

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-408 MB

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 408 St Avold

(POC) ST AVOLD

File  
E. J. Brown  
26 Feb 51

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 - 408  
Cemetery ~~St-Avoid, France~~ (Q.260584)  
Plot N Row 17 Grave 1928

- 1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
- 2. Place of death \_\_\_\_\_  
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

- 3. Remains ~~reprocessed~~ disinterred ~~by~~ and reprocessed by Central Identification Point  
Strasbourg, France, 10/30/46 (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).**

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

Item \_\_\_\_\_

\*Headgear none  
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

\*Shirt, Wool OD none

Undershirt, Wool remnants of

Undershirt, Cotton none

Trousers HBT none

\*Trousers, Wool OD none

*St-Avoid*  
*X*  
*4-408*

Belt, Web none

Drawers, Wool remnants of

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing) none

Socks, Cotton none

\*Shoes (type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other item) none

\*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 utd

8. Description of Remains :  
Age utd Est. Height 5'2 1/8" Est. Weight 115 lbs 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, poeks, freckles)

Build utd  
(large, fat, thin, muscular)

Hair utd  
(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 No Teeth  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin utd  
(prominent, receding, pointed, dimple, double)

Jaw utd Circumference of head in inches 21 inches  
(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)

utd  
(extent and quantity of hair)

Hands utd

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

utd  
(Unusual characteristics of fingernails)

Chest utd  
(size of nipples, color, quantity & extent of hair, large, small normal)

Back utd aist utd  
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

Hernioplasty utd  
(yes-no; location)

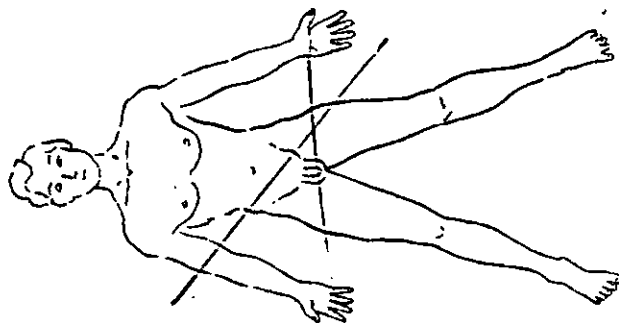
Legs utd  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)



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

Evidence of healed factures utd  
(nose, arms, legs, etc.)

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



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

If not, explain no fingers

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

12. Remarks : Burial bottle found with remains. Remains in final stage of decomposition. Fluoroscopic examination "Negative". Nothing found to warrant chemical laboratory examination.

Est. weight of remains recovered 30 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.

*Robert A. Salvador*

Robert A. Salvador  
Officer's Name

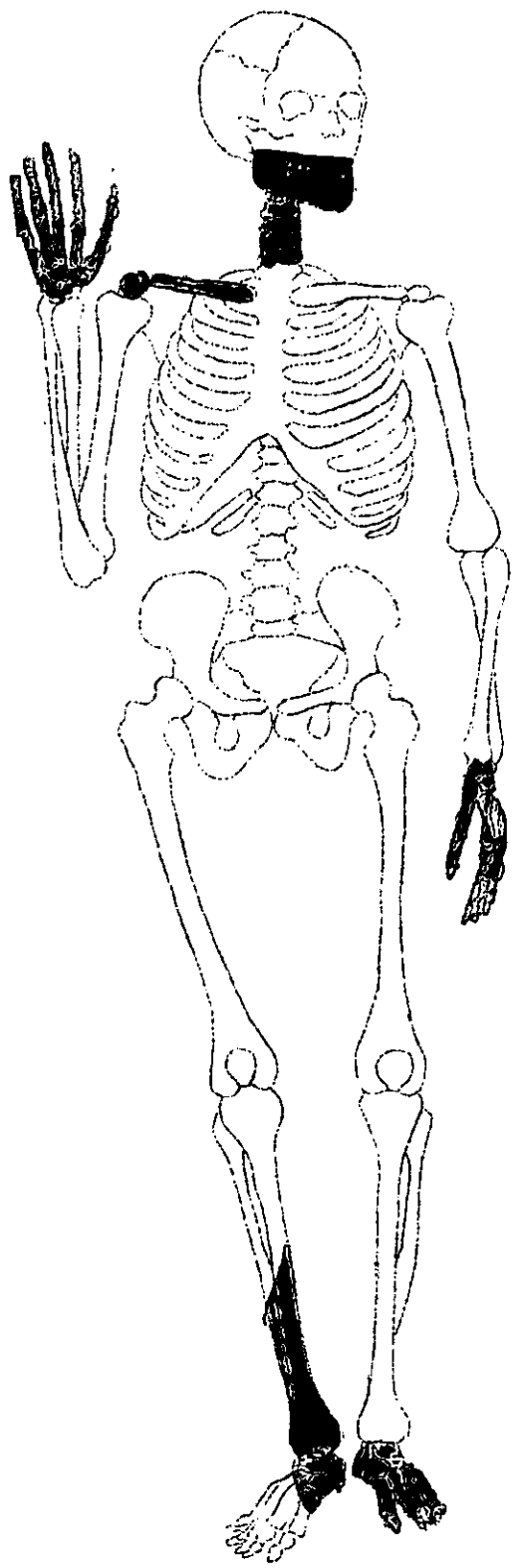
*R.A.*

Captain Inf.  
Rank Service

Central Identification Point  
Organization



X-408



X

**AIRMAIL**

CGMGT 293

1st Ind.

GMS European

SUBJECT: Unidentifiable Remains  
Transmittal Letter #4141

Department of the Army, CGMS, Washington 25, D. C., 13 October 1949

TO: Commanding General, American Graves Registration Command,  
European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

F. H. METZ  
Lt. Colonel, GMS  
Memorial Division

*314.6 JAG Europe  
TL # 4141*

Rice/id  
Foy  
REB

*X 293  
Lent  
X-408-  
ST 7 10 13*

REB

TRO

*RECEIVED  
OCT 14 1949*

**AIRMAIL**

OSMT 293

1st Ind.

GRS European

SUBJECT: Unidentifiable Remains  
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Department of the Army, CGMC, Washington 25, D. C., 13 October 1949

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FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. METZ  
Lt. Colonel, CGMC  
Memorial Division

*3146 JRS Europe  
TL # 4141*

Rice/ld  
Foy  
REB

*X 293 Europe  
Foy  
X-408-  
STADVIDA*

REB

TEC

**AIRMAIL**



1. FILE UNDER NO. 293 - Unk. France X-408 (St. Avold

**SYNOPSIS**

2. TYPE OF DOCUMENT: Letter 3. DATE: 4 Aug 49  
4. FROM: OQMG  
5. TO: CG, AGRC, EA, APO 58, %PM, New York  
6. SUBJECT: Identification of World War II Deceased

X-488 N 10 1928

.....

7. DOCUMENT FILED UNDER NO. 293 - GRS European (Ident.)  
msb

- INSTRUCTIONS.—Enter after the above headings information as follows:
1. File classification under which this cross-index sheet is to be filed.
  2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
  3. Date of Document.
  - 4 and 5. Enter either or both, as applicable.
  6. Brief and comprehensive synopsis of the content or subject matter.
  7. File classification under which the document is filed.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

20 JUL 1949

Date

SUBJECT: Unidentifiable Remains

*J. W. H. [Signature]*  
TO: The Quartermaster General  
Memorial Division  
Washington 25, D. C.

1. The records pertaining to Unknown X- 408, Plot N,  
Row 17, Grave 1928, USMC Saint 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. 4107, dated 13 July 1949. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/  
/t/

Case reviewed by the undersigned Members of the Board of <sup>R</sup>review:

/s/ H.P. Henry  
/t/ Col. H.P. HENRY, O-12589 QMC

/s/ E.D. Mulvenity  
/t/ Lt. Col. E.D. MULVANITY, O-359598 QMC

/s/ Edward E. Stout  
/t/ 1/Lt. Edward E. STOUT, O-1594512 CE

29 JUL 1949

OQMG

Received  
Not identifiable from  
information presently  
available

File NAT  
29 Jul 49  
Mason  
T. H. [Signature]

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

20 JUL 1949

(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 408, Plot N  
Row 17, Grave 1928, USMC Saint Avold, France,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified as  
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your  
Office by Transmittal Letter No. 4107, dated 13 July 1949.

3. Remarks:

29 JUL 1949 OQMG  
Received  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

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

QMG

E.D. Mulvanity  
Lt. Col. E.D. MULVANITY, O-359548

QMG

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMG

Edward E. Stout  
Capt. E.F. PRICE, Jr. O-1588236

QMG

I/Lt. Edward E. STOUT, O-1594512

CE

Incl #5

*unk France X-408 (St. Avold)*

OMGMT 293

Unknown X-408  
USMC St. Avold

28 February 1949

SUBJECT: Unidentifiable Remains

TO : Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal letter #3925, Subject: Unidentifiable Remains; classifying Unknown X-408 interred USMC St. Avold Plot N, Row 17, Grave 1928 as unidentifiable.

2. In view of the fact that original processing disclosed a laundry mark, an estimated height and hair color, this classification cannot be accepted since remains have not been reprocessed through a Central Identification Laboratory.

3. It is therefore requested that these remains be reprocessed through a Central Identification Laboratory, and the complete results thereof forwarded this Office.

FOR THE QUARTERMASTER GENERAL:

FEB 28 3 15 PM '49  
OMGMT 293

T. W. METZ  
Lt. Colonel  
Memorial Division



*Reb*  
REB

NJS

CMGMT 293

Unknown X-408  
USMC St. Avold

*unk France X-408 (St. Avold)*

28 February 1949

SUBJECT: Unidentifiable Remains

TO : Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal letter #3325, Subject: Unidentifiable Remains; classifying Unknown X-408 interred USMC St. Avold Plot N, Row 17, Grave 1928 as unidentifiable.

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FOR THE QUARTERMASTER GENERAL:

*FEB 29 3 15 PM '49*  
*CMGMT 293*

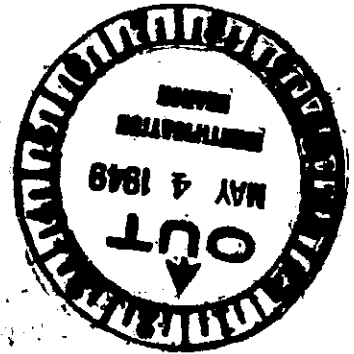
T. H. METZ  
Lt. Colonel  
Memorial Division



*Reb*

REB

NJS



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Faint, mostly illegible printed text, likely the second paragraph of a document.

Faint, mostly illegible printed text, likely the third paragraph of a document.

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HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

22 DEC 1948  
(Date)

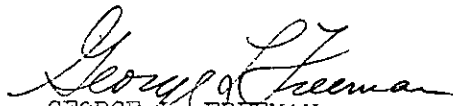
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TO: The Quartermaster General  
Memorial Division  
Washington 25, D.C.

1. The records pertaining to Unknown X -408, Plot N  
Row 17, Grave 1928, USMC St-Avoid, 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. No record this HQ, dated \_\_\_\_\_.  
No further information is available.

FOR THE COMMANDING GENERAL:

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

Personal Effects requested 20 June 49

Incl #12

RNS

MMM

USMC, ST AVOLD, FRANCE Buried at deceased Left: SCHASCHL FRED C  
 Plot A, Row 18, Grave 6 DISINTERMENT DIRECTIVE 3141387 PVT  
 Date, reburied: 20 Jan 49 Right: KIERTZNER ALFRED C  
 37600208 PFC

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

NAME UNKNOWNX-000408 SERIAL NUMBER UNKNOWNX-000408 RANK RANK ARM Q  
 DATE OF DEATH

CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0 3503 80  
CODE DIST. PT.

CAUSE OF DEATH 6  
 PLOT ROW GRAVE COUNTRY N 17 1928 FRANCE

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-000408 SERIAL NUMBER SERIAL NUMBER RANK RANK DATE OF DEATH DATE OF DEATH DATE DISTINTERRED 9 Aug 48

IDENTIFICATION TAG ON  REMAINS  MARKER GRS ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY RICHARD F PETERSON, EMBALMER  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER FILE CONDITION OF REMAINS DISARTICULATED. SMALL AMOUNT OF FLESH. FRACTURES OF R/TIBIA & FIBULA, SKULL, -R, SCAFULA. MISSING: LANDIBLE.

OTHER MEANS OF IDENTIFICATION NONE 18 MAY 1949 REPATRIATION BRANCH MET. DIV.

MINOR DISCREPANCIES 1 REPORT OF BURIAL NOT READABLE.

REMAINS PREPARED AND PLACED IN CASKET DATE 12 Aug 48 BY RICHARD F PETERSON, EMBALMER

CASKET SEALED BY RICHARD F PETERSON, EMBALMER EMBALMER (Signature) RICHARD F PETERSON

CASKET BOXED AND MARKED DATE 12 Aug 48 BY RICHARD F PETERSON, EMBALMER SHIPPING ADDRESS VERIFIED BY all markings, tags & plates verified By: KANEMITSU ITO, 1st Lt INF

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 KANEMITSU ITO, 1st Lt INF  
 KANEMITSU ITO, 1st Lt INF, 7857 AGRC ZONE 3 HQ  
 SIGNATURE OF GRS INSPECTOR

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



# 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 (BY ADMINISTRATIVE 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

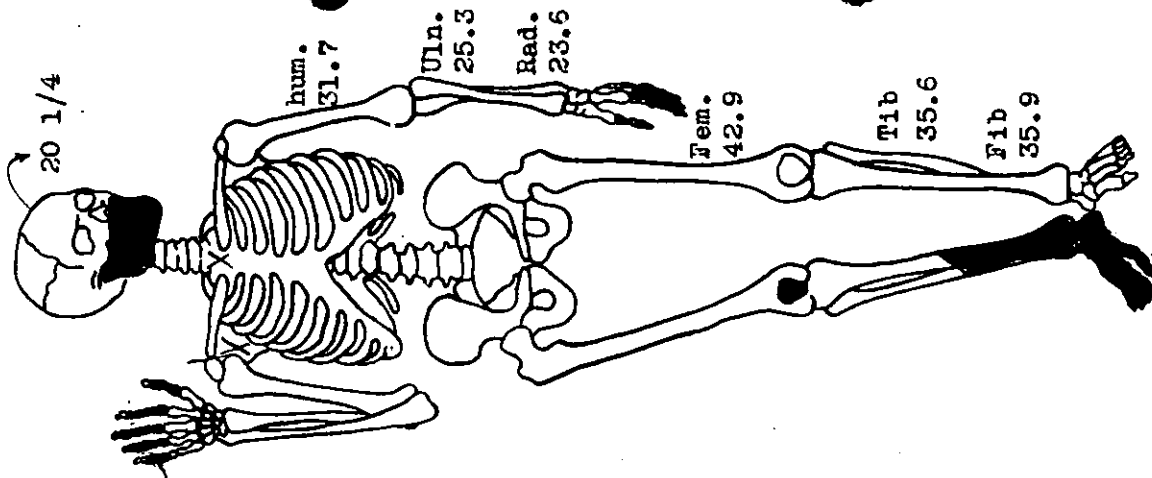
## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X - 408</b>				2. DATE OF REPORT <b>6 July 1949</b>	
3. NAME OF CEMETERY <b>USMC St. Avold</b>		4. PLOT <b>A</b>	5. ROW <b>18</b>	6. GRAVE <b>6</b>	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT of reprocessed remains <b>30Lbs</b>		9. ESTIMATED HEIGHT <b>5' 3 1/2"</b>		10. COLOR OF HAIR <b>Med. Brown</b>	
11. RACE					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>Two embossed Plates marked: Unknown X-408</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>U T D</b>					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>Very badly</b>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>NONE FOUND</b>					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  <b>Remains received with a small amount of decomposed flesh in a repatriation type casket. <u>No Teeth found</u>. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. Tags found.</b>					
<b>Inci #6</b>				<b>/s/ Thomas W. Turner</b>	

19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Height is 5' 31/2"

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

-----

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

-----

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

/s/ Thomas W. Turner

REBURIAL

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 JULY 45

Date

UNKNOWN X-408		UNK	UNKNOWN
Last Name	First	Rank	Serial No.
UNKNOWN		UNKNOWN	
Unit		Organization	
UNKNOWN	UNKNOWN	KAA; UNKNOWN	
Place of Death	Date of Death	Cause of Death	
1400 8 JULY 45	U S MIL CEM, ST AVOLD, FRANCE	Q 260584	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
1928	17	N	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?

NO TAGS

BODY ONE OF LARGE NUMBER BROUGHT TO ST. AVOLD CEMETERY  
8 JULY 45. DESIGNATED AS UNKNOWN WITH NO FURTHER INFORMATION.  
TOOTH CHART AND FINGERPRINTS IMPOSSIBLE.  
ONLY LAUNDRY MARK - C-2792 ON WOOL DRAWERS.  
MUTILATED REMAINS ONLY AND DECOMPOSED.

What means of identification were buried with the body?

ESTIMATED HEIGHT - 5'10"  
HAIR - BROWN

GRS # 1

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

Who is buried on:

Deceased's Right:

VOGEL

42057746

1929

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

BILOWICH

13132271

1927

Name

Serial No.

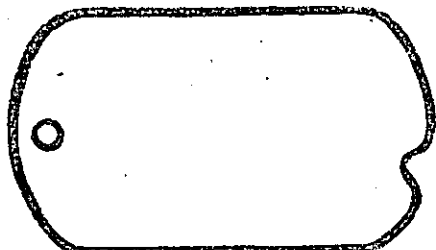
Rank

Organization

Grave No.

3046TH 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 Addressee UNKNOWN

Name

# REBURIAL

Address

Religion UNKNOWN

List only Personal Effects Found on Body and disposition of same

NONE

Previously buried in isolated grave  
located at Unknown

Signature of Officer or other person reporting burial

F L PHILLIPS, 2ND LT, QMC  
HQ, OISE

Verified by G.R.S. Officer

# 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.

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

Thumb			
1			
2			
3			
4			

Left Hand

1			
2			
3			
4			

Right Hand

## TOOTH CHART

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

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.