

7887 GRAVES DETACHMENT

243 unk St. Avoald X-6027 m
APO 757

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-6027 Sp Avoald

(POC) ST LAURENT

~~File~~
~~15 Nov 57~~
~~H. Martin~~

REPORT OF INVESTIGATION AREA SEARCH

SAVOLD

8 April 1946.

Date

NAME Unknown X 6027 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION No Identification Tag

(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? No If so, state the following

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY 1 2 3 Unknown Americans

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

A. Date of above burials: Unknown Common Graves? Unknown

4. Delated _____

5. Name and type of cemetery Civilian Cemetery Guemer
(Military or Civilian)

6. Map Coordinates of the Cemetery Europe Sheet 87 1/200/000
V (750550)

a. Town Guemer (Ht-Rhin) Country France

7. Give exact location in cemetery of the remains.

a. Section left side Row 14 Grave 4

b. Is sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

a. Town _____ Coordinates _____

b. Is sketch attached? _____

c. Is area mined? _____

9. How is the grave marked? Cross

10. If grave is marked with cross, give the exact markings thereon

No Markings

a. From what source was this information obtained?
(Identification tags, personal effects)

b. By whom?

11. Where are the cemetery records? None
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon?

b. Where was the information obtained?

c. By whom?

12. What is the date of death? Unknown

a. Give basis

13. What is the cause of death? Unknown

a. Give basis

14. What is the date of burial? Unknown

a. Give basis

15. What is the place of death? Unknown Coords

a. Give basis

16. Where were the remains found? Unknown Coords

a. By whom?

b. Is sketch attached?

17. Was a casket used? Unknown Who furnished the casket?

Type of casket How marked?

18. Who made the burial? Unknown

(Civilian, American M.I. or German M.I.)

a. What are the names and addresses?

b. Are certificates and statements attached?

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 and by whom)

a. Type of plane

b. Markings at or name of plane

SECTION D - OTHER : CH (To be filled out if C are not applicable)

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) Unknown

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 investigating team No

If not, state reason None available

a. Were identification tags found at the time of death? Unknown

Where? _____ By whom? _____

Present disposition _____

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 abandoned.

b. Were personal effects found at the time of death? Unknown

Where? _____ By whom? _____

Present disposition _____

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

d. Did Cemetery register or cross indicate the immunization shot? No

42. Was deceased given first aid? Unknown If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German hospital? Unknown

Where? _____ Names of the 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? _____

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 the Ground? _____

23. Did plane burn in the air? _____ On the ground? _____

24. What was the direction of the flight? _____

25. What was the civilian opinion regarding the destination of the plane? _____

26. Had bombs been released prior to the crash? _____

27. Does specific time and date of crash correspond with the 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, asst driver or..front, side, or back)

b. Near wreckage? _____

32. Location of destroyed tank 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? _____

48. Give full names, addresses, and information obtained from each person interviewed All Person Concerned are either dead or not available

49. Are all positive statements regarding identification and particulars surrounding death attached? No

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) None

52. Give brief narrative See Statements

(Use attached sheets, if necessary)

Signature of Interpreter

Rank

ASN

Organization


Max Feitelson

Signature of Investigator

Pvt

42450035

Rank

ASN

3019th Q. M. Cr. Co.

Organization

STATEMENT

In the Civilian Cemetery at Cuzmar, there were the graves of 4 Americans, marked by wooden crosses. Between the four unmarked crosses there is a small wooden cross marked 4 unknown American soldiers. No other information is available as the undertaker is dead and kept no records. The priest is new and only knows there are four graves. The Mayor and his Secretary are new and the old ones cannot be located. The new Mayor claims the four men's names were in his office, but we made a thorough search and found nothing concerning these men.


Max FITTELSON
Pvt 42045025
3049 9th Cr. SIG. CO.

UNKNOWN X 6027
REINTERRED U.S. MIL. CEM.
ST. AVOLD CO -- 2 -- 18

QUEMEX

(4-759,530)

1200,000

EUR. RD. MK. ST

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CEM

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IDENTIFICATION CHECK LIST

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

Processed by: ~~L. F. Feindt~~
~~C. D. Rice~~
 Clerk: ~~A. G. Richardson~~

E.O. #707
 14 Jan. 48

Unknown X 6027
 Cemetery St. Avold, France
 Plot 00 Row 2 Grave 18


1. Date reprocessed 13 Apr. '48
 (Hour) (Date)

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

3. Remains reprocessed by Mobile Team #1, I.S.
 (Sheet, scale and serials used) (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	Steel Helmet with _____ (Type)		insignia →  white stripes
Raincoat	None		
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
* Trousers, wool OD			
* Trousers, Wool OD			

Belt, web None

Drawers, wool Remnants of

Drawers, ~~cotton~~ None

Leggings, wool None

Socks, ~~cotton~~ Rem. of one, right

~~Boot~~ One (type) Combat (Size 9 1/2)

Overshoes None

Web Equipment None (type)

(Other item) One camoflage set for helmet

(Other item) _____

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

Chevrons or Insignia See Page #1
(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

6. Description of Remains: R. Radius 26.5 R. Tibia 41.0
R. Ulna 28.3 R. Fibula 40.1
R. Femur 41.7

Age 27.2 Height Est. 6' 3/8" Weight UTD Description of wounds UTD

Bandages or dressings None Scars UTD
(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 _____
(Light, medium, dark, clear, pimples, poeks, freckles)

Build UTD
(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 _____ Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee _____ (Light, color, extent)

Eyes _____ (Color, setting, shape) Eyebrows _____ (Color, bushiness, extent across nose)

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

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

Teeth _____ *See Tooth Chart* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin _____ (Prominent, receding, pointed, dimples, double) *(No inch tape measure available)*

Jaw _____ (Large, small, normal) Circumference of head in *5.3 cm.* (Hat band)

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

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

Hands _____

Fingers _____ (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) Circumcision _____ (Yes-no) Pubic Hair *Light brown* (Color)

Hernioplasty _____ (Yes-no; location)

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

Feet _____ (Size, corns, callouses, flat) 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.

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing and/or decomposed

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

9. Remarks: Remains received in skeletal form with ~~no~~ a little flesh in last stage of decomposition, clothing unmarked, was partly on remains, partly in debris; skull disarticulated; teeth found in skull; Burial Bottle found; no GRS tag found; Est. wt. of reprocessed remains: 16 lbs. Est. ht. - 6' 3/8". No evidence of old, healed fractures or amputations.

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.

LAWRENCE R. FEWDT
(Officer's Name)

SP 6 IGAC
Rank Service

MOBILE TEAM #1, I.S.
(Organization)

Albert S. Richardson

13 APRIL 1948

X-6027

SKELETAL CHART

PHOTO

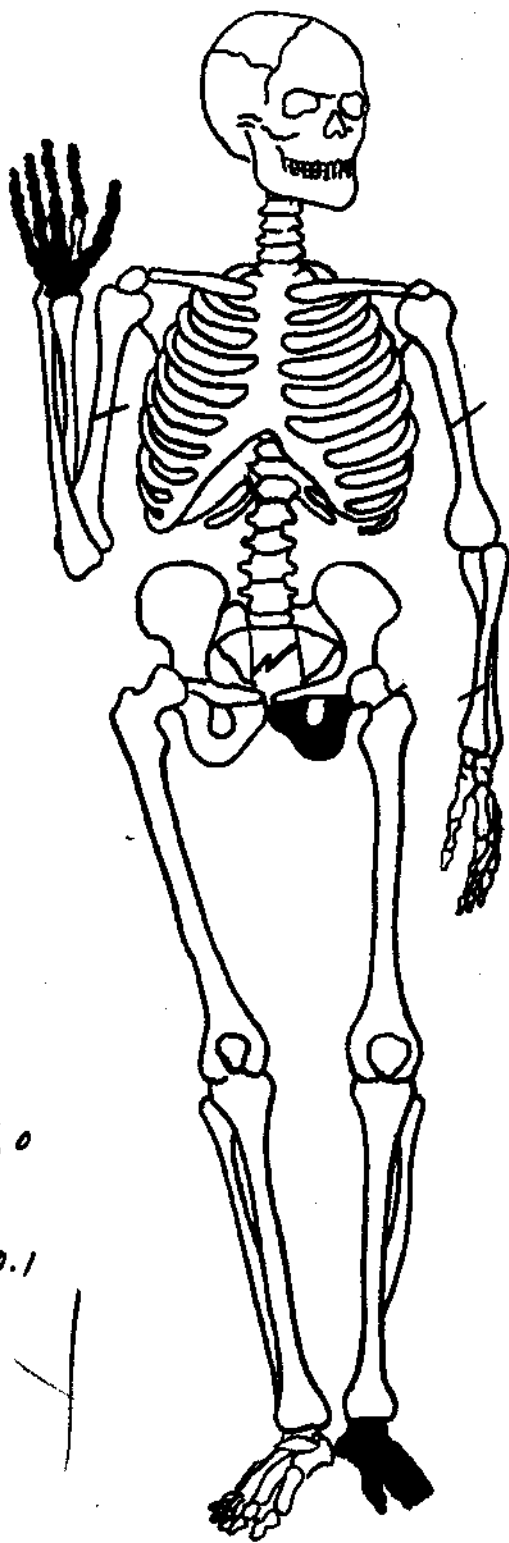
ROW 2

GRAVE 18

AT CEMETERY

ST. MYOLD

(BLACK OUT PARTS OF BODY NOT RECEIVED



R. RADIUS 26.5

R. ULNA 28.3

R. FEMUR 41.7

R. TIBIA 41.0

R. FIBULA 40.1

CHART "A"

EST. HEIGHT 6' 3/4"

C.O.R.

TOOTH CHART

PLGT-00
Row - 2 E.O. #707
GRAVE-18
USMC - St. Avold

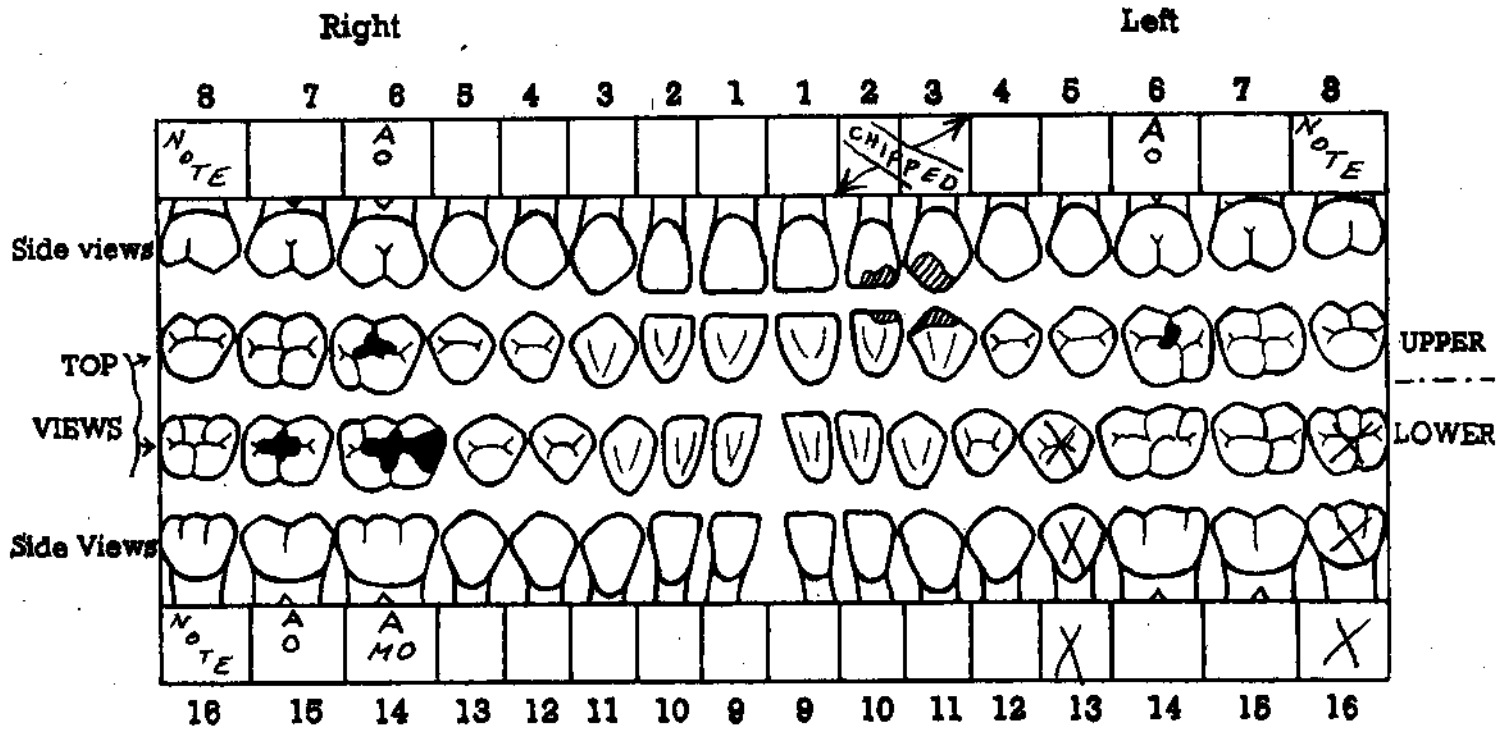
13-APRIL-48
Date

X-6027
UNK
UNK

Last Name
First
Initial
Grade
Serial No.

Unk
Organization

Place of Death
Date of Death
Cause of Death



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), bicuspid (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 Remarks

*Insufficient space
for remarks*

See Reverse

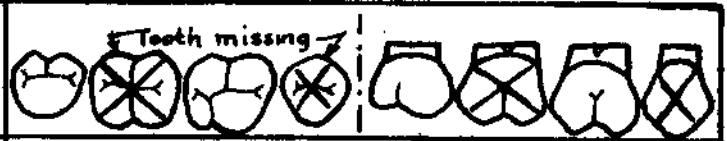
Quar. J. Faema

SP #7 *DAC*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



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

- ☒ = POSTHUMOUSLY MISSING
- ⊗ = BROKEN OR CHIPPED
- SPACE: 2-12-14 = NO SPACE (TOUCHING)
- COLOR = WHITE IVORY
- SIZE = LARGE
- ALIGNMENT = Good

MAXILLA

- R-8 = UNERUPTED BEFORE DEATH.
- R-5 = SLIGHT LINGUAL MALPOSITION
- R-4 = ✓ ✓ ✓
- L-4 = ✓ ✓ ✓
- L-8 = UNERUPTED BEFORE DEATH.

MANDIBLE

- R-16 = UNERUPTED BEFORE DEATH.
- R-13 = ROTATED 1/8 of a TURN MESIALLY.
- L-12 = DISTAL VERSION.
- L-14 = MESIAL VERSION

NOTE

UPPER INCISORS HAVE A LINGUAL VERSION
 LOWER INCISORS HAVE A GREAT LINGUAL VERSION.

1	Plot J Row 24 Grave 35		<i>App</i> <i>6/2/50</i>
	Date of Burial: 12 June 1950		
Verified by GRS Officer: DISINTERMENT DIRECTIVE			
R. J. Rodriguez R.T. RODRIGUEZ, CWO, USA			

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

NAME	SERIAL NUMBER UNKNOWNX-006027	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
------	---	------	-----------------	---------------------------------

CEMETERY ST AVOLD - METZ	DISPOSITION OF REMAINS 0 350 35 80 CODE DIST. PT.
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PLOT 00	ROW 2	GRAVE 18	COUNTRY FRANCE	CAUSE OF DEATH 6
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SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE ST LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME UNKNOWN X- 006027	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 6 Jul 48

IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY Richard F Peterson, Embalmer NAME AND TITLE
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Uniform	CONDITION OF REMAINS Totally disarticulated. No flesh. Fractures of right and left humerus, left radius, right and left pelvic bones, and left femur. Missing sacrum-coccyx.
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains	NAT FILE
MINOR DISCREPANCIES I None	RECORDS ANNOTATED DATE 27 Jul 50 NAME A. T. Johns R+R BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE **15 Jul 48** BY **Richard F Peterson, Embalmer**

CASKET SEALED BY Richard F Peterson, Embalmer	EMBALMER (Signature) <i>Richard F Peterson</i> Richard F Peterson
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CASKET BOXED AND MARKED 15 Jul 48 Richard F Peterson, Embalmer	IDENTIFICATION VERIFIED BY Bruce E Blair, 1st Lt QMC
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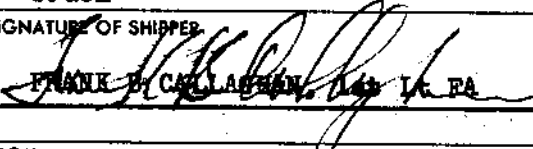
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Final casketing by
Bruce E Blair
Bruce E Blair, 1st Lt QMC **Bruce E Blair, 1st Lt QMC, 7857 AGRC Zone 3 Hq**
SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div. *[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC St Avold, France		TO OIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P Matozzo, RA-32707218	
SIGNATURE OF SHIPPER  FRANKIE BY CARL L. ASHMAN, Lt. RA	DATE 2 Nov 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 (LA CONTINGENT/INTEG (A USE))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CPL VANCE MURPHY	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
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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

1. FILE UNDER NO.

~~293-~~ Unk. France X-6027 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT:

1st Ind.

3. DATE:

2/6/50

4. FROM:

OQMO

5. TO:

Chief, Registration Div., 7887 ORDet., AFU 58, N.Y.

6. SUBJECT:

Certificates of Unidentifiability of remains Transmittal

letter #4738

7. DOCUMENT FILED
UNDER NO.

314.6 ORS Europe (T/L #938)

or

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.

1093 back - Revised 1-6-50 (G.H. Metz)

*314.6 / GRS Europe
TTL 4738*

~~QMGT 293~~ 1st Ind
GRS EUROPEAN
SUBJECT: Certificates of Unidentifiability of remains
Transmittal Letter #4738

Dept. of the Army, OQMG, Washington 25, D.C., 6 February 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

This office approves the classification of the Unknowns listed in
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

4 Incls: w/d

T. H. METZ
Lt Colonel, QMC
Memorial Division

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RFE 293

24 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6027, Plot 00, Row 2, Grave 18, 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 1883, dated 3-5-46.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

E. D. Mulvanity
Lt Col. E. D. MULVANY, O-359598 QMC

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

1st Lt. Gaylord E. LUTZ, O-1595365 QMC

Ledore Goudreau
CWO Ledore GOUDREAU, W-2113434 USA

Received 3 Feb 50 OQMG

Not identifiable from
information presently
available

Incl # 3

Case History

UNKNOWN NO. X-6027

U.S. MILITARY CEMETERY

St. Avold, France

(Location)

1. The remains of X-6027 were originally recovered from the Civilian Cemetery at Guemer, Haut-Rhin, France.
2. An Insignia from the steel helmet found with the remains of X-6027 indicates that these remains were a casualty from the third Infantry Division.
3. A marking found on the clothing from the remains of X-6027 (B-5953) has been checked in the World Casualty Book with negative results.
4. The tooth chart for the remains of X-6027 has been compared with the form 37I's available for all unresolved casualties of the third Division associated with this area and with form 37I's available for all other unresolved casualties associated with this area with negative results.
5. Therefore, due to the lack of Individual Identity clues for the remains of X-6027 it is recommended that these remains be declared Unidentifiable.

X-6027 may not be formally assoc. w/ unresolved casualties of 3rd Div KIA or MIA Jan 1945

7th
12
301
Rpts

[Handwritten signature]

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

RRE 293

24 Jan 50
(Date)

293 Unknown France X-6027 (St. Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

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Row 2, Grave 18, USMC St. Avold, France,
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of The Quartermaster General by Transmittal Letter No. 1883, dated
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3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

E.D. MULVANY, LT COL, O-359598
EDWARD F. PRICE, JR., CAPT, O-1588236
LEODORE GOUDREAU, CWO, W2113434

Received 3 Feb 50 **QMG**
Not identifiable from
information presently
available

✓
NAN
file 3 Feb 50
Schmidt
Jal PW

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

Date 25 MAY 1948

ERE 200.2

SUBJECT: Reprocessing of Remains

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

The remains of X-6027
interred in Plot 00, Row 2, Grave 18, USMC St-Avoid
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Headgear steel helmet with insignia

Jacket, Field : Remnants of

Trousers, wool OD : Remnants of

Drawers, cotton : Remnants of

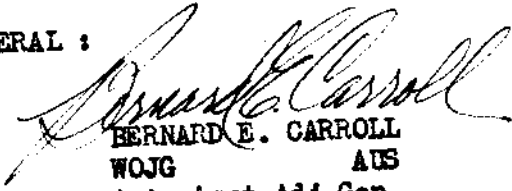
Socks, wool : Remnants of one right

One camouflage net for helmet

Est. height : 6' 3/8"

FOR THE COMMANDING GENERAL :

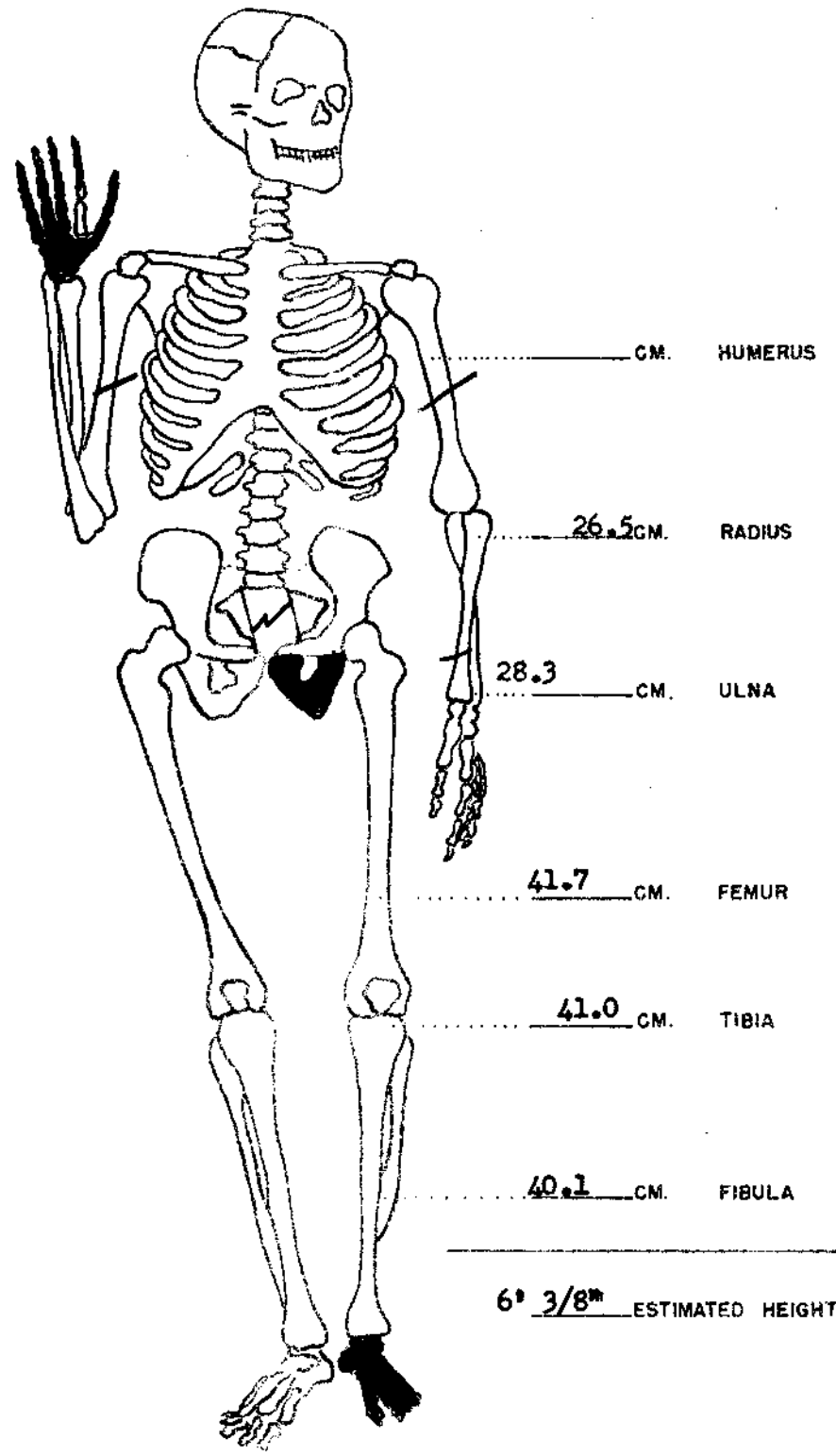
2 Incls : 1. Skeletal Chart
1. Tooth chart


BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen.

13 April 1948
X-6027
Plot 00
Row 2
Grave 18
St-Avold

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



PROCESSED BY: _____

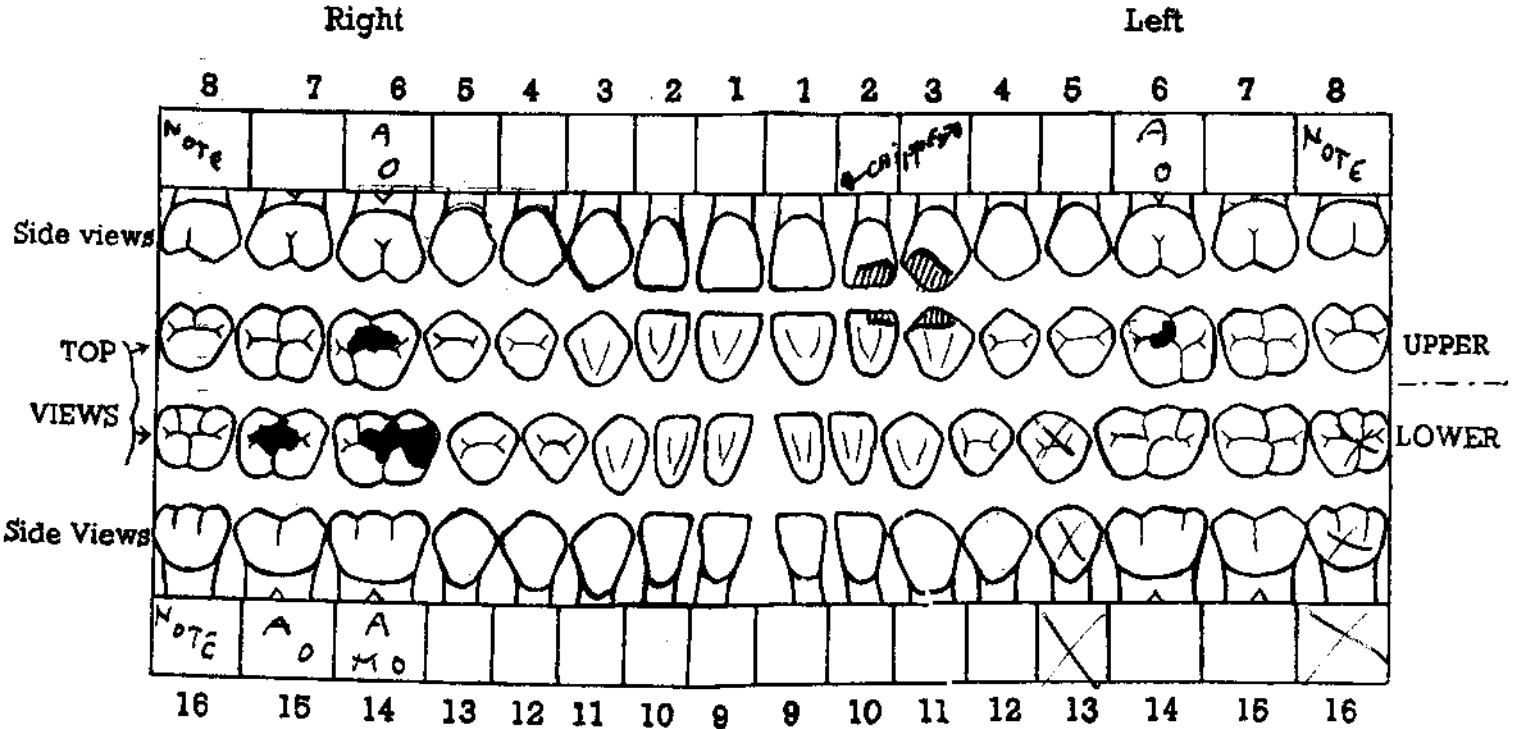
Plot 00
 Row 2 E.O.#707
 Grave 18
 USMC St-Avold, France

TOOTH CHART

13 April 48

X-6027			Unk	
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death Date of Death Cause of Death



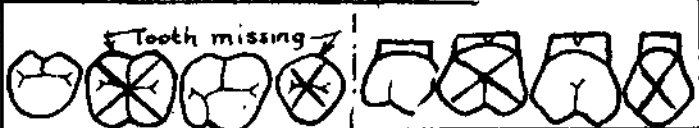
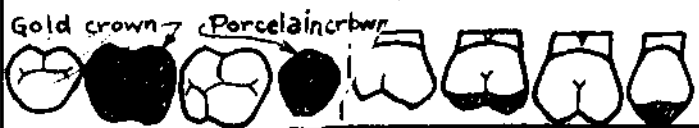

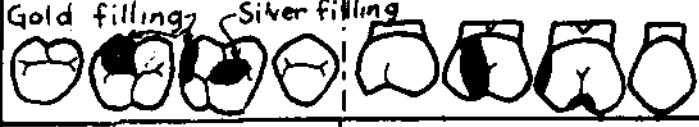

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). All 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.

Certified True Copy
Bernard E. Carroll
 BERNARD E. CARROLL
 US

/s/ Ivor J. Forman

Signature of Officer or other person who prepared this 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

Posthumously missing
 Broken or chipped
 Space : L-12 -14 No space (touching)

Color White Ivory
 Size Large
 Alignment Good

Maxilla

R-8 unerupted before death
 R-5 slight lingual malposition
 R-4 slight lingual malposition
 L-4 slight lingual malposition
 L-8 unerupted before death

Mandible

R-16 unerupted before death
 R-13 rotated 1/8 of a turn mesially
 L-12 distal version
 L-14 mesial version

Note

Upper incisors have a lingual version
 Lower incisors have a great lingual version.

SLD PKK

44
6

DISINTERMENT DIRECTIVE

293 Umb X-0027 France (St. Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3574 00000		DATE 15 01 48 DAY MONTH YEAR		
NAME UNKNOWN X-006027				SERIAL NUMBER X-006027	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 15 01 48	
CEMETERY ST AVOLD - METZ						DISPOSITION OF REMAINS 3503 00	CODE DIST. PT.	
PLOT 00	ROW 2	GRAVE 10	COUNTRY FRANCE			CAUSE OF DEATH 0		

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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	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 /	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	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

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

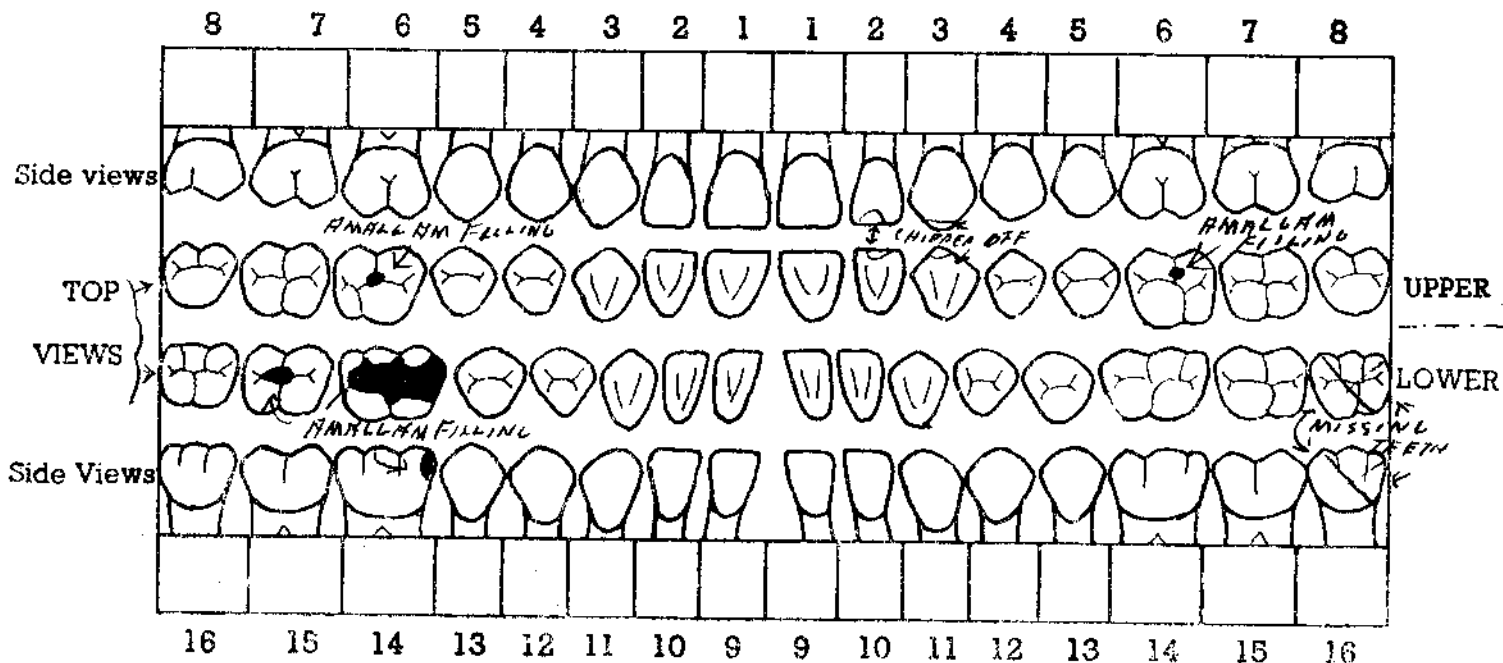
TOOTH CHART

5 April 1946.

Unknown X 6027 Unknown
 Last Name First Initial Rank Serial No.
 Unknown
 Unit Organization
 Guener Haut-Rhin France Est Jan. 1945 Unknown
 Place of Death Date of Death Cause of Death

Right

Left



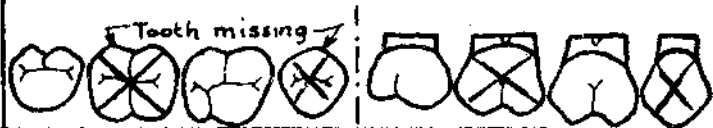


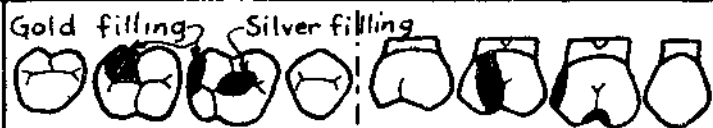

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

- 1-Square Bite, Large Mouth, Good occlusion
- 2-R16, R8, L8 beginning to erupt L2 L3 chipped off
- 3-R12, L11, 12, 13, 14 are dark pink in color.

E.H. Fields Jr.
 E.H. Fields Jr

Signature of Officer or other person who prepared Tooth chart

William D. LaSohn III
 William D. LaSohn III 2nd Lt Inf 535th Quartermaster Group
 Verified by G. R. S. 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

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 6027
Cemetery ST. AVOLD
Plot 00 Row 12 Grave 18

1. Arrived at cemetery 1600 9 April 1946
(Hour) (date)

2. Place of death Gue er Haut-Rhin France (V-750530)
(Name of closest town) (Coordinates and letter
Prefix, maps)

Eu. Rd. Map. Sht 37 I. 200.000
Sheet, scale and serials used.

3. Remains recovered or disinterred by 3042th QM GR Co
(name and organization)

4. Evacuated to Cemetery by UPP 535th QM Group
(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	Helmet steel			3rd Div Insignia painted on sides
	(Type)			
Raincoat	none			
Overcoat	none			
Jacket, Field	B 5953	UTD		
Jacket, Combat	none			
Mackinaw	none			
Sweater	one	OD		
Jacket, HBT	none			
Shirt, Wool, OD	Est	15-32		
Undershirt, Wool	two est	32 OD		
Undershirt, Cotton	none			
Trousers, HBT	none			
Trousers, Wool OD	none	est 31-32		

Belt, Web Remnants
Drawers, Wool one
Drawers, Cotton none
Leggings, Wool none (Note unusual lacing)
Socks, Cotton ~~none~~ two pairs est IO
*Shoes (Type) one shoe 9-D
Overshoes none
Web Equipment (Type) none

(Other item)

(Other item)

*If the body is nude, sizes of these items 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 5'10" Weight 165 lbs. Description of wounds UTD
Bandages or dressings UTD Scars UTD
UTD Tattoos UTD (Length, width, location)
(Number, location-illustrate on sep. page)

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

Sunburn or tan, other than hands & face UTD

Complexion UTD
(Light, med. dark, clear, pimples, pocks, freckels)

Build UTD
(Large, fat, thin, muscular)

Hair Brown 2in 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 Goatee UTD
 (color, setting, shape) (color, size, (length, heavy, shape)

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

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

Mouth (EST) LARGE Lips UTD
 (large, medium, small) (small, large, full)

Teeth SEE TOOTH CHART
 (white, size, unevenness, spacing, noticeable crowns, fillings, extrac

Chin EST SQUARE
 (Prominent, receding, pointed, dimple, double)

Jaw UTD Circumference of head in inches #24
 (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

UTD
 joints). (unusual characteristics of fingernails)

Chest UTD
 (size of nipples, color, quantity & extent of hair, large, small, norm

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

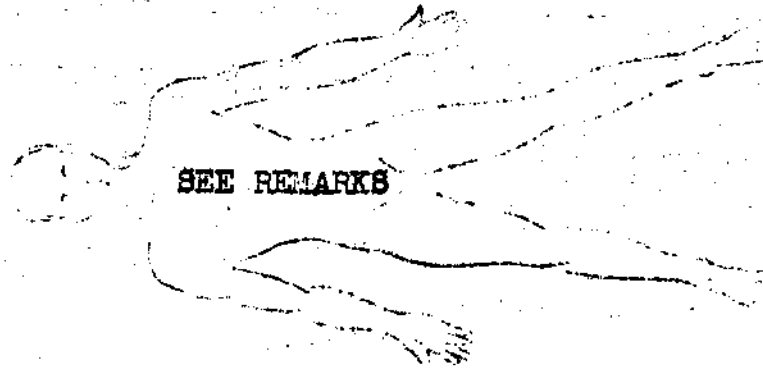
UTD Circumcision UTD Pubic hair UTD
 quantity & color of hair yes-no (color)

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 fractures T UTD
(nose, arms, legs, etc..)

9. Black outparts of body not received at cemetery.



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

If not, explain Too badly decomposed

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

12. Remarks Est 25lbs of remains recovered. All Flesh completely decomposed. Bones of Femur, Tibia Fibula are large and long. Fracture complete Distal, Fracture complete Middle 3rd Radius Rt. Fracture 3rd Humerus right complete right left Hip bones, segments recovered. Fracture complete middle 3rd left humerus.

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

William D. Lawson III
Officer name

2nd Lt Inf
Rank Service

555th Quartermaster Group
Organization.

S T A T E M E N T

In the Civilian Cemetery at Guemar, there were the graves of 4 Americans, marked by wooden crosses. Between the four unmarked crosses there is a small wooden cross marked 4 unknown American soldiers. NO other information is available as the undertaker is dead and kept no records. The priest is new and only knows there are four graves. The Mayor and his Secretary are new and the old ones cannot be located. The new Mayor claims the four men's names were in his office, but we made a thorough search and found nothing concerning these men.

Max Fattelton
Max FAITELSON
Pvt 42045035
3049 QM Gr. REG. CO.

**UNKNOWN X 6027
REINTERRED U.S. MIL. CEM.
ST. AVOLD CO -- 2 -- 18**

UNKNOWN X 6027
REENTERED U.S. MIL. CISM.
ST. AVOLD 00 2 18

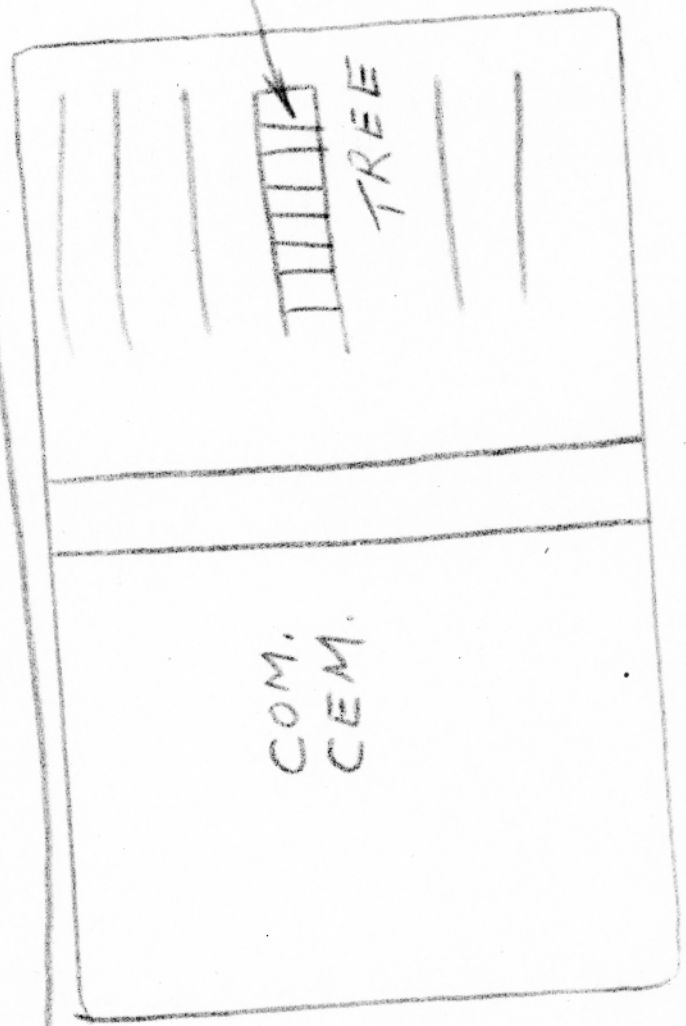


QUEMERA

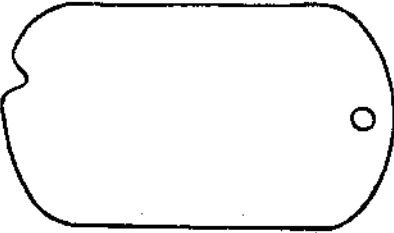
445

EUR. RD. MP. 87
1200,000
(V-750,550)

4-AMERICAN
UNK.



RESTRICTED

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 9 April 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN-X-6027			SERIAL No. Unknown		
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Ground Force s		
		RACE Unknown	RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Guemer (Haut-Rhin) France		CAUSE OF DEATH Unknown			DATE OF DEATH Est Jan 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							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery (Q-260584) St. Avold France							
DATE OF BURIAL 9 April 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp wooden cross	PLOT No. 00	ROW No. 2	GRAVE No. 18
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Cemetery at Guemer Haut Rhin France Eu. Rd. Map. Sht 87 1.200.000 (V-750550) Left section 14						
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. LYNN WENDLAND CAP'T.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 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-6026		RANK UNK	SERIAL No. UNK	ORGANIZATION UNK	GRAVE No. 17		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN-X-6028		RANK UNK	SERIAL No. UNK	ORGANIZATION UNK	GRAVE No. 19		
SIGNATURE OF PERSON PREPARING REPORT William D. Dawson III and Lt Inf 535th Quartermaster Group			SIGNATURE OF OFFICER VERIFYING REPORT RALPH W. SLAETOR MAJOR. INF.				
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.							

RESTRICTED

RESTRICTED

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.

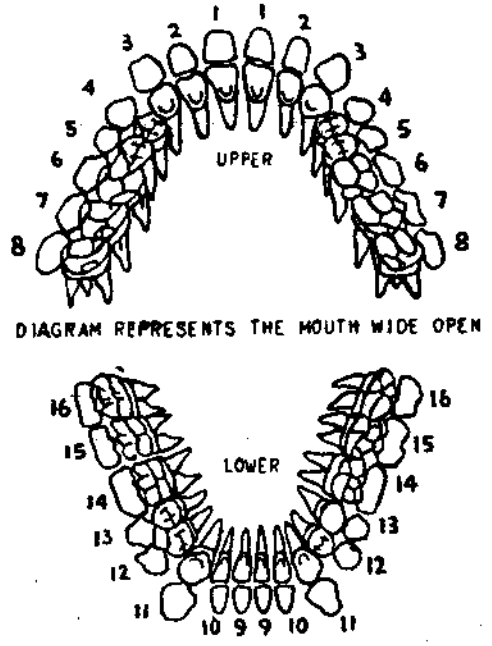
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
Est 5'10"	Est 165	UTD	Brown	UTD

WEAPON AND SERIAL No. None	LAUNDRY MARKS Jacket Field Marked "B-5953"	WHERE BODY WAS BURIED OR FOUND Guemer Haut-Rhin France
-------------------------------	--	--

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE



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



REMARKS:
Attached -Form 11 "Check List of Unknowns" and Form 1A "Tooth Chart" Too badly decomposed for Fingerprints.
Est Weight of remains 25lbs.