

DDMG FORM 1947
25 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

Unknown X-6928-C

CEMETERY

USMC St. Avold, France

PLOT

ROW

GRAVE

PPPP

11

129

- | | |
|--|--|
| <input type="checkbox"/> APPROVED IDENTIFICATION | <input type="checkbox"/> REDESIGNATION |
| <input checked="" type="checkbox"/> CANCELLATION | <input type="checkbox"/> NEW X-NUMBER |
| <input type="checkbox"/> CONSOLIDATION | <input type="checkbox"/> |

REMARKS

*Cancel - Remains assigned:
CIL# per ltr. ETA 15 June 49,
Subj: CIL Remains.*

M. J. Lake

DDMG FORM 1947
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-6928-C

CEMETERY

A Arold

PLOT

HP

ROW

11

GRAVE

129

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

GRAVE VACANT

Remains given CIL designation

FILE IDENTIFICATION TOPPER

FILE NUMBER

293unk H. Auld X-6928 C

SUBJECT

QMC FORM 1121
1 Aug 45

51 12250

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

943unk St. Avold X-6928C

DUE, HOUR AND DATE _____

NO.	FROM	TO	DATE	MESSAGE
1	Ident Br. Ident Sec Records Unit	M/R Br. ATTN: M. Birchmore	13 Feb 1951	<p>SUBJECT: CIL NUMBERS</p> <p>1. There are no CIL #'s for the following: X-6928-C St. Avold, France X-13031 " " X-7506-B " "</p> <p>2. The Unknowns mentioned above are to be filed under X-No's until CIL #'S are received.</p> <p style="text-align: right;"><i>M. W. Leake</i> BERRENS 76128</p> <p style="text-align: right;"><i>M. W. Leake</i> M. W. Leake 76128</p>

public

OPAK'S REGISTRATION
FORM NO. 1
(Revised 1 Sept 1945)

REPORT OF BURIAL

TM 10-630 AND AF 30-1815

20 July 1948 Date

M3 Unk, St. Arnold's X-6928

Last Name	First	Initial	Rank	Serial No.
UNK	UNK	UNK	AAF	1301
Unit	Organization			
St. Arnold's	AAF			
Place of Death	Date of Death	Cause of Death		
Austria	1944	Plane Crash		
Time and Date of Burial	Name of Cemetery	Name of Coordinates of Location		
1430 12 Aug 1948	St. Arnold's	St. Arnold's		
Grave Number	Row Number	Plot Number	Type of Marker	
129			Wood	

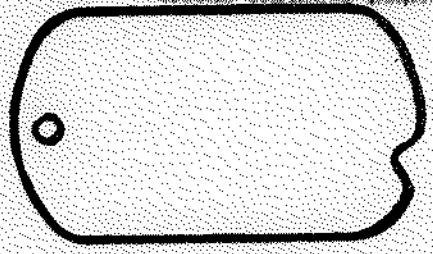
Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags: Remains segregated from former X-6928
How were remains identified? CANCEL - Remains assigned GIL/ per ltr ETA 15 June 49, Subj: GIL Remains.

What means of identification were buried with the body?
One copy of GRS Form #1, placed in burial bottle and buried with the remains.

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

Who is buried on:	X-6931 D	UNK	UNK	AAF	1301
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X-6928 D	UNK	UNK	AAF	129
	Name	Serial No.	Rank	Organization	Grave No.



If print of identification tag is not affixed fill in below:

Emergency Addressee: _____

Address: _____

Religion: _____

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

Remains previously buried in same cemetery, Plot JJJJ, Row 4, Grave 86.

Albert G. Nicholas
USA

/s/ Albert G. Nicholas
Signature of Officer or other person reporting burial
/s/ Jesse R. ...
Verified by G. R. S. Officer

TRAHO HTOOTH

Dr	Co
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

IF DECEASED UNIDENTIFIED

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

- Height: _____
- Weight: _____
- Color of Eyes: _____
- Color of Hair: _____
- Race: _____
- Laundry Marks: _____
- Number of Rifle: _____
- Wear Glasses? _____
- Is Tooth Chart Attached? _____

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

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

TOOTH CHART

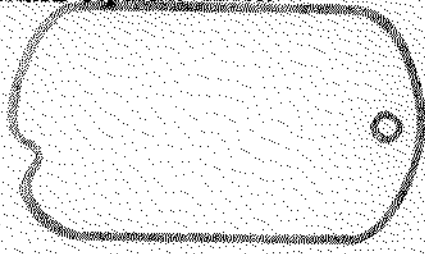
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics :

Other Data :



IDENTIFICATION CHECK LIST

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

E.O. #790

Unknown X-~~6928~~ **A B (C)**

Cemetery **St. Avoild, France**

Plot **PPPP** Row **11** Grave **129**

Date processed: **20 May 1948**

1. ~~20 May 1948~~ (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains **reprocessed by :**
~~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	NONE (Type)		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	NONE		
Mackinaw	NONE		
Sweater	NONE		
Jacket, HBT	NONE		
* Shirt, Wool OD	Remnants		
Undershirt, Wool	Remnants		
Undershirt, Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD	Remnants		

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 elect. heated flying suit**

(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? **AAF**

6. Description of Remains : **All major bones fractured and/or missing**

Age **UTD** Height **UTD** 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, poeks, freckles)

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

Hair **UTD**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **3 specimens : Blond, 2" long wavy. Brown, 2" long wavy. Light brown, 3" long wavy.**
(Hairness, 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 **None found**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull missing**
 (Large, small, normal) (flat 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 **Missing**

Fingers **Missing**
 (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 **UTD**
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs **UTD**
 (Thin, 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 **Fingers missing**

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

9. Remarks **Remains received in skeletal form, with a small amount of flesh in last stage of decomposition. Clothing received from debris. No markings; no teeth recovered. Report of Burial. No GRS tag. No evidence of old or healed fractured. No amputations. Estimated weight of remains: 7 pounds. No height estimated; as all major bones are fractured and/or missing. See narrative with case papers of "A".**

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.

/s/ CARL O. RICE
(Officer's Name)

SD & AGRC
Rank Service

MOBILE TEAM #L, I.S.
(Organization)

ID TAG IMPRINT:

**E.L. SILVERMAN
12228301 T44-44**

H

A CERTIFIED TRUE COPY:

Clyde V. Carlson
CYDE V. CARLSON

WO JG USA

ASSISTANT ADJUTANT

X-6298 (C)

20 July 1948

USMC, St. Avoild, France

SKELETAL CHART

PPPP - 11 - 129

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

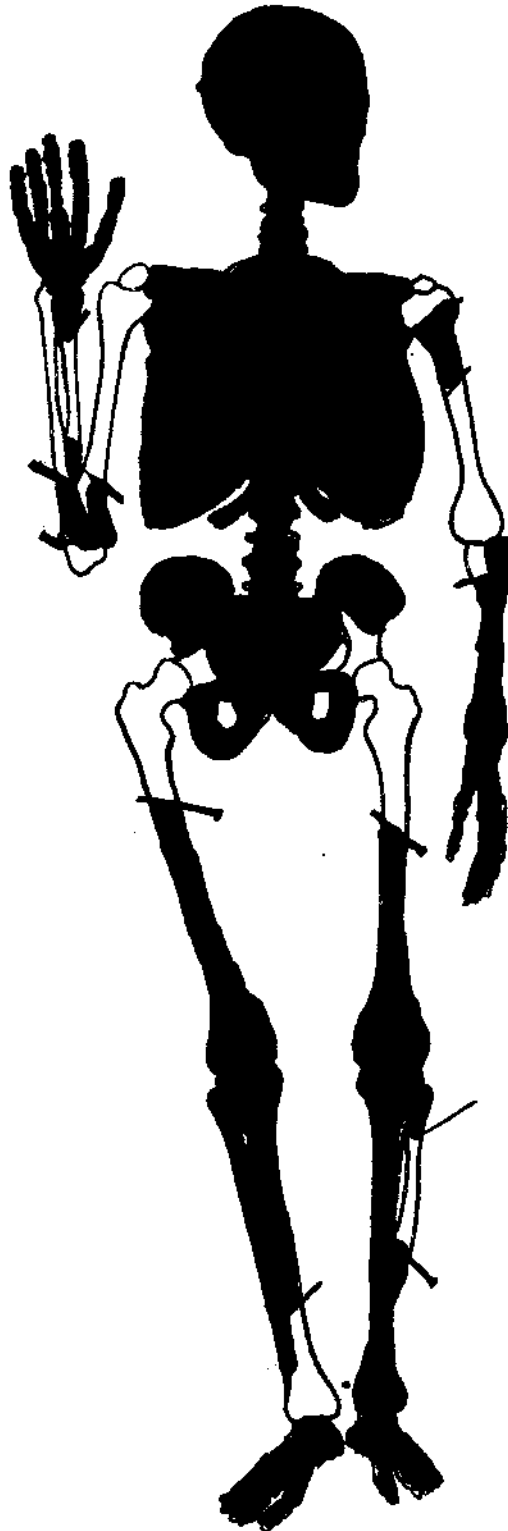


CHART "A"

EST. HEIGHT : UTD

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 314.6

15 June 1949

SUBJECT: OIL Remains

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

1. The following Unknown has been eliminated from the records of this office by assigning OIL number:

L-6928-C St Avoild Plot PPPP Row 11 Grave 129

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING GENERAL:



C. W. STEINSIEK
CAPT QMC
Actg Asst Adj Gen

993 Oak Belgium - X-6928-C. (St Avoild)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RHE 314.6

15 June 1949

SUBJECT: GIL Remains

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

1. The following Unknown has been eliminated from the records of this office by assigning GIL number:

L-6928-G St Avoird Plot PPPP Row 11 Grave 129

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING GENERAL:

G. W. STREINSIEK
CAPT CMC
Actg Asst Adj Gen



Handwritten vertical text on the right margin, possibly a file number or reference code.

AMB MEM



DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3374 16021

DATE
12 03 49
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	006920		0	0	0

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST AVOLD FRANCE	4F	11	123	3503 00
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		
			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

APR 9 1949