

FILE IDENTIFICATION TOPPER

FILE NUMBER

42unk Stovold X666

SUBJECT

GMC FORM 1121
1 Aug 45

7887 GRAVES DETACHMENT

APD 757

243 unk St. Avold X-666 MR

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-666 St Avold

(POC) NEUVILLE

HAN
File

M. Martin

21 Sept 51

Identification Branch

IDENTIFICATION CHECK LIST

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

Unknown **X-666**
Cemetery **St. Avold, France**
Plot **EE** Row **10** Grave **23**

Date reprocessed

1. Arrived at cemetery **27 March 1947**
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by **Central Identification Point, Strasbourg,**
(Name and organization) **France**

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	NO CLOTHING FOUND.		
(Type)			
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web **NO CLOTHING FOUND**

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 **None**
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch **None**

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

Utd

6. Description of Remains :

Age **Utd** Height ^{Est.} **5'10"** Weight **Utd** Description of wounds **Utd**

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

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

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

Sunburn or tan, other than hand and face **Utd**

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

Build **Utd**
(Large, fat, thin, muscular)

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

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

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

Goatee Utd
(Light, color, extent)

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

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

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

Teeth See Tooth Chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches 22"
(Large, small, normal) (Hat band)

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

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

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

Back Utd Circumcision Utd Pubic Hair None found
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty Utd
(Yes-no; location)

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

Feet Utd Toes Utd
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

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

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

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

If not, explain Too decomposed

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

9. Remarks ~~Remains received in mattress cover. Skeleton intact with considerable amount of flesh. Estimated weight of remains recovered; 50 Lbs. No clothing found. Fluoroscopic Report negative. Burial bottle found in grave. Nothing found to warrant Chemical Laboratory Examination.~~

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


ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain OMG
Rank Service

Central Identification Point.
(Organization)

E.O. - 2327 ROUTINE IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNIK-2-666				2. DATE OF REPORT 21 SEPT 44	
3. NAME OF CEMETERY USMC ST AVULD		4. PLOT E6	5. ROW 10	6. GRAVE 23	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 25 TO 30	9. ESTIMATED HEIGHT 5'9 1/4"	10. COLOR OF HAIR NONE FOUND	11. RACE UTO
---------------------------------	---------------------------------	---------------------------------	-----------------

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

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

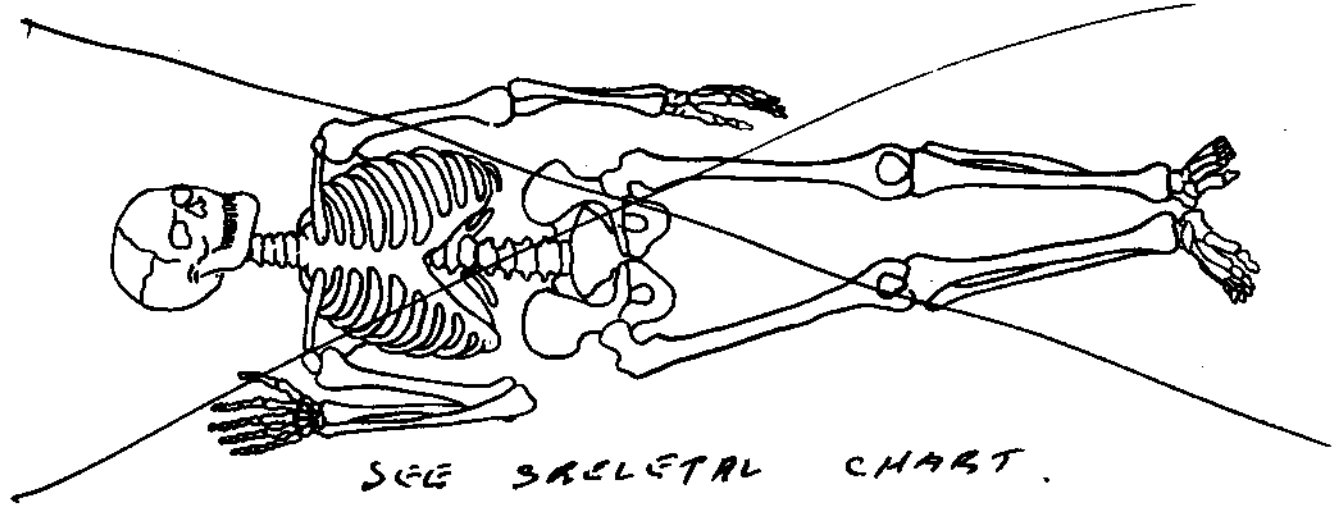
14. WAS BODY BURNED? TO WHAT EXTENT?
 YES NO

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

19. BLACK OUT PARTS OF BODY NOT REC RED



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 UNK-7-666. DISPOSITION RE PINNED TO BLANKET CONTAINING REMAINS.

HAIR. NONE FOUND.
 TEETH. - SEE TOOTH CHART
 EST. AGE 25 TO 30
 EST. HT. 5' 9 1/4"

SCULLED
 PETERSON.
 GREEN.

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. [Signature]

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

STERNUM 

X-666
 P-EE
 R-10
 G-23
 E 2327

HUMERUS

34.4

HUMERUS

ULNA

27.2

ULNA

RADIUS

24.7

RADIUS

FEMUR

47.7

FEMUR

TIBIA





39.

TIBIA

FIBULA

38.4

FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

COLOR OF HAIR UTD
 ESTIMATED AGE 25 to 30 Yrs
 ESTIMATED HEIGHT 5' 9 1/2" In
 ESTIMATED WEIGHT UTD LBS


 Signature

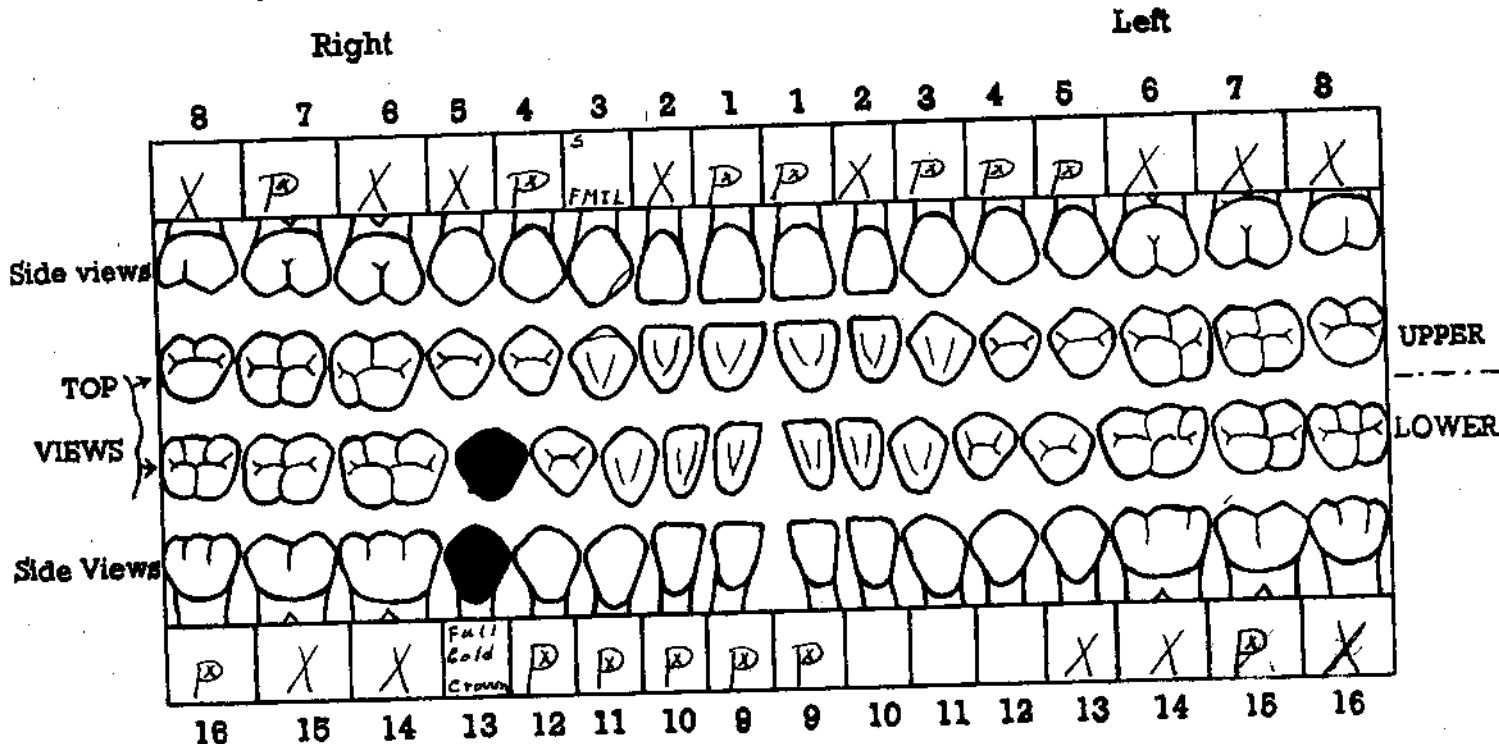
CHART "A"

TOOTH CHART

St. Paul 2E-10-23
E. O. 2327

21 Sept. 1949
Date

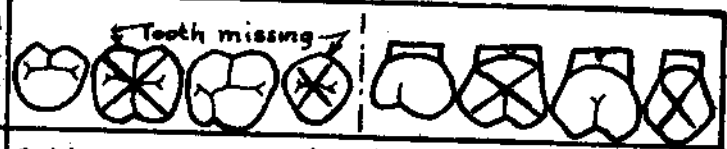


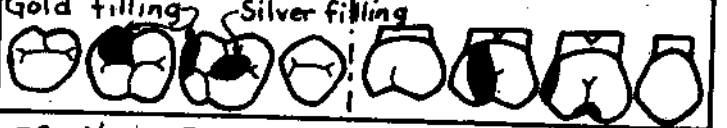
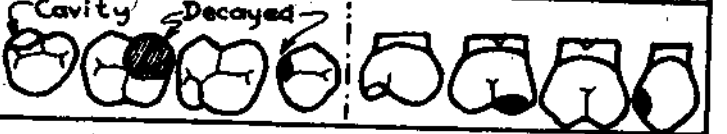
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death



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.

Odin Roberts
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. 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: Coverage
Color: Shell Ivory
Stain: Heavy.
Calculus: Medium.
Alignment: Poor
L 12 rotated mesially 30° R 13 wired distally.
Space: L 12 to L 15 (root lines) 13 mm. R 13 to R 16 - 15 mm
R 1 to R 3 (root lines) 6 mm. L 1 to L 3 - 6 mm. (root line)
R 4 to R 7 (root line) 11 mm.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 666
CEMETERY US MIL CEM ST AVOLD, FRANCE
PLOT BE ROW 10 GRAVE 235

Arrived at cemetery 27 Aug. 1945 From Neckenheim, Ger.
(hour) (date) (collecting point)
Place of death Rhine River, vicinity of Neckenheim, Ger. N-545-779, Sheet U3
(name) (coordinates and landmarks)

Remains recovered by 48th IN CR Co.
(name and organization)

Evacuated to cemetery by 48th IN CR Co.
(name and organization)

Is load list attached No Are names of deceased found in same area as this Un-
(yes-no)

known started No Are circumstances described which may indicate organization of
(yes-no)

the deceased No If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Full body received
(yes-no)

If remains come from vehicle, plane, etc: Taken from the Rhine river
(type of vehicle or plane, nickname,
serial number, organization or symbols)

Crew list Not applicable
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Not applicable

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane Not appl cable

(parts of markings or symbols) (burned) (pierced by shell fire - where)
None found from the Rhine river in the vicinity of Neckenheim, Ger.

(found in town, field, by road, etc.) (damaged by mine explosion)
Not applicable

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects None found, body was naked
(Indicate exact pocket or part of body
where found)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				NO CLOTHING FOUND ON
Raincoat				DECREASED. BELOW ARE ESTIMATED CLOTHING SIZES
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD		14-30		No shirt found
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		34-30		None found
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings Wool				(note unusual lacing)
Socks Cotton				
*Shoes (type)		6 1/2 or 7 D		No shoes found.
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 None Shoulder Patch None

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age None Height None Weight 190lbs Description of wounds Dressed
 (years) (ft-in) (lbs)

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

Tattoos None
(number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands Unable to determine
No side on fingers. Teeth are white

Tobacco stain on fingers or teeth _____
Appears to be Medium (designate where, extent) Large

Complexion _____ Build _____
(light, ruddy, dark, clear, pimples, pocks, freckles) (large, fat, thin,

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

Sideburns None Mustache None Beard or goatee None
(color, setting, shape) (color, size, shape) (length,

heavy, light, color, extent) _____
Missing Missing

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)
See attached tooth chart Normal

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

Jaw _____ Circumference of head in inches _____ (hat band) Broad
(large, small, normal) Normal
Short, est 14 inches

Neck _____ Larynx _____ Shoulders _____
(size, long, short, normal, wrinkled) (prominent, normal) (broad,
Rounded Muscular, inseam est. 22" neck to wrist 30"

Arms _____
(straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands _____
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
None all of the skin is missing from the hands.

(marks on fingers indicating that rings were worn)

Fingers Short and slender, fingers pointed, all skin gone
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Missing
(unusual characteristics of fingernails)

Chest Normal chest... est. 36 inches
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unable to determine Waist est. 34" Most of skin is gone, no hair
(quantity and extent of hair) (size at navel, appendectomy, amount & color of

visable hair) Circumcized Unknown Pubic hair D Brown Herniaplasty Unknown
(yes-no) (color) (yes-no) (location)

Legs 30 inches Normal Muscular
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet 10" Normal Toes Straight, normal
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain Not warranted
(yes-no)

Have fingerprints been placed on GRS # 1 No If not, explain Flesh gone from fingers
(yes-no)

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

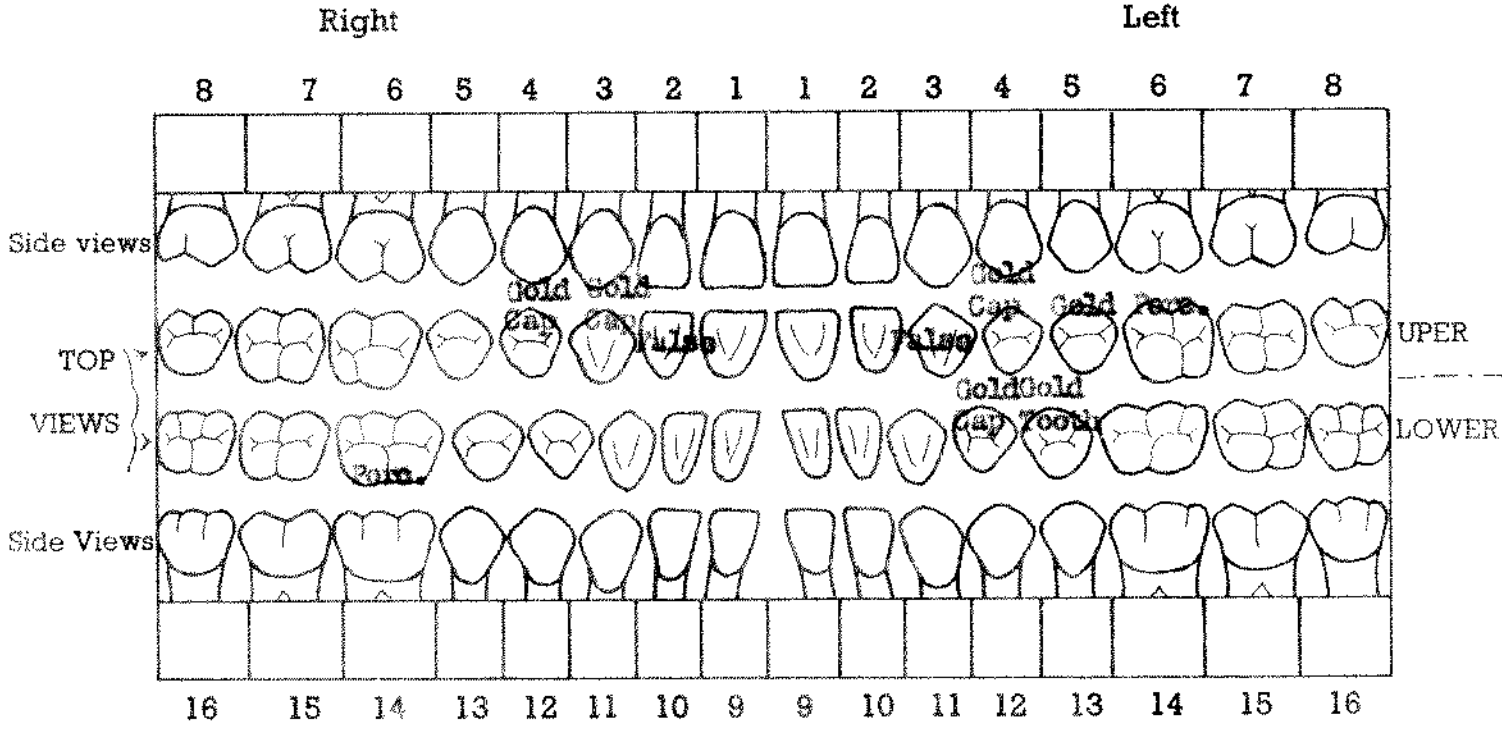
Remarks:

Signature of GRO and Organization
Gerald L. Norman, 1st Lt., USMC, 610th CM Co.

TOOTH CHART

6 Sept. 1945

UNKNOWN : OLIVER X-666 UNKNOWN UNKNOWN
 UNKNOWN Last Name First Initial Rank UNKNOWN Serial No.
 Unknown, Ger. R-515-779 Sheet U3 est. 24 July 1945 Drowned
 Place of Death Date of Death Cause of Death

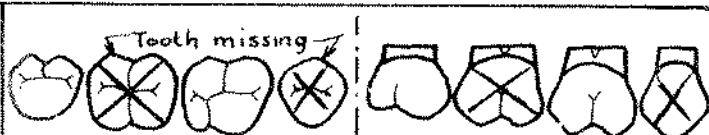


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

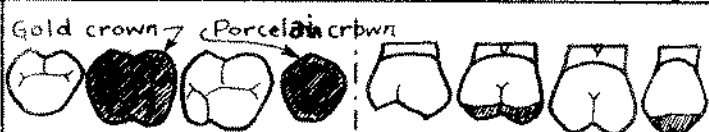
- # 4 upper lt. - False gold tooth
- # 3 upper rt. - in but has a gold cap.

Signature of Officer or other person who prepared Tooth chart
 Sgt. R. F. Zwick, 610th QM CR Co.
 DERRICK L. HORNBY, 1st Lt., QM, 610th QM CR Co.

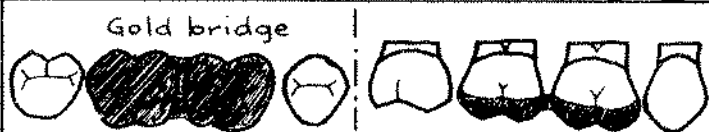
MISSING TEETH . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



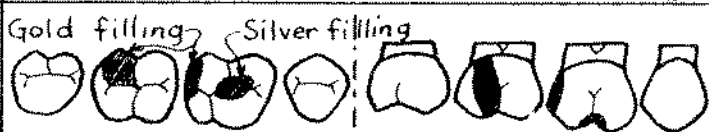
CROWNED TEETH . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



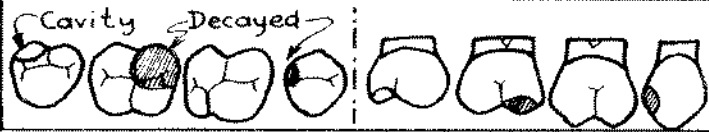
BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

USMC NEUVILLE EN CONDROZ
PLOT: A ROW: 28 COL: 10
DATE OF BURIAL: 20 Oct 1948
VERIFIED BY GRS OFFICER
M. R. SWAN, *blair*

DISINTERMENT DIRECTIVE

OK
2/10/50

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000666			0	DAY	MONTH YEAR
CEMETERY						DISPOSITION OF REMAINS	
ST AVOLD - METZ						0	3503 80
						CODE	DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH*		
EE	10	235	FRANCE		6		

SECTION B — CONSIGNEE AND NEXT OF KIN — *No flag sent*

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE NEUVILLE-EN-CONDROZ, BELGIUM (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred (Opns. Div. 5 Sep 50)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
Unknown	X-000666			25 August 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <i>Emb</i> <input checked="" type="checkbox"/> MARKER <i>Emb</i>	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY Henry A. Gentzel, Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL With remnants of uniform	CONDITION OF REMAINS Remains complete. Skeletal form. Decomposition complete.
OTHER MEANS OF IDENTIFICATION Embossed plate found with remains	

MINOR DISCREPANCIES /
Report of burial impossible to read

REMAINS PREPARED AND PLACED IN CASKET
DATE 30 August 1948 BY Henry A. Gentzel, Embalmer

CASKET SEALED BY
Henry A. Gentzel, Embalmer
EMBALMER (Signature)
Henry A. Gentzel
Henry A. Gentzel, Embalmer

CASKET BOXED AND MARKED
DATE 30 AUG 48 BY Henry A. Gentzel, Embalmer
SHIPPING ADDRESS VERIFIED BY
All markings, tags & plates verified by *Blair*
Bruce E. Blair, 1st Lt *MC*

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: *Blair*
Bruce E. Blair, 1st Lt *MC* Bruce E. Blair, 1st Lt *MC* 7857 AGRC Zone 3 Hq.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
CONSIGNEE CHANGED - AGRC EA

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

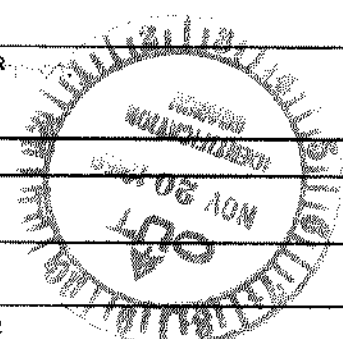
FROM: USMC Ft. Belvoir, France		TO: Cpl. Neuville, Belgium	
KIND OF CONVEYANCE: Truck		NAME OF CONVOYER: Cpl. William H. Bryant, 33720418	
SIGNATURE OF SHIPPER: <i>Frank B. Callaghan, 1st Lt.</i>	DATE: 2 Nov 1950	SIGNATURE OF RECEIVER:	DATE:

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:		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:

K

AIRMAIL

314.6

QUART 295 1/2 5054 1st Ind

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #5054

Department of the Army, OQMG, Washington 25, D. C. 22 August 1950

TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed
in basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

2 Incls
w/d

THOMAS E. COX
Capt QMG
Memorial Division

Cy furnished: Adm Sec
rar/Jeffrey
Duncan

JLN



AIRMAIL

HEADQUARTERS
7807 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (liege) US ARMY

GRRE 293

2 August 1950

293unk St Avold X 666

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 666, Plot EE, Row 10, Grave 235, USIC, St. Avold, France have been reviewed in accordance with par 159, SR 830-110-5, DA, dated 3 March 1949, and it is the opinion of the Board of Review, appointed by par 2, SO No. 66, this headquarters, dated 14 June 1950, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable..

2. Report of Reprocessing of remains was forwarded to the Office of the Quartermaster General, by Transmittal Letter No. 1668, dated 28 September 1945.

3. Remarks:

See copy of Case History attached.

E. D. Mulvanity
1st Col E. D. MULVANITY, O-359598, OMC

George Gunderman, Jr.
Maj George GUNDERMAN, Jr., O-128902, OMC

Robert W. Gansel
1st Lt Robert W. GANSEL, O-1599085, OMC

James C. MacFarland
Maj James C. MacFARLAND, O-1576321, OMC

Gaylord E. Lutz
1st Lt Gaylord E. LUTZ, O-1595665, OMC

Raymond T. Rodriguez
CMO Raymond T. RODRIGUEZ, W-2107098, USA

File

22 August 1950
W. J. Jeffrey
Identification Branch

Serial # 1

CASE HISTORY

UNKNOWN X-666

USNS ST AVOLD, FRANCE

Unknown X-666 was washed ashore from the Rhine River near Hockenhein, Germany (L-50), and recovered by a G. R. Detachment in late August 1945. Est. date of death is given as 24 July 1945. How this date was estimated can not be determined.

The remains was complete and nude.

Since no clothing was found there is no proof that the remains is American.

Tooth chart comparison was made with dental data for all Rhine river drowning casualties, which could possibly be associated with this case, with negative results.

Association was also attempted with all unresolved casualties listed for Map Sheets L-50, K-50 and K-49, with negative results.

Since no association with a reported casualty can be made and since there is no evidence to determine the nationality of the remains, it is believed that Unknown X-666 must be considered UNIDENTIFIABLE.


S. O. PUSEY
1 August 1950

SEARCHED
SERIALIZED
INDEXED
FILED
AUG 1 1950
FBI - WASHINGTON

6

DISINTERMENT DIRECTIVE

293 Verb x-666 France (A. A. Roll)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 757-00000	DATE 15 01 48 DAY MONTH YEAR
NAME UNKNOWN-000000		SERIAL NUMBER 000000	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD * METZ				DISPOSITION OF REMAINS 0 1503 80 CODE DIST. PT.	CAUSE OF DEATH 6
PLOT CE 10	ROW 235	GRAVE FRANCE			

SECTION B — CONSIGNEE AND NEXT OF KIN

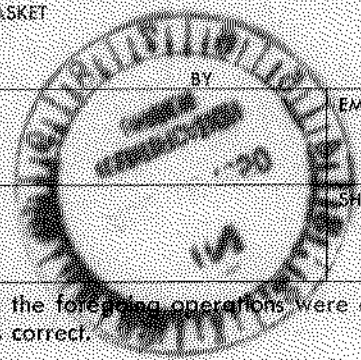
NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

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 GASKET SEALED BY	BY EMBALMER (Signature)
DATE CASKET BOXED AND MARKED	BY SHIPPING ADDRESS VERIFIED 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.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 666
 CEMETERY US MIL CEM ST AVOLD, FRANCE
 PLOT EE ROW 10 GRAVE 235

Arrived at cemetery 27 Aug. 1945 From Hockenheim, Ger.
 (hour) (date) (collecting point)
 Place of death Rhine River, vicinity of Hockenheim, Ger. R-545-779, Sheet U3
 (name) (coordinates and landmarks)

Remains recovered by 48th QM GR Co.

Evacuated to cemetery by 48th QM GR Co.
 (name and organization)
 (name and organization)

Is load list attached No Are names of deceased found in same area as this Un-
 (yes-no)

known starred No Are circumstances described which may indicate organization of
 (yes-no)

the deceased No If only part of a body was received, was a careful search made
 (yes-no)

for other parts of Unknown Full body received
 (yes-no)

If remains come from vehicle, plane, etc: Taken from the Rhine river
 (type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list Not applicable
 (names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Not applicable

If organization to which vehicle or plane was assigned or if names of all other de-
 ceased are not known, give detailed information concerning vehicle or plane Not applicable

(parts of markings or symbols) (burned) (pierced by shell fire - where)
Washed ashore from the Rhine river in the vicinity of Hockenheim, Ger.

(found in town, field, by road, etc.) (damaged by mine explosion)
Not applicable

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects None found, body was naked
 (Indicate exact pocket or part of body
 where found)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				NO CLOTHING FOUND ON
Raincoat				DECEASED. BELOW ARE ESTIMATED CLOTHING SIZES
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD		14-30		No shirt found
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		34-30		None found
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings Wool				(note unusual lacing)
Socks Cotton				
*Shoes (type)		6½ or 7 D		No shoes found.
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 None Shoulder Patch None

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age UNK Height 5' 11" Weight 190lbs Description of wounds Drowned
 (years) (ft-in) (lbs)
 est. est.

Bandages or dressings None Scars Post Mortem scars
 (length, width, location)

Tattoos None
 (number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks None
 (yes-no) (description, location)

Sunburn or tan, other than hands and face Unable to determine

Tobacco stain on fingers or teeth No skin on fingers, Teeth are white
 (designate where; extent)

Complexion Appears to be Medium Build Large
 (light, med, dark, clear; pimples; pocks, freckles) (large, fat, thin, muscular)

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

Sideburns None Mustache None Beard or goatee None
 (color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

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

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

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

Teeth See attached tooth chart
 (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Appears to have a double chin Cheekbones Normal
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw Normal Circumference of head in inches 19 1/2 inches
 (large, small, normal) (hat band)

Neck Short, est 14 inches Larynx Normal Shoulders Broad
 (size, long, short, normal, wrinkled) (prominent, normal) (broad, Rounded)

Arms Muscular, inseam est. 22" neck to wrist 30"
 straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Skin is gone wrists 6 3/4" Hands Normal
 (vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

None all of the skin is missing from the hands.
 (marks on fingers indicating that rings were worn)

Fingers Short and slender, fingers pointed, all skin gone
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Missing
(unusual characteristics of fingernails)

Chest Normal chest... est. 36 inches
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unable to determine Waist est. 34" Most of skin is gone, no hair
(quantity and extent of hair) (size at navel, appendectomy, amount & color of

visable hair) Circumcized Unknown Pubic hair D Brown Hernioplasty Unknown
(yes-no) (color) (yes-no) (location)

Legs 30 inches Normal Muscular
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet 10" Normal Toes Straight, normal
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain Not warranted
(yes-no)

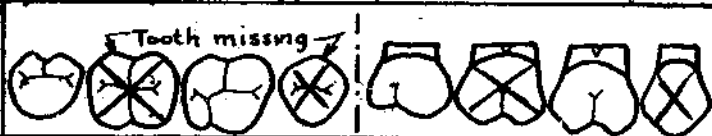
Have fingerprints been placed on GRS # 1 No If not, explain Flesh gone from fingers
(yes-no)

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

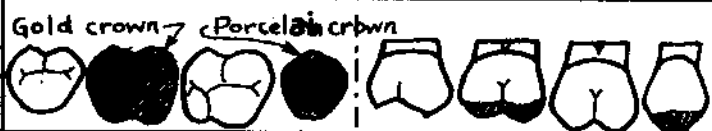
Remarks:

G. Ham
Signature of GRO and Organization
GERALD L. HORNER, 1st Lt., OMC, 610th QM GR Co.

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



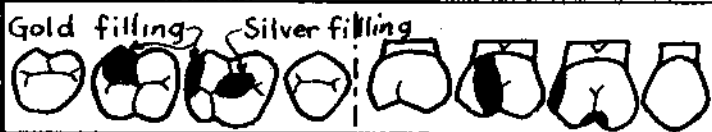
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

RESTRICTED

GRAVE REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

6 Sept. 1945
Date

UNKNOWN SOLDIER

UNKNOWN

UNKNOWN
Last Name

UNKNOWN
First Initial

Serial No.

Hockenheim, Ger. R-545-779

Sheet 003
Drowned

1500 hrs. 27 Aug. 1945

US MIL CEMETERY, FRANCE

Q-260-584

235
Time and Date of Burial

UNKNOWN

CROSS

Grave Number

Row Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags (See Reverse)
How were remains identified? Deceased taken from the Rhine River v.c. of Hockenheim, Ger.

What means of identification were buried with the body?
GRS Form #1 in burial bottle

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

Who is buried on:	CAULK	35829743			234
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	AMBAEN	31308873			236
	Name	Serial No.	Rank	Organization	Grave No.

W. A. Monrillo, 35830261, Pfc, 1st Med Lab.



If print of identification tag is not affixed fill in below

Emergency Addressee: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: No

Signature of Officer or other person reporting burial

Verified by G. R. S. Officer

GERALD L. HORNER, 1st Lt., QM, 610th QM Co.

DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: 5'11" est Laundry Marks:
 Weight: 190 lbs. est Number of Rifle:
 Color of Eyes: Blue Wear Glasses? No
 Color of Hair: Brown Is Tooth Chart Attached? Yes
 Race: W

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Tooth chart taken and attached. No other information could be obtained. Fingerprints impossible due to no skin on hands.

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

Posted by the 1st Med. Lab. Processed by the 48th QM Graves Reg. Co. and then sent to the U.S. Mil. Cem. St. Avoird, France for burial.

Left Hand

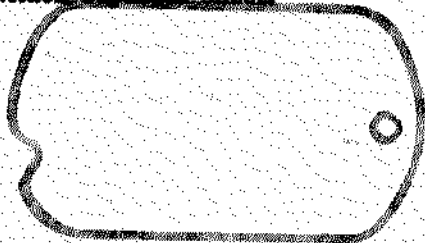
3	2	1	Thumb
---	---	---	-------

Right Hand

3	2	1	Thumb
---	---	---	-------

TOOTH CHART

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



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

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

Characteristics:

Obit Date:

Emergency Address: _____

Religion: _____

List only Personal Effects found on Body and disposition of same: _____