

CMB3 RL

USMC HENRI CHAPPELLE
PLOT: H ROW: 10 GR: 72
DATE OF BURIAL: 7 Aug 50
VERIFIED BY GRS OFFICER
R.W. GANSEL 1st LT QMC

DISINTERMENT DIRECTIVE

930000 St Avold X6985
APP 13/50

SECTION A - *Autosomal*
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3574 00000
DATE: 15 01 48
DAY MONTH YEAR

NAME: UNKNOWNX-006985 SERIAL NUMBER: UNKNOWNX-006985 RANK: RANK 1 ARM: 1
CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 0 3503 80
PLOT: 4J ROW: 7 GRAVE: 156 COUNTRY: FRANCE CAUSE OF DEATH: 6
DAY MONTH YEAR

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE: ~~ST AVOLD, FRANCE~~ ~~DRAGLIGNAN, FRANCE~~
HENRI CHAPPELLE (BRIGHTON)
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Reg.Div.-27 Feb 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-006985 SERIAL NUMBER: SERIAL NUMBER RANK: Unk DATE OF DEATH: Est Jan 45 DATE DISTINTERRED: 13 May 48
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: USAGF RELIGION: Unk IDENTIFICATION VERIFIED BY: Geo W Lowry, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover CONDITION OF REMAINS: Skull & Mandible fractured - Decomposition complete - Disarticulated -

OTHER MEANS OF IDENTIFICATION: Report of Burial found with remains - Helmet Liner with 45th Division Insignia.

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 20 May 48 BY: Geo W Lowry, Embalmer
CASNET SEALED BY: Geo W Lowry, Embalmer EMBALMER (Signature): Geo W Lowry, Embalmer

CASNET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: All markings plates & tags verified by: James C Anderson, 1st Lt. INF

DATE 20th May 48 BY Geo W Lowry, Embalmer
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

J.C. Anderson
JAMES C. ANDERSON, 1st Lt Inf, Hq/Hos Det 531 QM Gp.
SIGNATURE OF GRS INSPECTOR

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

Consignee corrected - Reg. Div. CONSIGNEE CORRECTED (REG. DIV.)

NAT
RECORDS ANNOTATED
DATE 5-28-50
NAME

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|--|--------------------------|---|------|
| FROM USMC ST A VOLD, FRANCE | | TO OIC NEUVILLE, BELGIUM | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER CPL JOHN A MONTFORD 30107628 | |
| SIGNATURE OF SHIPPER <i>[Signature]</i> | DATE 29 Oct 49 | 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

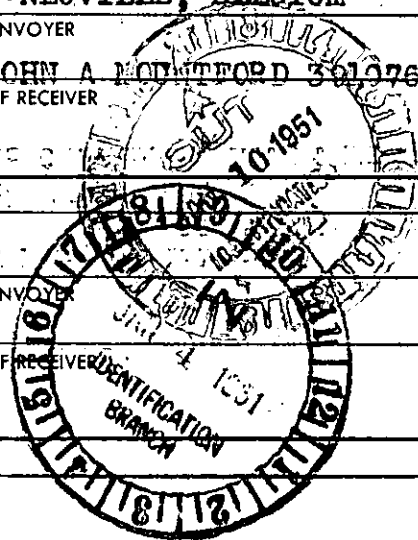
| | | | |
|---|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE (BY AIRMAIL ORDER) | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

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 |



IDENTIFICATION CHECK LIST

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

PROCESSED BY 3431 UNK St. Avold X-6985
CARLO O. RICE E.O. # 790 *MR*

~~CLARK R. DePASS~~

Unknown X X-6985
Cemetery ST AVOLD, FRANCE
Plot III Row 7 Grave 156

DATE REPROCESSED: 18 MAY 48

- ~~Arrived at cemetery~~ (Hour) (Date)
- Place of death (Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
- Remains ~~recovered or disinterred~~ by REPROCESSED MOBILE TEAM #1 I.S. (Name and organization)
- Evacuated to Cemetery by (Name and organization)
- 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. |
|------|-------------------|-------|--|

- X * Headgear HELMET AND HELMET LINER (Type)
- Raincoat NONE
- X Overcoat NONE
- Jacket, Field REMNANTS
- Jacket, Combat NONE
- Mackinaw
- X Sweater REMNANTS WOOL O.D.
- X Jacket, HBT NONE
- * Shirt, Wool OD REMNANTS
- Undershirt, Wool NONE
- Undershirt, Cotton NONE
- Trousers, HBT
- X * Trousers, Wool OD REMNANTS

*file
6 March 51
M. Martin
J. H. Sec.*

Belt, web None

Drawers, wool REMNANTS

Drawers, cotton None

Leggings, wool

Socks, ^{Wool}cotton REMNANTS

* Shoes None (type)

Overshoes

Web Equipment (type) REMNANTS FULL FIELD PACK

(Other item) GAS MASK. CARBINE POUCH CLIP. CANTEEN CUP

(Other item) CANTEEN, SPOON. (BAYONET HOLDER) GARRISON CAP

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

Chevrons or Insignia RIGHT HAND LEATHER PALM GLOVE
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

R. HUMERUS - 33 R. FEMUR - 46.9
R. RADIUS - 25 P. TIBIA - 38.6
P. ULNA - 26.6 R. FIBULA 38

6. Description of Remains:

Age UTD Height Est. 5'8" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars UTA
(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

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

Build
(Large, fat, thin, muscular)

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

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

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

Goatee (Height, 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)

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

Teeth *SEE TOOTH CHART*
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands *MISSING AND/OR TOO DECOMPOSED*

Fingers *MISSING AND/OR TOO 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) *UTD* Circumcision *UTD* Pubic Hair *UTD*
(Yes-no) (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) *UTD* Toes (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.

CENTRAL IDENTIFICATION POINT
CHEMICAL LABORATORY
HQS 7855 A.G.R.C. ZONE ONE
APO 58 U.S. ARMY

1 August 1949

Chemical Lab Case No: 3044

Other Designations: X-6985 St Avold, France
JJJJ - 7 - 156

Inventory of Effects:

- a) Two (2) remnants of web material (illegible marking)
- b) Remnant of bayonet Sheath (illegible marking)
- c) Remnant of material, undetermined origin.

Laboratory Findings:

a) 1. Marking Stenciled: [?] 0 - 4 9 6 8

2. Marking Stenciled: ? - 4 9 6 8

b) Scratched: D J Y
C

c) Printed with pen:

| | |
|----|-------|
| | c u t |
| | ? |
| | L - P |
| or | L + |
| | c u t |

Remarks: Subjected to Chemical ation with excellent results.

These items forwarded to Photo Lab for verification with Infra-red and/or Ultra-violet.

Serge O. Gulco
Serge O. GULCO
Chemist

PHOTO LAB CASE N° 723

CHEM LAB CASE N° 3044

OTHER DESIGNATIONS: X-6985 St Avoird, France

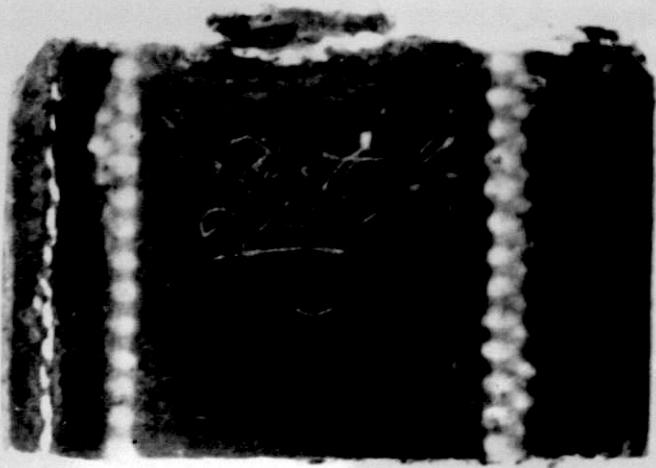
JJJJ - 7 - 156

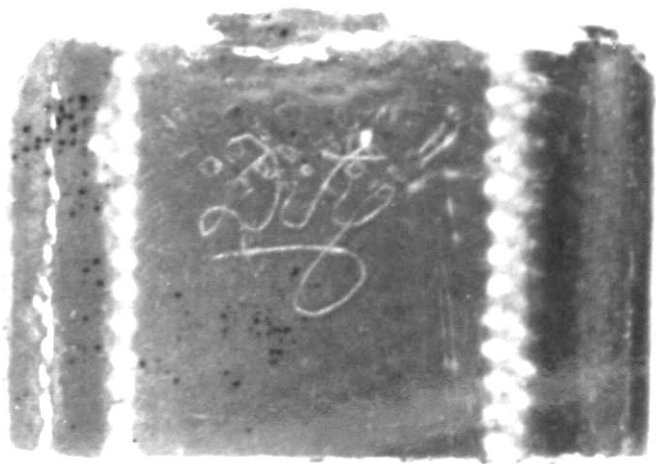
SUBJECT: a) Two (2) remnants of web material

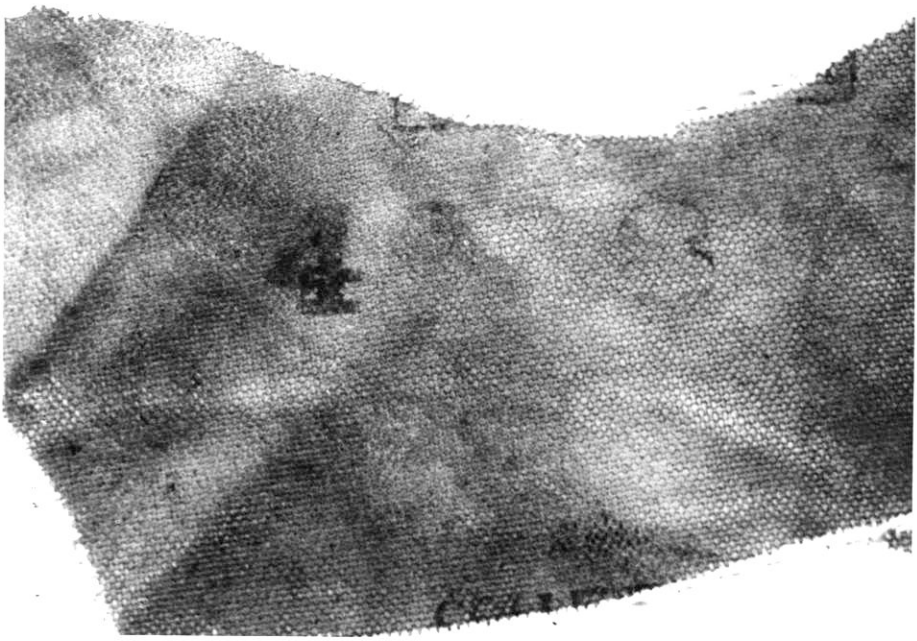
b) Remnant of bayonet sheath

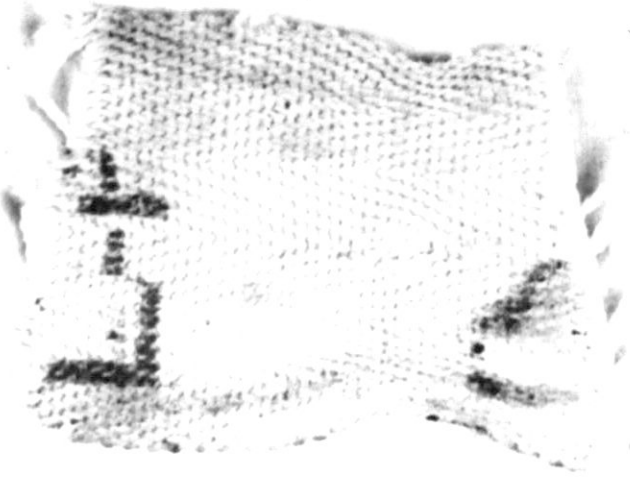
DATE: c) Remnant of web strapping

16 September 1949









- 4 x

PHOTO LAB CASE N° 723-4

CHEM LAB CASE N° 3044

OTHER DESIGNATIONS: X-6985 St Avold, France
JJJJ - 7 - 156

SUBJECT: Remnant of web strapping

DATE: 16 September 1949



PHOTO LAB CASE N° 723-1

CHEM LAB CASE N° 3044

OTHER DESIGNATIONS: X-6985 St Avoird, France
JJJJ - 7 - 156

SUBJECT: Remnant of web material

DATE: 16 September 1949

CENTRAL IDENTIFICATION POINT
PHOTOGRAPHIC LABORATORY
7887 Hq Gp AGRC-EA
APO 58 U.S.ARMY

16 September 1949

Photo Lab Case No: 723

Chem Lab Case No: 3044

Other Designations: X-6985 St Avoird, France
JJJJ - 7 - 156

Inventory of Effects Studied:


- a) Two (2) remnants of web material
- b) Remnant of bayonet sheath
- c) Remnant of web strapping

Laboratory Findings:

With Infra-red:

- a) 1. ?
 C - 4 9 6 8
- 2. ?
 ?
 ? - 4 9 6 8
- b) ?
 D J Y
 C
- c) ?
 L - P

Remarks: On item "b" the owner could easily have meant the last initial as a handwritten "e", lowering this letter to form a monogram. Further investigation from other clues may bear this out or contradict it, whatever the case may be.


Thomas W. BERKLAND
Ident Labs Supervisor

RRE Form #43

20 Sep 48

293 H.C.B. - Lt. Arnold x-6985

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

| | | | | |
|---------------------|-----------------------|--------------------------|--------|-------|
| <u>JNK X - 6985</u> | <u>UNIDENTIFIABLE</u> | <u>(Temp.: ST AVOID)</u> | | |
| (Last Name) | (First Name) | (Initial) | (Rank) | (ASN) |

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC HENRI-CHAPELLE, Belgium

Incl #

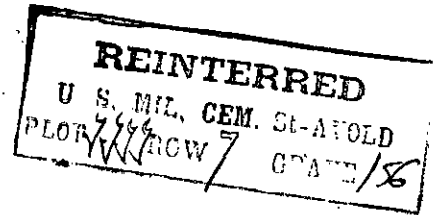
STAMP FILE

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.



30 July 1946

Date

NAME Unknown X-6985 RANK Unknown ASN Unknown

ORGANIZATION Ground Forces

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:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? . If so, state the facts as to whom you believe the deceased to be :

a. NAME Unknown RANK Unknown ASN Unknown

b. ORGANIZATION Ground Forces

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY B.T.B. (7) seven

more bodies in the Vicinity

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

a. Date of above burials Not buried: Common Graves? No Grave

5. Name and Type of 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? _____
8. If remains are not located in a cemetery, give exact location.
a. Town Reipertswiller Coordinates Q-8037 Sheet K-49 Map 1/250,000
b. Is sketch attached? Yes
c. Is area mined? No
9. How is the grave marked? No Grave
10. If grave is marked with cross, give exact markings thereon _____
Remains on surface of ground
a. From what source was this information obtained? _____
(Identification tags, personal effects)
b. By Whom _____
11. Where are the cemetery records? No records
(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? Est. Jan. 1945
a. Give basis oral statement made by french PW Guard
13. What is the cause of death? B.T.B. Shell Fragments
b. Give basis _____
14. What is the date of burial? Not buried
a. Give basis Bodies on top of ground.

15. Where was the place of death? Mt. Ebersberg Coords Coord: Q-8037 Sheet K-49
Give basis Thats were the body was found on the surface of the ground

16. Where were the remains founds? Mt. Ebersberg Coords Q-8037

a. By Whom? Christian Allenbach

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? _____

Type of casket _____ How marked? _____

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

a. What are the names and addresses? _____

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 an 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 been 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 correspond with date of death of above named deceased ? _____
37. Precise time and date of destruction of tank _____
(Night ? Day ?)
38. Did any of the crew members escape ? _____ Prisoners ? _____

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

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

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

41. Were personal effects recovered by the investigating team _____ No _____
If not, state reason _____ None found on the body _____
- a. Were identification tags found at the time of death ? _____ Unknown _____
Where ? _____ By Whom ? _____
Present disposition _____ Unknown _____
- 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 ? _____ Unknown _____
Where ? _____ By Whom ? _____
Present disposition _____ Unknown _____

- c. Was deceased identified by living members of the crew at the time of death? _____

- d. Did Cemetery register or cross indicate the immunization shot? _____
42. Was Deceased given first aid? No 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 _____
Christian Allenbach Reipertswiller

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?

Yes, already disinterred

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) _____

52. Give Brief Narrative Investigated-found 7 U.S. deceased 2 believed filled by G.S.W.

(Small arms fire)

(Use attached sheets, if necessary)

Signed:

Wester Ludwig

Signature of Interpreter

Rank ASN

P.W.

Organization

Signed
Arthur B. ...

Signature of Investigator

Pfc 35983396
Rank ASN

535th QM. Group Co.

Organization

Village
REIPERSMILLER

French PW Camp

UNKNOWN X- 6985
REINTERRED U.S. MIL. CEM.
ST. AVOLD - JJJJ-7-156

MT. Ebersberg

German
X Graves

Gulley

☒ unk. # 10503

UNK. # 10502

☒

☒
UNK. # 10504

MT.

Map Sheet N. K-49
coörd. Q-8037

Evac. # 10502
10503
10504

X-6985

UNKNOWN X- 6985
REINTERRED U.S. MIL. CEM.
ST. AVOLD - JJJJ-7-156

Copy

Translation

Statement

I, the undersigned, ALLENBACH, Christian, REIPERTSWILLER 29, state the following:

I was evacuated during the fights in January 1945 and came back in May 1945.

In May 1946 an American Command came over here to search American killed soldiers.

They found some on the EBERSBERG and took them away, where, I don't know.

I was working in the forest on the 20th July 1946 and found five (5) American bodies, they were not buried.

I informed the Amer. Commanding Officer from the Search Command, this Command was here in Reipertswiller on the 24.7.46.

I showed the Ebersberg and led the Command to the place.

At this time we found two (2) more bodies of American soldiers.

The bodies were shipped to Strasbourg on the 25.7.46.

I don't know of any other graves or bodies in the demined area.

I know nothing about the mined area.

25th July 1946

Signed by: ALLENBACH, CHRISTIAN
Reipertswiller No. 29

X-6985

AIRMAIL

QJMT 514.6

QJ5 European

T/24774

1st Ind

**SUBJECT: Certificates of Unidentifiability of Remains
Transmitted Letter #4774**

Dept. of the Army, QJMT, Washington 25, D. C., 2 March 1950

**TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 787, c/o Postmaster, New York, New York**

1. This Office approves the classification of Unknown X-6505,
listed on basic communication, as Unidentifiable.

2. It is recommended that all action in connection with Unknown
X-6504 be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

2 Incls:
w/d

T. H. METZ
Lt Colonel, QJMT
Memorial Division

JMH

Holden:cdt
Clements
REB

TSC

*293
Sub. # - 6955 (M. Condit) Trace*

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

TL 4774
dated 15 Feb 50
See last original

RFE 293

10 February 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6985, Plot JJJJ,
Row 7, Grave 156, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of the Board of Review, this
headquarters, that sufficient evidence is not available to establish
the identity of the deceased concerned, therefore, these remains should
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office
of the Quartermaster General by Transmittal Letter No 2932, dated
25-7-48.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

Col. H. P. HENRY, O-12589 QMC

Lt Col. E.D. MULVANEY, O-359598 QMC

Capt. Edward F. PRICE, Jr., O-1588236 QMC

1st Lt. Gaylord E. LUTZ, O-1595665 QMC

CWO Leodore GOUDREAU, W-2113434 USA

Approved Opal Rice OOMG
Information from 23 Feb 50
available presently

Incl # 2

CASE HISTORY

UNKNOWN NO. X-6985

U.S. MILITARY CEMETERY

St-Avoid

(Location)

The remains of X-6985 were recovered from a forest in the vicinity of Reipertsweller, (Bas-Rhin), France.

Identity clues present with the remains of X-6985 are the tooth chart, estimated height, laundry marks found on web material, bayonet sheath, web strapping and a steel helmet with liner marked 45th Div. DF

Tooth chart for X-6985 has been compared with the dental information available for all unresolved casualties associated with the Reipertsweller, Bas-Rhin, France area and with dental information available for all unresolved casualties of the 45 Infantry Division with negative results.

Laundry marks found on clothing and equipment of X-6985 have proven negative in any efforts to make an association.

As the remains of X-6985 cannot be associated with any other casualty in this area, it is recommended that these remains be declared UNIDENTIFIABLE.

H. Lederstein

gfl

AUG 2 1948

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

RRE 200.2

Date 25 JUL 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-6985
interred in Plot JJJJ, Row 7, Grave 156, USMC St-Avoid
France, have been reprocessed and the information not previously
forwarded to your headquarters is herewith submitted.

Headgear Helmet and helmet liner

Jacket Field : Remnants

Sweater : Remnants wool CD

Shirt, wool CD : Remnants

Trousers, wool CD : Remnants

Drawers : Remnants

Socks, wool : Remnants

Remnants full field pack. Gas mask. Carbine pouch clip. Canteen cup,
Canteen spoon (bayonet holder) Garrison cap

Right hand leather palm glove.

Est. Height : 5' 8"

Teeth found in debris.

No evidence of old or healed fractures or amputations.

FOR THE COMMANDING GENERAL :

2 Incls : 1. Skeletal Chart
1. Tooth Chart

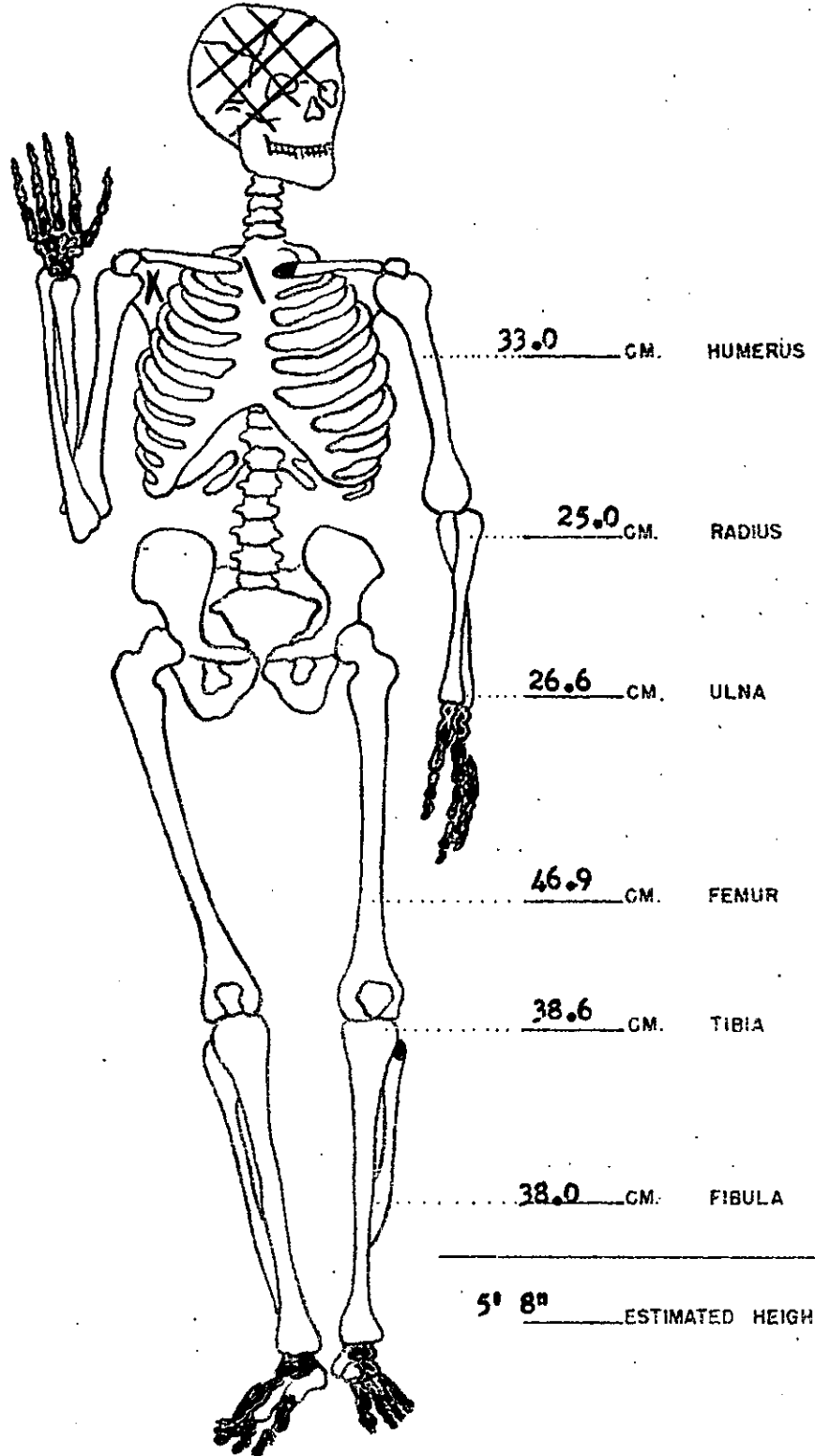
RRE Form #30
29 April 1948

Received
Not identifiable from
information presently
available
George L. Freeman
GEORGE L. FREEMAN
1st Lt. OMC
Actg Asst Adj Gen.

X-6985
St-Avoid Cem.
JJJJ-7-156
18 May 1948

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



PROCESSED BY: _____

Plot JJJJ
7
Grave 156

E.O# 790
USMC St-Avold

TOOTH CHART

18 May 1948

Date

X-6985

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

Place of Death

Date of Death

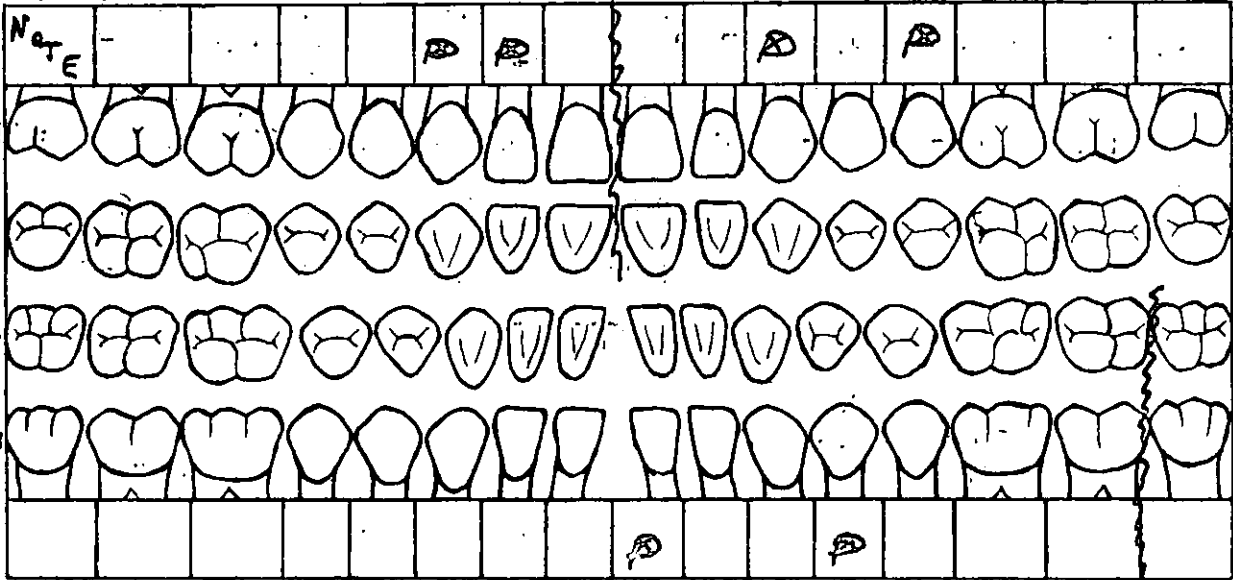
Cause of Death

Right

← FRACTURED

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

FRACTURED →

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.

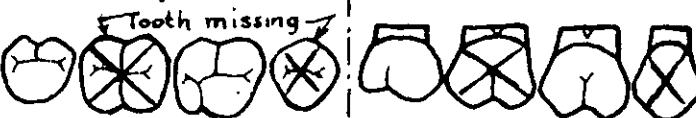
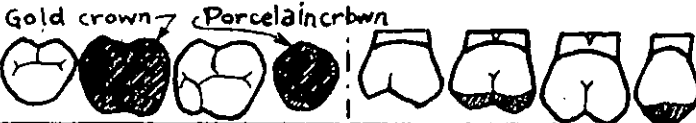
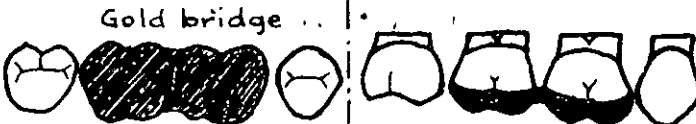
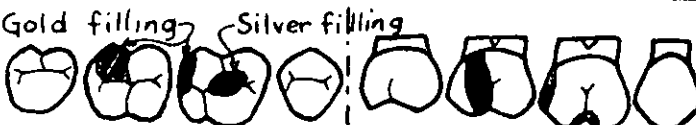
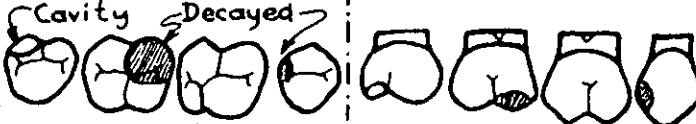
See Reverse for Remarks

George L. Freeman
GEORGE L. FREEMAN
1st. Lt. Q. M. C.

s/ Ivor J. Fosmos

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

P

Posthumously missing

Color White Ivory
 Size Large
 Alignment Good

Maxilla

R-8 incompletely erupted before death

R-5 slight mesial rotation and has a mesial version

Note : A root of a deciduous tooth appears between R-4 and R-5 on facial surface of maxilla bone

L-5 Posthumously missing but a root of a deciduous tooth appears directly under L-5 on facial surface of maxilla bone.

Mandible

R-15 slight lingual version

R-11 slight distal rotation

R-10 slight lingual version

6

DISINTERMENT DIRECTIVE

243 Unknown France P-6985 (St. Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48
DAY MONTH YEAR

NAME UNKNOWN X-005985

SERIAL NUMBER

RANK

ARM 1

DATE OF DEATH
DAY MONTH YEAR

CEMETERY ST AVOLD - METZ

ARM 0

DISPOSITION OF REMAINS
CODE 3503 DIST. PT. 80

PLOT 4J ROW 7 GRAVE 136 COUNTRY FRANCE

ARM 0

CAUSE OF DEATH

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
 REMAINS
 MARKER

ORGANIZATION USAOF

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 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies:

10502

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X-6985
Cemetery (Q-260584) St. Avoli France
Plot JJJJ Row 7 Grave 156

1. Arrived at cemetery 1530 13 August 1946
(hour) (date)
2. Place of death Mt. Ebersberg Reipertswiller (Bas-Rhin) France Coord: Q-8037
(name of closest town) (coordinates and letter Prefex, maps)
Sheet K-49 Map 1/250,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 595th QM. Group
(name and organization)
4. Evacuated to Cemetery by Jack S/ Casey HQ. Third Field Command A.G.R.C.
(WD Civ.) (name and organization)

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

| | |
|----------|---------------------------------------|
| Clothing | Indicate unusual markings |
| Markings | Sizes Color wear, tear, repairs, etc. |

- Item _____
- *Headgear Garrison cap, wool cap, steel helmet with liner marked 45th Div also DF
(type)
- Raincoat None
- Overcoat One (1) parka type size 36
- Jacket, Field One (1)
- Jacket, Combat None
- Mackinaw None
- Sweater Remnants of one wool sweater
- Jacket, HBT None
- *Shirt, Wool OD Two (2)
- Undershirt, Wool One (1)
- Undershirt, Cotton None
- Trousers HBT None
- *Trousers, Wool OD One (1) size UTD no markings.

Belt, Web **None**

Drawers, Wool **One (1)**

Drawers, Cotton **None**

Leggins, Wool **None** (Note unusual lacing)

Socks, ~~Cotton~~ **One (1) Pair wool**

*Shoes **None** (type)

Overshoes **None**

Web Equipment (Type) **Trench knife scabbard marked D7F**

(Other item) **Entrenching tool carbine clip**

(Other item) **plaid scarf none regulation, ^{cap} canteen cover marking 4968 ~~two~~ (2) times on canteen cover**

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

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

Shoulder Patch **None**

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

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(length, width, location)

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

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

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

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

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

Hair **Medium Brown**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **UTD**
(baldness, widows peak, distinctive cutting or other characteristics).

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee **UTD**
(light, color, extent)

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

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

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

Teeth **See Tooth Chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **UTD**
(prominent, receding, pointed, dimple, double)

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

Neck **UTD** Larynx **UTD**
(size, length, short, normal, wrinkled) (prominent, normal)

Shoulders **UTD** Arms **UTD**
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands **UTD**

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

(Unusual characteristics of fingernails)

Chest **UTD**
(size of nipples, color, quantity & extent of hair, largo, small normal)

Back **UTD** Navel **UTD**
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

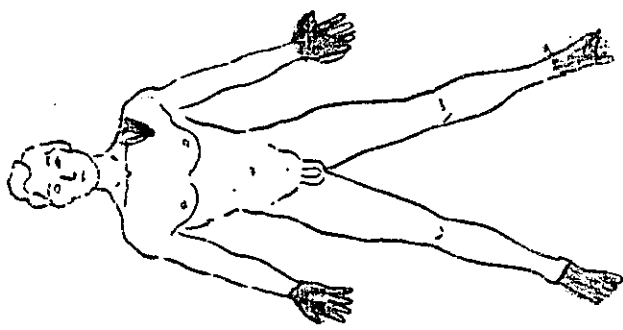
Hernioplasty **UTD**
(yes-no; location)

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

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

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

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



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

If not, explain No hands

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

12. Remarks : All bones recovered except as shown by diagram. Est. weight of remains 101 Lbs.

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.

Jack S Casey (RK)
Jack S/ Casey UD.Civ.
Officer's Name

Chief Supervisor Processing Point
Rank Service

HQ. Third Field Command A.G.R.C.
Organization

REINTERRED
U. S. MIL. CEM. ST-AVOLD
PLOT ~~773~~ ROW 7 GRAVE 56

Case No. 10,502

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

31 July 1946
DATE

Unknown X-6985 Unknown Unk.

Unknown Unknown

LAST NAME FIRST INITIAL

RANK SERIAL NO.

Unknown

Ground Forces

UNIT

ORGANIZATION



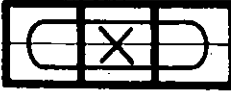












Mt. Ebersberg, Reipertswiller France Mt. Ebersberg, Reipertswiller
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

| | | RIGHT | | | | | | | | LEFT | | | | | | | | | |
|----------|--|-------|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|----------|--|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| TYPE | | | | | | | | | ⊗ | | | ⊗ | ⊗ | | ⊗ | | | TYPE | |
| LOCATION | | | | | | | | | | | | | | | | | | LOCATION | |

INSIDE — LOOKING OUT

| | | RIGHT | | | | | | | | LEFT | | | | | | | | | |
|----------|--|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|----------|--|
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| TYPE | | | | | | | | | | | | | ⊗ | | | | ⊗ | TYPE | |
| LOCATION | | | | | | | | | | | | | | | | | | LOCATION | |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

| | | |
|--|---|--|
| <p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> | <p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p> <p></p> | <p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p> |
|--|---|--|

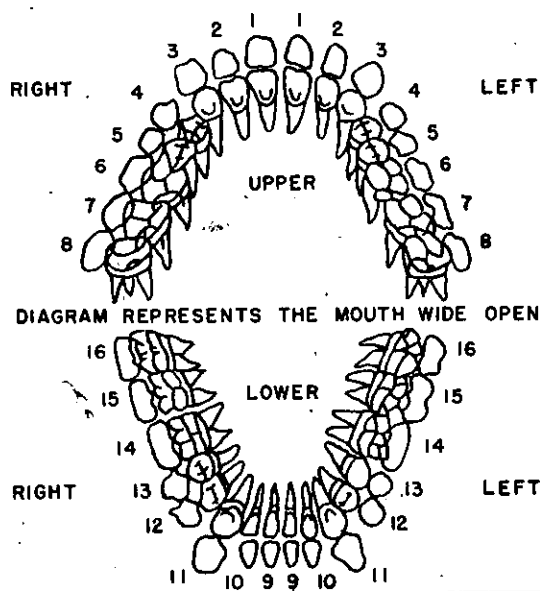
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

The mandible was missing from 16 left. Maxillary was fractured between 1 right and number 1 left.

Thomas-W. Turner (GM)
SIGNATURE OF PERSON WHO PREPARED CHART

WD Civ. Thomas W. Turner
NAME AND RANK TYPED OR PRINTED

HQ. Third Field Command A.O.R.C.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

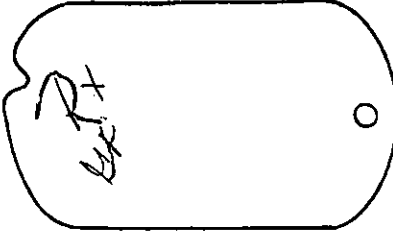
VERIFIED BY GRS OFFICER
Jack S. Caspy (WD Civ.)
Chief in charge of Processing Point
NAME AND RANK TYPED OR PRINTED

131 July 1946
DATE

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
13 August 1946

| | | |
|--|------------------------------------|--|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | |
| | NAME (Last, first, middle initial) | SERIAL No. |
| | Unknown X-6985 | Unknown |
| GRADE | ORGANIZATION | BRANCH OF SERVICE |
| Unknown | Unknown | Ground Forces |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |
| Unknown | Unknown | |

| | | |
|--|--|------------------------------------|
| PLACE OF DEATH Mts. Ebersberg, Reipertswiller (Bas-Rhin) France | CAUSE OF DEATH B.T.B. Shell Fragments | DATE OF DEATH Est. January 1945 |
|--|--|------------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

| | |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, 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 | None |

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
U.S. Military Cemetery (Q-260584) St/Avoid, France

| | | | | | | |
|----------------------------------|--------------|---|---|------------------|--------------|------------------|
| DATE OF BURIAL 13 August 1946 | HOUR 1600 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER Temp Wooden Cross | PLOT No. JJJJ | ROW No. 7 | GRAVE No. 156 |
|----------------------------------|--------------|---|---|------------------|--------------|------------------|

| | | | | |
|---|--|-------------------------------|---------|-----------|
| WAS THIS A REBURIAL? (Yes or no) No | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Mts. Ebersberg, Reipertswiller, (Bas-Rhin) France Sheet K-49 Map 1/250,000 Coord: Q-8097 | PLOT No. surface of ground | ROW No. | GRAVE No. |
|---|--|-------------------------------|---------|-----------|

| | | |
|---|---|---|
| TYPE OF RELIGIOUS CEREMONY General Service | PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 1st Lt. | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy W.D.Q.M.C. Form 1042 * Report of Interment * 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- 6986 | RANK UNK | SERIAL No. UNK | ORGANIZATION GROUND FORCES | GRAVE No. 155 |
|---|-------------|-------------------|-------------------------------|------------------|

| | | | | |
|--|-------------|-------------------|---------------------|------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 6989 | RANK UNK | SERIAL No. UNK | ORGANIZATION AAF | GRAVE No. 157 |
|--|-------------|-------------------|---------------------|------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT Sgt. HARVEY KLAFKE HQ, 3rd Field Command, G.S. | SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, Major Inf. 3rd Field Command |
|---|--|

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


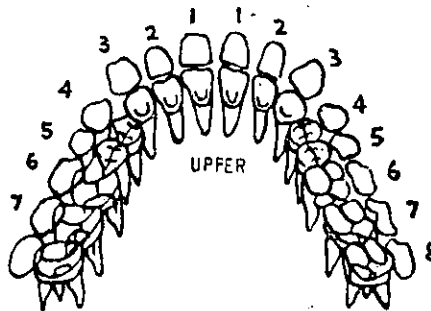
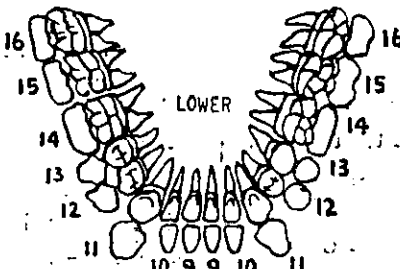




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| UTD | UTD | UTD | Medium Brown | UTD |

| | | |
|-----------------------|---------------|---|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
| None | Yes | Mts. Ebersberg Reiperts-willer, (Bas-Rhin) France |

OTHER IDENTIFICATION CLUES

Helmet liner marked "45th division" and "D.F."
 Trench knife scabbard; marked : D?F."
 canteen cup cover; marked: 4968

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

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

None



REMARKS:

Attached: Form 11 Check List of Unknowns and Form 1A Tooth Chart.
 Impossible to obtain finger prints because of missing portions.
 Est. weight of remains 101 Lbs.