GRS # 1

(yes-no)

If not, explain

UTD

Has tooth chart been prepared?

(yes-no)

If not, explain

Remarks

Remains recovered, entire stage of decomposition.

*William D. Lawson III*  
 William D. Lawson III 2nd Lt Inf 530 04 Gr  
 Signature of GRO and Organization

# TOOTH CHART

REINTERRED U.S. MIL. CEM.  
 ST. AVOLD-X-5-51

29 April 1946  
 Date

Unknown X-6108

Unknown

Unknown

Last Name First  
 Unknown

Initial Rank

Unknown Serial No.

Unit  
 Drusenheim Bas-Rain France Est Feb 1945

Organization GSW

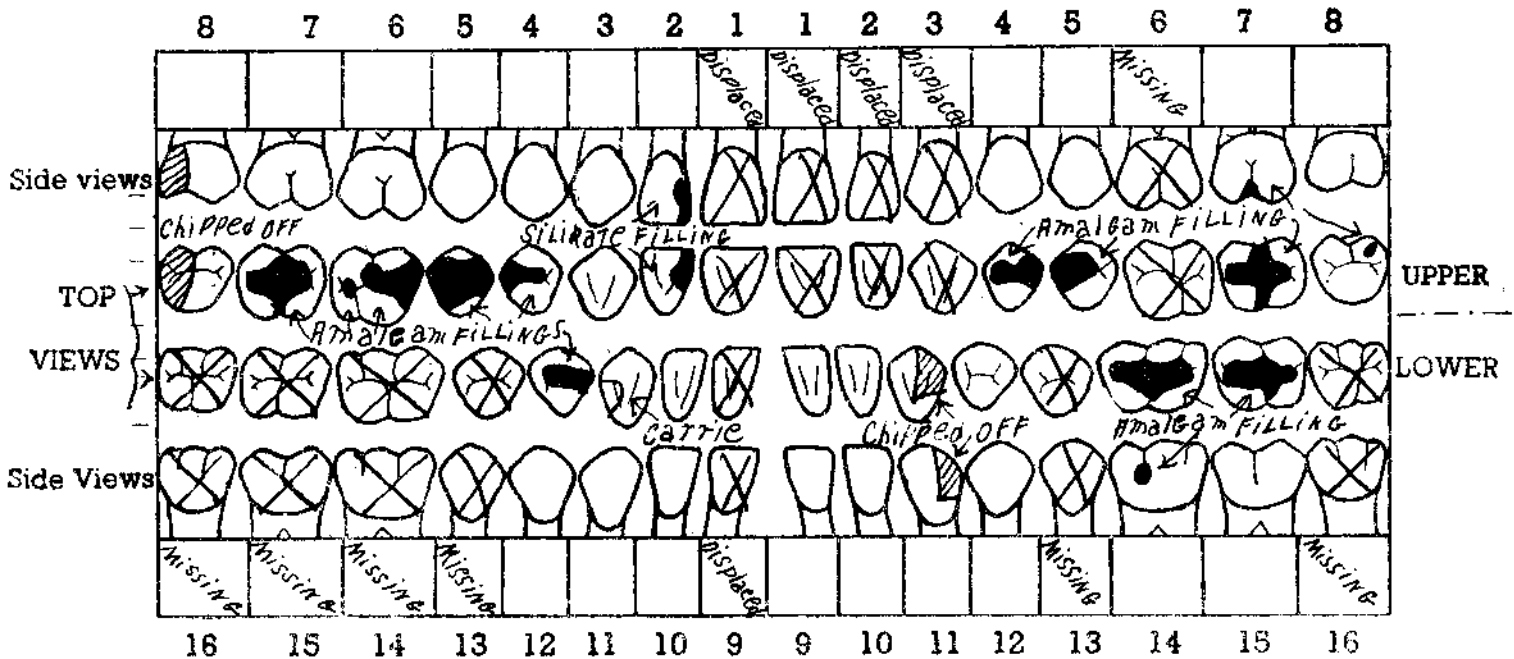
Place of Death

Date of Death

Cause of Death

Right

Left



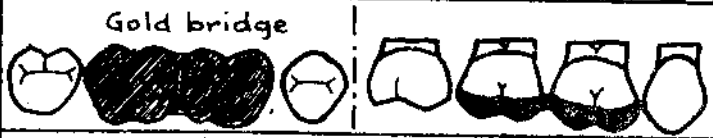
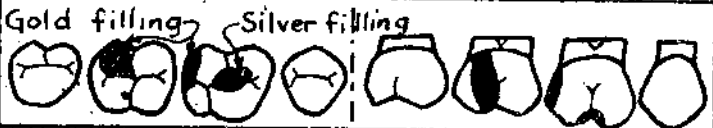



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*John A. Trent*

Signature of Officer or other person who prepared Tooth chart

*William D. Carson* The Quartermaster Group  
 Verified by G. R. S. Officer

<p><b>MISSING TEETH...</b> All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p><b>CROWNED TEETH...</b> Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK...</b> Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS...</b> Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES).</b> Outline location and size of cavity, shade in thus :</p>	

**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**

- 1-L1, L2, L3, R1 are displaced teeth which have n t been recovered with the remains.
- 2-L8 was previously extracted and granulated in.
- 3-R9 a displaced tooth which has not been recovered with the r emains
- 4-l13, L14, and L15, were previously extracted and granulated in,
- 5-L16, and R16, are granulated in.
- 6-L12 has its buccal surface towards the distal.
- 7-Teeth a dark snade.

AGRC  
FORM No. 11  
Revised 5 January 1946

# CHECK LIST OF UNKNOWNNS

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

Unknown X - 6108  
Cemetery St. Avold, France (Q-260584)  
Plot Y Row 5 Grave 51

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains ~~recovered or interred~~ **and reprocessed** by Central Identification Point 16-10-46  
(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	None		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	O.D. Pullover		
Jacket, HBT	None		
*Shirt, Wool OD	Yes		
Undershirt, Wool	Yes		
Undershirt, Cotton	Yes		
Trousers HBT	None		
*Trousers, Wool OD	Yes		

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton O.D. ( One (1) pair). heavy wool (One (1) pair).

\*Shoes None (type)

Overshoes None

Web Equipment None (Type)

(Other item) O.D. Scarf

(Other item) None

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

6. Chevrons or Insignia None (type & location : shirt, jacket, coat, helmet)

Shoulder Patch None

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

8. Description of Remains :

Age Utd Height Est. 7/8" 5'6" Weight Est. 150 Description of wounds Utd

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

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

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

Sunburn or tan, other than hands & face Utd

Complexion Utd (light, med. dark, clear, pimples, poeks, freckles)

Build Utd (large, fat, thin, muscular)

Hair Medium brown, 1 1/2 inches (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, extract).

Chin Square  
 (prominent, receding, pointed, dimple, double)

Jaw Large Circumference of head in inches 20"  
 (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 & extent of hair, large, small normal)

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

(quantity & color of hair) Circumcision Utd Pubic hair None  
 (yes-no) (color)

Hernioplasty Utd  
 (yes-no; location)

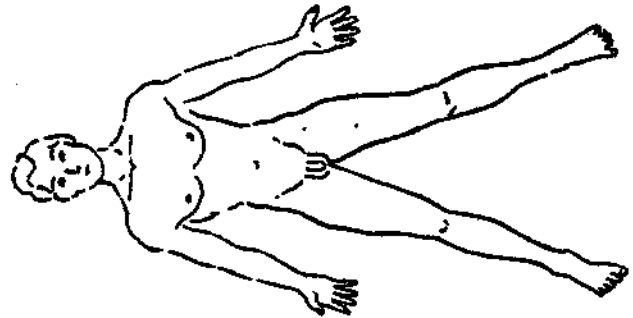
Legs Utd  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)



Feet Utd Toes Utd  
(size, corns, calluses, flat) (slender, straight, crooked, overlap)

Evidence of healed factures None  
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment No  
(yes-no)

If not, explain Too decomposed

11. Has tooth chart been prepared \_\_\_\_\_ If not, explain \_\_\_\_\_  
(yes-no)

12. Remarks : Clothing mostly remnants.  
Body recovered in skeleton form, no flesh.  
X-Rayed results negative.  
Est. weight of remains: 20 lbs.  
Burial body with remains.  
Fluoroscopic examination: negative.  
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.

*Robert A. Salvador*  
Officer's Name

ROBERT A. SALVADOR

Capt. Inf.  
Rank Service

Central Identification Point  
Organization

# TOOTH CHART

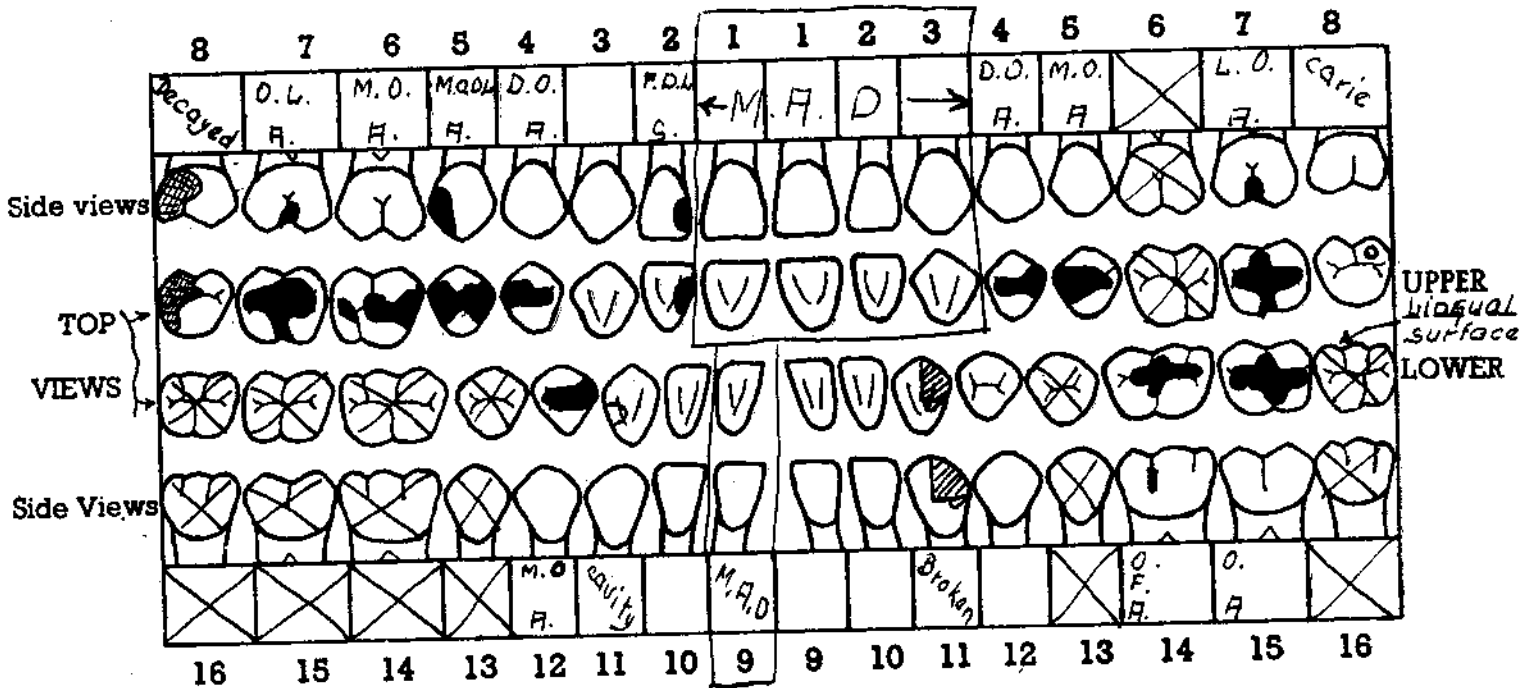
17 October 1946  
 Date

UNKNOWN X - 6108

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

Right

Left

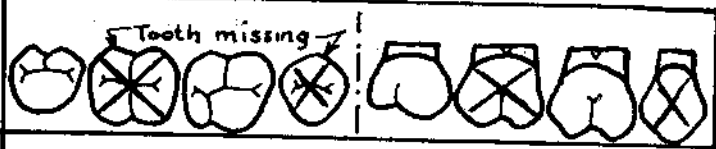


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Harold J. Wheeler*  
 Signature of Officer or other person who prepared Tooth chart

*Robert A. Salvador*  
 Verified by G. R. S. Officer  
 ROBERT A. SALVADOR  
 Capt. Inf. - C.I.P.

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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Medium size, pinkish teeth.  
 R -13, 14, 15, 16 and L - 6, 13, 16 missing before death.  
 R -1, 9 and L -1, 2, 3 missing after death, sockets present.  
 R - 3 out of alignment facially - 3 mm.  
 Space between L -13 - 15, 4 mm.  
 R -12 rotated distally nearly 1/4 turn.  
 L -11 - Distal cavity probably had a filling.  
 Teeth clean.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St. Aved, France</b>		TO <b>OIC, Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Vincent P. Matosso, RA-32707218</b>	
SIGNATURE OF SHIPPER <i>1st Lt Frank B. Callaghan</i>	DATE <b>2 Nov 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ROYCE</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>(91 VEHICLE IN LINE CTR)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>CECIL WASH BLAISE</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <i>7 11 49</i>		TO	
KIND OF CONVEYANCE <i>TRUCK</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. W. W.</i>	DATE	SIGNATURE OF RECEIVER <i>U 3003</i>	DATE <i>10</i>

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>00000 10 01 49</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

USMC St. Laurent

Plot C-Row 6 Gr: 42

Date of Burial: 21 June 1950

Verified by GRS Officer: **DISINTERMENT DIRECTIVE**

R.T. RODRIGUEZ, CWO, USA

*9/1/50*  
*9/2/50*

1

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

**3574 00000**

DATE

**15 01 48**

DAY MONTH YEAR

NAME

**UNKNOWNX-006108**

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

**ST AVOLD - METZ**

DISPOSITION OF REMAINS

**350 25 00**

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

**Y**

**5**

**51**

**FRANCE**

CAUSE OF DEATH

**6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

~~SAINT AVOLD, FRANCE ST LAURENT, FRANCE~~  
~~(BY ADMINISTRATIVE ORDER)~~

NAME AND ADDRESS OF NEXT OF KIN

These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-27 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

**UNKNOWN X-006108**

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

**27 July 48**

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

GRS

**USAGF**

RELIGION

IDENTIFICATION VERIFIED BY

Melvin W Blackburn

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

**Mattress cover & Uniform**

CONDITION OF REMAINS **Skeleton form - Disarticulated - Body complete**

OTHER MEANS OF IDENTIFICATION

**Report of Burial found with remains**

MINOR DISCREPANCIES

**None**

**HAT**

**FILE**

**RECORDS ANNOTATED**

**DATE 27 JUL 50**

**NAME R. F. Johns**

**R. F. Johns, BR. MEM. DIV.**

REMAINS PREPARED AND PLACED IN CASKET

DATE **5 Aug 48**

BY

**Melvin W Blackburn, Embalmer**

CASKET SEALED BY

**Melvin W Blackburn Embalmer**

EMBALMER (Signature)

*Melvin W Blackburn*  
**Melvin W Blackburn**

CASKET BOXED AND MARKED

DATE **5 Aug 48** BY **Melvin W Blackburn**

~~RECORDED IN INDEX~~ **All markings, plates & tags verified by:**  
*Jesse C Harrell*  
**JESSE C HARRELL 1st Lt CAC**

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

Final casketing by:

*Jesse C Harrell*  
**JESSE C HARRELL**  
**1st Lt CAC**

*Jesse C Harrell*  
**JESSE C HARRELL, 1st Lt CAC, 7857 AGRC**  
**Zone 5 Hq. SIGNATURE OF GRS INSPECTOR**

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

Consignee changed by Reg Div. *90*



**AIRMAIL**

293 Und-France (misc) A. Brock

QMCMT 293 X-6297 X-6387 ABC 9 February 1950  
GRS European  
(St. Avold, France) X-6457 X-1588 X-6108

SUBJECT: Certificates of Unidentifiability of Remains

TO: Chief, Registration Division  
7837 Graves Registration Detachment  
APO 58, o/o Postmaster  
New York, New York

1. Reference is made to your Transmittal Letters, Numbers 4625, 4630, 4674 and 4656, dated December 1949 and January 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknowns in USMC St. Avold, France as Unidentifiable:

<u>Unknown</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-1588	SSS	2	24
X-6108	Y	5	51
X-6137	Y	12	35
X-6150	AAAA	4	48
X-6297	DDDD	9	102
X-6387 A	EEEE	8	90
X-6387 B	XXX	6	61
X-6387 C	XXX	6	62
X-6457	EEEE	11	129

FOR THE QUARTERMASTER GENERAL:

T. H. MERTZ  
Lt Colonel, QMC  
Memorial Division

Schrothsedt  
Clements  
REB

**AIRMAIL**

Vertical stamp on the right edge of the page, partially legible as "JKB" and "TFC".

314.6 QMGMT 255  
GRS European

1st Ind

SUBJECT: ~~Certificates of Unidentifiability~~  
Transmittal Letter #4625

Dept. of the Army, OQMG, Washington 25, D. C., 24 January 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,  
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknowns X-981,  
X-1077 and X-1590 as Unidentifiable.

2. It is requested that all action in connection with Unknown X-6108  
be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

4 Incls:  
w/d

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

Holden:cdt  
Clements  
REB

*X-6108 Unknowns X-981 X-1077 X-1590*

*see file*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

14 Dec 1949  
Date

293  
unk France X-6108 (St. Avoild)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-6108, Plot Y,  
Row 5, Grave 51, USMC St. Avoild, 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. 4605, dated 14-12-49. No  
further information is available.

FOR THE COMMANDING GENERAL:  
Case reviewed by undersigned Members of the Board of Review:

/s/ E. D. Mulvanity, Lt Col  
/t/ 0-359598 QMC

Edward F. Price, Jr., Capt  
0-1588236 QMC

Leodore Goudreaux, CWO  
W-2113434 USA

Received 1 FEB 1950 QMC  
Not identifiable from  
information presently  
available

NAN  
file 1 Feb 50  
Self note  
JA BIV

T.O. # 4625

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 U S ARMY

RRE 293

14 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6108, Plot Y, Row 5, Grave 51, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4605, dated 14-12-49.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

*E. D. Mulvanity*  
Lt. Col. E. D. MULVANITY, O-359598

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-1588236

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

*17 Feb 50*  
Not identifiable from information presently available  
INCL #4  
USA

USA

*Leodore Goudreau*  
Capt. Jack C. HAYES, O-1577297

JMC

CWO Leodore GOUDREAU, W-2113434, USA

UNKNOWN NO.

6108

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains of Unknown L-6108 (USMC Saint Avold) was recovered from Brassenheim, France. A check with Form 371's for unresolved casualties in this area did not reveal an association with this case. All other means of identification were attempted without results. In view of the aforementioned these remains are being declared **U N I D E N T I F I A B L E**.

L. Pierpoint  
13 December 1949

X-6108 may not be favorably assoc. w/ unresolved casualties of  
79th Div (313, 314, 315 Regt) MIA or KIA Jan 15 - Feb 28, 1945  
Schroth  
20 Feb 50

*J. G. G.*

13  
Gilbert, James William  
2/11 - 0-556269  
M

copy for 293 mark. France - 2-6105 (St. Avold)

ARMY DEPT OF ARMY WASH DC CAMPBELL X 5041

UNCLASSIFIED

CG AGRC PARIS FRANCE

PRIORITY

WCL 32211

AGRC 2007

XXXXXXXXXX

CHANGE GRAVES W II

FROM WGMY REURAD ABLE GEORGE ROGER CHARLIE TWO ZERO EIGHT SEVEN

PERTAINING TO SECOND LT JAMES WILLIAM GILBERT JUNIOR ZERO FIVE  
FIVE SIX EIGHT SIX NINE PD REQUEST APPROXIMATE DATE REPROCESSING  
REPORTS FOR UNKNOWN XRAY SIX ONE ZERO FOUR AND XRAY SIX TWO ZERO FIVE  
SAINT AVOLD WILL BE FORWARDED THIS OFFICE PD RADIO REPLY

AGRC 2007 IS MC IN 53576

(9 APR 48)

UNCLASSIFIED

ARMY 293  
GRAVES REGISTRATION EA

16 19002  
JUNE 48

O. J. MURRAY  
MAJOR, GRC, NEW DIV

143 1545 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 3000 3100 3200 3300 3400 3500 3600 3700 3800 3900 4000 4100 4200 4300 4400 4500 4600 4700 4800 4900 5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6100 6200 6300 6400 6500 6600 6700 6800 6900 7000 7100 7200 7300 7400 7500 7600 7700 7800 7900 8000 8100 8200 8300 8400 8500 8600 8700 8800 8900 9000 9100 9200 9300 9400 9500 9600 9700 9800 9900 10000

6

### DISINTERMENT DIRECTIVE

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

243 4th St - 6108 France St. Avold

3574 0000

13 01 40

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN - 000100

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

ST AVOLD - METZ

3503 00

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

Y 3 31 FRANCE

### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SAINT AVOLD, FRANCE  
(BY ADMINISTRATIVE ORDER)

### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

REMAINS

USAF

MARKER

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF GRS INSPECTOR

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



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT	
UNK - 6108			19 OCT 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT
USMC ST. PAVLOV	Y	5	51	
8. DATE OF REINTERMENT				

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
250-30	5' 6 1/2"	NONE FOUND	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 NONE FOUND

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
 NONE

14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
 NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

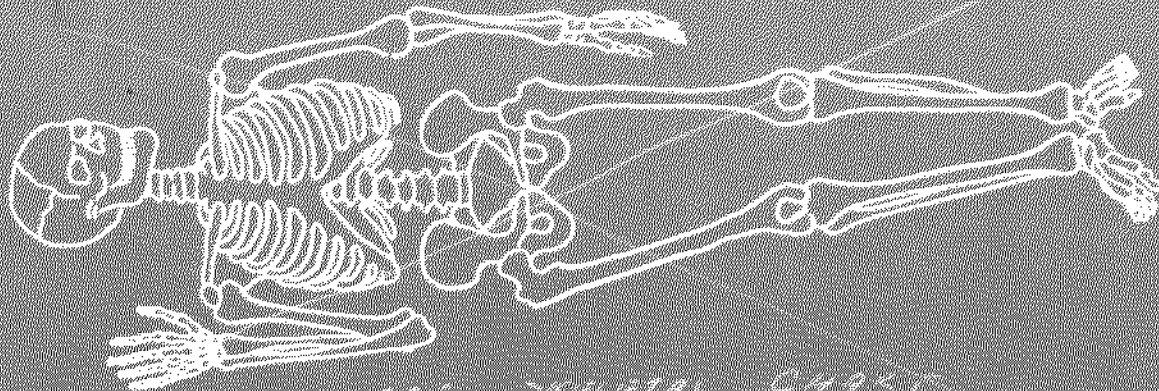
NONE FOUND

25

*[Handwritten signature]*



19. PLACE OUT PARTS OF BODY NOT RECORDED



SEE SKELETAL CHART

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATE MARKED UAR-2-6108 RECEIVED WITH REMAINS. DISPOSITION REFERRED TO BLANKET CONTAINING REMAINS.

HAIR None Found.  
TEETH. SEE SKELETAL CHART  
EST. AGE 28 TO 30  
EST. HT. 5' 6 1/2"

26

SCULLS  
PETERSON  
GREEN CLK.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

John E. Bevel dec.



**SKELETAL CHART**  
(BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

X-006108 - STAVOLD  
SEPT-19, 1949  
See tooth Chart

STERNUM 7

HUMERUS 32.5

HUMERUS

ULNA 25.3

RADIUS 23.4

ULNA

RADIUS

FEMUR 45.7



FEMUR

TIBIA 39.2

FIBULA 32.3

TIBIA

FIBULA

-  - FRACTURED
-  - SCATTERED
-  - MISSING
-  - BURNED

29

COLOR OF HAIR NONE FOUND  
ESTIMATED AGE 25 TO 30 Yrs  
ESTIMATED HEIGHT 5 FT. 6 1/2 IN  
ESTIMATED WEIGHT \_\_\_\_\_ LBS

Scules  
Signature

CHART "A"

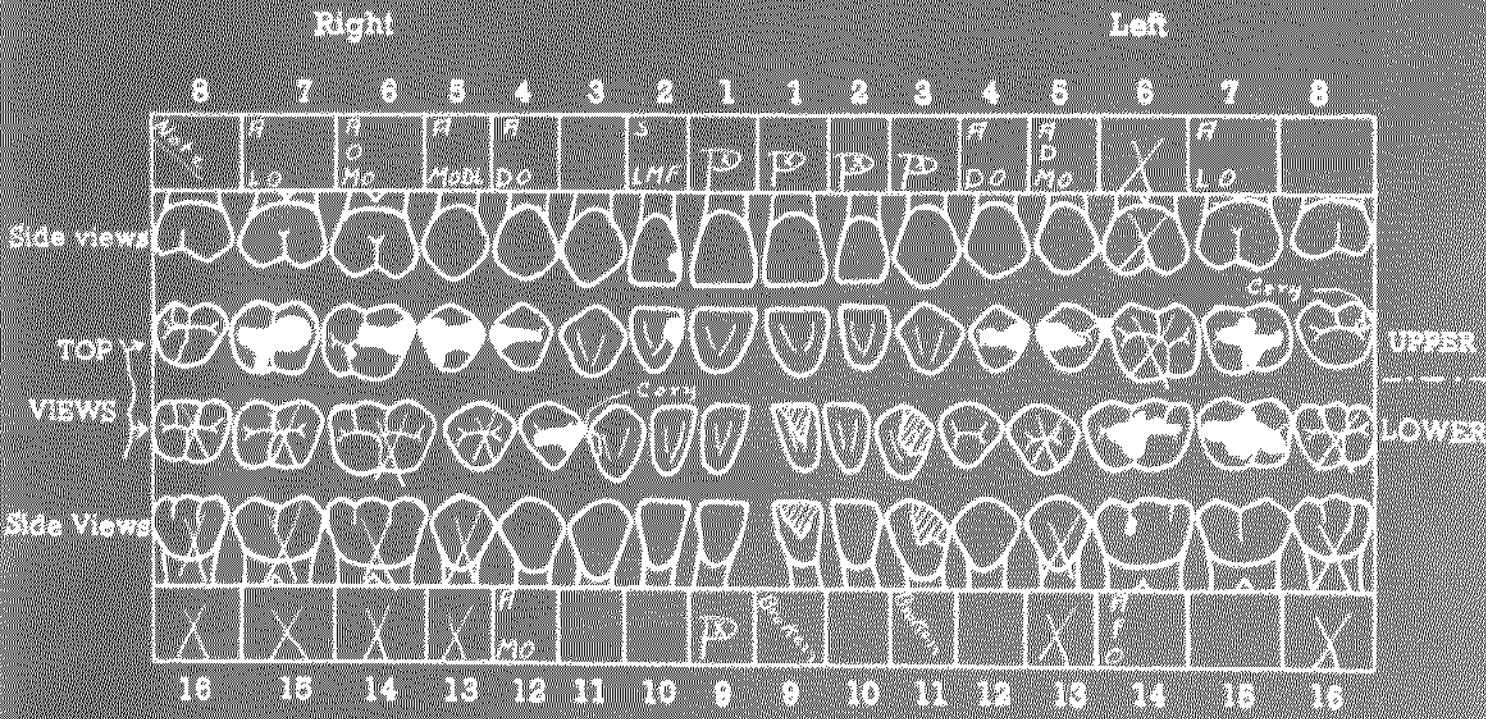


# TOOTH CHART

Unknown X-6108  
St. August Y-5-51  
E.O. 2324

19 Sept 1949  
Date

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



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

28

*Adrian R. Keith*  
Signature of Officer or other person who prepared Tooth chart

Verified by S. R. O. Officer



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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

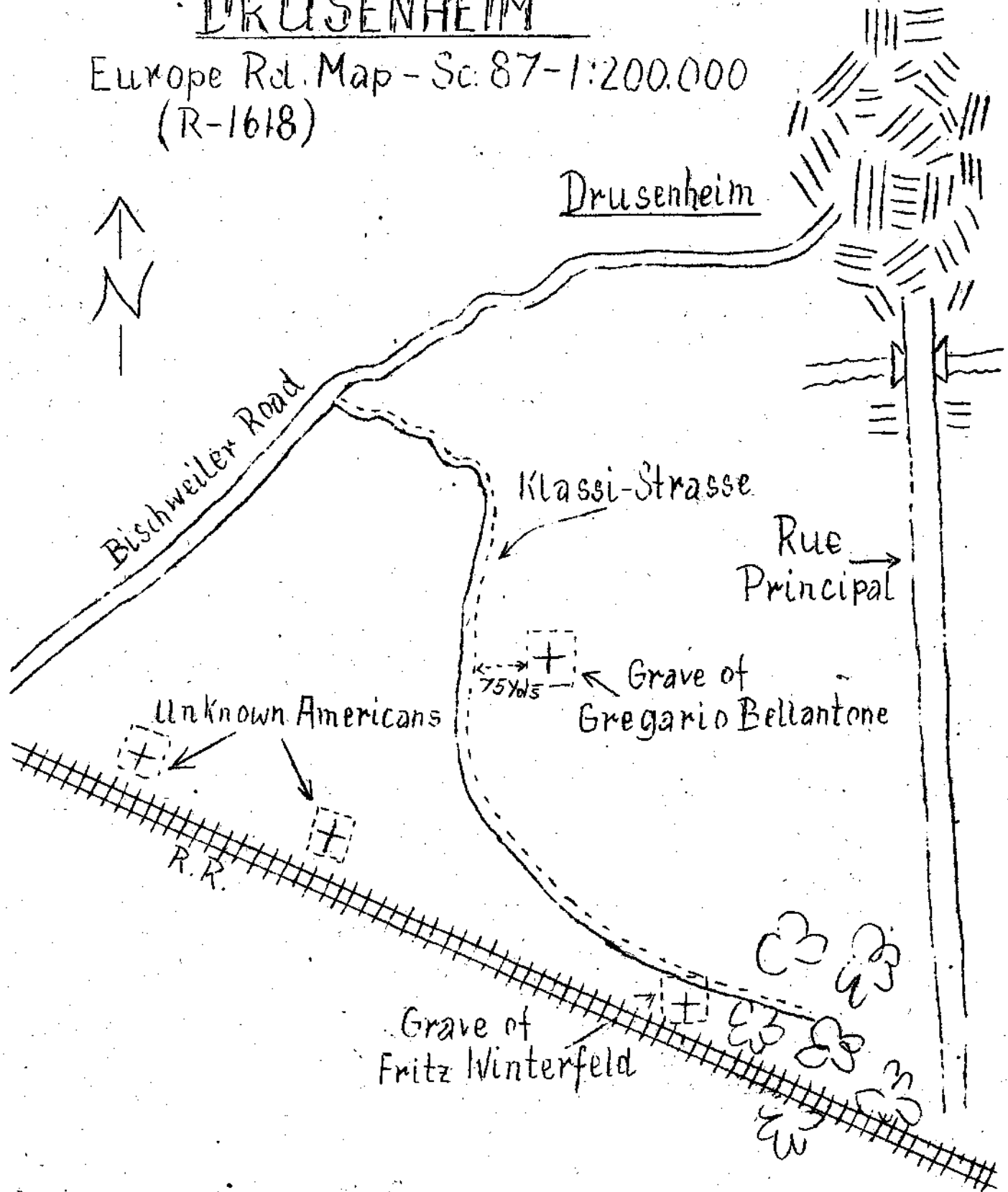
*Size: Medium*  
*Color: Dull white*  
*Shape: Medium*  
*Calculation: Medium*  
*Space: L12 to L14 - 0 mm; L11 to L12 - 2 mm.*  
*L5 to L7 - 4 mm*  
*Abnormalities: R 3 overlaps R-4; R 12 rotated distally 60°*

29

UNKNOWN X-6108 -  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD-Y-5-51

# DRUSENHEIM

Europe Rd. Map - Sc. 87-1:200,000  
(R-1618)



CHECK LIST FOR UNKNOWNNS

UNKNOWN X-6108

CEMETERY ST. AVOLD

PLOT Y ROW 5 GRAVE 51

Arrived at cemetery 1500 29 April 1946 From \_\_\_\_\_  
(hour)(date) (collecting point)

Place of death Drusenheim Bas-Rhin France, Eu Rd Map Snt87 1.200.000(R1618)  
(name) (coordinates & landmarks)

Evacuated to cemetery by GPP 535th QM Gr  
(name and organization)

Remains recovered by 3049th QM GP US  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same  
(yes-no)

area as this Unknown starred \_\_\_\_\_ Are circumstances described which  
may indicate organization of the deceased \_\_\_\_\_ If only part  
of a body was received, was a careful \_\_\_\_\_  
search made for other parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc: \_\_\_\_\_  
(type of vehicle or plane)

nickname \_\_\_\_\_ serial number \_\_\_\_\_ organization or symbols \_\_\_\_\_

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use

If organization to which vehicle or plane was assigned or if names  
of all other deceased are not known, give detailed information  
concerning vehicle or plane

\_\_\_\_\_ (parts of markings or symbols) (burned)

\_\_\_\_\_ (pierced by shell fire - where) (found in town, field, by road)

\_\_\_\_\_ (damaged by mine explosion) (names of men who escaped)

\_\_\_\_\_ (description of other vehicles or planes in area)

Detailed description of personal effects \_\_\_\_\_  
(Indicate exact pocket

\_\_\_\_\_ or part of body where found)

Belt, Web none

Drawers, Wool remnants of

Drawers, Cotton none

Leggings, Wool none (Note unusual lacing)

Socks, Cotton none

\*Shoes (Type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other Item) none

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

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

Shoulder Patch none

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

8. Description of Remains:  
 Age UTD Height Est 5' 7" Weight 15 lbs Description of wounds UTD

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

Tattoos UTD  
(Number, location-illustrate on sep. page)

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

Sunburn or tan, other than hands & face UTD

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

Build UTD  
(Large, fat, thin, muscular)

Hair Brown 2"  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting).

-Bandages or dressings     D     Scars     UTD      
 (length, width, location)

---

Tattoos     UTD      
 (number, location - illustrate on sep. page)

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

---

Sunburn or tan, other than hands and face     UTD      
 Tobacco stain on fingers or teeth       
 (designate where, extent)

Complexion     UTD     Build     UTD      
 (light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

---

Hair     BROWN2      
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

---

Sideburns     UTD     Mustache     UTD     Beard or goatee     UTD      
 (color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

---

Eyes     UTD     Eyebrows     UTD      
 (color, setting, shape) (color, bushiness, extend across nose)

---

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

---

Forehead     UTD     Mouth     UTD     Lips     UTD      
 (high, wide, wrinkled) (large, medium, small) (small, large, full)

---

Teeth     SEE TOOTH CHART      
 (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

---

Chin     UTD     Cheekbones     UTD      
 (prominent, receding, pointed, dimple, double) (high, normal)

---

Jaw     UTD     Circumference of head in inches     UTD      
 (large, small, normal) (hat band)

---

Neck     UTD     Larynx     UTD     Shoulders     UTD      
 (size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

---

Arms     UTD      
 (length) (muscular, color, extent & quantity of hair)

---

Hands     UTD      
 (vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

---

(marks on fingers indicating that rings were worn)



Fingers UTD  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(unusual characteristics of fingernails)

Chest UTD  
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back UTD Waist UTD  
(quantity and extent of hair) (size at navel, appendectomy, amount & color of hair)

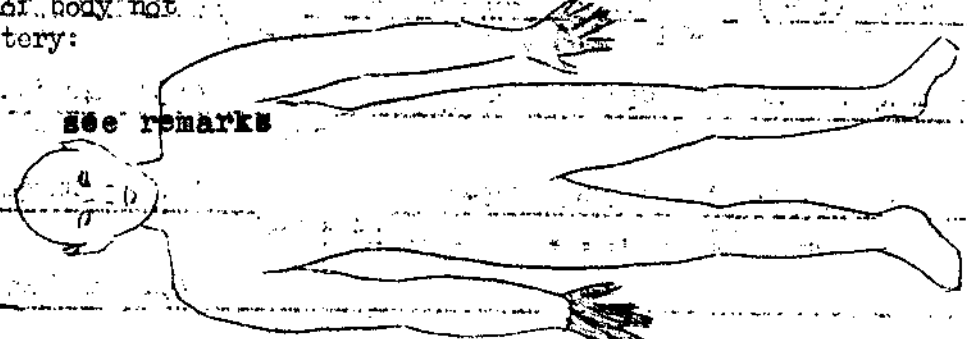
Circumcized UTD Pubic hair UTD Hernioplasty UTD  
hair) (yes-no) (color) (yes-no) (location)

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

Feet UTD Toes UTD  
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



Have photographs been made and attached no If not, explain UTD  
(yes-no)

Have fingerprints been placed on GRS # 1 no If not, explain UTD  
(yes-no)

Has tooth chart been prepared? yes If not, explain  
(yes-no)

Remarks: Remains recovered, entire stage of decomposition.

*William D Lawson III*  
William D Lawson III 2nd Lt Inf 535 ~~GR~~ GR  
Signature of GRO and Organization

# TOOTH CHART

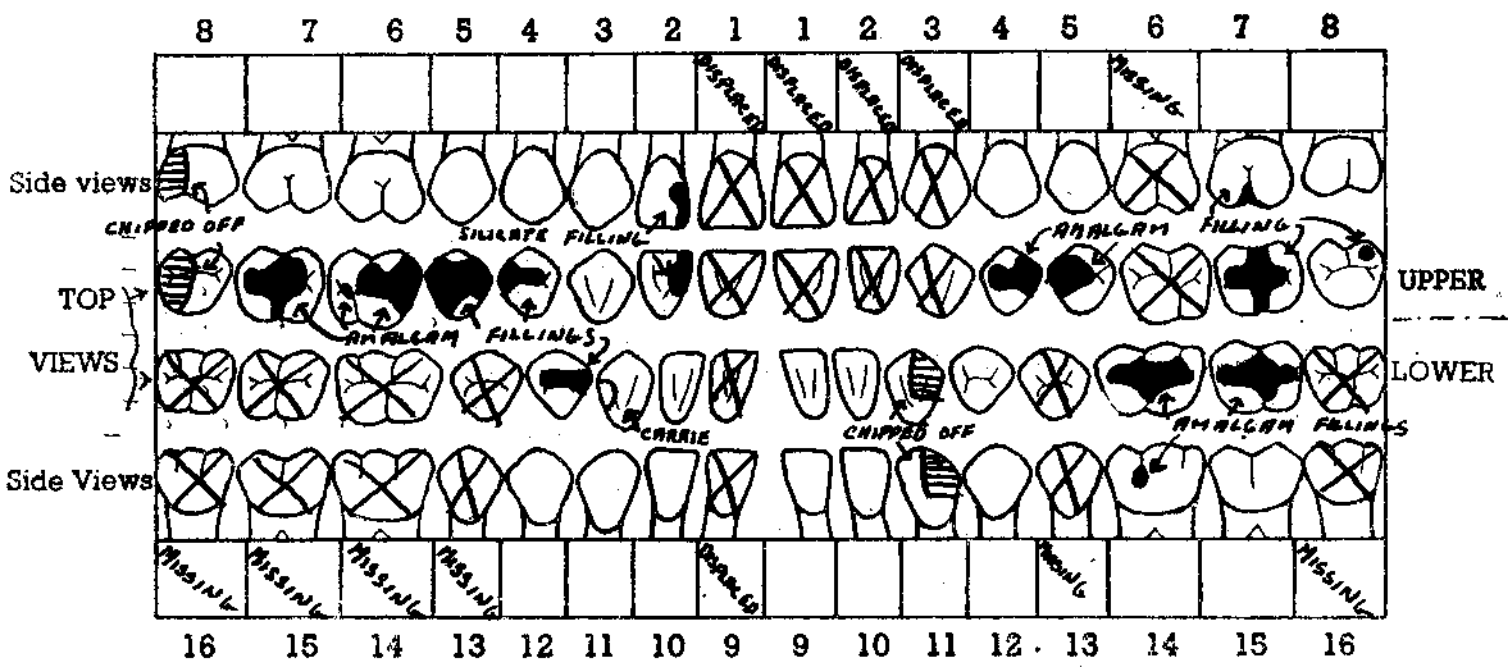
REINTERRED U.S. MIL. CEM.  
 ST. AVOLD-Y-5-51

29 April 1946  
 Date

Unknown X-6108      Unknown      Unknown      Unknown  
 Last Name      First      Initial      Rank      Serial No.  
 Unknown      Unit      Unknown      Organization  
 Drusenheim Mas-Rain France      Est. Feb 1945      GSW  
 Place of Death      Date of Death      Cause of Death

Right

Left



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

*John A Trent*

Signature of Officer or other person who prepared Tooth chart

William D. Larson      535      Quartermaster  
 Verified by G. R. S. Officer      Group



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



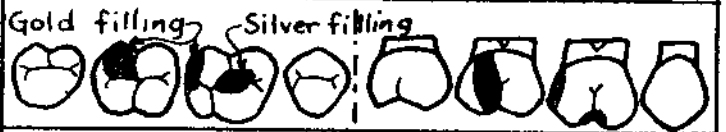
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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

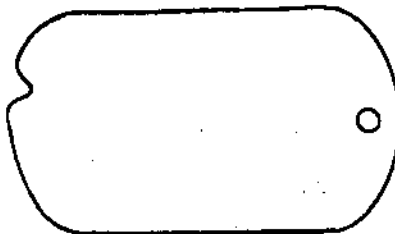


**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

#### ADDITIONAL SPACE FOR FURTHER REMARKS

- 1-L1, L2, L3, R1, are displaced teeth which were not recovered with the remains
- 2- L6, was previously extracted and granulated in
- 3-R9 a displaced tooth which has not been recovered with the remains.
- 4-L13, L14, and L15, were previously extracted and granulated in.
- 5-L16, and R16, are granulated in,
- 6-L12 has its buccal surface half towards the distal.
- 7- Teeth a dark shade.

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT <b>30 April 1946</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>				
	NAME (Last, first, middle initial) <b>Unknown X-6108</b>			SERIAL No. <b>Unknown</b>	
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Ground Forces</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Drusenheim Bas-Rhin France</b>		CAUSE OF DEATH <b>GSW (Small Arms Fire)</b>		DATE OF DEATH <b>Est Feb. 1945</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <p align="center"><b>Yes</b></p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>					
<b>Section 2.—BURIAL</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Military Cemetery (Q-260584) Pt. Avoird, France</b></p>					
DATE OF BURIAL <b>30 April 1946</b>	HOUR <b>1530</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Temp wooden Cross</b>	PLOT No. <b>5</b>	ROW No. <b>51</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Drusenheim Bas-Rhin France</b> <b>Eu d Map Snt 87 1.200.000 (R-1618)</b>			PLOT No. <b>isolated grave</b>	ROW No. 
TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>O.A. RUSHER, Captain</b>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One Copy of WD QMC Form 1042 placed in burial bottle and buried with remains.</b>		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes, Embossed Plate</b>				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>KOSINSKI, CLARENCEA.</b>			RANK <b>UNK</b>	SERIAL No. <b>36869362</b>	ORGANIZATION <b>UNK</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN-X-6110</b>			RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>UNK</b>
SIGNATURE OF PERSON PREPARING REPORT <b>William D. Lawbor III</b> 2nd Lt Inf; 236th Quartermaster Group			SIGNATURE OF THEATER COMMANDING OFFICER <b>RALPH W. SLEATOR, MAJOR, INF.</b> THIRD FIELD COMMAND		
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.					

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


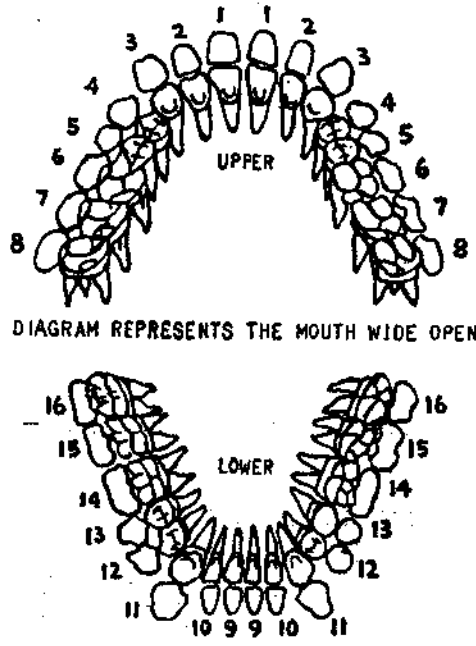




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. - If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

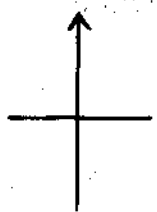
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5'7"	UTD	UTD	Brown	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
none	none	Drusenneim Bas-Rhin France

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: Attached: Farall "Check List of Unknowns" and Form 1A "Tooth Chart". Too badly decomposed for fingerprints. Entire remains recovered. Est Weight of remains 15 lbs.

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

Mr. Rene Gable- 159 Half Mond Gasse - Drusenheim (Bas-Rhin) France

49. Are all positive statements regarding identification and particulars surrounding death attached? No

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by advanced publicity? Yes  
(If special investigation, give case number) \_\_\_\_\_

52. Give brief narrative Body was laying in open field for over a year. Area was demined shortly, then bodies were buried, No identification made

(Use attached photos, if necessary)

*Rudolf*

Rudolf

Signature of Interpreter

Civilian

Rank ASN

535 Q.M. GRP A.G.R.C.

Organization

*Charles Kulp*

Charles Kulp

Signature of Investigator

T/5 42088926

Rank ASN

535 Q.M/ Grp A.G.R.C.

Organization