

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6220 MB

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 - 6220 St Avold

(POC) ST AVOLD

File  
E Florida  
J B W  
26 Feb 51

CHECK LIST OF UNKNOWN

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

Unknown X 6220  
Cemetery St. Avold  
Plot BBBB Row 8 Grave 88

- 1. Arrived at cemetery 1630-31 May 46  
(Hour) (date)
- 2. Place of death Lambach Moselle France Eu Rd Map Sht 57,1 200.000  
(Name of closest town) (Coordinates and letter Prefex, maps)

**(Q-727485)**

Sheet, scale and serials used.

- 3. Remains recovered or disinterred by 3049th QM Gr Co  
(name and organization)
- 4. Evacuated to Cemetery by AGRC 3rd Field Command  
(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)				
Raincoat	none			
Overcoat	none			
Jacket, Field	none			
Jacket, Combat	none			
Mackinaw	none			
Sweater	none			
Jacket, HBT	none			
Shirt, Wool, OD	none			
Undershirt, Wool	none			
Undershirt, Cotton	none			
Trousers, HBT	combat			portion of left trousers leg only
Trousers, Wool OD				portion of left trousers leg only

*St. Avold*

*X-1500*

Belt, Web none

Drawers, Wool portion of left trousers leg only

Drawers, Cotton none

Leggings, Wool none (Note unusual lacing).

Socks, Cotton remnants

\*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 1 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, pocks, freckels)

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 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, 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).  
UTD

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

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

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 Bones recovered Low portion of left leg, Left tibia and Fibula  
Seven tarsal bones Two metatarsal bones, length of lower portion  
recovered 15 inches. (15")

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

1st aj

Inf

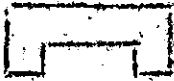
Rank

Service

3rd Field Command AGRC

Organization.

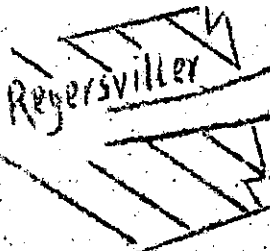
college of Bitcher



road to Rejersviller 1 mile  
main highway

North

LAMARCHE (MOSELLE) FRANCE  
MAP OF EUROPE 1:200,000  
VERDUN RECONNOITRED  
SHEET 57 727485



UNKNOWN X-6220  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-88

road into forest

side road

#1 grave of  
unk. Amer.



#2 grave of  
unk. Amer.



side road





TRUE COPY  
-----

LAMBACH le 20 Mai 1946

Je soussigne, Garde-Forestier SCHUSTER, declare avoir  
trouve et enterre des debris de corps humains que je suppose etre  
appartenant a des soldats Americains :

- 1 - a ete trouve parcelle 42, foret de Lambach;
- 2 - " " " " 52 " "
- 3 - C'est une tombe que j'ai trouvee au debut du  
mois de Juin 1945, mais je ne peux certifier  
que le dit corps soit Americain ou Allemand.

Signe : SCHUSTER  
-----

LAMBACH 20th May 1946

I the undersigned, forester SCHUSTER, declare to have  
found and buried the remains of human bodies which I suppose  
to have belonged to American soldiers :

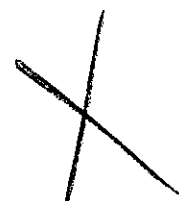
- 1 - was found section 42, forest of Lambach;
- 2 - " " " " 52 " "
- 3 - It is a grave which I have found in the beginning  
of JUNE 1945, but I can't certify that the mentioned  
body is American or German

Signed : SCHUSTER

CERTIFIED A TRUE COPY

*Howard E. Metz Bower*  
Howard E. METZBOWER  
2nd Lt. INF.

UNKNOWN X-6220  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-88





TRUE COPY

LAMBACH le 20 Mai 1946

Je soussigne, Garde-Forestier SCHUSTER, declare avoir  
trouve et enterre des debris de corps humains que je suppose etre  
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- 1 - a ete trouve parcelle 42, foret de Lambach;
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mois de Juin 1945, mais je ne peux certifier  
que le dit corps soit Americain ou Allemand.

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I the undersigned, forester SCHUSTER, declare to have  
found and buried the remains of human bodies which I suppose  
to have belonged to American soldiers :

- 1 - was found section 42, forest of Lambach;
- 2 - " " " " 52 " "
- 3 - It is a grave which I have found in the beginning  
of JUNE 1945, but I can't certify that the mentioned  
body is American or German

Signed : SCHUSTER

CERTIFIED A TRUE COPY

*Howard E. Metzbower*  
Howard E. METZBOWER  
2nd Lt. INF.

UNKNOWN X-6220  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-88



REGISTERED  
U.S. MIL. C. ST-AVOLD  
PLOT 3BBBROW 8 GRAVE 88

#1

REPORT OF INVESTIGATION AREA SEARCH

28 May 1946  
Date

NAME Unknown X-6220 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 2 UNK

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

a. Date of above burials April 1946 Common Graves? no

5. Name and Type of Cemetery not in cemetery  
(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? yes

If remains are not located in a cemetery, give exact location.  
Map of Europe 1 : 200,000  
a. Town LAMBACH(Moselle) Coordinates Sheet 57 Q - 727485

b. Is Sketch attached? yes  
c. Is area mined? yes ( see narrative statement \*

8. How is the grave marked? wooden cross  
If grave is marked with cross, give exact markings thereon

American soldier (1) Bein

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?

b. where was the information obtained?

c. By whom?

12. what is the date of death? between 5th Dec. 1944 to March 1945

a. Give basis Date of fighting in area

13. what is the cause of death? unk

a. Give basis

14. what is the date of burial? April 1946

a. Give basis Mr. SCHUSTER'S statement

15. where was the place of death? LAMBACH Coords Q - 727485

Give basis remains found

16. where were the remains found? LAMBACH Coords Q - 727485

a. By whom? Mr. SCHUSTER

b. Is sketch attached? yes

17. was a casket used? no Who furnished the casket?

Type of casket How marked?

18. who made the burials? French civilian  
(civilian, American Mil. or German Mil.)

a. what are the names and addresses? Mr. SCHUSTER, of BITCHE (Moselle)

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 on plane

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

21. 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? \_\_\_\_\_
- 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. 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 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 or 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 EE 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?

no

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?

no

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? a few bones  
(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  
Mr. SCHUSTER, foreman of Lembach, living in B... (Moselle) France

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)

F. Dom  
Signature of Interpreter

F. DOM  
Rank ASN

3049 GR. Co  
Organization

Emmett B. Coburn  
Signature of Investigator

Emmett B. COBURN  
Rank ASN

3049 GR. Co  
Organization

Mr. SCHUSTER, a forester of LAMBACH, residing at Bitche, in April 1946, found and buried the bodies of one American and one thought to be American. No identification was possible.

The surrounding area is mined but the bodies are accessible if guided by Mr. SCHUSTER, the forester living in Bitche (Moselle) France.

QJOMT 293  
Unknown X-6515, X-6220  
USMC, (St. Avoird) France

23 June 1949

SUBJECT: Unidentifiable Remains

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

1. Reference is made to Transmittal Letters No. 3377 and 3820, dated 14 January 1949 and 4 May 1949, respectively, forwarding Certificates of Unidentifiability of Remains.

2. Burial Reports and case papers pertaining to the following Unknowns interred in USMC, St. Avoird, France have been reviewed, and in the absence of sufficient information upon which to base an identification, this Office concurs in the classifications of these remains as Unidentifiable:

<u>Unknown</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-6515	BBBF	9	107
X-6220	BBBF	8	88

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

Holden:cam  
Clements  
REB

*X-6515  
X-6220  
France  
X-6220 (Strawberry)*

REB  
NJB

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

29 April 1949  
Date

SUBJECT: Unidentifiable Remains

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

*993 unk France X-6220 (Stanald)*

1. The records pertaining to Unknown X- 6220, Plot EEEE,  
Row 8, Grave 88, 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. 2674, dated 24-2-48. No  
further information is available.

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned Members of the Board of Review:

Maj. Roger Berger, O-251736 QRD \_\_\_\_\_ /s/

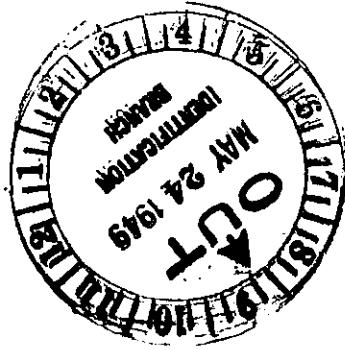
Capt. Edward F. Price, Jr. O-1588236 QMC \_\_\_\_\_ /t/

E. D. Mulvanity

23 MAY 1949 OQMG  
Received  
Not identifiable from  
information presently  
available

File #  
23 May 49  
Hawkins  
admit to





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

29 April 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6220, Plot BBBB,  
Row 8, Grave 88, USMC ST. AVOLD, France,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. 2674, dated 24-2-48.

Case reviewed by undersigned Members of the Board of Review:

*Roger Berger*  
-----  
Maj. Roger BERGER, O-251736    ORD    Capt Jack C. HAYES, O-1577297    QMC

*Edward F. Price, Jr.*  
-----  
Capt. Edward F. PRICE, Jr. O-488236    QMC    1/Lt Edward E. STOUT, O-1594512    CE

*E. J. Oglesby*  
-----  
~~1/Lt. Ernest J. OGLESBY, O-449004, Cav~~

23 MAY 1949  
Received ----- OQMG  
Not identifiable from  
information presently  
available

Incl #10

This grave formerly occupied by: FITZGERALD, Joseph TEC 5, 31060657  
 USMC ST AVOLD, FRANCE Disinterred: 2 June 49  
 Plot B, Row 17, Grave 46) **DISINTERMENT DIRECTIVE**  
 Date reburied: 2 June 49

1

*M. R. Swart*  
 M. R. SWART  
 CAPT., QMC

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **3574 00000** DATE: **15 12 47**  
DAY MONTH YEAR

NAME: **243 UNKNOWN X-006220** SERIAL NUMBER: **X-006220** RANK: **J** ARM: **J** DATE OF DEATH: **3503 80**  
DAY MONTH YEAR  
 CEMETERY: **ST AVOLD - METZ** DISPOSITION OF REMAINS: **0 3503 80**  
CODE DIST. PT.  
 PLOT: **4B** ROW: **8** GRAVE: **88** COUNTRY: **FRANCE** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)**  
 NAME AND ADDRESS OF NEXT OF KIN: **FILE 12 JUL 1949**  
 REPATRIATION BRANCH MEM. DIR.

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-006220** SERIAL NUMBER: **UNKNOWN** RANK: **Unk** DATE OF DEATH: **22 Jun 48** DATE DISTINTERRED: **22 Jun 48**  
 IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **GRS** RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **George W Lowry, Embalmer**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover** CONDITION OF REMAINS: **Body consist of left tibia; fractured fibula, foot bones**

OTHER MEANS OF IDENTIFICATION: **Report of Burial found with remains**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET: **DATE 24 Jun 48 BY George W Lowry, Embalmer**

CASKET SEALED BY: **George W Lowry, Embalmer** EMBALMER (Signature): *George W Lowry*  
**George W Lowry**

CASKET BOXED AND MARKED: **24 Jun 48** SHIPPING ADDRESS VERIFIED BY: **George W Lowry, Embalmer** & tag verified by: *Henry F Alzmann*  
**Henry F Alzmann, 1st Lt Inf**

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

JS

*Henry F Alzmann*  
**Henry F Alzmann, 1st Lt Inf, 337 QM Bn**  
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# 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 21 VACATED EVANCE	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

RECEIVED  
 RECORDS SECTION  
 10/15/70

# IDENTIFICATION CHECK LIST

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

DD # 228, dtd 28 Feb 47

Unknown X - 6220

Cemetery St-Avoid, France

Plot BBB Row X Grave 47 *sk*

**Date reprocessed:**

1. Arrived at cemetery: 10 Dec 47  
(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 ~~xxx~~ and reprocessed by Mobile Team # 1, 1st Zone  
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u> (Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>Remnants of wool OD</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

MAR 5 - 1948

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

\* Shoes NONE (type)

Overshoes NONE

Web Equipment NONE (type)

(Other item) Remnants of wool O.D blanket

(Other item) NONE

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

Chevrons or Insignia NONE (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD  
L tibia 37.1

6. Description of Remains:

Age UTD Est Height 5' 6 1/2" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD (Large, fat, thin, muscular)

Hair 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 UTD (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... (Light, color, extent) **UTD**

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

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

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

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

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

Jaw ..... (Large, small, normal) **UTD**      Circumference of head in inches ..... (Hat band) **Fractured**

Neck ..... (Size, length, short, normal, wrinkled) **UTD**      Larynx ..... (Prominent, normal) **UTD**

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

Hands ..... **UTD**

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints) **UTD**

..... (Unusual characteristics of fingernails)

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

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

Back ..... (Quantity and extent of hair) **UTD**      Circumcision ..... (Yes-no) **UTD**      Pubic Hair ..... (Color) **None**

Hernioplasty ..... (Yes-no; location) **UTD**

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

Feet ..... (Size, corns, callouses, flat) **UTD**      Toes ..... (Slender, straight, crooked, overlap) **UTD**

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

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

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

9. Remarks remains received in a skeletal form, wrapped in a mattress cover.  
Clothing found in debris, bore no markings. Est weight of remains 2 lbs. Burial  
report found. No GPS tag. Fluoroscopic report negative.

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.

*Woodrow W. Wolf*

**WOODROW W. WOLF**

(Officer's Name)

**CAPT QMC**

Rank

Service

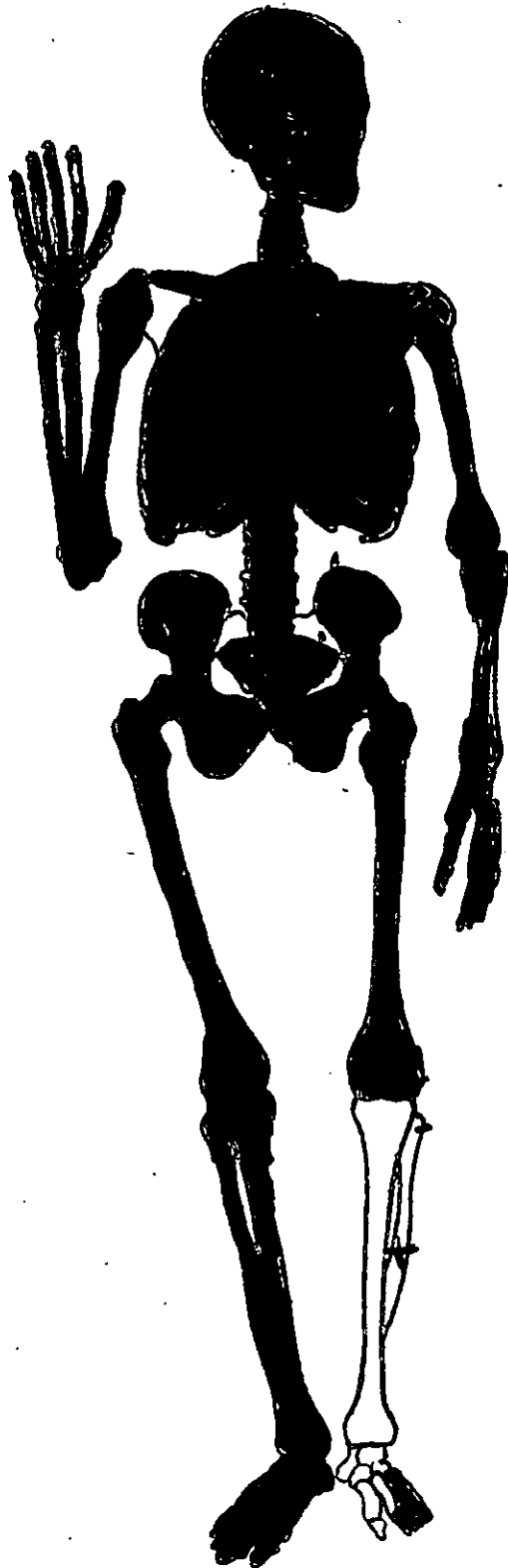
**OPERATION'S OFFICER**

(Organization)



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

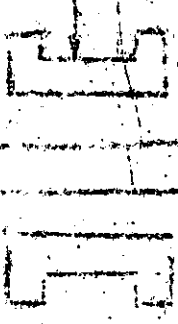


LEFT

Tibia 37.1 cm

Est height 5' 6½"

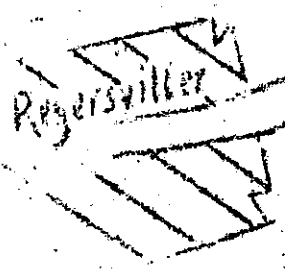
course of stream



road to Rogersville, Tenn.  
main highway

NORTH

LAMBACH (NOSTELLE) FRANCE  
MAP OF EUROPE 1:200,000  
VERDUN WILSONWOOD  
SERIAL 57 Q 727485



UNKNOWN X-6220  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-88

road into forest

side road

#1 grave of  
unk. Amer.



#2 grave of  
unk. Amer.



road into forest

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 WD QMC Form 1042)

Unknown X 6220  
Cemetery St. Avold  
Plot BBB Row 8 Grave 88

1. Arrived at cemetery 1630-31 May 46  
(Hour) (date)

2. Place of death Lambach Nouvelle France En Rd Map 5257, 1 200.000  
(Name of closest town) (Coordinates and letter Prefex, maps)

(0-727495)  
Sheet, scale and serials used.

3. Remains recovered or disinterred by 3049th CM GP Co  
(name and organization)

4. Evacuated to Cemetery by OPF 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)				
Raincoat	none			
Overcoat	none			
Jacket, Field	none			
Jacket, Combat	none			
Mackinaw	none			
Sweater	none			
Jacket, HBT	none			
Shirt, Wool, OD	none			
Undershirt, Wool	none			
Undershirt, Cotton	none			
Trousers, HBT	combat			portion of left trousers leg only
Trousers, Wool OD				portion of left trousers leg only

Belt, Web \_\_\_\_\_

Drawers, Wool **none**

Drawers, Cotton **portion of left trousers leg only**

Leggings, Wool **none** (Note unusual lacing)

Socks, Cotton **none**

\*Shoes (Type) **remnants**

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. **none**

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

Shoulder Patch \_\_\_\_\_

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 \_\_\_\_\_ Description of wounds \_\_\_\_\_  
**UTD** **UTD** **est 1 lb** Scars **UTD**  
 Bandages or dressings \_\_\_\_\_ (Length, width, location)  
**UTD** **UTD**  
 Tattoos **UTD**  
**UTD** (Number, location-illustrate on sep. page) **UTD**

Outstanding moles, warts or birthmarks \_\_\_\_\_  
 (Yes-no **UTD** description, location)

Sunburn or tan, other than hands & face **UTD**

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

Build \_\_\_\_\_  
 (Large, fat, thin, muscular) **UTD**

Hair \_\_\_\_\_  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting). **UTD**

Hair \_\_\_\_\_  
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or Goatee \_\_\_\_\_  
 (color, setting, shape) (color, size, (length, heavy, shape) \_\_\_\_\_

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

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

Mouth \_\_\_\_\_ Lips \_\_\_\_\_  
 (large, medium, small) (small, large, full)

Teeth \_\_\_\_\_  
 (white, size, unevenness, spacing, noticable crowns, fillings, extrac

Chin \_\_\_\_\_  
 (Prominent, receding, pointed, dimple, double)

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

Neck \_\_\_\_\_ Larynx \_\_\_\_\_  
 (size, length, shape, normal, wrinkled) (Prominent, normal)

Shoulders \_\_\_\_\_ Arms \_\_\_\_\_  
 (broad, straight, small, rounded) (length, muscular, color)

\_\_\_\_\_ (extent and quantity of hair)

Hands \_\_\_\_\_

Fingers \_\_\_\_\_  
 (short, thick, long, slender, size of knuckles, missing fingers or

\_\_\_\_\_ (unusual characteristics of fingernails)

Chest \_\_\_\_\_  
 (size of nipples, color, quantity & extent of hair, large, small, normal)

Back \_\_\_\_\_ Waist \_\_\_\_\_  
 (quantity & extent of hair) (size of navel, appendectomy, amount

\_\_\_\_\_ Circumcision \_\_\_\_\_ Pubic hair \_\_\_\_\_  
 quantity & color of hair yes-no (color)

Hernioplasty \_\_\_\_\_  
 (yes - no; location)

Legs \_\_\_\_\_  
 (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..)

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 ~~Bones recovered low portion of left leg-left tibia and Fibula~~  
~~Seven tarsal bones Two metatarsal bones, length of lower portion~~  
~~recovered 15 inches. (15")~~

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.

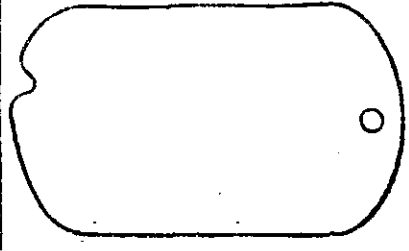
*Ralph W. Sleater*  
**Ralph W. Sleater**  
Officer name

**Maj** **Inf**  
Rank Service

**3rd Field Command AGRC**  
Organization

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 31 May 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) Unknown X-6220		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 Lambach Moselle France	CAUSE OF DEATH Unknown	DATE OF DEATH Est, Feb 1945.
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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 2 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
31 May 1946	1630	Casket	wooden Cross	BBBB	8	88

WAS THIS A REBURIAL? (Yes or no) <b>yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated Grave near Lambach Moselle France Eu Rd Map Sht 57, 1.200.000 (Q-727485)	PLOT No. Isolated Grave	ROW No. Isolated Grave	GRAVE No. 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) UNKNOWN X-6179	RANK UNK	SERIAL No. UNK	ORGANIZATION Ground Forces	GRAVE No. 87
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CRITES, CHARLES A.	RANK S/Sgt	SERIAL No. 35976042	ORGANIZATION 179th Inf. Regt.	GRAVE No. 89
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SIGNATURE OF PERSON PREPARING REPORT Herbert F Shaw WD Civ <i>Herbert F Shaw</i> 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

	Section <b>UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	UTD	UTD	UTD	UTD
	WEAPON AND SERIAL NO.			BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	NONE			Lambach Moselle France
	LAUNDRY MARKS		OTHER IDENTIFICATION CLUES	
	NONE			
LEFT INDEX FINGER	FILLINGS			
	SILVER FILLING GOLD FILLING			
LEFT THUMB	CAVITIES			
	CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH			
	TEETH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH			
	PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK			
	GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT LITTLE FINGER	<b>REMARKS:</b> Attached: Form 11 Check List of Unknowns. Unable to obtain Form 1A Tooth Chart and fingerprints because of missing portions of remains. Est weight of remains 1 lb.			