

7887 GRAVES DETACHMENT

AFO 757

943 unk St. Avold X-6210 *ms*

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 - 6210 St Avold

(POC) ST AVOLD

*File
97bra
Jd Br
26 Feb 51*

Case Previously Processed BY
Reparation Morgue

IDENTIFICATION CHECK LIST

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

E.O. 780

Unknown X-6210

Cemetery SAINT-AVOLD, - FRANCE

Plot 4B Row 2 Grave 13

DATE REPROCESSED:

1. Arrived at cemetery 20 Sept '48
(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~~ **REPROCESSED** by Mobile Team #1 C.I.P.
(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	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

St. Avold

X-6210

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 Web Equipment _____ (type) _____
 (Other item) _____
 (Other item) _____

• If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia _____
 (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

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

6. Description of Remains: *R. Humerus - 33.9*
R. Ulna - 25.8
R. Radius - 24.3

Age UTD Height Est. - 5'6 1/4" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars _____ (Length, width, location)

Tattoos _____ (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion _____ (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____ (Large, fat, thin, muscular)

Hair _____ NONE
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair _____ (Bangs, widows peak, distinctive cutting or other characteristics)

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



Goatee (Light, color, extent)

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

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

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

Teeth *No teeth found* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands *Missing*

Fingers *Missing and/or Decomposed* (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

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

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

Back (Quantity and extent of hair) Circumcision *U/D* (Yes-no) Pubic Hair *None* (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes *U/D* (Slender, straight, crooked, overlap)

Evidence of healed fractures *None* (Nose, arms, legs, etc.)

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



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

If not, explain Fingers missing and/or decomposed

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

Case Processed as Per F.O. # 780

9. Remarks Remains Received in Skeletal Form; No flesh
No clothing found.
No teeth found.
Estimated weight of Reprocessed Remains.
Estimated height: 5'6 1/2"
No Evidence of Previous Fractures or Amputations.
Fluoroscope unavailable

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.

Processed By:
C. Rice
R. Depass
F. Brown
L. Lennon
Clerk: L. Rose

George J. Schwabener
(Officer's Name)

Ungraded Rank Mobile Team #1, C.I.P. Service

A. F. R. C.
(Organization)

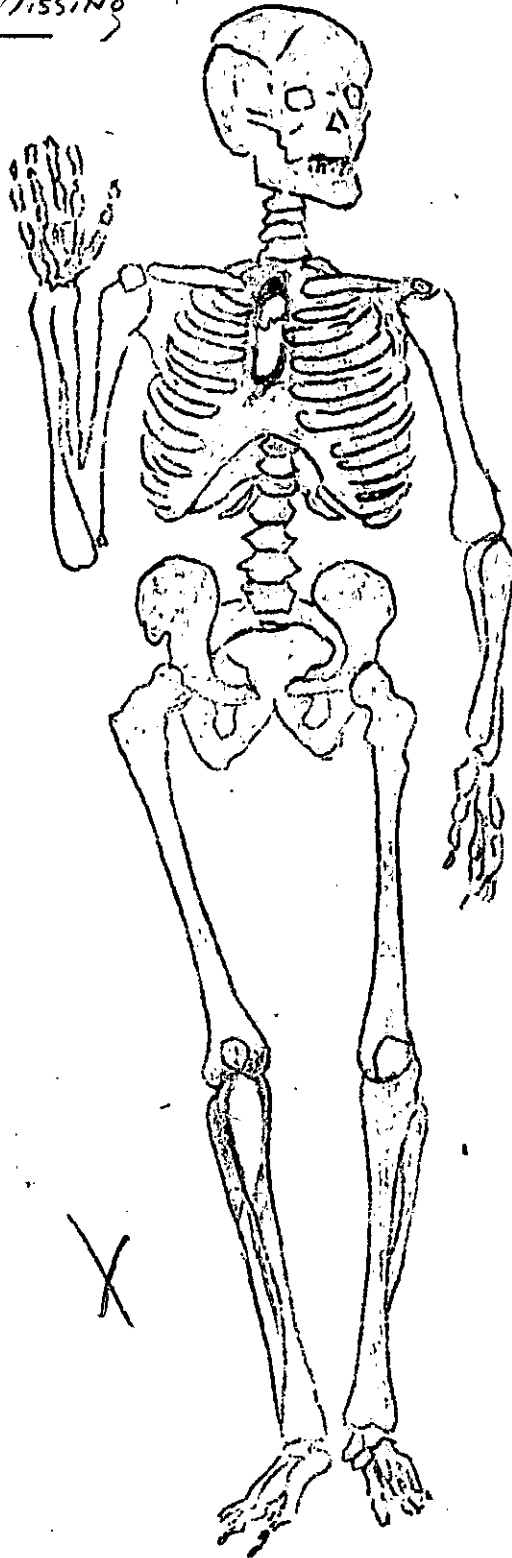


SKELETAL CHART

Blackout parts Missing

X6210
P.4B, R.2, C.13,
20, Sept. 1948
St. Avold Cemetery

Humerus - 33.9
Ulna - 25.8
Radius - 24.3



Est. Ht. 5'6 1/8"

AGRC

FOEM NO. 11

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X 6210
Cemetery St. Avold
Plot BBB Row 2 Grave 13

1. Arrived at cemetery 1500 27 May 1946
(Hour) (date)
2. Place of death Baerenthal Moselle Fr Eu Rd Map Sht 57.1.200.000
(Name of closest town) (Coordinates and letter Prefex, maps)
(Q-939424)

Sheet, scale and serials used.

3. Remains recovered or disinterred by 3049th QM Gr Co
(name and organization)
4. Evacuated to Cemetery by GPP 3rd Field Command AGRC.
(name and organization)
5. Description of clothing and equipment: (If clothes do not fit, obtain size from body measurements).

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
Headgear (Type)				none
Raincoat				none
Overcoat				one
Jacket, Field				none
Jacket, Combat				none
Mackinaw				none
Sweater				one
Jacket, HBT				none
Shirt, Wool, OD				none
Undershirt, Wool				none
Undershirt, Cotton				none
Trousers, HBT				one
Trousers, Wool OD				one

Belt, Web none

Drawers, Wool none

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 nude, 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 UTD Weight EST 6 Description of wounds UTD

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

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

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

UTD

Sunburn or tan, other than hands & face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair UTD
(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 Goatee
 (color, setting, shape) (color, size, (length, heavy,
UTD Nose UTD shape) Ears UTD
 light, color, extent) (size, shape, straight) (size, set close to
 or far from head)

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

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

Teeth UTD
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw UTD Circumference of head in inches UTD
 (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
UTD
 (extent and quantity of hair)

Hands UTD

Fingers UTD
 (short, thick, long, slender, size of knuckles, missing fingers or
UTD UTD
 joints).. (unusual characteristics of fingernails)

Chest UTD
 (size of nipples, color, quantity & extent of hair, large, small, norm)

Back UTD Waist UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount
UTD Circumcision UTD Pubic hair UTD
 quantity & color of hair yes-no (color)

Hernioplasty UTD
 (Yes - no; location)

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

UTD

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

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

- Bones recovered: Right and left humerus, scapula, right ulna and radius, right clavicle, sternum. Bones of right foot, Distal end of right fibula and tibia, Approximal end of left tibia.
9. Black outparts of body not received at cemetery.



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

If not, explain UTD

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

12. Remarks Only bones listed recovered. Only burnt remnants of clothing

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

Ralph W. Sleator

Ralph W Sleator

Officer name

Maj

Inf

Rank

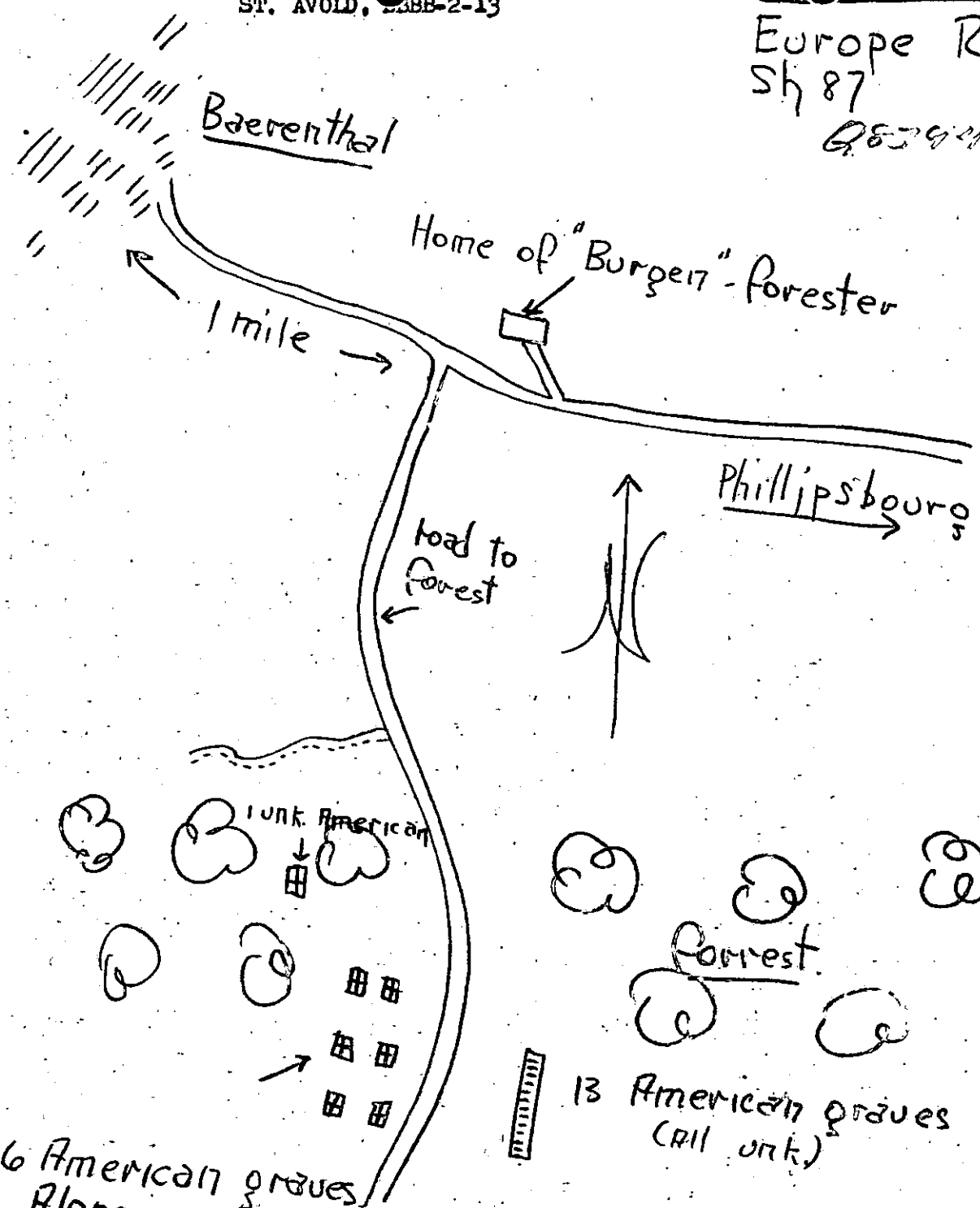
Service

Third Field Command AGRC

Organization

UNKNOWN 210
REINTERRED 9. MIL. CEM.
ST. AVOLD, SBB-2-13

Dorrenthal
Europe Rd Map
Sh 87 1/200,000
Q859424



Baerenthal

Home of "Burgeon"-forester

1 mile

Phillipsbourg

road to forest

unk. American

Forest

13 American graves
(all unk.)

6 American graves
Along road. Marked
by wooden stakes



TRUE COPY

UNKNOWN X-6210
REINTERRED U.S. MIL. CEM.
ST. AVOLD, BBBB-2-13

BAERENTHAL le 16 Mai 1946

BESCHEINIGUNG

Ich bescheinige hiermit, dass Ich in den Bezirken MUHLTHAL,
SCHWARZENBETG, etwa 20 Amerik. Soldaten gefunfen habe, 7 davon wurden von
mir beerdigt :

- 1 - Donald STEED R. 35076789
- 2 - PETERSON James C. 20625170 T 4i.43
- 3 - 7 unknown

Garde des Eaux et Forests
Signe BURGUN

Cachet de la Mairie

Vu pour la legalisation de la signature de Mr. BURGUN Pierre :
Baerenthal le 16 Mai 1946
Le Maire : Signe : LIEBER

S T A T E M E N T

I certify hereby to have found the bodies of 20 American
soldiers and seven of them were buried by myself. 4 of the seven are
unknown. Here are the names of two they are known :

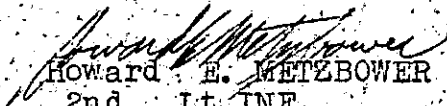
- 1 - Donald R. STEED - 35076789
- 2 - James C. PETERSON 20625170 T 4i.43
- 3 - 7 unknown

The Forester :
Signed : BURGUN

Seal of the Mairie

Seen for the authentication of the signature of Mr. BURGUN Peter :
Baerenthal 16 th May 1946
The Mayor : Signed : LIEBER

CERTIFIED A TRUE COPY


Howard E. METZBOWER
2nd Lt. INF.



REENTERED.

U. S. MIL. CEM. ST-AVOED

REPORT OF INVESTIGATION AREA SEARCH

LOT BBBB ROW 2 GRAVE B

24 May 1946
Date

NAME Unknown X-6210 RANK Unk ASN Unk

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?
If so, state the following information: **NO**

a. NAME _____ 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 _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY **James O. PETERSON, Theodore G. SEATHIS, Donald E. STED, James C. STOVE, William H. HERRNDON, Philipp E. HOFFHINES, 13 UNK.**

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

a. Date of above burials June 1945 Common Graves? **NO**

b. Name and Type of Cemetery Unburied
(Military or Civilian)

c. Map Coordinates of the cemetery

a. Town _____ Country _____

d. Give exact location in cemetery of the remains.

a. Section _____ Row _____ Grave _____

b. Is sketch attached? **YES**

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

a. Town BARRENTHAL Coordinates Map of Europe 1 : 200,000
Sheet 57 Q 83924

b. Is sketch attached? **YES**

c. Is area mined? **YES (See narrative statement)**

f. How is the grave marked?

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

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

b. By whom? _____

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

a. What information was contained thereon? _____
 X-6210.

b. Where was the information obtained? _____

c. By whom? _____

2. What is the date of death? Between Jan and June 1945

a. Give basis Date of fighting of area

3. What is the cause of death? UNK

a. Give basis _____

4. What is the date of burial? unburied

a. Give basis _____

5. Where was the place of death? BAERENTHAL Coords Q - 839424

Give basis Remains found

6. Where were the remains found? Baerenthal Coords Q - 839424

By whom? Mr. BURGUM

b. Is sketch attached? YES

7. Was a casket used? unburied Who furnished the casket? _____

Type of casket _____ How marked? _____

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

a. What are the names and addresses? Mr. BURGUM of Baerenthal

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)

9. 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? _____

10. 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 on plane _____

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

11. How did crash occur? Anti-aircraft

Enemy Planes? _____

Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____
26. Had bombs released prior to the crash? _____
27. Does specific time and date of crash correspond with 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? _____ NO
- a. Give specific position in tank from which deceased was removed _____
(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Parkings 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 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) _____ **UNK**
- 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? _____ **YES**

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased

Statement attached

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

41. Were personal effects recovered by the investigating team? no

If not, state reason none available

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 is 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? _____

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 civilian hospital? no

Where? _____ Names of 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? _____

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

BURGUN of Baerenthal

49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? no
51. Was investigation preceded by advanced publicity? yes
(If special investigation, give case number) _____
52. Give Brief Narrative see below


(Use attached sheets, if necessary)



 Signature of Interpreter
 F. DOM

 Rank ASN
 3049 GR. Co

 Organization



 Signature of Investigator
 Emmeth B. COBURN

 Rank ASN
 3049 GR. Co

 Organization

There are 13 unknown American in the forest of Baerenthal and one at the edge of the forest. The 13 were not investigated since the surrounding area is mined according to Mr. BURGUN, but he has been to each body and states that each is safely approachable if guided by him. Some of the 13 bodies are in lopes placed by Mr. BURGUN and German POW forest workers.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 Dec 1948

Date

293
Unknown France X-6210 (St Avold)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6210, Plot BBBB, Row 2, Grave 13, USMC St Avold, 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. 3240, dated 26/11/48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN
1st Lt QMC

/s/ Actg Asst Adj Gen
/t/

Received 11 Apr 49 OQMG
Not identifiable from
information presently
available

NAT
file 11 Apr 49
Ident Br.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

23 DEC 1948
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
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FOR THE COMMANDING GENERAL:

Received 11 apr 49 OQMG
Not identifiable from
information presently
available

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

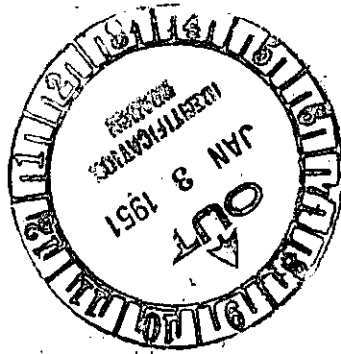
OK

Incl # 212

IDENTIFICATION BRANCH

Nov 15 11 41 AM '50

MEMORIA DIVISION



3550

30/11/50

S

13

CF-VA-JT? 1.5100

2510

293 Use H. X - 6210 (A. S. Currid) France

QMGMY DEPT OF ARMY WASH DC VOGL X 4652
CG AGRC PARIS FRANCE

UNCLASSIFIED

PRIORITY
X

23659

XXXXXXXXXXXX

CHARGE GRAVES WW 11

FROM QMGMY

RELATIVE PVT FIRST CLASS HOWARD CHARLIE HOLMES FOUR FOUR ZERO
THREE ONE SIX EIGHT NINE PD REQUEST THAT UNKNOWNNS XRAY FIVE THREE FOUR
XRAY SIX TWO ZERO TWO XRAY SIX TWO ONE ZERO XRAY SIX TWO ONE ONE XRAY
SIX TWO ONE TWO XRAY SIX TWO ONE THREE AND XRAY SIX TWO ONE SIX CMA
SAINT AVOLD CMA BE REPROCESSED PD FURTHER REQUEST YOUR HEADQUARTERS
CONDUCT AN INVESTIGATION AND RESULTS PRESENTED TO ABLE BOARD OF OFFICERS
SMCLN FINDINGS BE FORWARDED THIS OFFICE BY AIR MAIL DUE TO CONGRESSIONAL
INQUIRY PD FORM THREE SEVEN ONE FOR SUBJECT DECEDENT TO FOLLOW.

UNCLASSIFIED

QMGMY 293
GRAVES REGISTRATION EA

19 2015Z
NOV 48

O.J. MURRAY
MAJOR, QMC, MEM DIV

188

1 ✓

USMC ST. AVOLD, FRANCE Buried at deceased Le SCALLIONS, MARVIN A.
Plot A, Row 22, Grave 3 34903845 PVT
Date reburied: 22 Jan 49 **DISINTERMENT DIRECTIVE**

W.R. Bell

SECTION A — NAME AND BURIAL LOCATION OF DECEASED **DEWEY R. BELL**
1st.Lt.; CAV DIRECTIVE NUMBER **3574 00000** DATE **15 12 47**
DAY MONTH YEAR

NAME **UNKNOWN X-006210** SERIAL NUMBER **UNKNOWN X-006210** RANK **J.** ARM **J.** DATE OF DEATH
DAY MONTH YEAR
CEMETERY **43 - York France X-6210 (at base)** DISPOSITION OF REMAINS
ST AVOLD - METZ **0 3503 80**
CODE DIST. PT.
LOT **4B** ROW **2** GRAVE **13** COUNTRY **FRANCE** CAUSE OF DEATH **6**

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **ST. AVOLD, FRANCE** NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE ORDER)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-006210** SERIAL NUMBER **UNK** RANK **UNK** DATE OF DEATH **21 June 48** DATE DISINTERRED
IDENTIFICATION TAG ON REMAINS ORGANIZATION **USAGF** RELIGION **UNK** IDENTIFICATION VERIFIED BY **CHARLES W FREDRICKS, EMBALMER**
 MARKER **GRS** NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **MATRESS COVER** CONDITION OF REMAINS **REMAINS CONSISTS OF: R/&L/HUMERUS, R/S CAPULA, R/CLAVICLEY, R/RADIUS & ULNA; ONE CERVICAL VERTEBRA, THREE FINGER BONES, TWO PIECES OF PELVIC GIRDLE; FRACTURED r/FIBIA & FIBULA AND ONE FOOT.**
OTHER MEANS OF IDENTIFICATION **NONE**

MINOR DISCREPANCIES **UNABLE TO READ REPORT OF BURIAL.**

REMAINS PREPARED AND PLACED IN CASKET DATE **23 June 48** BY **CHARLES W. FREDRICKS, EMBALMER**

CASKET SEALED BY **CHARLES W. FREDRICKS, EMBALMER** EMBALMER (Signature) *Charles W. Fredricks*
CHARLES W FREDRICKS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY **XXX**. All markings plates & tags verified by: **H. MEAD, CAPT, CWS** *H Mead*

DATE **23 June 48** BY **CHARLES W FREDRICKS, EMBALMER**

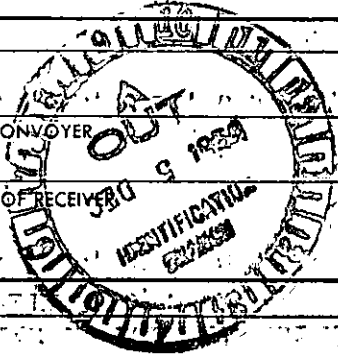
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
H Mead
H. MEAD, CAPT, CWS, 337 QM BN
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE
12 MAY 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED



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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 26 NOV 1948

SUBJECT : Reprocessing of Remains

TO : The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.


The remains of X-6210
interred in Plot BBBB, Row 2, Grave 13, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 6 1/8"

TEETH : Not Recovered

No Evidence of Healed Fractures or Amputations.

FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

1 Incl. :
Skeletal Chart

Incl #10

SKELETAL CHART

20 September, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) X-6210

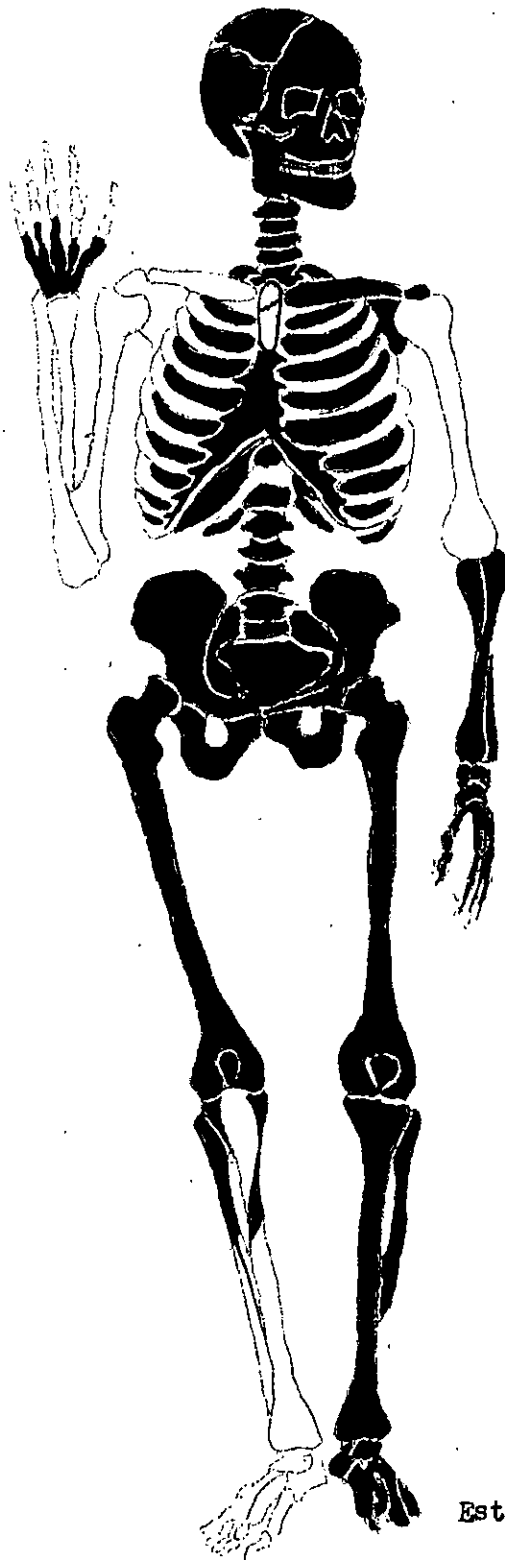
USMC St. Avold

BBBB : 2 : 13

HUMERUS 33.9

ULNA 25.8

RADIUS 24.3



Est. HEIGHT: 5' 6 1/8"

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X 8210
Cemetery St. Avold
Plot BEER Row 2 Grave 13

1. Arrived at cemetery 1500 27 May 1946
(Hour) (date)
2. Place of death Basenthal Hoselle Pz En Hd Hq Coy 1.200.000
(Name of place or town) (Coordinates and letter
Prefix, maps)

(0-838424) sheet, scale and serials used.

3. Remains recovered or disinterred by 3049th CG Cr Co
(name and organization)
4. Evacuated to Cemetery by 6PP 3rd Field Co and AGRC.
(name and organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
Headgear (Type)			none	
Raincoat			none	
Overcoat			one	
Jacket, Field			none	
Jacket, Combat			none	
Mackinaw			none	
Sweater			one	
Jacket, HBT			none	
Shirt, Wool, OD			none	
Undershirt, Wool			none	
Undershirt, Cotton			none	
Trousers, HBT			one	
Trousers, Wool OD			one	

Belt, Web none

Drawers, Wool none

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 nude, 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 UTD Weight 150 LB Description of wounds UTD
 Bandages or dressings UTD Scars UTD
 (Length, width, location)
UTD Tattoos UTD
 (Number, location-illustrate on sep. page)

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

Sunburn or tan, other than hands & face UTD

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

Build UTD
 (Large, fat, thin, muscular)

Hair UTD
 (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 Goatee _____
 (color, setting, shape) (color, size, shape) (length, heavy, shape)

Nose _____ UTD Ears _____ UTD
 light, color, extent (size, shape, straight) (size, set close to or far from head)

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

Mouth _____ UTD Lips _____ UTD
 (large, medium, small) (small, large, full)

Teeth _____ UTD
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin _____ UTD
 (Prominent, receding, pointed, simple, double)

Jaw _____ UTD Circumference of head in inches _____ UTD
 (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)

_____ UTD
 (extent and quantity of hair)

Hands _____ UTD

Fingers _____ UTD
 (short, thick, long, slender, size of knuckles, missing fingers or joints). _____ UTD
 (unusual characteristics of fingernails)

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

Back _____ UTD Waist _____ UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount)

_____ UTD Circumcision _____ UTD Pubic hair _____ UTD
 quantity & color of hair yes-no (color)

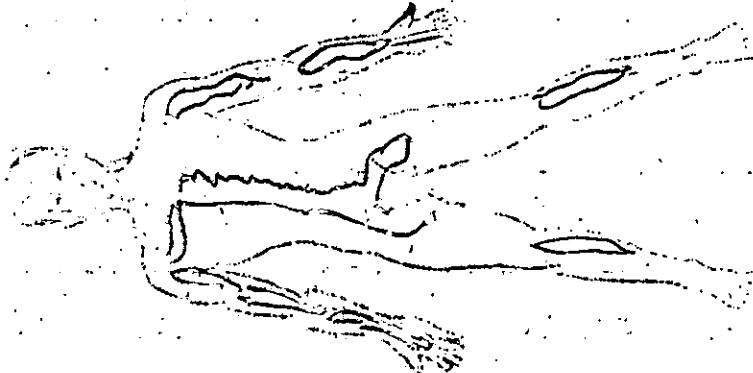
Hernioplasty _____ UTD
 (Yes - no; location)

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

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

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

- Bones recovered: Right and left humerus, scapula, right ulna and radius, right clavicle, sternum. Bones of right foot, Distal end of right fibula and tibia, Approximal end of left tibia.**
9. Black outprints of body not received at cemetery.



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

If not, explain UTD

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

12. Remarks Only bones listed recovered. Only burnt remnants of clothing

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

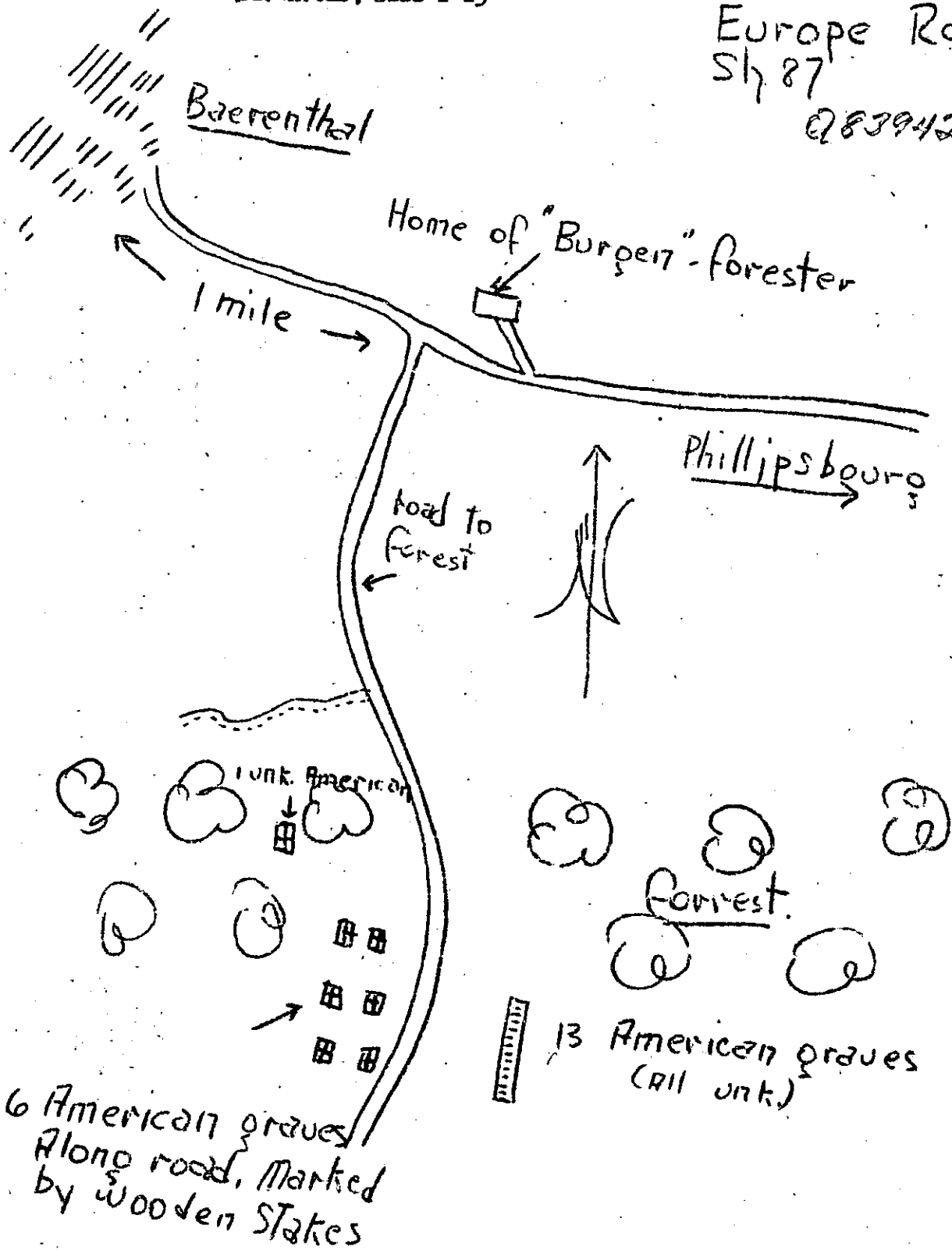
Ralph W. Sleator
Ralph W. Sleator
Officer name

Maj Inf
Rank Service

Third Field Command AGRC
Organization..

UNKNOWN X-6210
REINTERRED U.S. MIL. CEM.
ST. AVOLD, BBBB-2-13

Baerenthal
Europe Rd Map
Sh 87 1/200,000
Q839424



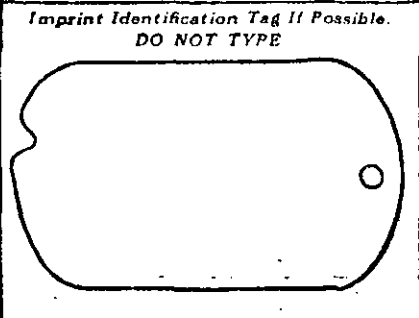
Base map 1:200,000

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
27 May 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown X-6210		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Ground Forces
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Baerenthal Moselle France	CAUSE OF DEATH Unknown	DATE OF DEATH Est March 1945
--	----------------------------------	--

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None	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) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Military Cemetery (Q-260584) St Avold France

DATE OF BURIAL 27 May 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF MARKER wooden cross	PLOT No. BBBB	ROW No. 2	GRAVE No. 13
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WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated Grave near Baerenthal Moselle France Eu Rd Map Sht 57, 1.200.000 (Q-839424) Isolated Grave
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TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. J.B. JOHNSON, 1ST LT.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate	




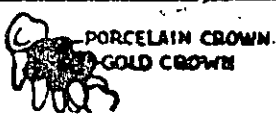




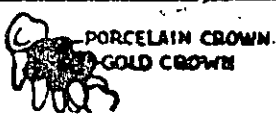




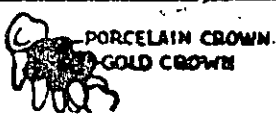

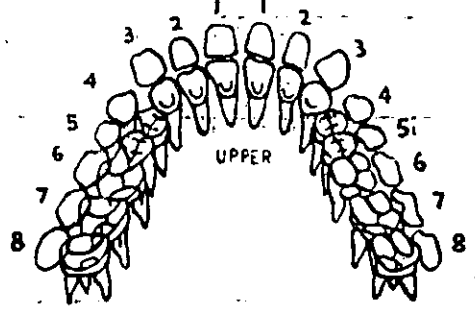
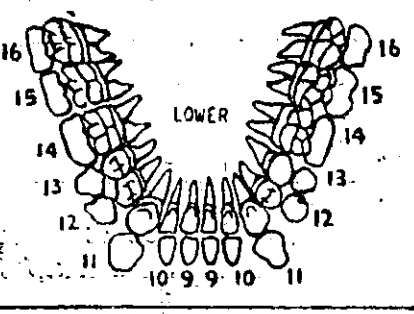
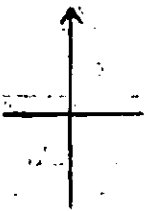
BODY BURIED ON DECEASED LEFT: NAME (Last, first, middle initial) BEGINNING OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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BODY BURIED ON DECEASED RIGHT: NAME (Last, first, middle initial) UNKNOWN X-6208	RANK UNK	SERIAL No. UNK	ORGANIZATION Ground Forces	GRAVE No. 14
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SIGNATURE OF PERSON PREPARING REPORT Herbert F. Shaw WD Civ. Third Field Command AGRC	SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR Major, Inf. 3rd Field Command
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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

LEFT LITTLE FINGER	Section - UNIDENTIFIED REMAINS.							
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>							
LEFT RING FINGER	HEIGHT UTD	WEIGHT UTD						
	COLOR OF EYES UTD	COLOR OF HAIR UTD						
	BIRTHMARKS, SCARS, OR TATTOOS UTD							
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. NONE	LAUNDRY MARKS NONE						
	WHERE BODY WAS BURIED OR FOUND Baerenthal Moselle France.							
	OTHER IDENTIFICATION CLUES Attached Form 11 C							
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align:top;"> <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> </td> <td style="width:50%; vertical-align:top;">  <p>CAVITIES</p> <p>CAVITY DECAYED</p> </td> </tr> <tr> <td style="vertical-align:top;"> <p>MISSING TEETH</p>  <p>TOOTH MISSING</p> </td> <td style="vertical-align:top;"> <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td style="vertical-align:top;"> <p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p> </td> <td></td> </tr> </table>		<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITIES</p> <p>CAVITY DECAYED</p>	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITIES</p> <p>CAVITY DECAYED</p>							
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>							
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>								
LEFT THUMB	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>							
RIGHT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center;">  </div>							
RIGHT INDEX FINGER	REMARKS: Attached Form 11 Check List of Unknowns. Unable to obtain Tooth chart and fingerprints because of missing portions of remains Est weight of remains: 6 lbs.							
RIGHT MIDDLE FINGER								
RIGHT RING FINGER								
RIGHT LITTLE FINGER								