

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293
293
unk France X-832 (St. Avoild)

22 Dec 1948

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 832, Plot AAA,
Row 3, Grave 31, USMC St. Avoild, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2648, dated 6/2/48. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st. Lt. QMC
Actg Asst Adj Gen

14 MAR 1949

Received _____
Not identifiable from
information presently
available

QOMB ✓

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 DEC 1948
(Date)

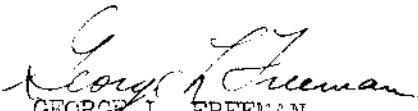
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FOR THE COMMANDING GENERAL:


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

M.B. H. H. H.

Received 14 MAR 1949 OQMG
Not identifiable from
information presently
available

Incl # 17

1	USMC, ST. AVOLD, FP 3E Plot D, Row 7, Grave 24 Date reburied: 20 Jan 49		Buried at deceased Left: REGUSON CHARLES R OL309238 1 LT Right: WRIGHT RILEIGH G 36452904 S SG	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED DENEY R. BELL 1st Lt. CAV		DIRECTIVE NUMBER 3574 00000	
NAME		SERIAL NUMBER		DATE
UNKNOWNX-000832		UNKNOWNX-000832		15 01 48 DAY MONTH YEAR
CEMETERY		RANK		ARM
ST AVOLD - METZ		0		0
PLOT		ROW		GRAVE
AAA		3		31
COUNTRY		FRANCE		CAUSE OF DEATH
6		DISPOSITION OF REMAINS		0
3503 80 CODE DIST. PT.		SECTION B - CONSIGNEE AND NEXT OF KIN		
NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN		
ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)				
SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME		SERIAL NUMBER		DATE OF DEATH
UNKNOWNX-000832		Unk		Est 15 Jan 45
DATE DISTINTERRED		RANK		DATE OF DEATH
15 Apr 48		Unk		Est 15 Jan 45
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		UNKNOWN		Unk
IDENTIFICATION VERIFIED BY		NAME AND TITLE		
Forrest L Brown, Embalmer				
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL		CONDITION OF REMAINS		
Mattress cover		All major bones fractured and / or missing except right and left pelvis.		
OTHER MEANS OF IDENTIFICATION				
Report of Burial found with remains FILE				
MINOR DISCREPANCIES /				
None				
REPAIRATION BRANCH MAY 1949				
REMAINS PREPARED AND PLACED IN CASKET				
DATE		BY		
21 Apr 48		Forrest L Brown, Embalmer		
CASKET SEALED BY		EMBALMER (Signature)		
Forrest L Brown, Embalmer		Forrest L Brown, Embalmer		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED		
21 Apr 48		All markings, tags and plates verified by		
Forrest L Brown, Embalmer		Marshall C Dickinson, 1st Lt FA		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
 Marshall C Dickinson, 1st Lt FA, 337 QM Bn SIGNATURE OF GRS INSPECTOR				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)
 ID # 338, dated 28 February 1947

Unknown X-832
 Cemetery St. Aved, France
 Plot AAA Row 3 Grave 31

1. ~~Arrived at cemetery~~ Date reprocessed: 9 December 1947
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by Mobile Team # 1, First Zone
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

FEB 20 1948
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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) NONE

(Other item) NONE

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

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

Shoulder Patch NONE

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

6. Description of Remains :

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, 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, hushiness, 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 **MISSING**
 (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**
 (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 SKELTAL FORM

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

9. Remarks Remains received in partial skeletal form, wrapped in remnants of mattress cover. No clothes found. No U.K. box. Burial Report found. No GRS tag found. No bone measurements. Fluoroscopic examination: negative. Est. wgt. of remains: 3 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.

Woodrow W. Wolf
WOODROW W. WOLF

(Officer's Name)

CAPT

QMC

Rank

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

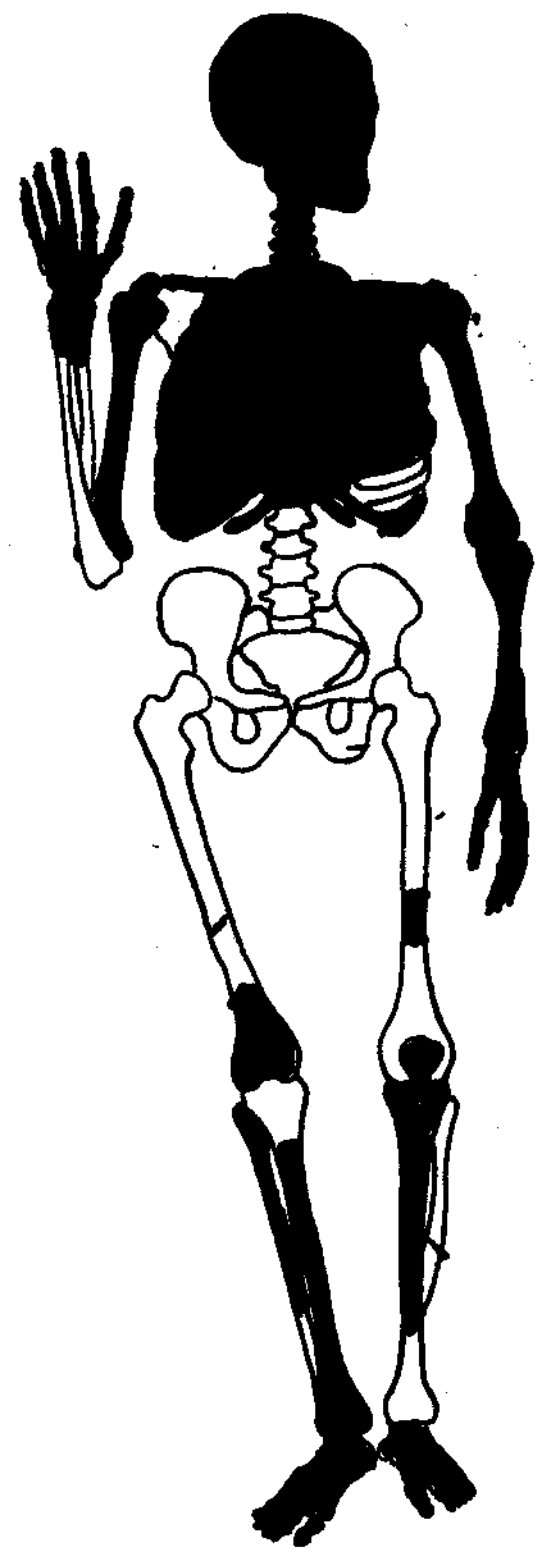


CHART "A"

SEP 11 1945

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1945)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Date

Unknown American X-332 (A-161337) ^{RM} Unk. Unknown

Last Name First Initial Rank Serial No.

Unknown Unknown Unknown body too badly

vic. Mittershoffen, France. A-162337 1st 15 Jan. 1945 decomposed

Organization

0030 - 12 SEP 45 US Mil. Cem., St. Avold, France -20524

Place of Death Date of Death Cause of Death

31 3 AAA Cross

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

See Reverse

REBURIAL

Previously buried in Benscheln Cemetery

What means of identification were buried with the body?

Plot Row 15 Grave 751

DMC form #1485, in sealed bottle buried with body. X 53

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

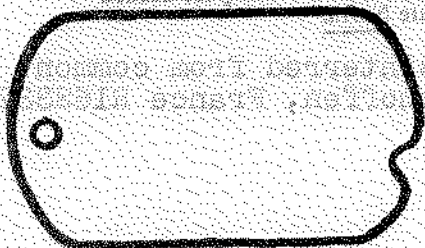
Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	BARRINS, Carl L.	34095055	Unk.	Unknown	30
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	Unknown American X-332		Unk.	Unknown	32

Sgt. J. H. Conner, 606th CM GR Co.

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

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



Emergency Address _____ Name _____

Address _____

Religion Unknown

List only Personal Effects Found on Body and disposition of same: NONE

Disinterring Officer,

Robert H. Kenner

Signature of Officer or other person reporting burial

ROBERT H. KENNER, 1st Lt., 606th CM GR Co.

Verified by G.R.S. Officer

G-20524

619 48-2-205

**REPORT OF BURIAL
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: | Laundry Marks: |
| Weight: | Number of Rife: |
| Color of Eyes: | Wear Glasses? |
| Color of Hair: | Is Tooth Chart Attached? |
| Race: | |

(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.

remains too badly charred to take fingerprints or give physical characteristics.

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

"C-25-1 marked on O.D. trousers of deceased
O.D. trousers, size; 34-33

TOOTH CHART

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

Body of deceased disinterred from common grave R.vic. Rittershoffen, France R162337

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

Indicate: missing natural teeth by X; crowns by C; fillings by □; Bridges by ⊕; linkers anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

17 DEC 1945

REPORT OF BURIAL
TM 10-630 AND AR 30-1815

20 April 1945
Date

Unknown American X-53 (R-162337) Unknown Unknown
Last Name First Initial Rank Serial No.

Unknown Unit Unknown Organization
Vic. Rittershoffen, France. (R-162337) (1st) 15 January 1945. determines. Body too decomposed to
Place of Death Date of Death Cause of Death
0920 hrs. 10 April 1945. U. S. Mil. Cem. Bensheim, Germany. M-622218
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
751 15 F Temp. Wooden
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags How were remains identified? (See Reverse)

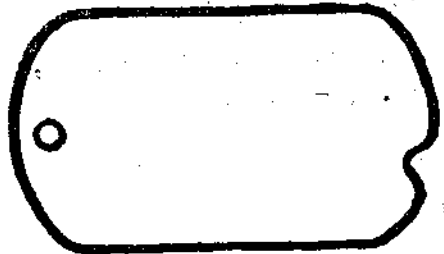
What means of identification were buried with the body?

QMC Form 1-GRS in sealed bottle buried with body.

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

Who is buried on: Barrins, Carl L. 34095055 Unk. Unknown 750
Deceased's Right: Name Serial No. Rank Organization Grave No.
Deceased's Left: Unknown American X-49 (R-180330) Unknown 752
Name Serial No. Rank Organization Grave No.

Sgt. J. M. Conner, 606th QM G.R. Co.
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



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

Emergency Address: _____ Name _____
Address _____

Religion Unknown

List only Personal Effects Found on Body and disposition of same: None.

22

Signature of Officer or other person reporting burial
J. E. Hawkins
Verified by G.R.S. Officer

J. E. HAWKINS, 1st. Lt., QMC 46th QM G.R. Co.

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

(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.

Remains too badly charred to take fingerprints or give physical characteristics.

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

"C-2541 marked on O.D. trousers of Deceased.

O.D. Trousers, size: 34-33

Left Hand

Thumb

Right Hand

Thumb

TOOTH CHART

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

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

Characteristics:

Other Data:

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.

Body of Deceased disinterred from Common Grave B, Vic. Rittershoffen, France. (R-162337)