

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk St Avold X6119

SUBJECT

QMC FORM 1121  
1 Aug 45

51 12256

7887 GRAVES DETACHMENT

APO 757

*293 Unk. St Arnold X6119*

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 - 6119 St Arnold~~

*202*

(POC) ST JAMES

*2 file - 7A7  
13 Nov. 51  
m. martin  
S. B. V.*

# CHECK LIST OF UNKNOWNNS

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

Unknown X X-6119  
Cemetery St. Avoold  
Plot Y Row 8 Grave 94

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 recovered ~~at St. Avoold~~ and Reprocessed by C.I.P. 16/10/46  
(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 Markings Sizes Indicate unusual markings  
Color wear, tear, repairs, etc.

Item .....

\*Headgear none  
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater Wool O.D. remnants of

Jacket, HBT none

\*Shirt, Wool OD Remnants of Size 15-34

Undershirt, Wool Remnants of

Undershirt, Cotton none

Trousers HBT none

\*Trousers, Wool OD Remnants of

St. Avoold.

X-6119

Belt, Web Remnants

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, ~~Cotton~~ Wool 1 pair heavy white. 1 pair light C.D.

\*Shoes Size 10 (type) Shoepac

Overshoes none

Web Equipment (Type) none

(Other item) Remnants of wool gloves 1 pair

(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  
Ground

8. Description of Remains :

Age UTD Height Est 6'3" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

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

Build UTD  
(large, fat, thin, muscular)

Hair Blond 2 1/2 inches long.  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).



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

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

Goatee UTD  
(light, color, extent)

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

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

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

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

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

Jaw normal 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 none  
(quantity & color of hair) (yes-no) (color)

Hernioplasty UTD  
(yes-no; location)

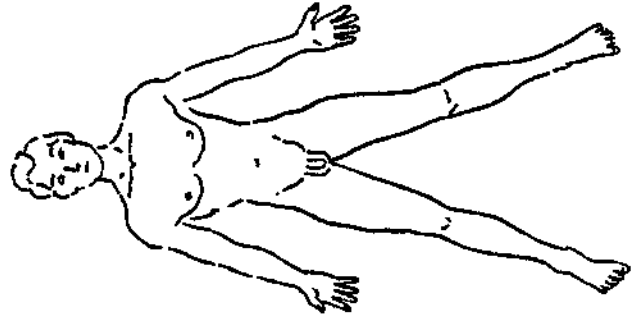
Legs UTD  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)



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

Evidence of healed fractures no  
(nose, arms, legs, etc.)

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



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

If not, explain Too decomposed

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

12. Remarks : Body recovered in Skeleton Form. Burial Bottle with  
body. Clothing in advanced stages of decomposition.  
X-Rayed result negative. Est present remains 15 lbs.  
Fluoroscopic examination negative.  
Nothing found to warrant chemical lab. examination.

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

**Captain INF**

Rank Service

**Central Identification Point.**

Organization

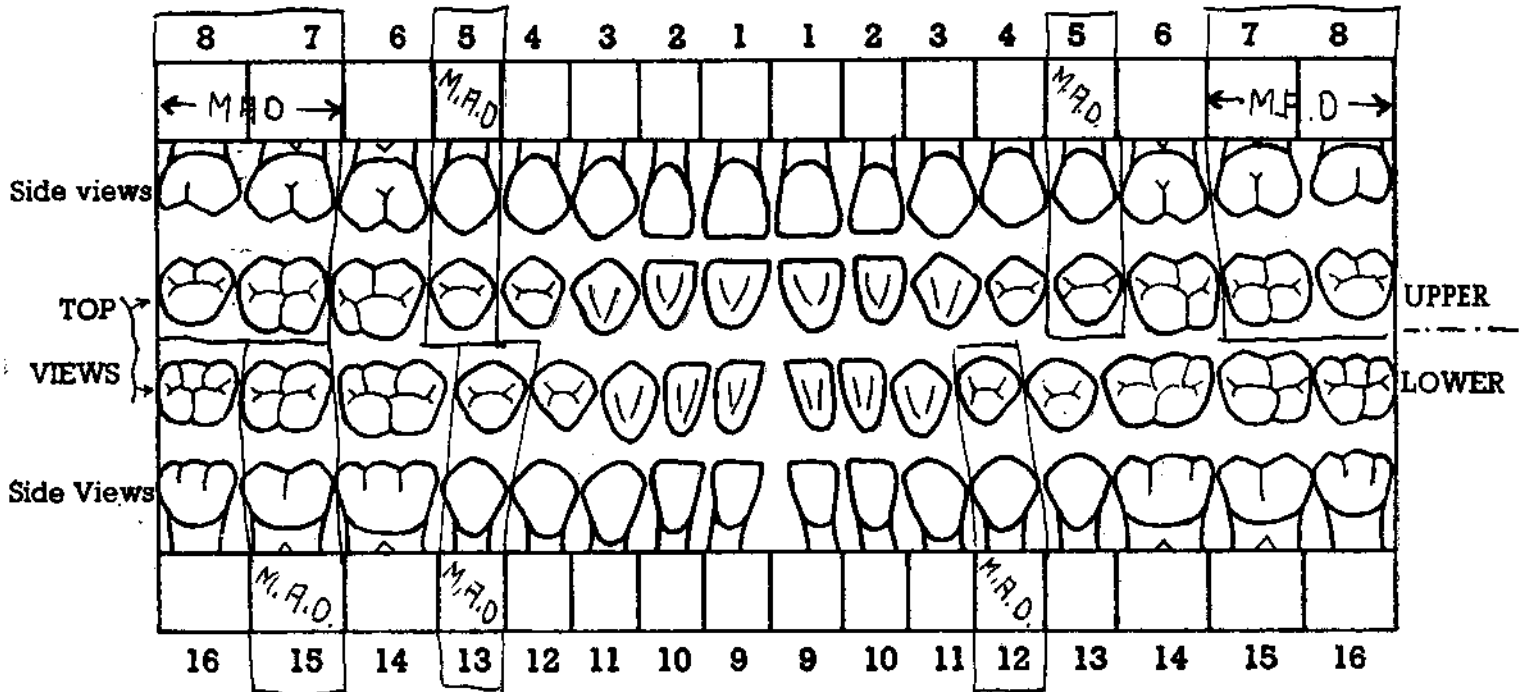


# TOOTH CHART

Last Name			First	Initial	Rank	Date
Unit					Organization	
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.

*Edward Sebastian* 16-2-9

Signature of Officer or other person who prepared Tooth chart

ELLSWORTH T MAC INTYRE, Capt OMC Central

Verified by G. R. S. Officer Identification point

*Ellsworth T. Mac Intyre*

**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**

Teeth missing after death, sockets present, R5,7,8,13,15 and L5,7,8,12.

L13 is a deciduous molar.

Small, even, white teeth, no filling in teeth present.



AGRC Form 10 (Revised)  
1 January 1946

-1-

REPORT OF INVESTIGATION AREA SEARCH

1 May 1946  
Date

NAME Unknown X-6119 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point)

SECTION A GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? 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 Unk. RANK Unk. ASN Unk.

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

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

A. Date of above burials 16th of Aug. 1945 Common Graves? No

4. Deleted \_\_\_\_\_

5. Name and type of cemetery Isolated grave  
(Military or Civilian)

6. Map Coordinates of the Cemetery \_\_\_\_\_

a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

b. Is sketch attached? \_\_\_\_\_

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

a. Town Oberhoffen Coordinates Eur. Rd. Mp. Sc: 1200, 000; Sh. 87 (R-1021)

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? No marking except helmet on top of grave

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

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

b. By whom?

11. Where are the cemetery records? No records  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon?

b. Where was the information obtained?

c. By whom?

12. What is the date of death? Unk.

a. Give basis

13. What is the cause of death? Unk.

a. Give basis

14. What is the date of burial? August 1945

a. Give basis See attached statement

15. What is the place of death? Oberhoffen Eur.R.M.Sc.1:200,000  
Coords Sh.87 (R-1021)

a. Give basis See attached statement

16. Where were the remains found? Oberhoffen Eur.R.M.Sc.1:200,000  
Coords Sh.87 (R-1021)

a. By whom? Oser, Geoffroy

b. Is sketch attached? Yes

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

Type of casket How marked?

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

a. What are the names and addresses?

Oser, Geoffroy. - Rue de Schirrheim 23, Oberhoffen

b. Are certificates and statements attached? Yes

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage?

a. Give location in plane from which the bodies were removed

(Tail gunner, pilot, radio turret, etc., or front, side, of plane)

b. Near wreckage?

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane

b. Markings and/or name of plane

c. Give numbers on Motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
Enemy plane? \_\_\_\_\_ 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? \_\_\_\_\_

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

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

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 found

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

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition \_\_\_\_\_

If deceased is not identified, personal effects will not be forwarded to FE 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? Unk.

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition \_\_\_\_\_

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

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

42. Was deceased given first aid? Unk. If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_

43. Was deceased evacuated to a German hospital? No

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?  
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has higher headquarters been notified? \_\_\_\_\_

47. Was case previously investigated? No By whom? \_\_\_\_\_

When? \_\_\_\_\_

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

Oser, Geoffroy. - 123, rue de Schirrheim, Oberhoffen

49. Are all positive statements regarding identification and particulars surrounding death attached? Yes

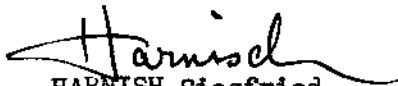
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) \_\_\_\_\_

52. Give brief narrative \_\_\_\_\_

(Use attached sheets, if necessary)

  
HARNISH, Siegfried

Signature of Interpreter

French civilian

Rank ASN

535th QM. Group A.G.R.C.

Organization

  
KULP, Charles

Signature of Investigator

T/5 42088926

Rank ASN

535th QM. Group A.G.R.C.

Organization

déclaration

Je soussigné Oser, Geoffroi certifie que j'ai découvert le cadavre d'un soldat américain inconnu en mois d'août 1945. J'ai enterré le corps sur place, et marqué avec un casque. Il n'y avait plus des plaques d'identité ou d'autres choses qui puissent servir pour l'identification de ce soldat.

Je ne connais personne qui sait plus des renseignements sur ce soldat américain.

Oser Geoffroi

Oberhoffen, le 10. Avril 1946.

Adresse: Oser, Geoffroi Rue de Schierheim 123  
Oberhoffen

X

S T A T E M E N T

Je soussigne Oser, Geoffroi, certifie que j'ai decouvert le cadavre d'un soldat americain inconnu au mois d'aout 1945. J'ai enterre le corps sur place et marque avec un casque. Il n'y avait plus de plaques d'identite ou d'autres choses qui puissent servir pour l'identification de ce soldat. Je ne connais personne qui puisse donner d'autres renseignements sur ce soldat americain.

Oberhoffen, le 10 Avril 1946

/S/ Oser Geoffroi


T R A N S L A T I O N .

I undersigned, Oser, Geoffroi, certify that I found the corpse of an unknown American soldier on August 1945. I buried the corpse where I found him and marked the place with a helmet. There were no identification tags or other effects which could be used for the identification of this soldier on him. I know nobody else who could give more informations on this American soldier.

Oberhoffen, the 10th of April 1946

/S/ Oser Geoffroi

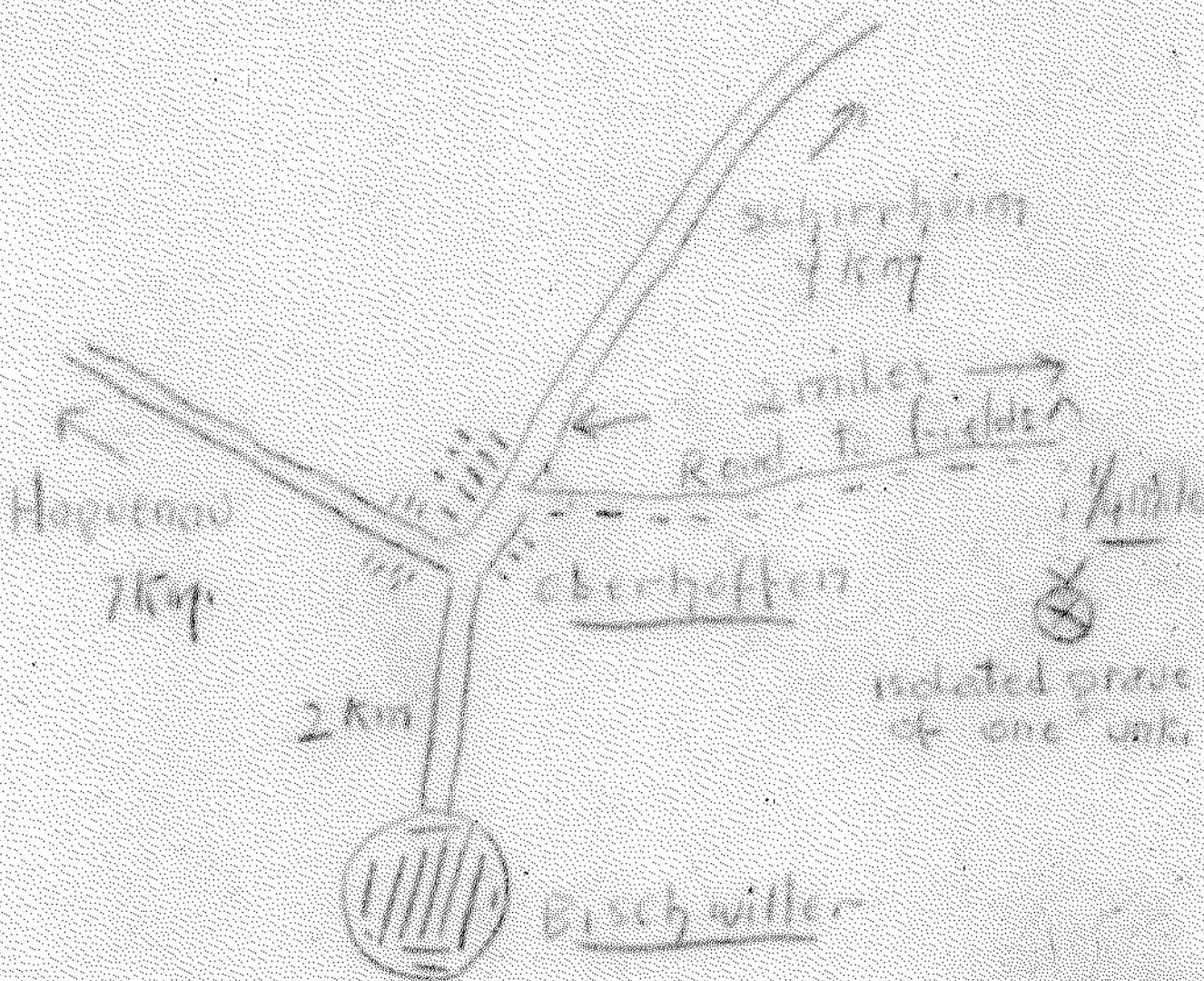
A True Copy

  
Thomas M. Sheddan  
1st Lt. T.C.  
535th QM. Group

λ

UNKNOWN X 6119  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y -- 8 -- 94

Bischoff (on  
SC 27 - E.R.M. 1/20/00  
(R-1021)



sketch showing isolated grave of one  
unknown.

X



1. FILE UNDER NO.

293 - Unk. St. Avold X-6119

**SYNOPSIS**

2. TYPE OF DOCUMENT:

IRS

3. DATE:

11/3/50

4. FROM:

Rec Sec Repat Br Men Div

5. TO:

Screening Section Id Br Men Div

6. SUBJECT:

1. The following #1 DDS with attached papers have been completed in this section and are forwarded for your information.

X-128-B	Han, Luxembourg
X-848	St. Avold
X-6119	St. Avold
.....	

7. DOCUMENT FILED

UNDER NO.

293 Unk Leye #1, X-781

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.

293 unk France, St Avold. X-6119

Q.M. 293  
Unk. X-6119  
(St Avold) France

13 July 1950

SUBJECT: Unidentifiability of

TO: Commanding Officer  
7887 Graves Registration Detachment  
APO 757, c/o Postmaster  
New York, New York

This Office approves the classification of the following  
Unknown in United States Military Cemetery St. Avold, France as  
Unidentifiable:

X-6119 Plot Y Row 8 Grave 94

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX  
Capt QMC  
Memorial Division

REB

JMN

Schroth:cam  
Clements

*[Handwritten signature]*

**AIRMAIL**

*att*

*11*

*3/4.6*

~~SECRET~~  
RIF Europe

11 July 1950

*To letter # 4997*

**SUBJECT: Identification of World War II Deceased**

~~Commanding Officer~~  
7007 Graves Registration Department  
APO 151, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal letter # 1971, dated 27 June 1950, file HQ 203.2, Subject: Certificates of Unidentifiability of Remains.
2. This Office approves the classification of Unknown 1-756, Epinal, France as Unidentifiable.
3. Unknown 1-6117, St. Avold, France will be the subject of a later communication.

**FOR THE QUARTERMASTER GENERAL:**

THOMAS E. COE  
Capt. SAC  
Memorial Division

cc: Admin Sec  
Carroll/mj  
Foy

JMB

JMB

*use in ...*

**AIRMAIL**

1. FILE UNDER NO. 293 - Unk. France (St. Avold) X-6119

**SYNOPSIS**

2. TYPE OF DOCUMENT: Ltr 3. DATE: 27 June 50

4. FROM: OQMG,

5. TO: TQMG, Attn: Mem Div

6. SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4997

7. DOCUMENT FILED UNDER NO. 314.6 - ORS, European (Transmittal Letter #4997)

mfe

**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.

att

T.L. # 4997  
27 June 50

HEADQUARTERS  
7807 GRAVES REGISTRATION DETACHMENT  
REGISTRATION DIVISION  
APO 757 (Liege) US ARMY

(... ..)  
Orig. to file 12 July 50

GRVE 293

293 unk France St Avold X-6119

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6119, Plot Y, Row 8, Grave 94, USIC, St. Avold, France have been reviewed in accordance with par 159, SN 830-110-5, DA, dated 3 March 1949, and it is the opinion of the Board of Review, appointed by par 2, SO No. 66, this headquarters, dated 14 June 1950, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable..

2. Report of Reprocessing of remains was forwarded to the Office of the Quartermaster General, by Transmittal Letter No. 4990, dated 27 June 1950.

3. Remarks:

See copy of Case History attached.

E. D. Sulvanity  
Lt Col E. D. SULVANITY, O-359598, OMC

Haj James C. MacFarland  
Haj James C. MacFARLAND, O-1576321, OMC

George Gunderman  
Haj George GUNDERMAN, Jr., O-1289071, OMC

Rayford E. Lutz  
1st Lt Rayford E. LUTZ, O-1595665, OMC

1st Lt Robert W. Gansel, O-1599085, OMC

C/O Raymond T. Rodriguez, W-2107098, USA

Recvd 12 July '50 OQMG  
Identifiable from  
information presently  
available

Not  
for file  
Schmitt  
21 July

293 Unknown X-6119 USIC St. Avold

CASE HISTORY

Unknown X-6119 was recovered from an isolated grave at Oberhofen, Bas Rhin, France with only a helmet over the grave.

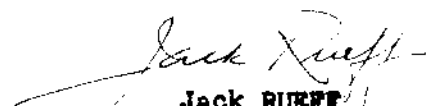
Mr. Oser Geoffroi, an inhabitant of Oberhofen, states that he buried said remains where he found him on August 1945 and that there were no identification tags or other identification marks or effects which could identify this soldier.

The tooth chart for X-6119 shows no fillings and has been checked against all available dental records for this map sheet and area of reported casualties, with negative results. Two unresolved casualties recorded KIA at Oberhofen:

Pvt. Charles D. FORD Jr 14027967 753d tank Bn  
and Pfc. Edward L. Hardy 38584048 142d Inf.  
have dental records showing fillings which are contradictory to the tooth chart of X-6119.

A thorough investigation has been conducted in an effort to associate these remains by other means with all available information in this headquarters but no association could be made.

In view of the negative results of the investigation, it is recommended that this case be declared UNIDENTIFIABLE.

  
Jack RUEFF  
Investigator.

22 June 1950.

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
REGISTRATION DIVISION  
APO 757 (Liege) US ARMY

GRRE 200.2

23 June 1950

SUBJECT: Identification Check List  
Transmittal Letter # 4990

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

Forwarded herewith for your files is one (1) copy of Identifi-  
cation Check List, QMC Form 1044, for the following deceased:

<u>Unknown No.</u>	<u>Cemstery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-6119	St Avoild	Y	8	94

FOR THE COMMANDING OFFICER:

1 Incl  
QMC Form 1044

GAYLORD E. LUTZ  
1st Lt, QMC  
Registration Division

1111 = 5 10571



RECEIVED  
QCMG

*293. 1044. St Avoild Graves X-6 119*

E.O. # 2324 Routine

## IDENTIFICATION DATA

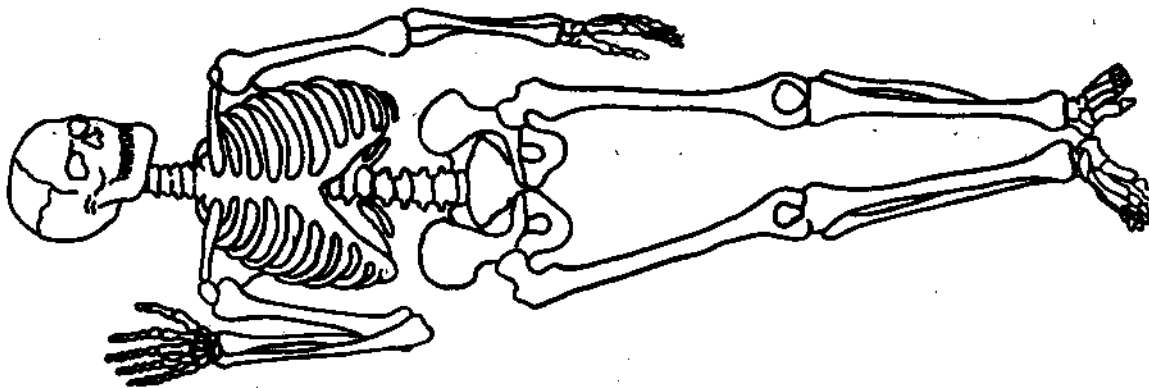
1. REMAINS OF UNKNOWN Unknown X-6119				2. DATE OF REPORT 19 Sept 1949		
3. NAME OF CEMETERY USMC St. Avold		4. PLOT Y	5. ROW 8	6. GRAVE 94	7. DATE OF DISINTERMENT /////	REINTERMENT /////
PHYSICAL DESCRIPTION						
8. ESTIMATED <del>FROM</del> AGE: 18 to 22		9. ESTIMATED HEIGHT 6'2 1/2"		10. COLOR OF HAIR Blond		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  None found						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  None						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? See skeletal chart				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  Proximal quarter of left humerus.						
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)  None found						

A TRUE COPY:

*Gaylord E. Lutz*  
 GAYLORD E. LUTZ  
 1st Lt QMC



19. BLACK OUT PARTS OF BODY NOT COVERED



See skeletal chart.

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

Remains received in disarticulated skeletal form. Embossed plate marked Unknown X-6119 received with remains. Disposition repinned to blanket containing remains.

Byrd  
Sculco  
Peterson  
Green

Hair - Blond  
Teeth - See tooth chart  
Est. Age - 18 to 22  
Est. Ht. - 6' 2 1/4"

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/ John E. BYRD

DAC

○ SKELTAL CHART ○

X-006119, S<sup>I</sup>. Avold

CHART "A-1"

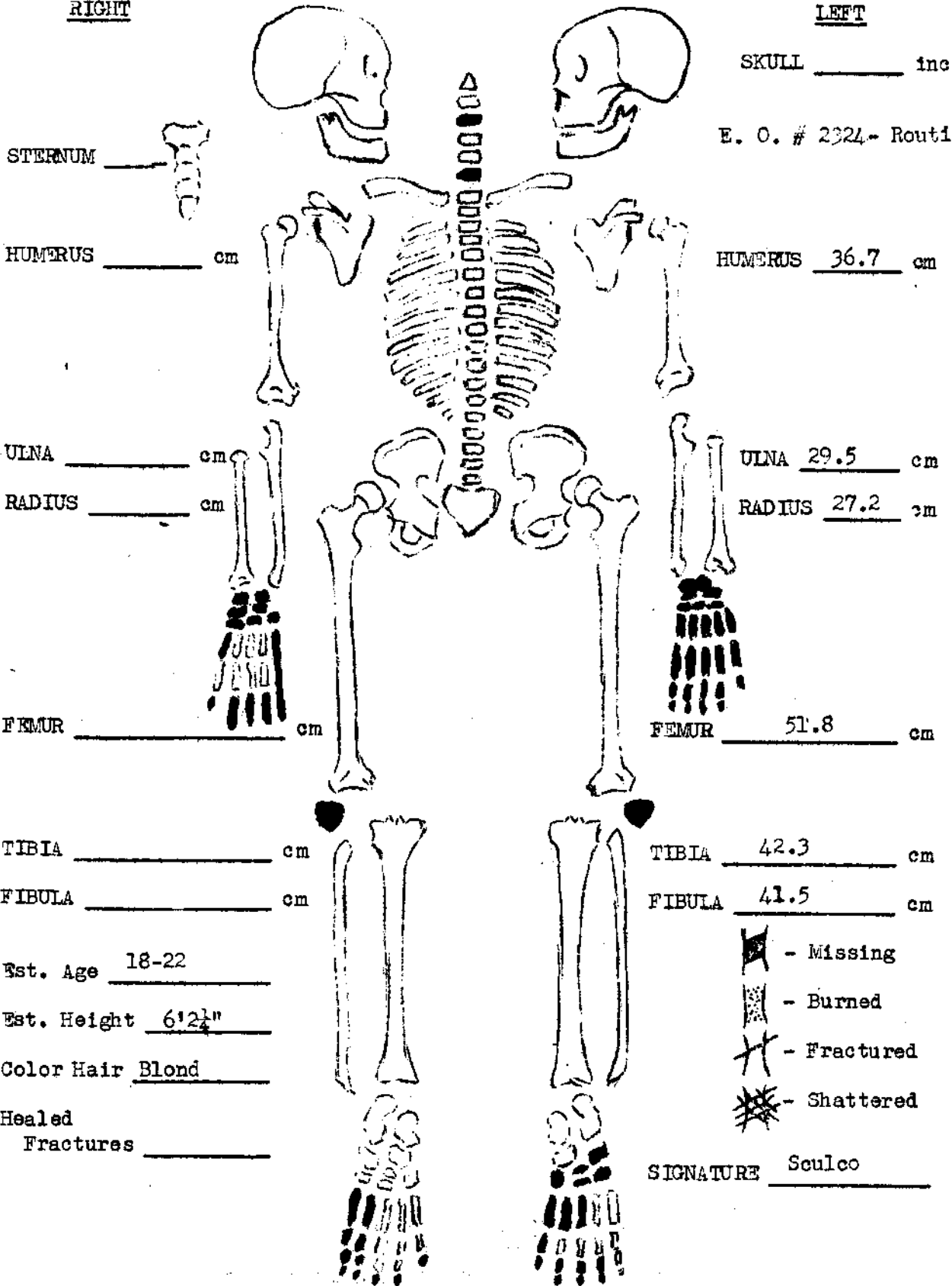
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Sept 19, 1949.

See tooth chart

RIGHT

LEFT



# TOOTH CHART

Unknown X-6119  
St. Avold Y-8-94  
E. O. # 2324

19 Sept 1949

Date

Last Name	First	Initial	Grade	Serial No.
Unk				
Unit			Organization	

Place of Death

Date of Death

Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	☒	☒		☒									☒		☒	☒
Side views																
TOP																
VIEWS																
Side Views																
		☒		☒									☒	NOTE		
	18	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See reverse side for remarks

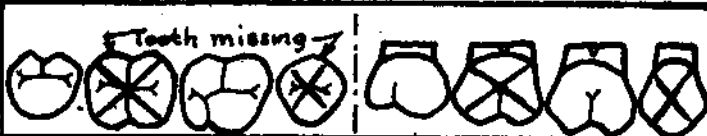
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*S/ ODIN ROLSETH*

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**

Size - small  
 Color - Ivory  
 Stain - Light  
 Calculus: - Light

Alignment - Generally good

R9, L-9, R 10, L10 crowded and overlap.

NOTE: L 13 replaced by deciduous molar.

AIRMAIL

QMOMS 293  
GRS European

19 September 1949

SUBJECT: Additional Information

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

1. Reference is made to your radio AGRC 5557 dated 22 August 1949.

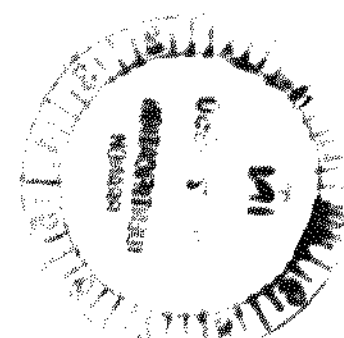
2. All available dental information for Pvt Anthony J. Gross, 36254211 was forwarded per letter dated 10 August 1949, file QMOMS 293, Gross, Anthony J., subject: Additional Information. All available dental information for Sgt Joseph H. Owens, 33076669 forwarded per letter dated 15 June 1949, file QMOMS 293, GRS (European), subject: Additional Information.

3. DSS Form 221 dated 14 November 1942 on S/Sgt John Zapach, 33395316 shows teeth missing R-4, 14, L-4, 8, 14. One (1) Form 79 attached.

FOR THE QUARTERMASTER GENERAL:

1 Incl:  
Form 79

T. H. METZ  
Lt Colonel, QMC  
Memorial Division



AIRMAIL

**DISINTERMENT DIRECTIVE**

*16*

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
*3574 60000*

DATE  
DAY MONTH YEAR  
*15 01 48*

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
*UNKNOWN - 008119* 1

CEMETERY DISPOSITION OF REMAINS  
*ST AVOLD - METZ* 0  
CODE DIST. PT.  
*3503 00*

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
*1 8 84 FRANCE* 8

**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 DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS *UNKNOWN* NAME AND TITLE  
 MARKER

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL CONDITION OF REMAINS  
OTHER MEANS OF IDENTIFICATION  
*As per w/*

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

DATE BY CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

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

1

USMC ST JAMES  
PLOT 0: ROW 9: GR 26:  
DATE OF BURIAL 10 Oct 1950  
VERIFIED BY GRS OFFICER *John Smith Sgt QMC*

DISINTERMENT DIRECTIVE

OK  
48  
5/10/50

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

NAME *293* UNKNOWN X-006119 SERIAL NUMBER RANK ARM 1  
DATE OF DEATH DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY Y 8 94 FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE ST. JAMES, FRANCE  
ST. JAMES, FRANCE  
NAME AND ADDRESS OF NEXT OF KIN  
These remains are unidentifiable & are to be permanently interred (Reg. Div. 26/7/50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006119 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 27 July 48

IDENTIFICATION TAG ON  MARKER GRS ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY Anthony J Martin Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover CONDITION OF REMAINS Skeletal form -

OTHER MEANS OF IDENTIFICATION Report of Burial dtd 2 May 46 found with remains reads Unk X-6119

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET DATE 5 Aug 48 BY Anthony J Martin, Embalmer

CASKET SEALED BY Anthony J Martin, Embalmer EMBALMER (Signature) Anthony J Martin

CASKET BOXED AND MARKED DATE 5 Aug 48 BY Anthony J Martin SPECIAL ADDRESS VERIFIED BY all markings plates & tags verified by: H MEAD, Capt CWS

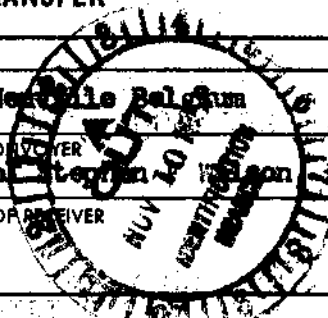
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. Final casing by: H MEAD, Capt CWS SIGNATURE OF GRS INSPECTOR H MEAD, Capt CWS 7857 AGRC Zone 3 Hq.

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. CONSIGNEE CHANGED - AGRC EA

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avoird France</b>		TO <b>OIC Newville Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl. [unclear] 3A-39587409</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>29 Oct 49</b>	SIGNATURE OF RECEIVER	DATE



## 2. SHIPPED

FROM <b>USMC St. Jean, France</b>		TO <b>CIL, Liege, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>SFC Johnson</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	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 <b>MAIL ADMINISTRATION (CODE)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	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



1. FILE UNDER NO. 293 - Unk. France X-6119 (St. Avoild)

**SYNOPSIS**

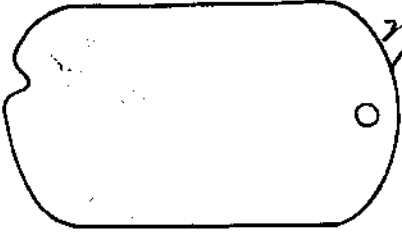
2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 10 Nov. 1947  
4. FROM: Hq. Amer. GRC, European Area, APO 58, US Army  
5. TO: OQMG  
6. SUBJECT: Identification of unknown deceased

7. DOCUMENT FILED UNDER NO. 293 - GROSS, Anthony J. 36,254,311

rtb

- 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.

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 2 May 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <i>and</i> Unknown X-6119 <i>St Aveld</i>				
		GRADE Unknown		ORGANIZATION Unknown		SERIAL No. UNKNOWN
		RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Ground Forces
				IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Oberheffen, Bas-Rhin France		CAUSE OF DEATH Unknown			DATE OF DEATH Est. Aug. 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 None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery (Q-260584) St Aveld France						
DATE OF BURIAL 2 May 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. Wooden Cross	PLOT No. Y	ROW No. 8	GRAVE No. 94
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Oberheffen, Bas-Rhin, France Europe Rd Map Sh No 87, 1/200,000 (E-1021) Isolated grave			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Captain, Z.S.KISH, O-574785		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) Boring, Vall E.			RANK Pvt	SERIAL NO. 33849509	ORGANIZATION Ground Forces	GRAVE No. 93
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-6118			RANK Unk	SERIAL NO. Unk	ORGANIZATION Ground Forces	GRAVE No. 95
SIGNATURE OF PERSON PREPARING REPORT William D. Lawson 111 2nd Lt Inf 535th Quartermaster Group			SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**RESTRICTED**

**Section - UNIDENTIFIED REMAINS.**


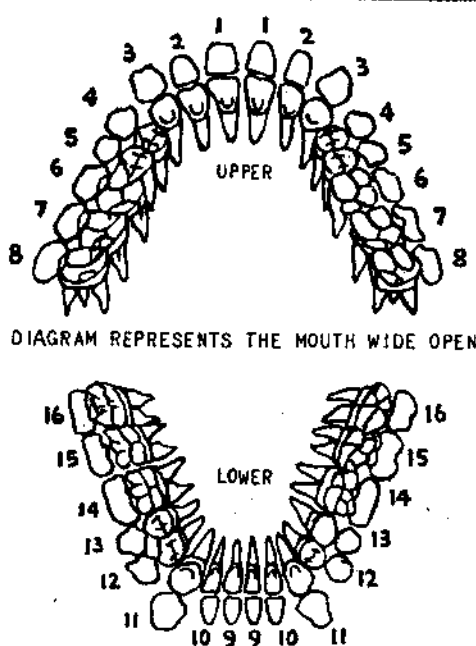




**INSTRUCTIONS:**

(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.

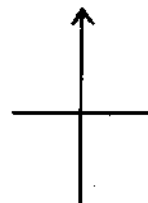
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT <b>Est.</b> 6'	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>UTD</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>
WEAPON AND SERIAL No. <b>None</b>		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**"Entire Remains Recovered"**

# TOOTH CHART

1 May 1946  
 Date

Unknown X-61119

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No.

Unknown

Unit

Unknown

Organisation

Oberheffen, Bas-Rhin France

Est. Aug. 1945

Unknown

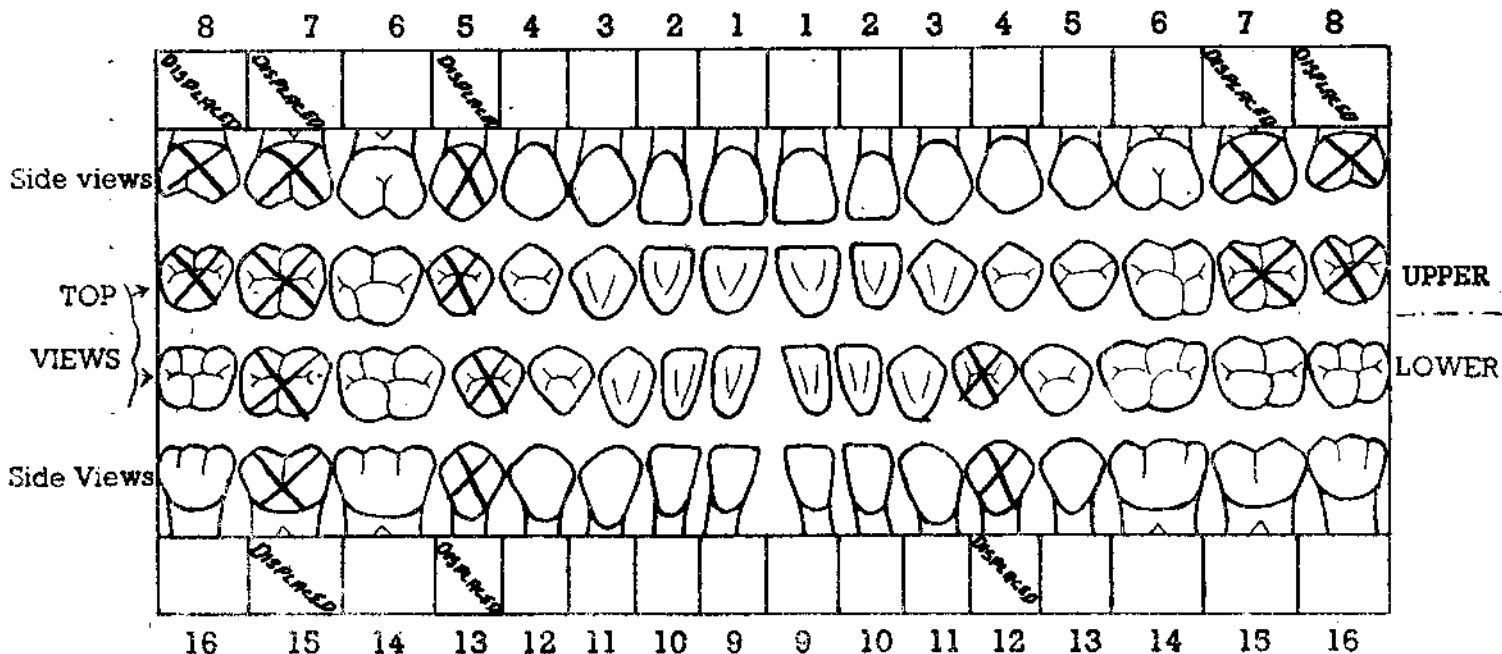
Place of Death

Date of Death

Cause of Death

Right

Left



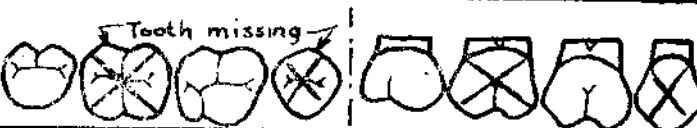


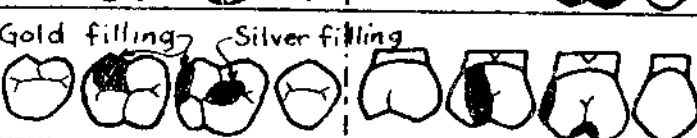

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

John A. Trent

Signature of Officer or other person who prepared Tooth chart

William D. Danner 1st Lt. Inf

Verified by G. R. S. Officer

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

1. L7, L8, R5, R7 and R8 are displaced teeth which were not recovered with the remains.
2. L12, R13 and R15 are displaced teeth which were not recovered with the remains.
3. Anatomically, L13 is a molar teeth.
4. The incisal surface of the upper and lower anterior teeth are slightly ground.
5. Teeth even medium shade.
6. No sign of ever receiving dental treatment.

UNKNOWN X-6119

CEMETERY ST. AVOLD

PLOT Y ROW 8 GRAVE 94

Arrived at cemetery 1500 2 May 1946 From UPP 535th QM. GROUP  
(hour) (date) (collecting point)

Place of death Oberheffen, Bas-Rhin France  
(name) (coordinates & landmarks)

Europe Rd. Map Sh No 87, 1/200,000 (R-1021)

Remains recovered by 3049th QM GP Co.  
(name and organization)

Evacuated to cemetery by GPP 525th QM Group  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same  
(yes-no)

area as this Unknown starred \_\_\_\_\_ Are circumstances described  
(yes-no)

which may indicate organization of the deceased \_\_\_\_\_ If only  
(yes-no)

part of a body was received, was a careful search made for other

parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc: \_\_\_\_\_  
(type of vehicle or plane,

nickname serial number, organization or symbols)

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use \_\_\_\_\_

If organization to which vehicle or plane was assigned or if names  
of all other deceased are not known, give detailed information con-  
cerning vehicle or plane \_\_\_\_\_

(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects \_\_\_\_\_  
(Indicate exact pocket

or part of body where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear <b>None</b> (type)				
Raincoat <b>None</b>				
Overcoat <b>None</b>				
Jacket, Field <b>None</b>				
Jacket, Combat <b>None</b>				
Mackinaw <b>None</b>				
Sweater <b>One</b>				
Jacket, HBT <b>None</b>				
*Shirt, Wool OD <b>One</b>		15-34		
Undershirt, Wool <b>One</b>				
Undershirt, Cotton <b>None</b>				
Trousers, HBT <b>One</b>				
*Trousers, Wool OD <b>One</b>		33		
Belt, Web <b>None</b>				
Drawers, Wool <b>One</b>				
Drawers, Cotton <b>None</b>				
Leggins <b>None</b>				(unusual lacing)
Wool <b>One Pair</b>				
Socks Cotton <b>One Pair</b>				
*Shoes <b>One Pair</b> (type)				
Overshoes <b>None</b>				
Web <b>None</b>				
Equipment (type)				
Furline Jacket				
Other item <b>One</b>				

\*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or **UTD**  
**UTD** Shoulder Patch **UTD**. (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age **UTD** Height **Est. 6'** Weight **Est. 140** Description of wounds **UTD**  
 (yrs) (ft-in) (lbs)

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) UTD  
Sunburn or tan, other than hands and face UTD

Tobacco stain on fingers or teeth UTD  
(designate where, extent)

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

Build UTD  
(large, fat, thin, muscular)

Hair Light Blend 2 1/2 in.  
(color, length, quantity, curly, wavy, straight, whorls, or

UTD  
definite parting, baldness, widows peak, other characteristics)

Sideburns UTD Eyebrows UTD  
(color, setting, shape) (color, bushiness, across nose)

Mustache UTD Beard or goatee UTD  
(color, size, shape) (length, heavy, light,

color, extent) Eyes UTD  
(color, setting, shape)

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

Forehead UTD Mouth UTD Lips UTD  
(high, wide, wrinkled) (large, medium, small) (small large)

Teeth See Teeth Charts  
(white, size, unevenness, spacing, noticeable crowns, fillings, missing)

Chin UTD Cheekbones UTD  
(prominent, receding, pointed, dimple, double) (high, normal)

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

Neck UTD Larynx UTD  
(size, long, short, normal, wrinkled) (prominent, normal)

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

UTD UTD  
Extent & quantity of hair)(vaccination scar, size of wrists)

Hands UTD  
(large, small, normal, calloused noticeably) (marks on fingers

UTD  
indicating that rings were worn)



Fingers UTD  
(short, thick, long, slender; size of knuckles) (missing  
UTD  
fingers or joints)(unusual characteristics of fingernails)

Chest UTD  
(size at nipples; color, quantity & extent of hair; large, small)  
normal

Back UTD Waist UTD  
(quantity and extent of hair) (size at naval, appendectomy,  
UTD Circumcized UTD Pubic hair UTD  
amount & color of hair) (yes-no) (color)

Hernioplasty UTD Legs UTD  
(yes-no) (location) (inseam) (muscular; knock-kneed  
UTD  
bowed, normal) (quantity, color & extent of hair)

Feet UTD Toes UTD  
(size; corns; callouses; flat) (slender, straight, crooked, etc)

Evidence of healed fractures UTD  
(nose, arms, legs, etc)

Black out parts of body not  
received at cemetery:

See Remarks



Have photographs been made and attached UTD If not, explain  
(yes-no)

Have fingerprints been placed on GRS #1 UTD If not explain  
(yes-no)

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

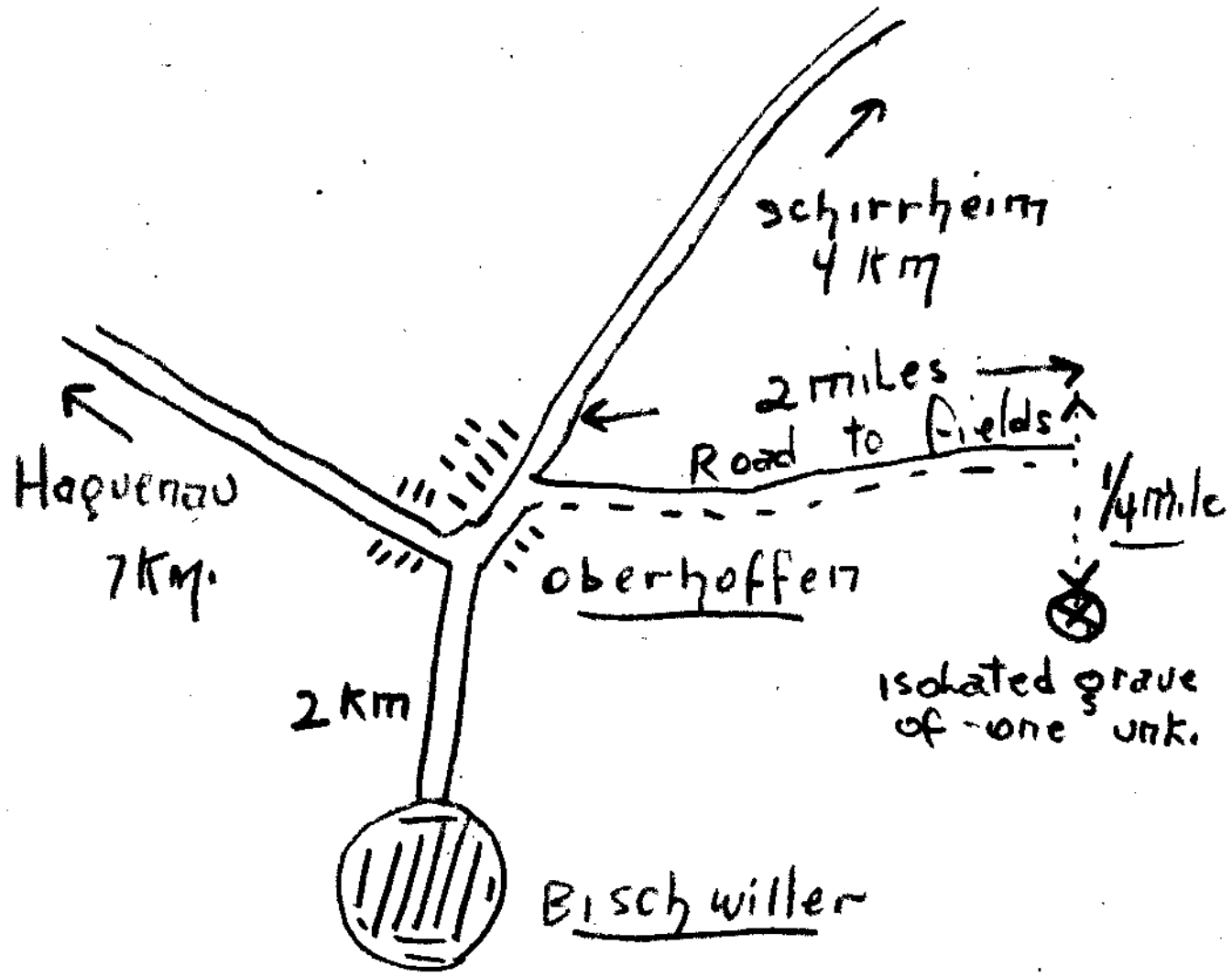
Remarks: Body completely decomposed.

Entire Remains Recovered of body decomposed

*William D. Harrison*  
Signature of GRS and Organization

UNKNOWN X 6119  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y - 8 - 94

Oberhoffen  
Sc. 87 - E.R. 177. - 1:200,000  
(R-1021)



Sketch showing isolated grave of one unknown.