HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 February 1949
Date

29 3 Unk France X-1095 (St. Avold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 1095 , Plot PP , Row 2 , Grave 19 ; USMC St. Avold, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

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

FOR THE COMMANDING GENERAL:

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

23 FEB 1949 OQMG

Unidentifiable from information presently available

Info NPT

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 DEC 1948
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 1095, Plot PP Row 2, Grave 19, USMC St-Avold, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

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

FOR THE COMMANDING GENERAL:

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

Received 24 FEB 1949 OQMG
Not identifiable from information presently available

M.B. Holden

Incl #22

1

USMC, ST.AVOLD, FRANCE
Plot D, Row 9, Grave 21
Date reburied: 20 Jan 49

Buried at deceased Left: WRIGHT REX R 39290184 PFC
Right: WALCZAK EUGENE E 42144397 PVT

DISINTERMENT DIRECTIVE

RL

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
DEWEY R. BELL 1st Lt CAV	3574 00000	15 (DAY) 01 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-001095		O	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
ST AVOLD - METZ	O	3503 (CODE) 80 (DIST. PT.)

LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
PP	2	19	FRANCE	6

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	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X- 001095				6 Jul 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[ ] REMAINS [X] MARKER GRS	UNKNOWN		Richard F Peterson, Embalmer (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Uniform

CONDITION OF REMAINS: Totally disarticulated. Remains consist of right tibia and fibula, distal 1/3 of right femur and some foot bones.

OTHER MEANS OF IDENTIFICATION: Report of Burial found with remains

FILE
18 MAY 1949
REPATRIATION BRANCH
MEM. DIV.

MINOR DISCREPANCIES 1: None

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 Jul 48 BY Richard F Peterson, Embalmer

CASKET SEALED BY	EMBALMER (Signature)
Richard F Peterson, Embalmer	Richard F Peterson

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
9 Jul 48 Richard F Peterson DATE BY Embalmer	All markings plates & tags verified by Bruce E Blair, 1st Lt QMC

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

Bruce E Blair, 1st Lt QMC, 7857 AGRC Zone 3 Hq

Bruce E Blair, 1st Lt QMC — SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM EV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		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

AGRC FORM No. 11
Revised 16 Sept. 1948
Formerly "Check List of Unknowns")

X-1095

IDENTIFICATION CHECK LIST

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

D.P. # 247, dated 19 March 47

Unknown X - 1095
Cemetery St. Avold, France
Plot PP Row 2 Grave 19

Date reprocessed: ~~XXXXXXXXXXXXXXX~~ 5 Dec 47

1. Arrived at cemetery _____ (Hour) (Date)

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

_____ (Sheet, scale and serials used)

3. Remains ~~XXXXXXXXXX~~ recovered or disinterred by ~~XX~~ and reprocessed by Mobile Team #1, 1st Zone. (Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear (Type)	None		
Raincoat	Remnants of		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	Remnants of summer green		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

FEB 20 1948

Belt, web ..... None

Drawers, wool ..... None

Drawers, cotton ..... None

Leggings, wool ..... None

Socks, cotton ..... None

* Shoes ..... Remnants of (type) size 7½C, Right foot, hob nail.

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: R. TIBIA - 36.2
R. FIBULA- 36.3

Age ..... UTD ..... Est. Height 5'5 3/8" 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 ..... Missing
(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 (Color, setting, shape) Eyebrows UTD (Color, bushiness, extent across nose)

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

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

Teeth Missing
(White, size, uneveness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD (Large, small, normal) Circumference of head in inches Missing (Hat band)

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

Shoulders UTD (Broad, straight, small, rounded) Arms UTD (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 (Quantity and extent of hair) Circumcision UTD (Yes-no) Pubic Hair None (Color)

Herniaplasty UTD
(Yes-no; location)

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

Feet UTD (Size, corns, callouses, flat) Toes UTD (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? No (Yes-no) If not, explain Head missing

9. Remarks Remains received in skeleton form, wrapped in mattress cover. Burial bottle found. No GPS tag. Remains received in UK box. Est. weight of remains: 4 Lbs. Clothing found in debris. No clothing marks. Fluoroscopic examination negative. Case consists of only parts of a right leg.

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 — CMC
Rank — Service

OPERATIONS OFFICER, IS FIRST ZONE
(Organization)

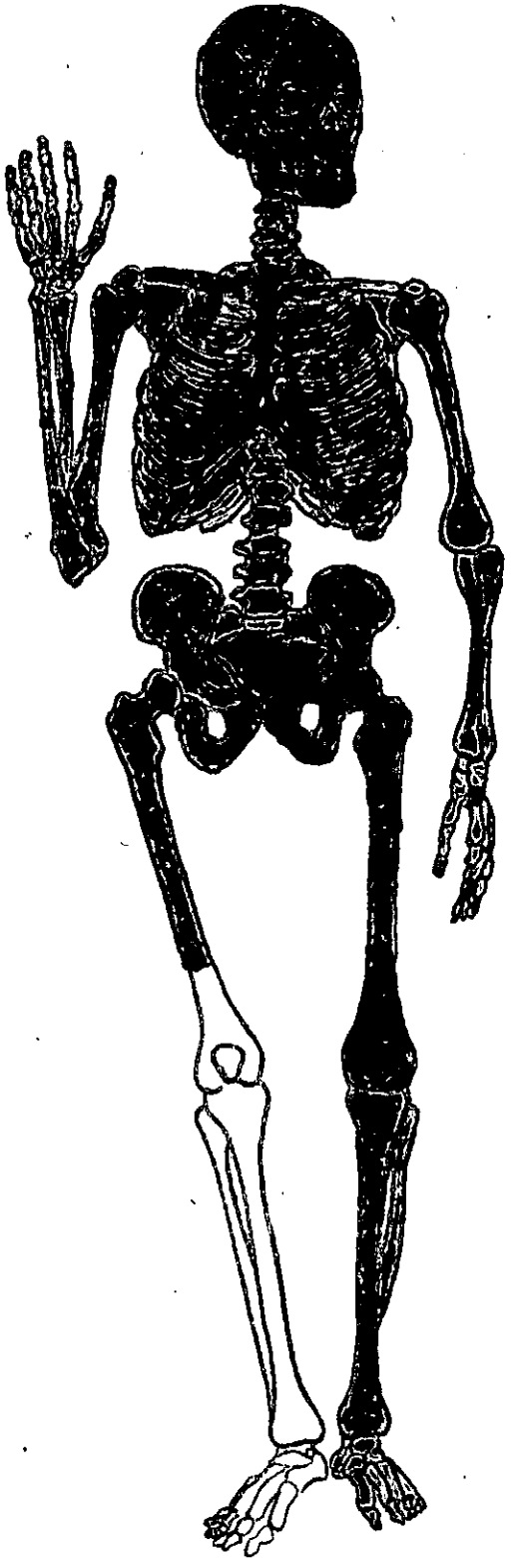
X-1095

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

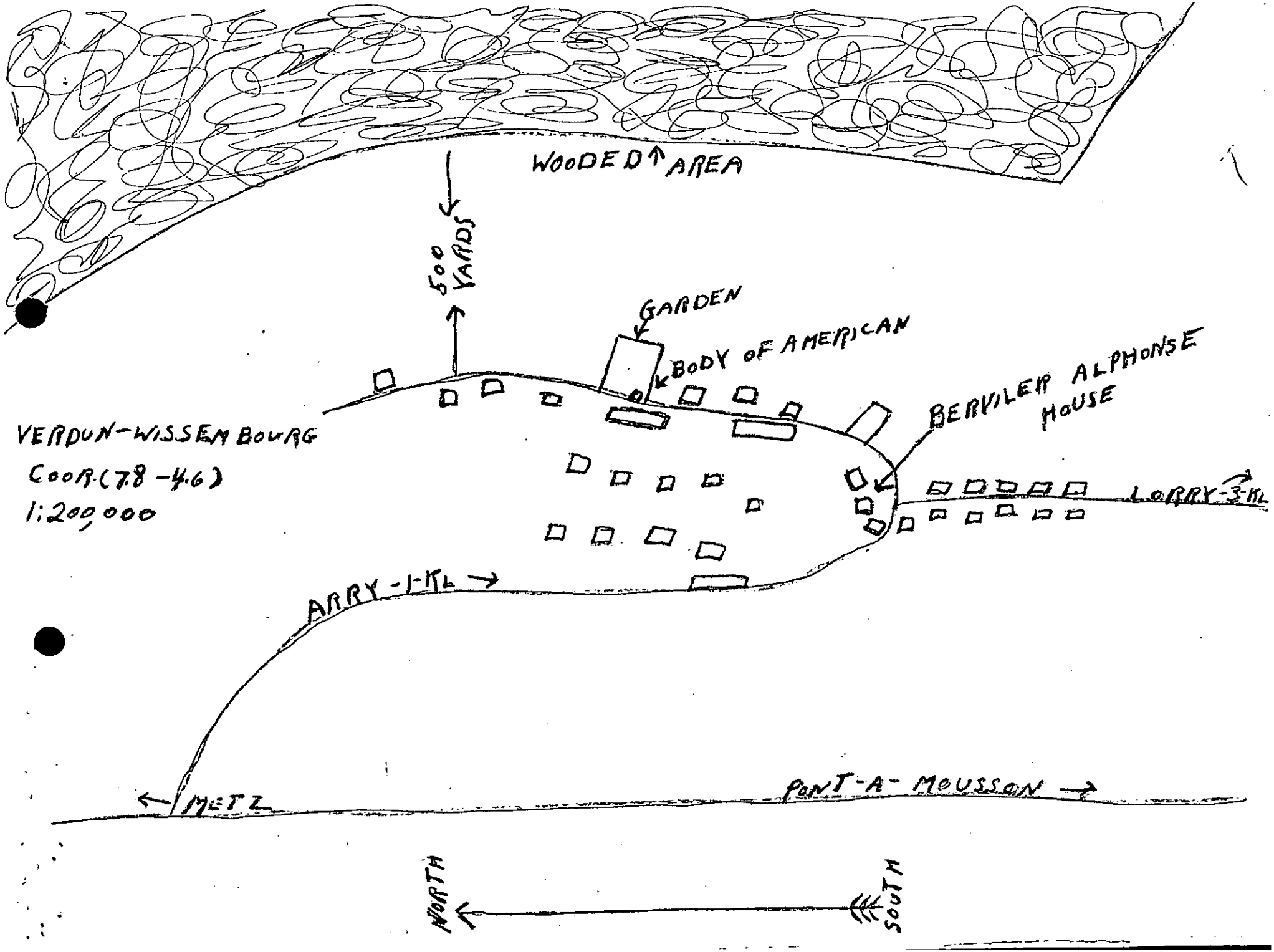


TIBIA.....36.2.....cm

FIBULA.....36.3.....cm

CHART "A"

Est. HEIGHT.....5'5 3/8".....


WOODED AREA
500 YARDS
GARDEN
BODY OF AMERICAN
BERVILER ALPHONSE HOUSE
VERDUN-WISSEMBOURG
COOR. (7.8 -4.6)
1:200,000
LORRY-3-KL
ARRY-1-KL
METZ
PONT-A-MOUSSON
NORTH
SOUTH

TGRS TSFET
Form No. 10
27-8-45

REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes
(if Special Investigation, so indicate) Yes

2. Unknown X-1095
(Full name of deceased) (Rank) (ASN) (Organization)

3. State: Means of identification, i.e., identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc., and Source of Information, i.e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc. None

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town:
North-East of Arry, France Coords: (7.8-4.6) Scale 1:200,000, Verdun-Wissemb.
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

5. Full name of cemetery (include plot, row and grave if organized cemetery)

6. Approximate or established date of death (state which and give basis for date selected) Est. November 1944

7. Approximate or established date of burial (give basis for date established)
Unburied remians

8. Manner in which grave was marked, show information contained on the marker:
Unburied remains, no marker

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:
None

10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) Berviller, Alfonse
Arry, France

11. Give name and address of person who can guide disinterring team to burial location: Berviller, Alfonse

12. Is this an atrocity case: No Is there evidence that it may be: No
If answer is yes, has responsible War Crimes representative been notified: ___

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members: ___

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor: Unknown

15. If unidentified, supply any of the following information determinable:
   a. Crew position in plane or vehicle: ___
   b. Plane or vehicle serial number: ___ Type: ___
   c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.

   d. Engine serial number: ___ Type: ___

William G. Caulkins
Signature of Investigating Officer

Pfc. 42098751
Rank ASN

Disinterment approved by,(HQ Authorizing Exhumation) ___
Disinterment and *reburial/burial made by: ___
Date of *burial/reburial: ___
Place of *burial/reburial U.S.Military Cemetery: St. Avold, France
Plot PP Row 2 Grave 19

NOTE: Additional particulars regarding investigation will be placed on additional sheet.

*Cross out word not applicable.

AGRC
FORM No.11
Revised 5 January 1946

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

Unknown X 1095
Cemetery St. Avold, France
Plot PP Row 2 Grave 19

1. Arrived at cemetery 1900 hrs. 2 March 1945
(Hour) (date)

2. Place of death Arry, France Scale 1:200,000
(Name of closest town) (coordinates and letter Prefex, maps)
(7.8 - 4.6) Verdun - Wissembourg
Sheet, scale and serials used.

3. Remains recovered or disinterred by Pfc. William G. Caulkins, 3060 QM GR Det.
(name and organization)

4. Evacuated to Cemetery by Pfc. William G. Caulkins, 3060 QM GR Det.
(name and organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
* Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field	NO CLOTHING ON BODY			
Jacket, combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool, OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers HBT				
*Trousers, Wool, OD				

belt, Web

Drawers, Wool

Drawers, Cottom

Leggings, Wool Note unsual lacing

Socks, Cottom

NO CLOTHING ON BODY

*Shoes (type)

Overshoes

Web Equipment (type)

(Other item

(Other iten

*If the 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 Unable to determine

8. Description of Remains:
Age U.to d. Height U.to d. Weight U. to d. Description of wounds Unable to determine

Bandages or dressings Unable to determine Scars Unable to determine
(Lenght, width, location)
Tattoos Unable to determine
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Unable to determine
(yes-no; description, location)

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

Complexion Unable to determine
(Light, med , dark, clear, pimples, pocks, freckles)

Build Unable to determine
(large, fat, thin, muscular)

Hair Unable to determine
(color, length, quantity , curly, wavy, straight, whorls. or definite parting).

Hair Unable to determine
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Unable to deter. Mustache U. to d. Beard or Goatee Unable to det.
(color, setting, shape) (color, size, shape) (length, heavy,

light, color, extent)

Eyes Unable to deter. Eyebrows Unable to determine
(color,setting, shape) (color0, bushiness, extent across nose)

Nose Unable to determine Ears Unable to determine
(size, shape, straight) (size, set close to or far from head)

Mouth Unable to determine Lips Unable to determine
(large, medium , small) (small, large, full)

Teeth Unable to determine
(white, size, uneveness, spacing, noticeable, crowns, fillings, extract.)

Chin Unable to determine
(prominent, receding, pointed, dimple, double)

Jaw Unable to determine Circumference of head in inches Unable to determine
(large, small, normal) (hat, band)

Neck Unable to determine Larynx Unable to determine
(size, length, short, normal , wrinkled) (Prominent, normal)

Shoulders Unable to determine Arms Unable to determine
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands Unable to determine

Fingers Unable to determine
(short, thick, long, slender, size of knuckles, missing fingers or joints.)

(Unusual characteristics of fingernails)

Chest Unable to determine
(size of nipples, color , quantity & extent of hair, large, small, normal)

Back Unable to determine Waist Unable to determine
(quantity & extent of hair) (size of navel, appendectomy, amount

Circumcision U.to d. Pubic hair Unable to determine
quantity & color of hair (Yes-no) (color)

Herniaplasty Unable to det.
(Yes - no; location)

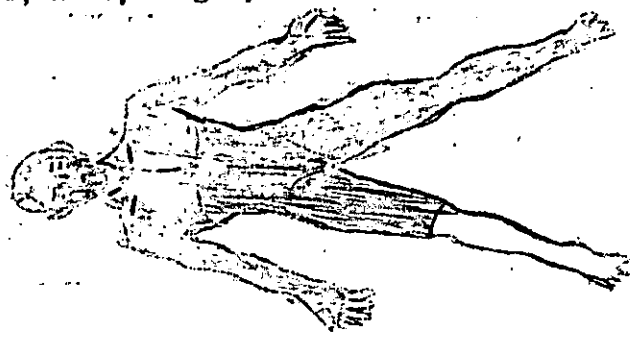
Legs Unable to determine
(inseam, muscular, knock-kneed, bowed, normal, quantoty, color & extent of hair)

Feet Unable to determine
(Size, corns, callouses, flat)

Toes Unable to determine
(slender, straight
crooked, overlap)

Evidence og healed fractures Unable to determine
(nose, arms, leags, etc.)

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



10. Have fingerprints been placed on Report of Interment No
Yes - no

If not, explain Fingers missing

11. Has tooth chart been prepared No If not, explain No head
yes - no

12. Remarks: Body badly decomposed

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.

ROBERT D HEILMAN
Officers Name

1st Lt. Inf., O-1177832
Rank Service

6828 QM GR Det.
Organization

Trans Letter 1852

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943) RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

4 March 1946
Date

UNKNOWN X-1095			Unknown	Unknown
Last Name	First	Initial	Rank	Serial No.
Unknown			Unknown	
Unit			Organization	
Arry, France	Est. Nov. 1944		Shell Fragments	
Place of Death	Date of Death		Cause of Death	
1000 hrs 5 March 1946 US MIL CEM ST. AVOLD, FRANCE			G-260-584	
Time and Date of Burial	Name of Cemetery		Name or Coordinates of Location	
19 / 2	PP		Cross	
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?

Unburied remains removed from Vic. of Arry, France Coords: 7.8-4.6, Sc. 1?200,000 Verdun-Wissembourg

See reverse

What means of identification were buried with the body?

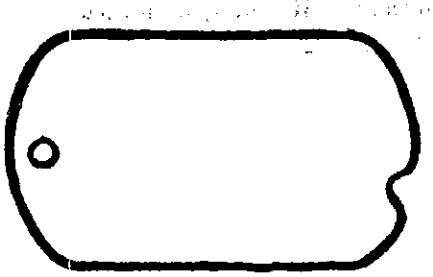
GRS Form #1 in burial bottle

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:					20
Deceased's Left:	UNKNOWN X-1601				18

Pfc. William G. Caulkins, 3060 QM GR Det.
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 Addressee Unknown
Name

Address

Religion Unknown

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

None

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

ROBERT D HEILMAN, 1st Lt. Inf., 6828 QM GR Det.

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: Unk
Weight: Unk
Color of Eyes: Unk
Color of Hair: Unk
Race: Unk

Laundry Marks: None
Number of Rifle: None
Wear Glasses? Unk
Is Tooth Chart Attached? No

(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 consisted of a right leg

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

Left Hand

Right Hand

Thumb 1 2 3 4 5

TOOTH CHART

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 ○; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth ⊥

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.