

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-6904 MB

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

UNKNOWN X-6904 St Avold

(POC) ST AVOLD

*File  
E. Flora  
Sent Br  
26 Feb 51*

REPORT OF INVESTIGATION  
AREA SEARCH

RECORDED  
U. S. MIL. CEM. ST-AVOLD  
PLOT 17 ROW 8 GRAVE 15

AGRC Form # 10 (Revised)

1 January 1946.

*S. A. V.*

19 July 1946

Date

NAME Unknown X6904 RANK Unknown ASN Unknown

ORGANIZATION AAF

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? **NA.**  
If so, state the following information:

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? **N.A.** . 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 **None**

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

a. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

5. Name and Type of Cemetery None, found in mine field  
(Military or Civilian)
6. Map Coordinates of the Cemetery N.A.
- a. Town \_\_\_\_\_ Country \_\_\_\_\_
7. Give exact location in cemetery of the remains.
- a. Section N.A. Row \_\_\_\_\_ Grave \_\_\_\_\_
- b. Is Sketch attached? \_\_\_\_\_
8. If remains are not located in a cemetery, give exact location.
- a. Town Reipertswiller, France Coordinates N/E Sheet; 87 Coord; Q 8087  
MAP 1/250,000
- b. Is sketch attached? yes
- c. Is area mined? yes
9. How is the grave marked? None
10. If grave is marked with cross, give exact markings thereon N.A.
- 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 contained thereon? \_\_\_\_\_
- b. Where was the information obtained? \_\_\_\_\_
- c. By Whom? \_\_\_\_\_
12. What is the date of death? Est. Jan. 1945  
Time of action in area
- a. Give basis \_\_\_\_\_
13. What is the cause of death? Est. Gun shot wound.  
condition of remains.
- b. Give basis \_\_\_\_\_
14. What is the date of burial? None
- a. Give basis \_\_\_\_\_

15. Where was the place of death? Reipertswiller, France. Coords N/E Sheet: 87  
Q-8057 Scale;  
Give basis remains found there 1/250,000.

16. Where were the remains found? Reipertswiller, France Coords N/E Sheet: 87  
Q-8057 1/250,000  
a. By Whom? Alfredo Mendia  
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 none  
(Civilian, American Mil. or German Mil.)

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 and/or name on plane \_\_\_\_\_

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 ground? \_\_\_\_\_
- 23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
- 24. What was the direction of the flight? \_\_\_\_\_
- 25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_
- 26. Had bombs been released prior to the crash? \_\_\_\_\_
- 27. Does specific time and date of crash correspond with 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, assistant driver or... front, side, or back)
  - b. Near wreckage? \_\_\_\_\_
- 32. Location of destroyed tank must 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) \_\_\_\_\_  
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 the investigating team \_\_\_\_\_ **no** \_\_\_\_\_
- If not, state reason \_\_\_\_\_ **no effects on body** \_\_\_\_\_
- 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 is 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? **NO**
- 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 civilian hospital? **NO**  
 WHERE? \_\_\_\_\_ Names of 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?  
**Remains located in mine field in a hole**  
 (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  
**Alfredo Mendia**  
**Au Boeuf Noir, Lichtenberg, Bas-Rhin, France.**
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)

**were**

52. Give Brief Narrative **Remains/found as area was demined, None previously knew that remains were there.**

(Use attached sheets, if necessary)

*Henry A. Levesque*

**Henry Levesque**

Signature of Interpreter

**Pvt. 31481580**

Rank ASN

**535th QM Group**

Organization

*Richard A. Gale*

**Richard A. Gale**

Signature of Investigator

**Pfc. 46037781**

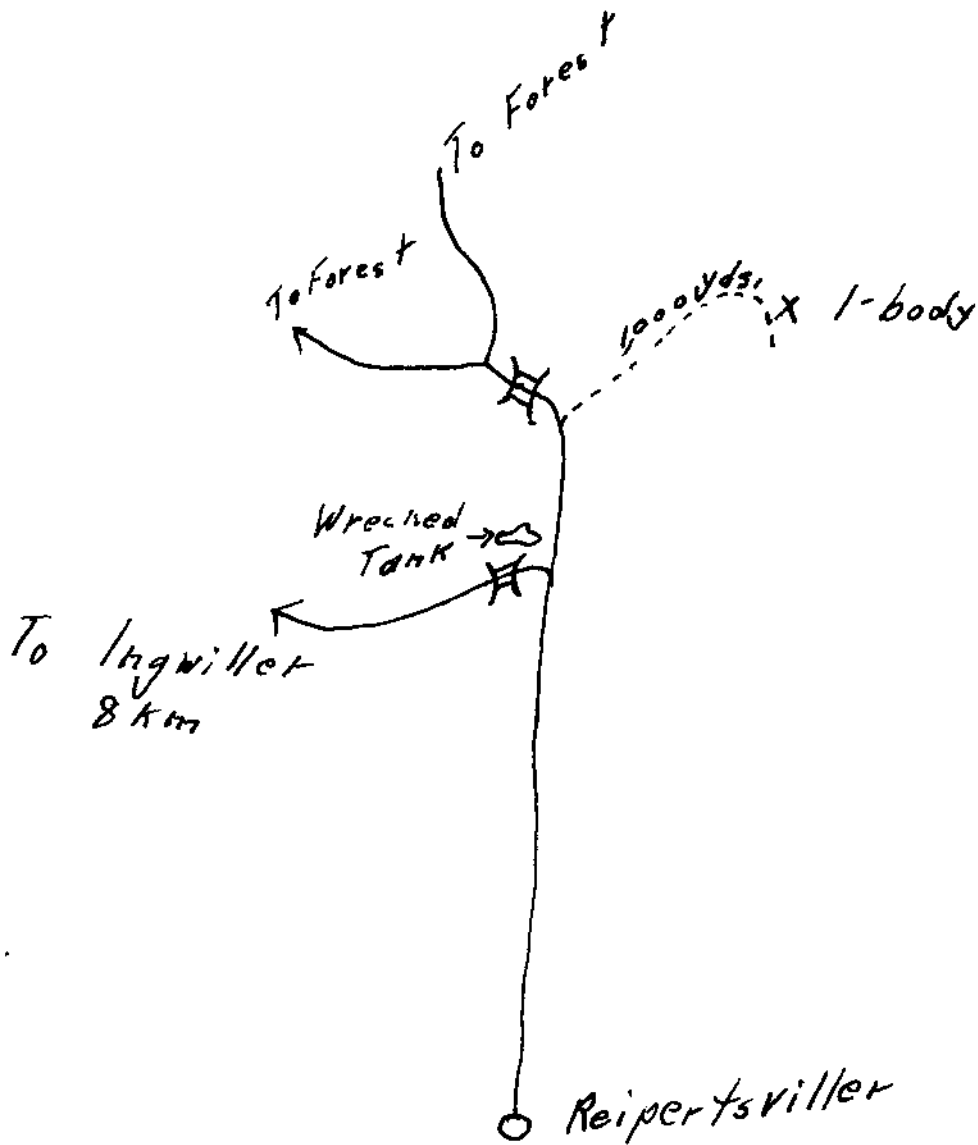
Rank ASN

**535th QM. Group**


Organization



UNKNOWN I- 6904  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD - IIII-8-92



Reipertsviller  
M/E 5h. 87  
Scale 1/250,000  
Q-8037

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 <b>5 August 1946</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>Unknown X6904</b>			SERIAL No. <b>Unknown</b>	
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>XX ground forces</b>		
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Reipertswihler, France.</b>		CAUSE OF DEATH <b>BTB: Gun shot wound</b>		DATE OF DEATH <b>Est. Jan. 1944</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		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) <b>Yes</b>		<b>None</b>				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>U.S. Military Cemetery (Q -260584) St. Avoild, France.</b>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>5 August 1946</b>	<b>1600</b>	<b>casket</b>	<b>temp. wooden cross</b>	<b>III 8</b>	<b>8</b>	<b>92</b>
WAS THIS A REBURIAL? (Yes or no) <b>yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Reipertswiller, Bas-Rhin, France.                  Map: 1/250,000 Sheet: 87 Coord: Q 6037</b>			PLOT No.	ROW No.	GRAVE No.
				<b>isolated</b>		
TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>CH. H.A. LEE, 1st Lt.</b>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy WD. QMC Form 1042 Report of Interment placed in burial bottle and buried with remains.</b>			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes-Embossed plate</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN I- 6914</b>		RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
		<b>UNK</b>	<b>UNK</b>	<b>AAF</b>	<b>91</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN I- 6905</b>		RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
		<b>UNK</b>	<b>UNK</b>	<b>AAF</b>	<b>93</b>	
SIGNATURE OF PERSON PREPARING REPORT <b>Dorothea G. Verbeek</b> <b>Hq. Third Field Command AGRC.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>RALPH W. SLEATOR,</b> Major Inf. <b>3rd Field Command.</b>			
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.						

**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.


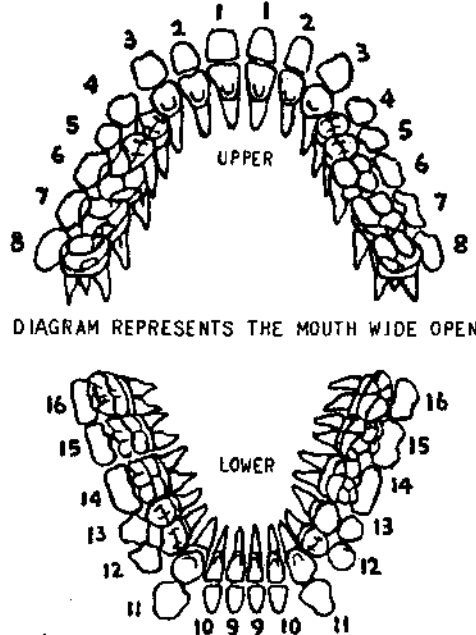




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
<b>UTD</b>	<b>UTD</b>	<b>UTD</b>	<b>blond short</b>	<b>UTD</b>

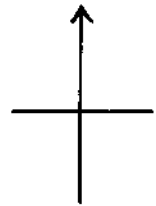
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
<b>None</b>	<b>yes</b>	<b>Reipertawiller, France.</b>

**OTHER IDENTIFICATION CLUES**

**First aid pouch with markings "Wold" W 5630", 45115630"**

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER			
RIGHT RING FINGER			
RIGHT LITTLE FINGER			

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



**REMARKS:**

**Attached Form 11 Checklist of Unknowns and Form 1A tooth chart. Impossible to obtain fingerprints because of missing portions. Est. weight of remains recovered 15 Lbs.**

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

# TOOTH CHART

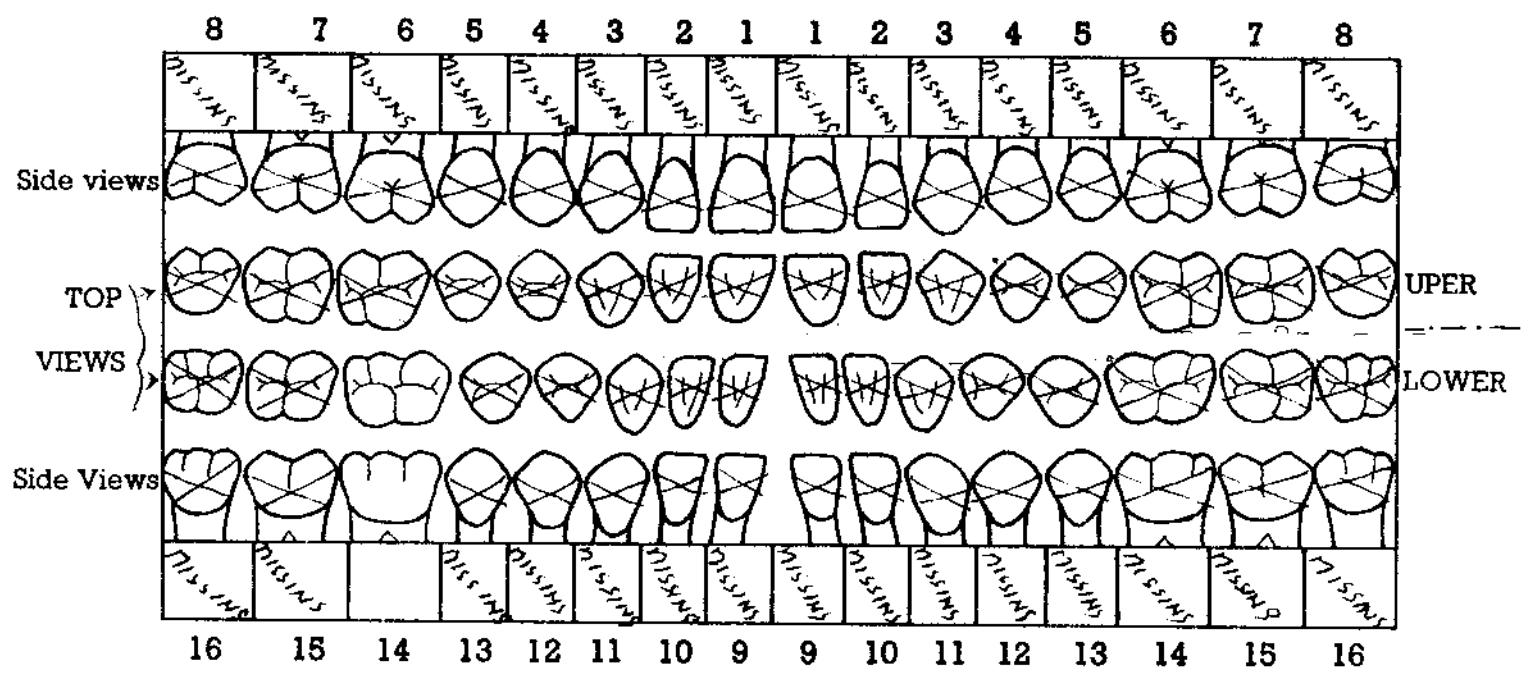
REMEMBERED  
U. S. MIL. CEM. ST-AVOLD  
PLOT *1460W 8* GRAVE *92*

**14 July 1946**  
Date

Unknown X6904 Unknown Unknown  
Last Name First Initial Rank Serial No.  
Unknown ground forces  
Unit  
Reiperstwiller, France. Est. Jan. 1944<sup>14</sup> Organization  
Place of Death Date of Death Cause of Death  
Gun shot wound.

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.

*Thomas W. Turner*

Signature of Officer or other person who prepared Tooth chart

*Wm. J. Pelton (OK)*  
Wm. J. Pelton Major QMC.

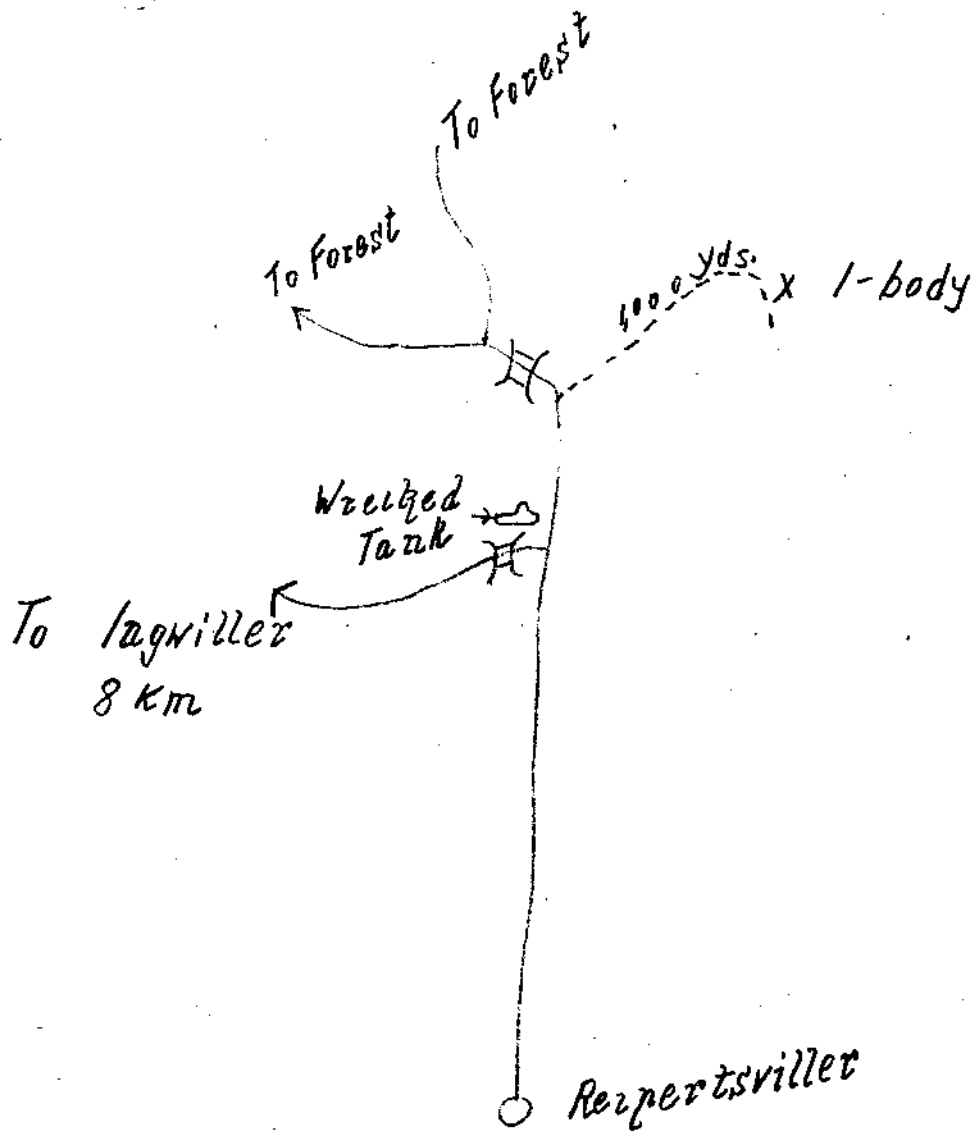
<p><b>MISSING TEETH...</b> All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p><b>CROWNED TEETH...</b> Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p><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**

The mandible was missing from 14-15-16 left.  
 These teeth were missing since death number 16-15-14-12-11-10  
 9 right and 9-10-11-12-13 left.  
 There was no maxillary with the body.

UNKNOWN X- 6904  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD - IIII-8-92



Reipertsviller  
M/F sq. 87  
Scale 1/250,000  
Q-8037

X- 6904

**IDENTIFICATION CHECK LIST**

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

Proc by: *C. P. P. P. P. P.*  
*P. P. P. P. P.*  
 clsk: *A. Richardson*

*E.O. 790*

Unknown X *6904*  
 Cemetery *St. Arnold, France*  
 Plot *IIII* Row *8* Grave *92*

1. *Date reprocessed: 1 July 48*  
~~Arrived at cemetery~~ (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or disinterred~~ <sup>*reprocessed*</sup> by *Mobile Team #1 C.I.P.*  
 (Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
 (Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

*NONE*

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

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

Chevrons or  
Insignia \_\_\_\_\_  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

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

6. Description of Remains: *L. Humerus 21.0* *L. Femur 42.7*  
*L. Radius 22.9* *L. Tibia 34.2*  
*L. Ulna 24.8* *L. Fibula 34.2*

Age UTD Height Est-5' 3/4" Weight UTD Description of wounds \_\_\_\_\_

Bandages or dressings None Scars \_\_\_\_\_  
 (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 \_\_\_\_\_  
 (Large, fat, thin, muscular)

Hair \_\_\_\_\_ NONE  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair \_\_\_\_\_ UTD  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ Mustache UTD Beard or UTD  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)



Goatee ..... (Light, color, extent) *UTD*

Eyes ..... (Color, setting, shape) *UTD*      Eyebrows ..... (Color, bushiness, extent across nose) *UTD*

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

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

Teeth ..... *No teeth found* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double) *Only small portion of skull recovered.*

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

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

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

Hands ..... *Missing*

Fingers ..... *Missing* (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) *UTD*      Circumcision ..... *UTD* (Yes-no)      Pubic Hair ..... *NONE* (Color)

Hernioplasty ..... (Yes-no; location)

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

Feet ..... (Size, corns, callouses, flat) *UTD*      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

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

9. Remarks Remains received in skeletal form, no flesh. No clothing. Report of Burial, no GRS tags. Estimated weight of reprocessed remains: 10 pounds. Estimated height: 5'1 3/4".  
X No evidence of old or healed fractures or amputations found.  
X Only small portion of disarticulated skull found.

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.

Carl O. Rice  
(Officer's Name)

SP-7 AGRC  
Rank Service

Mobile Team #1, C.I.F.P.  
(Organization)

A. Richardson



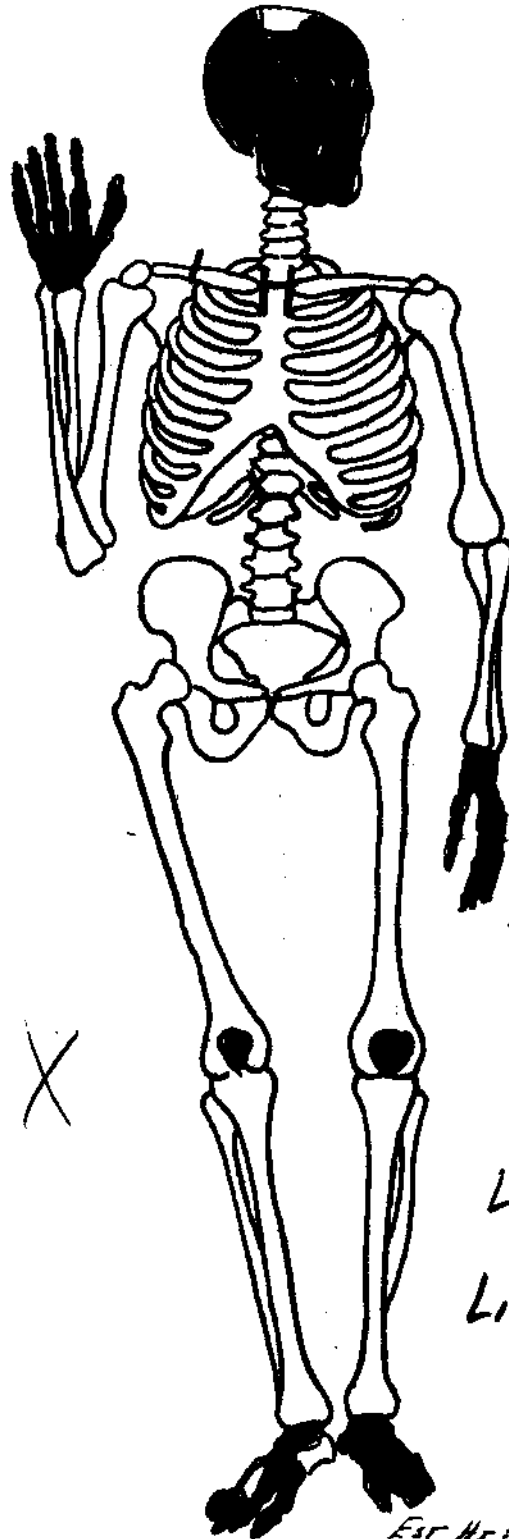
# SKELETAL CHART



X-6904  
ST. AVOLD. CEM.  
1 July 1948  
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

PLOT IIII  
Row 8  
GRAVE 92



L. HUMERUS 31  
L. RADIUS 22.9  
L. ULNA 24.8

L. FEMUR 42.7

L. TIBIA 34.2

L. FIBULA 34.2

Est Hrs: 5'  $\frac{3}{4}$ "

STATEMENT

16 July 1946.

I, Mr. Alfredo Mendia, found the body while demining the area. It was never known of before because of the mines.

Mendia Alfredo

UNKNOWN X- 6904  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD - IIII-8-92

X-6904

NOTICE OF DISINTERMENT  
(Avis de Rehumation)

CG Form No. 8

Date  
(Date)

The below listed U.S. deceased personnel have this date been disinterred  
(La personne Americaine decedee, ci dessous indiquee a etc, a cette date,  
from the location as shown and have been evacuated to U.S. Military Cemetery  
(exhumee du lieu indiquee a etc evquee dans un cimetiere Americain.)

-tory, \_\_\_\_\_ for reburial  
(pour etre re-enterr

(NAME) (NOM)	(MOS) (GRADE)	(SER) (NO)	(PLAC OF DISINTERMENT) If communal cemetery show (Si le lieu d'exhumation est Plot, Row and Grave No, if un cimetiere communal, indi- available. -quer l'endroit, le No du chemin et celui de la tombe s'il y a lieu.

(OFFICER OF HCO in charge of Disinterment)

(Organization)

# AIRMAIL

QUART 293  
Unknown 1-6901  
St. Avoild, France

28 October 1949

SUBJECT: Unidentifiable Remains

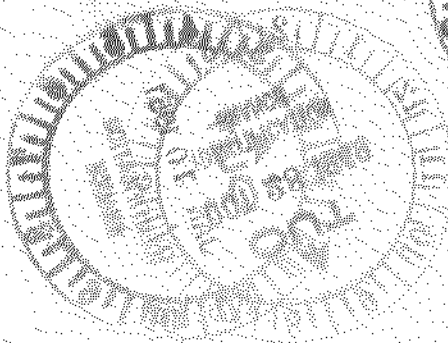
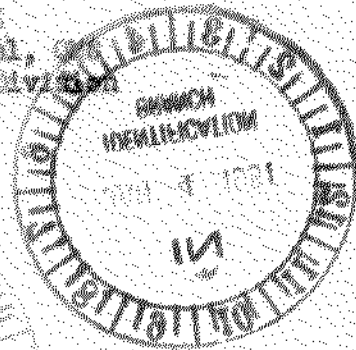
TO : Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal Letter #3820, your headquarters, dated 1 May 1949.

2. Certificate of Unidentifiability for Unknown 1-6901, Plot IIII, Row 8, Grave 92, United States Military Cemetery St. Avoild, France, listed by the above referenced letter, has been approved by this Office.

FOR THE QUARTERMASTER GENERAL:

E. B. WETA  
Lt. Colonel, USA  
Memorial Division



REC  
TEC

Rice/nsj

Foy

Rice

OCT 20 11 15 AM '49  
U.S. ARMY  
GRAVES REGISTRATION BRANCH

# AIRMAIL

1. FILE UNDER NO. 293 - Unk. France X-6904 ( St. Avoild)

### SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 8 Aug 49  
4. FROM: Dept. of the Army, OCMO  
5. TO: CG, American CBS, European Area, APO 98, NY, NY  
6. SUBJECT: Unidentifiable Remains - Transmittal Letter # 3880.

7. DOCUMENT FILED UNDER NO. 314.6 - CBS, European ( 1/L # 3880)

INSTRUCTIONS.—Enter after the above headings information as follows:

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

29 April 1949  
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6904, Plot III,  
Row 8, Grave 92, USMC ST. AVOLD, France,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. 2954, dated 9-8-48.

Case reviewed by undersigned Members of the Board of Review:

Robert Berger  
-----  
Maj. Robert BERGER, O-251736    ORD    Capt Jack C. HAYES, O-1577297    OMC

Edward F. Price, Jr.  
-----  
Capt. Edward F. PRICE, Jr., O-488236    OMC    1/Lt Edward E. STOUT, O-1594512    CE

E. J. Ogleby  
-----  
~~1/Lt. Ernest J. OGLESBY, O-449004, Cav~~

*Handwritten:* I.D. # 3820, 14 May 49

Received .....  
Not identifiable from  
information presently  
available

*Handwritten:* 6 Sept 49

*Handwritten:* Inc 1 # 12



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 9 AUG 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-6904  
interred in Plot IIII, Row 8, Grave 92, USMC St. Avold  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 1 3/4"

No evidence of old or healed fractures or amputations found.

Only small portion of disarticulated skull found.

FOR THE COMMANDING GENERAL :

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

1 Incl. :  
1 Skeletal Chart

X-6904

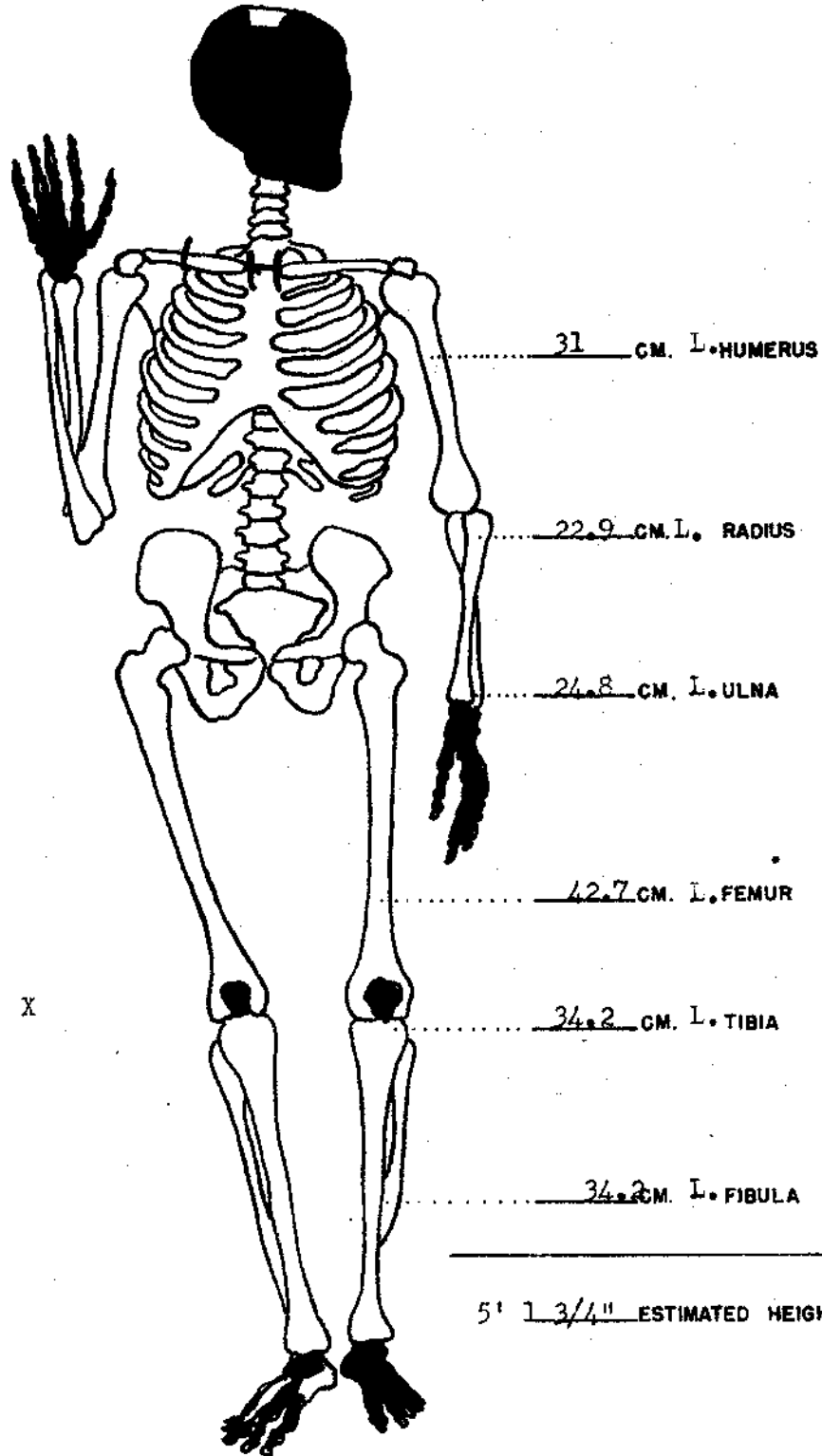
1 July 1948

St. Avold Cemetery

IIII : 8 : 92

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



PROCESSED BY: \_\_\_\_\_

This grave formerly occupied by: PALMES, Jere F, CAPT, O-441003  
USMC ST AVOLD, FRANCE  
Plot D, Row 36, Grave 302  
Date reburied: 2 June 48  
**DISINTERMENT DIRECTIVE** Disinterred: 2 June 49

4

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
*MR R. SWART*  
CAPT., QMC  
DIRECTIVE NUMBER 3574 00000  
DATE 15 01 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
*293* UNKNOWNX-006904 1  
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
4I 8 92 FRANCE 6

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  
**FILE**  
12 JUL 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006904 SERIAL NUMBER RANK DATE OF DEATH 24 June 48  
DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN Unk Charles W Fredricks  
 MARKER GRS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover CONDITION OF REMAINS Skull, Mandible, missing-  
R/Clavicle fractured - Hands & Feet  
missing - Skeleton form

OTHER MEANS OF IDENTIFICATION  
Report of Burial unsigned dtd 5 Aug 46 found with remains

MINOR DISCREPANCIES 1  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 1 July 48 BY *Charles W Fredricks*  
Charles W Fredricks, Embalmer

CASKET SEALED BY Charles W Fredricks Embalmer EMBALMER (Signature) Charles W Fredricks

CASKET BOXED AND MARKED DATE 1 July 48 by Charles W Fredricks  
All markings, tags and plates verified by: *H Mead*  
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 casketing by: *H Mead*  
H MEAD, Capt CWS  
*H Mead*  
H MEAD, Capt CWS, 7857 AGRC, Zone 3 Hq.  
SIGNATURE OF GRS INSPECTOR

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

*NLN*

102411

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
H.Q. COM. ZONE, ETOUSA

REINTERRED  
U. S. MIL. CEM. SCAMPOLD  
PLOT 11 ROW 7 GRAVE 92

# TOOTH CHART

16 July 1948

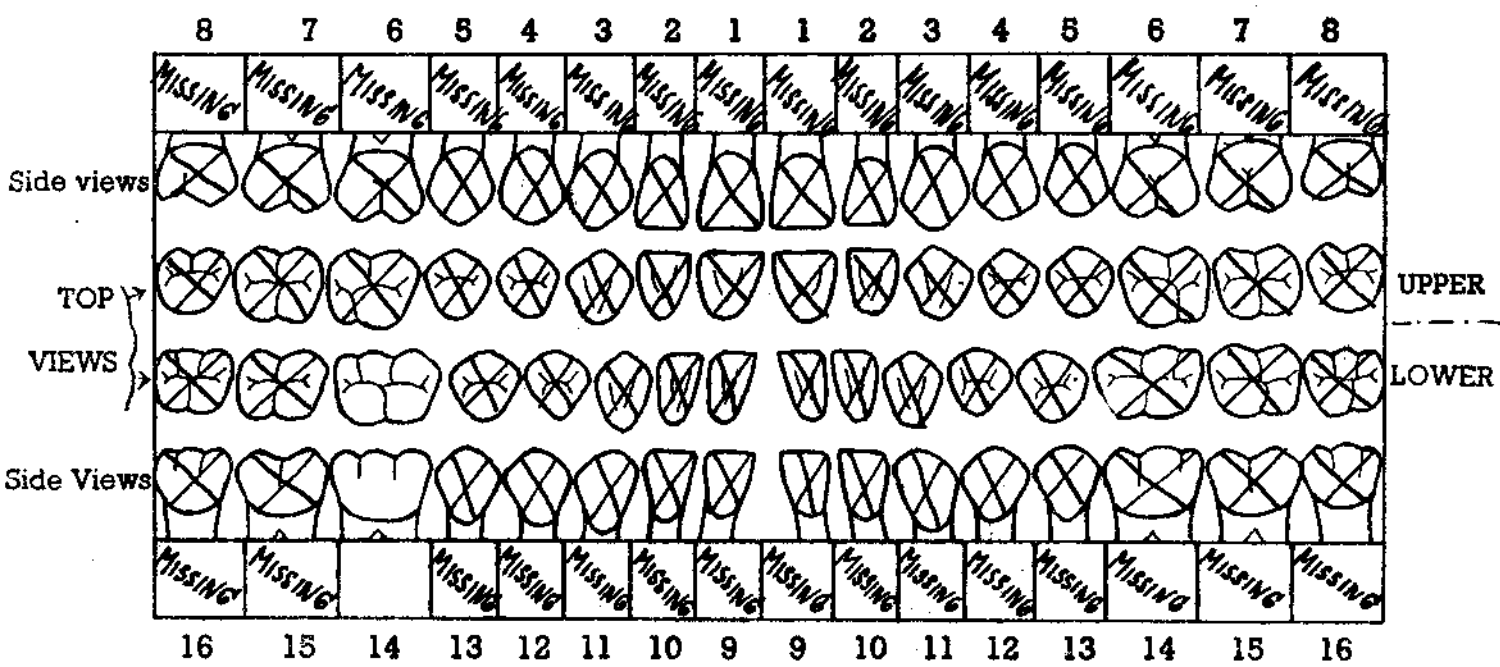
**Unknown** X6904      **Unknown**      **Unknown**  
Last Name      First      Initial      Serial No.

**Unknown**      **Ground forces**  
Unit      Organization

**Reiperstwiller, France.**      **Est. Jan. 1946**      **Gun shot wound.**  
Place of Death      Date of Death      Cause of Death

Right

Left



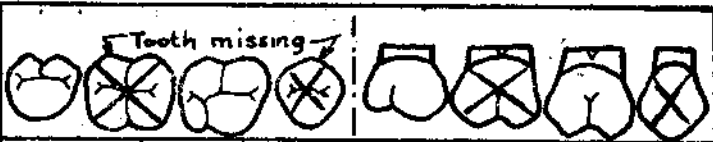
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Thomas W. Turner* (FE)

Signature of Officer or other person who prepared Tooth chart

*Wm. J. Pelton (FE)*  
 Verified by G. R. S. Officer  
**Wm. J. Pelton Major QMG.**

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



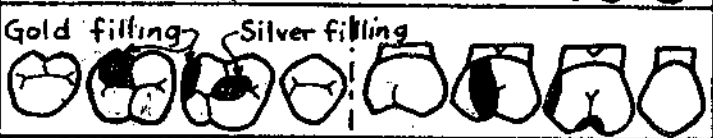
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

**The mandible was missing from 14-15-16 left.  
 These teeth were missing since death number 16-15-14-13-11-10  
 9 right and 9-10-11-12-13 left.  
 There was no maxillary with the body.**

# CHECK LIST OF UNKNOWNNS

Case 10311

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

Unknown X. 6904  
Cemetery  
Plot III Q-260584 St. Avoild  
Row 8 Grave 92

1. Arrived at cemetery 1530 (hour) 5 August 1946 (date)
2. Place of death Reipertswiller, Bas-Rhin, France (name of closest town) (coordinates and letter Prefex, maps)  
Map: 1/250,000 Sheet: 87 Coord: Q 8037 (Sheet, scale and section used)
3. Remains recovered or disinterred by 835th QM. Group (name and organization)
4. Evacuated to Cemetery by Major Wm. J. Pelton Sq. Third Field Command AGRC.
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

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

Item

\*Headgear None (type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater One (1)

Jacket, HBT None

\*Shirt, Wool OD One (1)

Undershirt, Wool None

Undershirt, Cotton remnants of

Trousers HBT None

\*Trousers, Wool OD remnants of

Belt, Web ..... **None**

Drawers, Wool ..... **None**

Drawers, Cotton ..... **None**

Leggins, Wool ..... **None** (Note unusual lacing)

Socks, Cotton ..... **None**

\*Shoes **one pair** (type) **high, service**

Overshoes ..... **None**

Web Equipment **None** (Type)

(Other item) ..... **None**

(Other item) **First aid pouch named "Wolf, W 5630, 43115630**  
 \*If body is nude, sizes of these items should be computed by measuring the remains.

**Remnants of a scarf, remnants of coverall HBT.**

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 **UTD** Weight **UTD** Description of wounds **UTD**

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

Tattoos .....  
 (Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face ..... **UTD**

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

Build ..... **UTD**  
 (large, fat, thin, muscular)

Hair ..... **blond short,**  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

X-6904

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 **UTD**  
(prominent, receding, pointed, dimple, double)

Jaw **UTD** Circumference of head in inches **skull crushed**  
(large, small, normal) (that band)

Neck **UTD** Larynx **UTD**  
(size, length, short, normal, wrinkled) (prominent, normal)

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

(extent and quantity of hair)

Hands **UTD**

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

(Unusual characteristics of fingernails)

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

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

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

Hernioplasty **UTD**  
(yes-no; location)

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

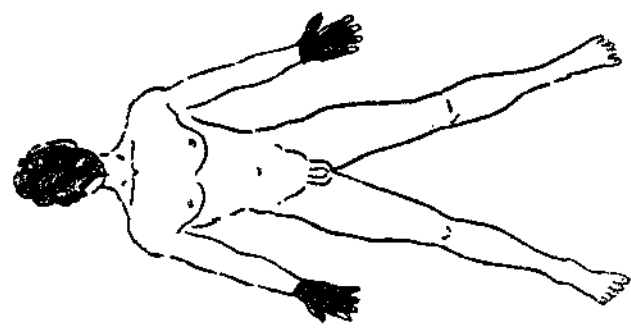


X-6909

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

Evidence of healed fractures UTD (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 No hands

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


12. Remarks : **Fragments of right mandible with one tooth recovered.**  
**Completely decomposed, see diagram.**  
**Est. weight of remains recovered 15 lbs.**

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

*Wm. J. Pelton*  
Officer's Name  
**Wm. J. Pelton**


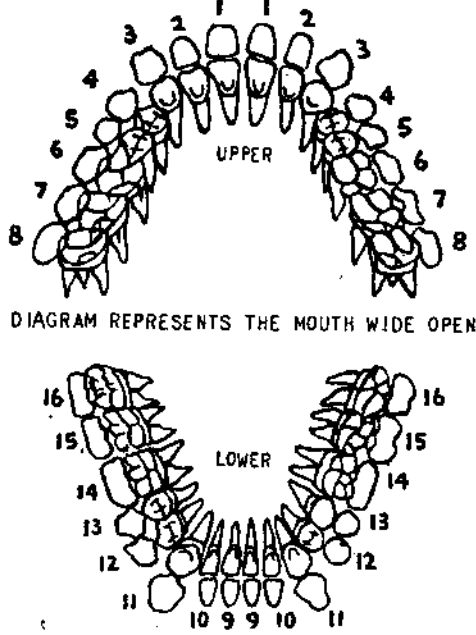




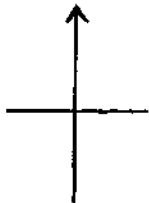
**Major JMC.**  
Rank Service

**Hq. Third Field Command AGRC.**  
Organization

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 5 August 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) Unknown X6904			SERIAL No. Unknown	
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE ** ground forces		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Reipertswiiler, France.		CAUSE OF DEATH BTB: Gun shot wound			DATE OF DEATH Est. Jan. 1944	
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) None				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2.—BURIAL.</b> 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. Avold, France.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 August 1946	1600	casket	temp. wooden cross	III	8	92
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
yes	Reipertswiiler, Bas-Rhin, France. Map: 1/250,000 Sheet: 87 Coord: Q 8037			isolated		
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
General Service	CH. H.A. LEE, 1st Lt.	One copy WD. QMC Form 1042 Report of Interment placed in burial bottle and buried with remains.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	Yes-Embossed plate					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X- 6914		UNK	UNK	AAF	91	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X- 6905		UNK	UNK	AAF	93	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF PERSON CHECKING REPORT			
Dorothea G. Verbeek Hq. Third Field Command AGRC			RALPH W. SLEATOR, Major Inf. 3rd 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.						

MEMORIAL DIVISION  
 SEP 4 12 09 PM '46  
 REGISTRATION AND RECORD BRANCH

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>-UNIDENTIFIED REMAINS.</b>				
LEFT RING FINGER	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.				
LEFT MIDDLE FINGER	HEIGHT <b>UTD</b>	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>blond short</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>
LEFT INDEX FINGER	WEAPON AND SERIAL No. <b>None</b>		LAUNDRY MARKS <b>yes</b>		WHERE BODY WAS BURIED OR FOUND <b>Reipertswiller, France.</b>
LEFT THUMB	OTHER IDENTIFICATION CLUES <b>First aid pouch with markings "Wold" W 5630", 43115630"</b>				
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED				
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  				
RIGHT LITTLE FINGER	REMARKS: <b>Attached Form 11 Checklist of Unknowns and Form 1A tooth chart. Impossible to obtain fingerprints because of missing portions. Est. weight of remains recovered 15 Lbs.</b>				

**RESTRICTED**