

7387 GRAVES DETACHMENT

APD 757

243 unk. St. Avold X-1115 *ms*

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-1115 St Avold

(POC) ST LAURENT

REPORT OF INVESTIGATION AREA SEARCH

28 MARCH 1946  
Date

NAME UNKNOWN X-1115 RANK UNKNOWN ASN UNKNOWN

ORGANIZATION UNKNOWN

MEANS OF IDENTIFICATION SEE FILE AND ATTACHED ITEMS

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

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

1. Was positive identity acquired for the deceased through the surface  
investigation? NO If so, state the following

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

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

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

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

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

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

ONE AMERICAN \* BELIEVED TO BE CHARLES IACOMINI 36016801  
(Use reverse side for listing of crew members from AACR)

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

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? \_\_\_\_\_

8. If remains are not located in a cemetery, give exact location.  
MAP OF EUROPE 1-200000 Sheet 57

a. Town AMANVILLERS Coordinates U 760652

b. Is sketch attached? YES

c. Is area mined? NO MINES

9. How is the grave marked? UNMARKED

10. If grave is marked with cross

a. From what source was this info?  
(identification tags, personal)

b. By whom?

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

*File  
14 March 51  
T. Hunter*

a. What information was obtained thereon?

b. Where was the information obtained?

c. By whom?

12. What is the date of death? UNKNOWN

a. Give basis

13. What is the cause of death? UNKNOWN

a. Give basis

14. What is the date of burial? UNKNOWN

a. Give basis

15. What is the place of death? AMANVILLERS(MOSELLE) FRANCE U-760652  
Coords

a. Give basis STATEMENTS ATTACHED

16. Where were the remains found? AMANVILLERS(MOSELLE) FRANCE U-760652  
Coords

a. By whom? M. A. BINEAUDE, SUPT. MINE REMOVAL TEAM, METZ, FRANCE

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? UNKNOWN

(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 name of 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 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) UNKNOWN

If so, give complete and thorough results of the investigation's 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

NONE

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 NONE AVAILABLE

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

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

Present disposition UNKNOWN

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.

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

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

Present disposition UNKNOWN

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

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

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

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

43. Was deceased evacuated to a German hospital? 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? NO  
(Burnt? Decapitated? etc.)

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

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

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

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

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

48. Give full names, addresses, and information obtained from each person interviewed M. A. BINEAUDE, METZ (MOSELLE) FRANCE: M. JEAN KIRETT, METZ

(MOSELLE) FRANCE: M. A. MASSON, AMANVILLERS ( MOSELLE), FRANCE:

M. E. FLAGNY (MAYOR), AMANVILLERS (MOSELLE), 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? NO

51. Was investigation preceded by advanced publicity? YES

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

52. Give brief narrative SEE ATTACHED STATEMENTS

(Use attached sheets, if necessary)

Dome  
Signature of Interpreter  
J. F. DOME

Rank \_\_\_\_\_ ASN \_\_\_\_\_

3049 QM G. R. C., 1st MBU  
Organization

Y. C. Cheely  
Signature of Investigator  
Y. C. CHEELY

T/5 338595111  
Rank \_\_\_\_\_ ASN \_\_\_\_\_

3049 QM G. R. C., 1st MBU  
Organization

TRUE COPY

---

AMANVILLERS 21-3-46

Par le presente Mons. B I N E A U D E certifie avoir trouve dans un champs de mines, situe a AMANVILLERS, 2 corps de soldat Americains.

Fact a Amanvillers

21-3-46

B I N E A U D E

I, the undersigned certify that I located in a minefield in AMANVILLERS two American bodies.

(Signed) BINEAUDE

CERTIFIED A

TRUE COPY

  
H E METZBOWER 2<sup>nd</sup> LT. INF.



AMERICAN RED CROSS

Timaru New Zealand 21-3-46.

Par la présente M<sup>re</sup> Pinauda  
certifie avoir tenu dans un  
champ de mines, situé à  
Timaru New Zealand, 2 corps de soldats  
Américains.

Fait à Timaru New Zealand.  
Le 21-3-46.

Pinauda



Amanvillers 21-3-46

I the undersigned certify that I  
located in a minefield in Amanvillers  
two American bodies

(Signed) Bineau de

TRUE COPY

AMSVILLE 21-3-46

Par le present M. BISSAUBE certifie avoir trouve dans  
un champ de mines, situe a AMSVILLE, 2 corps de soldat Américain.

Fact a AMSVILLE

21-3-46

BISSAUBE

I, the undersigned certify that I located in a minefield in  
AMSVILLE two American bodies.

(Signed) BISSAUBE

CERTIFIED &

TRUE COPY

*W. M. Laver*

W. M. Laver 2nd Lt. INF.

3049th GRAVES REGISTRATION COMPANY  
FIRST MOBILE BIVOUAC UNIT

SUBJECT: Narrative report on an isolated grave.

On the 21 March 1946 while in the commune of Amanvillers Mr. A. Bineau of Metz, in charge of a mine removal team, told us he located two isolated graves in a nearby field. He took us to the field and we found one of the graves was one of the graves we had previously located and reported on our area search certificate for St. Ail. The other about 1000 yards away was a shallow grave and is in the commune of Amanvillers. The grave appears to have two bodies from the amount of equipment around. On one first aid packet is the name G. Landen 42064078.

Nothing is known about when and ~~where~~ by whom the graves were made as the village was evacuated during the battle and the area was heavily mined.

A true copy

*Ralph W. Sleater*

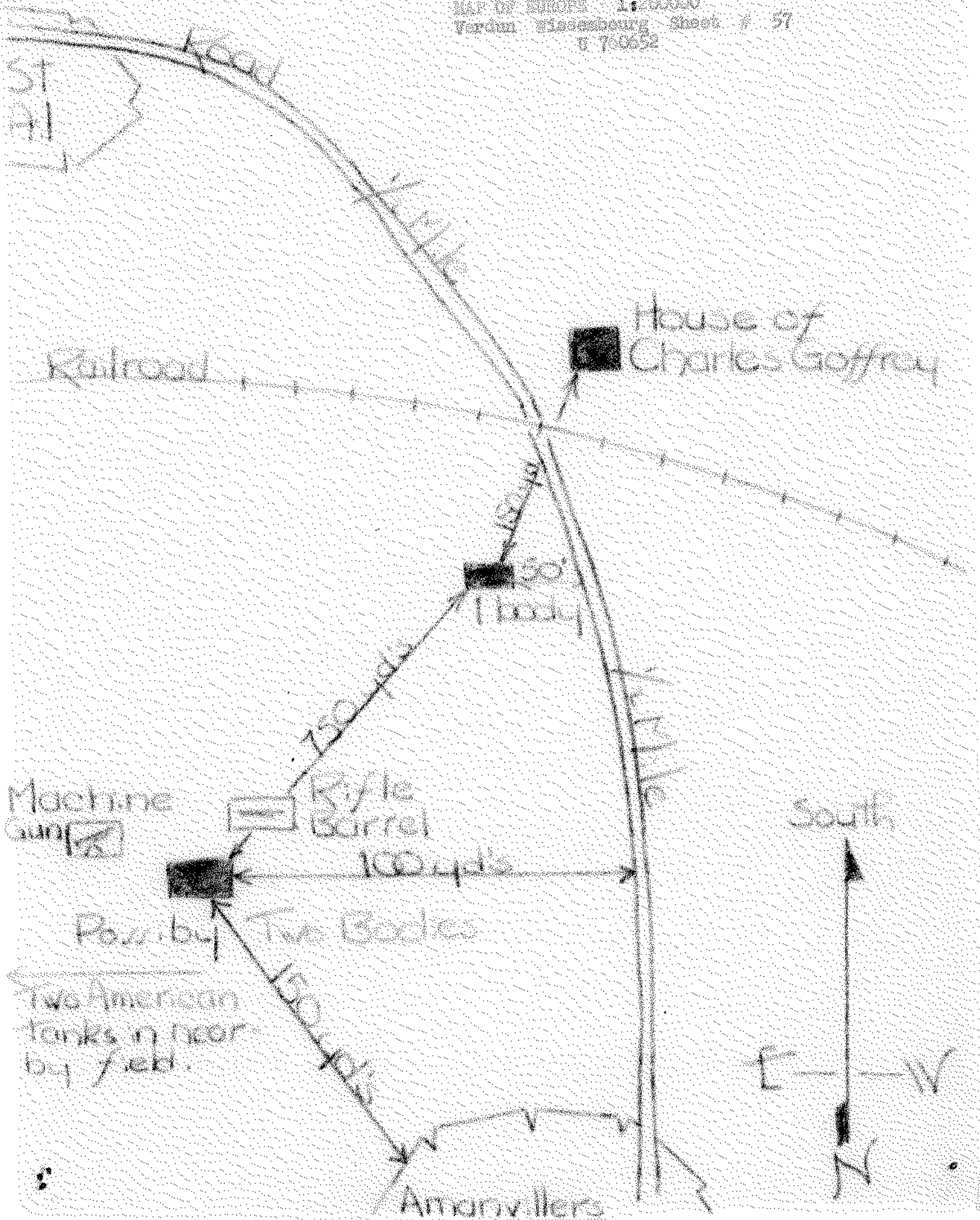
Ralph W. Sleater

Major Inf.

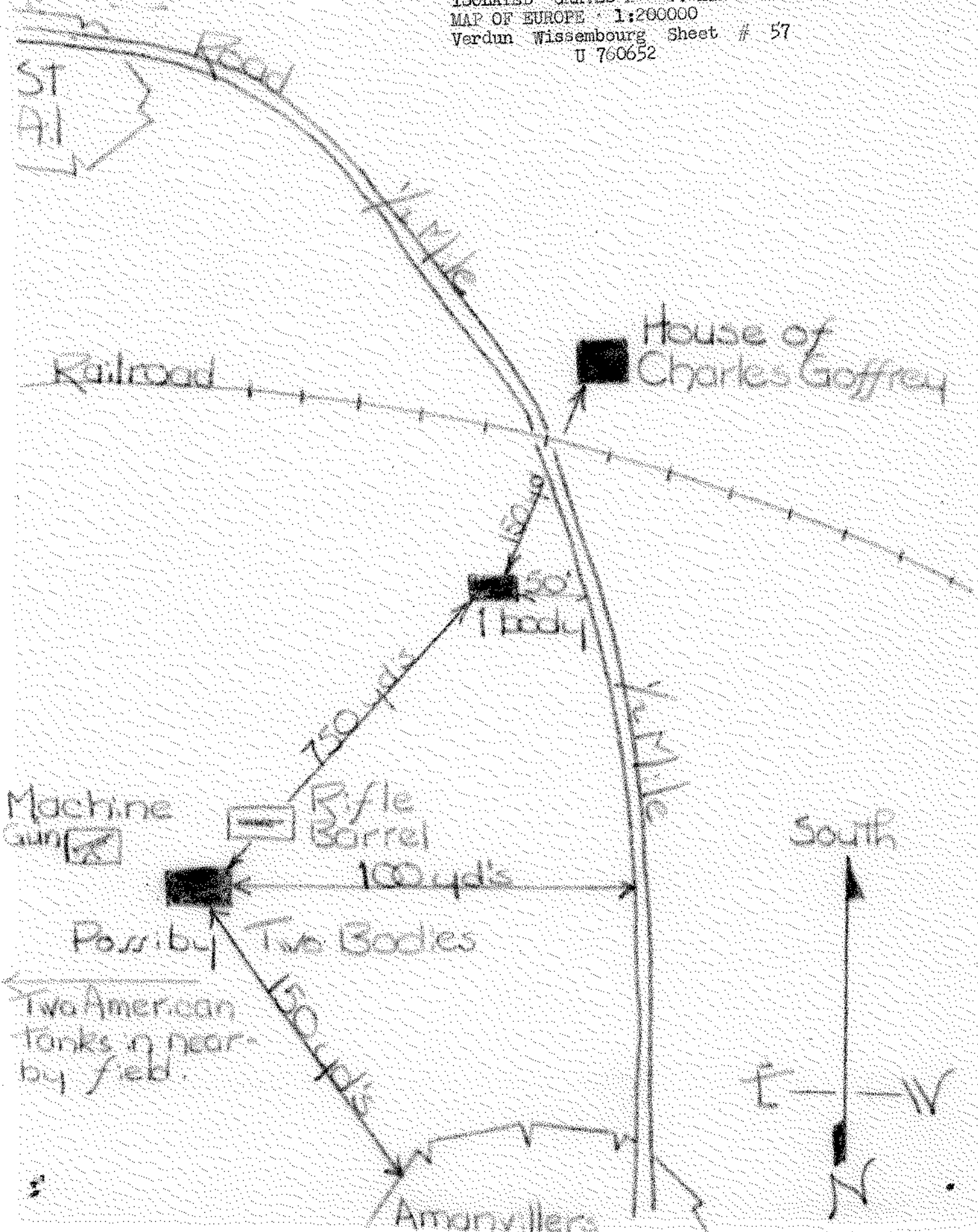
Third Field Command (AGRC)

Y.C. CHEELY Cpl.

3049th G.R. Co.



ISOLATED GRAVES . . . . . ATL & AMANVILLERS  
MAP OF EUROPE 1:200000  
Verdun Wissembourg Sheet # 57  
U 760652



ST AI

House of Charles Goffrey

Railroad

1/2 mile

1/2 mile

South

E — W  
N

Amanvillers

Machine Gun

Rifle Barrel

100 yds.

Possibly Two Bodies

Two American Tanks in nearby field.

150 yds.

100 yds.

150 yds.

49th GRAVES REGISTRATION COMPANY  
FIRST MOBILE BIVOUAC UNIT

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A true copy

*Ralph W. Sleater*

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Major Inf.

Third Field Command (AGRC)

Y.C. CHEELY Cpl.  
3049th G.R. Co.

# CHECK LIST OF UNKNOWNNS

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

Unknown X 1115  
Cemetery St. Avold  
Plot PP Row 10 Grave 120

1. Arrived at cemetery 1100 HOURS 28 MARCH 1946  
(hour) (date)
2. Place of death AMANVILLERS (MOSELLE), FRANCE U-760652  
(name of closest town) (coordinates and letter Prefex, maps)
- MAP OF EUROPE 1:200,000; SHEET 57; VERDUN-WISSENBURG  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by PVT. DULLEY E. MOSHER, 3049 QM G. R. C.  
(name and organization)
4. Evacuated to Cemetery by 3049 QM GRAVES REGISTRATION CO., 1st MBU  
(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 <u>N</u> <small>(type)</small>			
Raincoat <u>N</u>			
Overcoat <u>N</u>			
Jacket, Field			<u>UTD (PIECES ONLY - DISINTEGRATED)</u>
Jacket, Combat <u>N</u>			
Mackinaw <u>N</u>			
Sweater <u>N</u>			
Jacket, HBT <u>N</u>			
*Shirt, Wool OD <u>N</u>			<u>UTD (PIECES ONLY - DISINTEGRATED)</u>
Undershirt, Wool			
Undershirt, Cotton <u>N</u>			
Trousers HBT <u>N</u>			
*Trousers, Wool OD <u>N</u>			

Belt, Web ..... **N**

Drawers, Wool ..... **N**

Drawers, Cotton ..... **N**

Leggins, Wool ..... **N** (Note unusual lacing)

Socks, Cotton ..... **N**

\*Shoes ..... (type) **N**

Overshoes ..... **N**

Web Equipment ..... (Type) **N**

(Other item) ..... **N**

(Other item) ..... **N**

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

6. Chevrons or  
 Insignia ..... **N**  
 (type & location : shirt, jacket, coat, helmet)

Shoulder Patch ..... **N**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.....

**GROUND FORCE**

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

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

**UTD** 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 **UTD**  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting).



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

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

Goatee UTD (light, color, extent)

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

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

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

Teeth ONLY THREE (3) TEETH LEFT WITH REMAINS - WHITE, TWO (2) EXTRACTED  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw UTD (large, small, normal) Circumference of head in inches 23 INCHES (hat band)

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

Shoulders UTD (broad, straight, small, rounded) Arms UTD (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 (quantity & extent of hair) Aist UTD (size of navel, appendectomy, amount)

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

Hernioplasty UTD (yes-no; location)

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

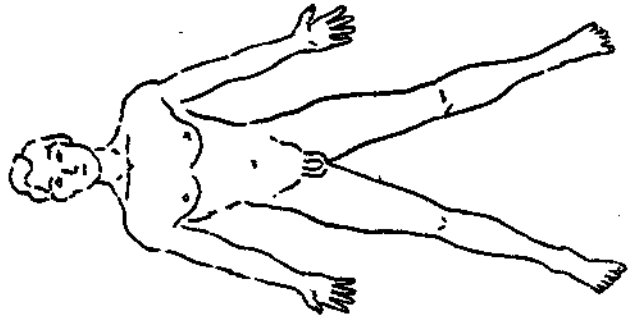
Feet UTD  
(size, corns, callouses, flat)

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 :

TRUNK AND LIMB BONES  
INCOMPLETE



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

If not, explain BODY COMPLETELY DECOMPOSED

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

12. Remarks : REMAINS, SCRAPS OF CLOTHING AND FIRST AID PACKET BURIED IN SHALLOW GRAVE. FIRST AID PACKET MARKED "G. LANDEN 42064078" and is enclosed in envelope attached. One piece of the field jacket seems to have some sort of mark in red and is also enclosed for examination. SEE STATEMENT ATTACHED.

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.

*Howard E Metzbower*  
Officer's Name

HOWARD E. METZBOWER

2nd LT., INF

Rank Service

3049 QM G. R. C.

Organization

# TOOTH CHART

28 MARCH 1946

Date

UNKNOWN X-1115

UNK

UNK

Last Name

First

Initial

Rank

Serial No.

UNK

UNK

Unit

Organization

AMANVILLERS (MOSELLE), FRANCE EST. NOV. 1944

UNK

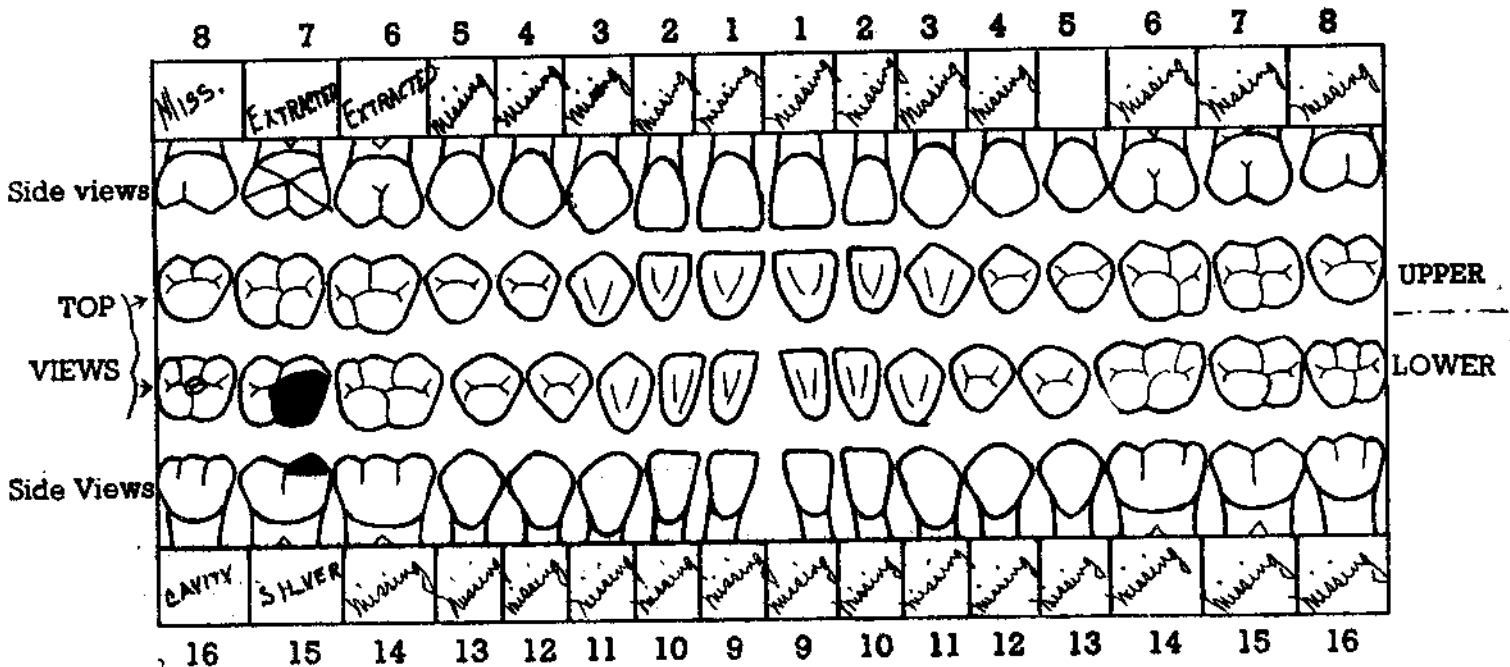
Place of Death

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.

*Op. H. H. Hauck 37588082*  
 Signature of Officer or other person who prepared Tooth chart

*Howard E Metzbowe 2nd Lt. Inf*  
 Verified by G. R. S. Officer  
 HOWARD E. METZBOWER, 2nd Lt., INF

**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 .**

USMC St Laurent  
 Plot: G, Row: 21, Grave: 29  
 Date of Burial: 21/6/1950 **DISINTERMENT DIRECTIVE**  
 Verified by GRS Officer:  
*R. T. Rodriguez*  
 R.T. RODRIGUEZ, OWO USA

*9pp*  
*7/2/50*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
NAME	SERIAL NUMBER UNKNOWN X-001115	RANK	ARM Q
CEMETERY ST AVOLD - METZ		DATE OF DEATH 0 350 35 80 CODE DIST. PT.	
PLOT PP	ROW 10	GRAVE 120	COUNTRY FRANCE
			CAUSE OF DEATH 6

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE ST LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50)
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**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME UNKNOWN X-001115	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 7 July 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY RICHARD F PETERSON, EMBALMER NAME AND TITLE	

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

NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS TOTALLY DISARTICULATED. NO FLESH REMAINS CONSIST OF: SKULL, FRACTURED MANDIBLE, R/ & L/HUMERUS, SCAPULA, RADIUS, ULNA, L/CLAVICLE. FRACTURED R/CLAVICLE, SOME RIBS & VERTEBRAE.
OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND WITH REMAINS	
MINOR DISCREPANCIES NONE	NAT FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME R. T. Johns R. T. BR. MEM. DIV.

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

CASKET SEALED BY RICHARD F PETERSON, EMBALMER	EMBALMER (Signature) <i>Richard F Peterson</i> RICHARD F PETERSON
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CASKET BOXED AND MARKED DATE 12 July 48 BY RICHARD F PETERSON, EMBALMER	SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by: <i>Bruce E Blair</i> BRUCE E BLAIR, 1st Lt QMC
--	---

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

*Bruce E Blair*  
 BRUCE E BLAIR, 1st Lt QMC  
*Bruce E Blair*  
 BRUCE E BLAIR, 1st Lt QMC, 7857 AGRC ZONE 3 HQ  
 SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div. *70*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>OIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CPL JOHN A MOUNTFORD 3910762B</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>23 Oct 49</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM <b>(LA VERITE MILITARE (GIBET))</b>		TO	
KIND OF CONVEYANCE <b>ST. VALTD SERVICE</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

QMGMT 314.6

1st Ind

GRS European

~~(St. Avold) France~~

SUBJECT: ~~Certificates of Unidentifiability of Remains~~  
Transmittal Letter #4671

Dept. of the Army, GQMG, Washington 25, D. C., 7 February 1950

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

This Office approves the classification of the Unknowns listed on  
basic communication as Unidentifiable with the exception of Unknown  
X-6010, which was suspended to your headquarters by radio 2 February 1950.

FOR THE QUARTERMASTER GENERAL:

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

Holden:cam  
Clements  
REB

JMN

TEC

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

30 December 1949  
Date

*293* Unk France X-1115 (St Avold)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-1115, Plot PP,  
Row 10, Grave 120, USMC St Avold, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

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

FOR THE COMMANDING GENERAL:

/s/  
t/

Case reviewed by undersigned Members of the Board of Review:

Capt. Edward F. PRICE, JR., O-1588236 QMC

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

CWO Leodore GOUDREAU, W-2113434, USA

Received 31 Jan 50 OQMG  
Information presently  
available

*31 Jan 50*  
*132*  
*132*  
*31 Jan 50*



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

RRE 293

30 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1115, Plot PP, Row 10, Grave 120, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2648, dated 6-2-48.

3. Remarks:

See Case History attached.

Reviewed 31 Jan 50  
Not identifiable from OO MG  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

*E. D. Mulvanity*  
Lt. Col. E. D. MULVANITY, O-359598

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GLEER, W-2102925

USA

*Leodore Goudreau*  
Capt. Jack C. HAYES, O-1577297

JMC

*File  
Bureau  
-31 Jan 50*

*Incl #2*

CWO Leodore GOUDREAU, W-2113434, USA

## CASE HISTORY

UNKNOWN NO.

X-1115

U.S. MILITARY CEMETERY

St Avold, France

(Location)

Unknown X-1115 was recovered from an isolated grave in the vicinity of Amanvillers, (Moselle) France. Date of death is estimated as November 1944. Cause of death is unknown, however as the area from where this remains was recovered is heavily mined, it is possible that a mine explosion is the cause of death. This is borne out by the condition of the remains as shown on the skeletal chart.

EUS ← No casualty could be found with the name G.LAMDEN, 42064078 found on a first aid kit pouch with the remains. The area search reference to CHARLES IACOMINI, 36016801 is also negative as that decedent has been returned to the US. All other casualties in the area have also been checked with negative results. Condition of the teeth make identification of this remains ~~by that remains~~ impossible.

For the above reasons X-1115 is declared UNIDENTIFIABLE.

M.H. KAMONS.



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

WCH 33437  
1-18-50

RRE 200.2 - Unknowns X-1115 & X-1117 (St Avoild)

23 January 1950

SUBJECT: Area Investigation Search Reports

293  
r Unk France X-1115 (St. Avoild)

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

1. Reference is made to radio, your office, WCL 33437 dated 18 January 1950.
2. Inclosed herewith for your information are copies of Area Investigation Search Reports for Unknowns X-1115 and X-1117, USMC St. Avoild, France.

FOR THE COMMANDING OFFICER:

*Gaylord E. Lutz*  
GAYLORD E. LUTZ  
1st Lt, QMC  
Assistant Adjutant

- 2 Incls
1. AGRC Form #10 for X-1115
  2. " " " " X-1117

Incls. old & filed in  
Unk X-1115 & X-1117 folders,  
DA 1-13-50

✓ 293 Unk France X-1117 (St. Avoild)

293 Unk France X-1115 (St. Avoild)

✓  
TAM  
File  
M. Binkard  
31 Jan 50

UMC 114

1950 JAN 23 12 42

JAN 23 3 45 PM '50

114

# 363

O. Q. M. S.  
TEL & CAB SECT

CO REG DIV PARIS

FROM \_\_\_\_\_  
MSG NO AGRC 144  
D.T.G. 231020Z  
ACTION OMC  
ECIN NO. 63947

DE UPOC 07  
RR HEPC  
FUELS PWE  
OTHER THE OFFICE  
OF THE  
UNITED STATES  
ARMY  
HEADQUARTERS  
WASHINGTON  
D. C.  
ATTENTION  
CIVILIAN  
STAFF

R 231020Z

FM REG DIV PARIS FRANCE

TO OQMG WASHDC  
GRAVES GRNC

REF AGRC ONE FOUR FOUR

PASS TO MEMORIAL DIVISION

URMSG WCL THREE THREE FOUR THREE SEVEN / AREA SEARCH INVESTIGATION

1-18-50

REPORTS FOR XRAY ONE ONE ONE FIVE AND XRAY ONE ONE ONE SEVEN ST AVOLD

BEING DISPATCHED TWENTY THREE JANUARY PD SIGNED HENRY CITE AGRE

RECEIVED  
CIVILIAN STAFF  
HEADQUARTERS  
WASHINGTON  
D. C.  
JAN 24 1950  
CPT BERRY  
BINKERD

In memo (Done) 2

RECORD ATTACHED

63947  
293-UNK. FRANCE  
X-1115  
(ST. AVOLD)  
NAN  
File  
m Binkerd  
Jd Br  
31 Jan 50

*243 unk France X-1115 (St. Avold)*

QM3G DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV  
7887 GRSB DET  
PARIS FRANCE

DEFERRED

*wel 33437*

FROM QM3GT

REQST AREA INVESTIGATION SEARCH REPTS FOR XRAY 1116 AND 1117 ST AVOLD

JAN 18 1 06 PM '50  
O.D.M. 38  
PL & CAB SECTION

JAN 18 11 36 AM '50  
MEMORIAL DIVISION  
ADMINISTRATIVE BRANCH

REB

*[Handwritten initials]*

mEB  
Binkerdiedt  
Clements  
REB

*243 unk France X-1117 St. Avold*

UNCLASSIFIED 181400Z

D A KENNER

GRAVES

QM3GT CAPT BERRY EXT 72947  
293 GRS EUROPEAN

JAN 50

CAPT QMG MEM DIV

116

### DISINTERMENT DIRECTIVE

243 2nd St 4-1115 France (St Avold)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 2274 00000		DATE 13 01 48 DAY MONTH YEAR		
NAME UNKNOWN-001113				SERIAL NUMBER		RANK		ARM
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 350 J 80		DATE OF DEATH DAY MONTH YEAR		
PLOT PP 10		GRAVE 120		COUNTRY FRANCE		CAUSE OF DEATH		

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

SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

\_\_\_\_\_  
SIGNATURE OF GRS INSPECTOR

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

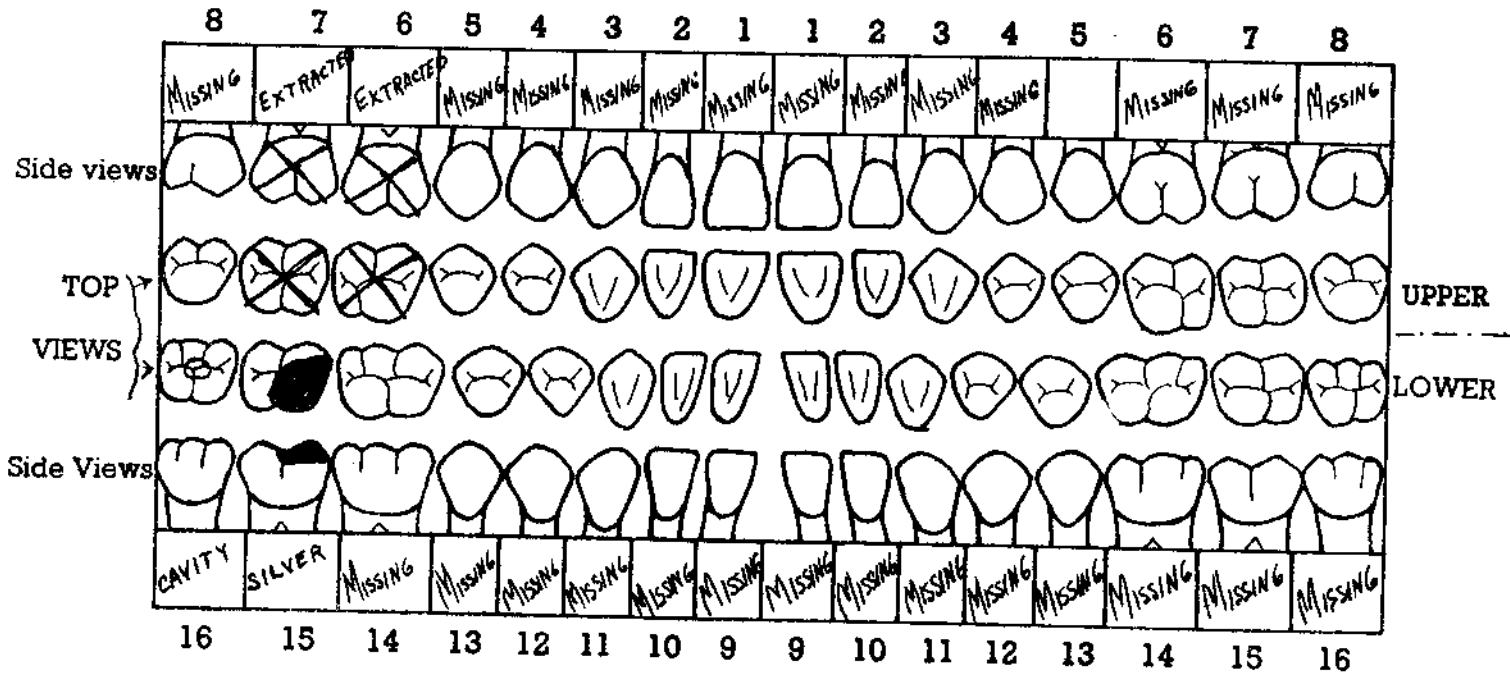
# TOOTH CHART

28 MARCH 1946  
 Date

UNKNOWN X-1115  
 Last Name First Initial Rank Serial No.  
 UNK  
 Unit Organization  
 ANAVILLERS (MOSELLE), FRANCE EST. NOV. 1944  
 Place of Death Date of Death  
 UNK  
 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.

*Cpl. H. A. Hauck 37588082*  
 Signature of Officer or other person who prepared Teeth chart  
*Howard E. Metzlower 2nd Lt.*  
 Verified by G. R. S. Officer

HOWARD E. METZLOWER, 2nd Lt., INF.

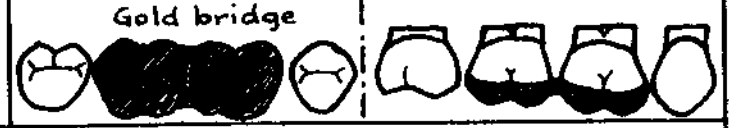
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



**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**



REPORT OF INVESTIGATION AREA SEARCH

30 JAN 1946

Date

NAME UNKNOWN #1115 RANK UNKNOWN ASN          UNIT         

ORGANIZATION UNKNOWN

MEANS OF IDENTIFICATION UNKNOWN FILE AND ATTACHED ITEMS

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

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

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following

a. NAME          RANK          ASN         

b. ORGANIZATION         

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

a. NAME          RANK          ASN         

b. ORGANIZATION         

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY         

~~ONE UNKNOWN \* BELI VED TO BE CHARLES IACOMINI 36016801~~  
(Use reverse side for listing of crew members from LACR)

A. Date of above burials 1946 Common Graves?         

4. Deleted         

5. Name and type of cemetery UNKNOWN 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?         

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

a. Town LAUVILLERS Coordinates MAP OF EUROPE 1-200000 Sheet 57 U 760652

b. Is sketch attached? YES

c. Is area mined? NO MINE SECURITY BELOVED

9. How is the grave marked? UNMARKED \* MG & RIFLE BARREL ALONGSIDE 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? \_\_\_\_\_  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? \_\_\_\_\_

b. Where was the information obtained? \_\_\_\_\_

c. By whom? \_\_\_\_\_

12. What is the date of death? \_\_\_\_\_ UNKNOWN

a. Give basis \_\_\_\_\_

13. What is the cause of death? \_\_\_\_\_ UNKNOWN

a. Give basis \_\_\_\_\_

14. What is the date of burial? \_\_\_\_\_ UNKNOWN

a. Give basis \_\_\_\_\_

15. What is the place of death? \_\_\_\_\_ MAARVILLE (MOBILE) PR 0887ds U-760652

a. Give basis \_\_\_\_\_ COPIES ARE ATTACHED

16. Where were the remains found? \_\_\_\_\_ MAARVILLE (MOBILE) PR Coords U-760652

a. By whom? \_\_\_\_\_ M. A. AIRCALOR, SUPT. WRECK REMOVAL TEAM, METZ, FRANCE

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? \_\_\_\_\_ UNKNOWN

(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 of 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 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) UNKNOWN

If so, give complete and thorough results of the investigation's 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

NONE

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 NONE AVAILABLE

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

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

Present disposition UNKNOWN

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.

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

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

Present disposition UNKNOWN

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

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

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

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

43. Was deceased evacuated to a German hospital? 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? NO  
(Burnt? Decapitated? etc.)

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

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

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

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

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

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

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

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

51. Was investigation preceded by advanced publicity? \_\_\_\_\_

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

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

(Use attached sheets, if necessary)

James  
Signature of Interpreter

J. F. [unclear]  
Rank ASN

[unclear]  
Organization

J. C. [unclear]  
Signature of Investigator

J. C. [unclear]  
Rank ASN

[unclear]  
Organization

### IDENTIFICATION CHECK LIST

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

D.D. # 247 dated 19 Mar 47

Unknown X - 1115

Cemetery St. Avoild, France

Plot PP Row 10 Grave 120

Date reprocessed : 5 Dec 47

1. ~~Avold, France~~ \_\_\_\_\_  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred ~~at~~ and reprocessed by Mobile Team #1, 1st. Zone,  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

FEB 20 1948

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type) .....

Overshoes ..... **None**

Web Equipment ..... **None** (type) .....

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

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

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

Chevrons or Insignia ..... **None**  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... **None**

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

**L. Humerus - 35.2**  
**L. Radius - 25.1**  
**L. Ulna - 26.2**

6. Description of Remains: **UTD** Age **UTD** **Est** Height **5'7"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**  
(Length, width, location)

**UTD** Tattoos  
(Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build **UTD**  
(Large, fat, thin, muscular)

Hair **Missing**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee UTD  
(Light, color, extent)

Eyes UTD 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, extracts)

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

Jaw UTD Circumference of head in inches 20"  
(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, extent and quantity of hair)

---

Hands UTD

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

(Unusual characteristics of fingernails)

Chest UTD  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair Missing  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD  
(Yes-no; location)

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

Feet UTD Toes UTD  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures UTD  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.



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

If not, explain Too decomposed

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

9. Remarks Remains received in mattress cover in UK box. No clothing on remains. Remains received in skeleton form. No GRS tags. Burial bottle found. Estimated weight of remains : 7 pounds. Fluoroscopic Report : Negative.

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

Woodrow W Wolf  
**WOODROW W WOLF**  
(Officer's Name)

CAPT QMC  
Rank Service

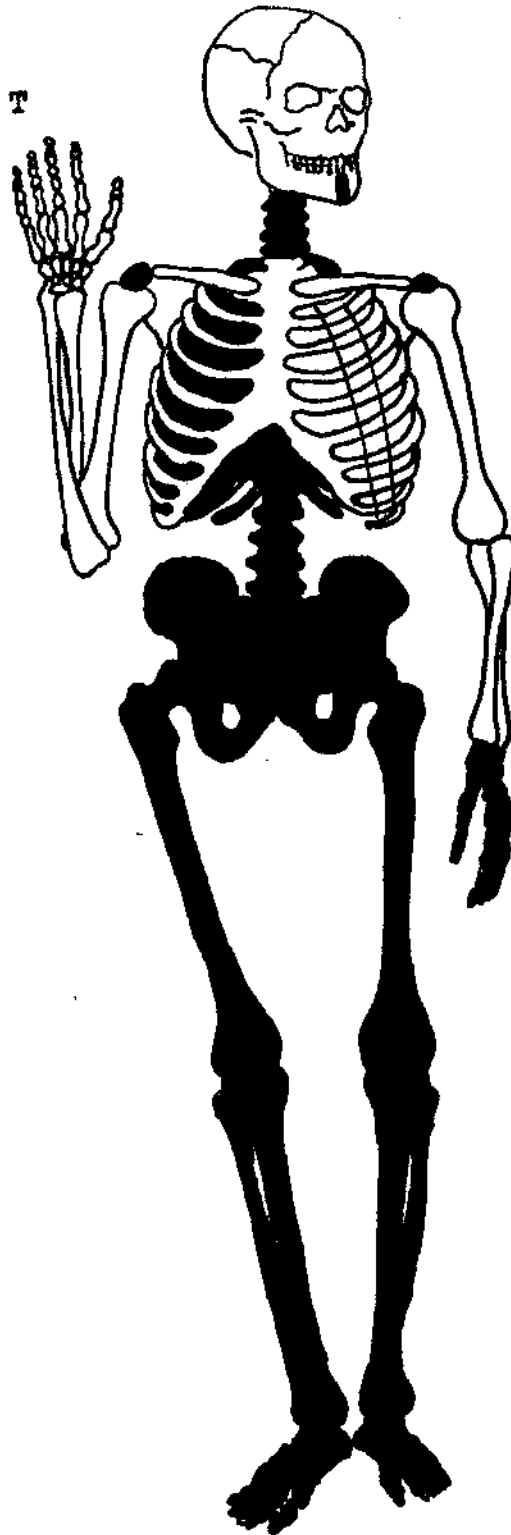
OPERATIONS OFFICER  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



HUMERUS - 35.2 cm

RADIUS - 25.1 cm

ULNA - 26.2 cm

CHART "A"

Est Height : 5' 7"

# TOOTH CHART

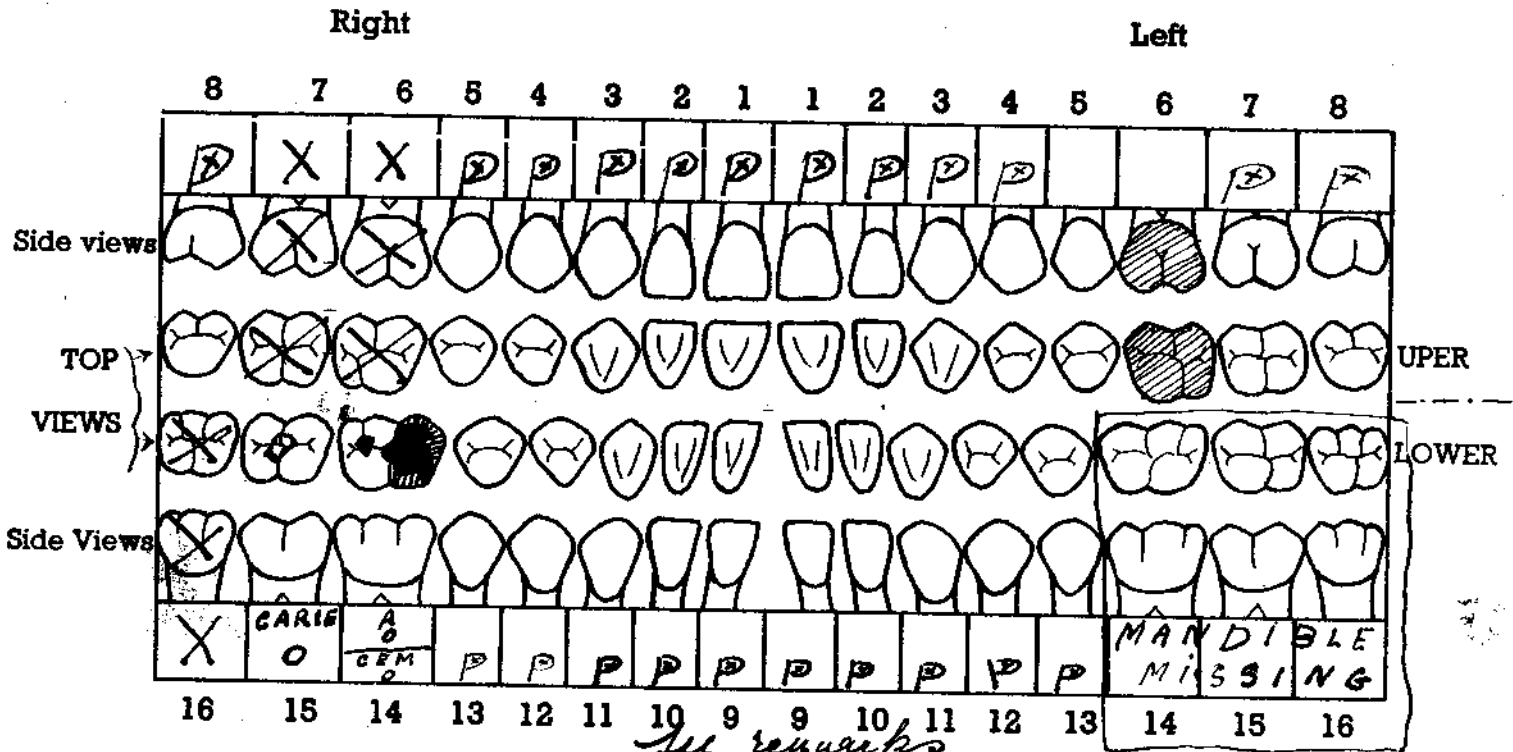
5 Dec 47

Unknown X - 1115

Unk

Unk

Last Name	First	Initial	Rank	Serial No.
Unit			Organisation	
Place of Death		Date of Death		Cause of Death



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

IVOR J POSMO  
 2nd Lt Inf CIP

/s/ Ivor J. Posmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF  
 CAPT QMC Oper Off

*Woodrow W Wolf*  
 Verified by G. R. S. 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 :



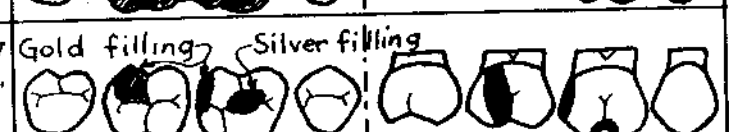
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



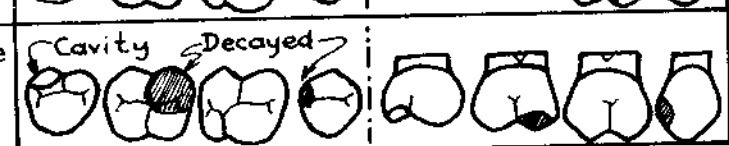
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

Spaces : Fit of R-8 to pit of R-5 = 13mm.

- Color = white ivory
- Size = Average
- Alignment = good

3049th GRAVES REGISTRATION COMPA  
FIRST MOBILE BIVOUAC UNIT

SUBJECT: Narrative report on an isolated grave.

On the 21 March 1946 while in the commune of Amanvillers Mr. A. Bineade of Metz, in charge of a mine removal team, told us he located two isolated graves in a nearby field. He took us to the field and we found one of the graves was one of the graves we had previously located and reported on our area search certificate for St. Ail. The other about 1000 yards away was a shallow grave and is in the commune of Amanvillers. The grave appears to have two bodies from the amount of equipment around. On one first aid packet is the name G. Larden 42064078.

Nothing is known about when and ~~where~~ by whom the graves were made as the village was evacuated during the battle and the area was heavily mined.

A true copy

*Ralph W. Sleater*

Ralph W. Sleater

Major Inf.

Third Field Command (AGRC)

Y.C. CHEELY Cpl.  
3049th G.R. Co.

# CHECK LIST OF UNKNOWNNS

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

Unknown X 1115  
 Cemetery St. Avoird  
 Plot pp Row 10 Gravel 20

1. Arrived at cemetery 1100 HOURS 28 MARCH 1946  
(hour) (date)
2. Place of death AMANVILLERS (ROSELLE), FRANCE U-760652  
(name of closest town) (coordinates and letter Prefex, maps)  
MAP OF EUROPE 1:200,000; SHEET 57; VERDUN-WISSENBURG  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by PVT. DUDLEY E. MOSHER, 3049 QM G. R. C.  
(name and organization)
4. Evacuated to Cemetery by 3049 QM GRAVE REGISTRATION CO., 1st MBU  
(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 <u>N</u> <small>(type)</small>			
Raincoat <u>N</u>			
Overcoat <u>N</u>			
Jacket, Field <u>UTD (PIECES ONLY * DISINTEGRATED)</u>			
Jacket, Combat <u>N</u>			
Mackinaw <u>N</u>			
Sweater <u>N</u>			
Jacket, HBT <u>N</u>			
*Shirt, Wool OD <u>N</u>			
Undershirt, Wool <u>UTD (PIECES ONLY - DISINTEGRATED)</u>			
Undershirt, Cotton <u>N</u>			
Trousers HBT <u>N</u>			
*Trousers, Wool OD <u>N</u>			

Belt, Web ..... N

Drawers, Wool ..... N

Drawers, Cotton ..... N

Leggins, Wool ..... N (Note unusual lacing)

Socks, Cotton ..... N

\*Shoes ..... (type) ..... N

Overshoes ..... N

Web Equipment ..... (Type) ..... N

(Other item) ..... N

(Other item) ..... N

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

6. Chevrons or Insignia ..... N  
 (type & location : shirt, jacket, coat, helmet)

Shoulder Patch ..... N

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.  
 GROUND FORCE

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

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

Build UTD  
 (large, fat, thin, muscular)

Hair UTD  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Sideburns ..... UTD ..... Mustache ..... UTD ..... Board 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 ..... ONLY THREE (3) TEETH LEFT WITH REMAINS - WHITE, TWO EXTRACTED  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin ..... UTD  
 (prominent, receding, pointed, dimple, double)

Jaw ..... UTD ..... Circumference of head in inches ..... 23 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)

..... (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)

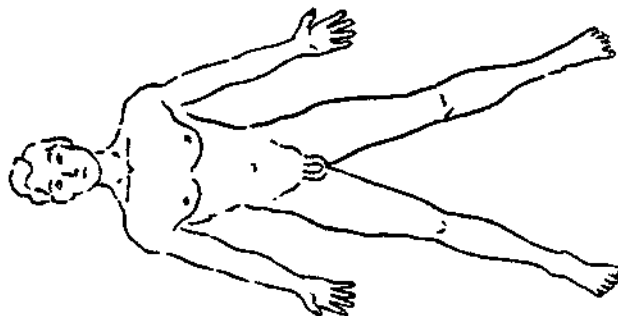


Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

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

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

TRUNK AND LIMB BONES  
INCOMPLETE



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

If not, explain BODY COMPLETELY DECOMPOSED

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

12. Remarks : REMAINS, SCRAPS OF CLOTHING AND FIRST AID PACKET BURIED IN SHALLOW GRAVE. FIRST AID PACKET MARKED "G. LAMDEN 42064073" AND IS ENCLOSED IN ENVELOPE ATTACHED. ONE PIECE OF THE FIELD JACKET SEEMS TO HAVE SOME SORT OF MARK IN RED AND IS ALSO ENCLOSED FOR EXAMINATION. SEE STATEMENT ATTACHED.

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.

*Howard E Metzbowe*

Officer's Name

HOWARD E. METZBOWER

2nd LT., INF

Rank


Service

3049 QK G. R. C.

Organization

RESTRICTED

Trans Letter 1857

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 28 March 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) Unknown X-1115				SERIAL NO. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Ground Force	
		RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Amanvillers (Moselle) France		CAUSE OF DEATH Unknown			DATE OF DEATH Est. 28 Nov. 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) See 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 US MIL CEM ST. AVOLD, FRANCE Q-260-584							
DATE OF BURIAL 29 March 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temporary Wooden Cross	PLOT NO. PP	ROW NO. 10	GRAVE NO. 120
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated grave, Amanvillers (Moselle) France Map: 1:200,000 Sh-57, U-760652						
TYPE OF RELIGIOUS CEREMONY General Serv.	PERSON CONDUCTING BURIAL RITES Ch. Lynn Wendland, Capt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One WD QMC Form 1042 buried in bottle with body One WD QMC Form 1042 buried one foot below marker				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No		Embossed plate				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-1114			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE No. 117	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) End of Row			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT W.H. HAUCK, Cpl. 37588082			SIGNATURE OF GRS OFFICER VERIFYING REPORT Ralph W. Steator Major Inf.				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

**Section UNIDENTIFIED REMAINS.**


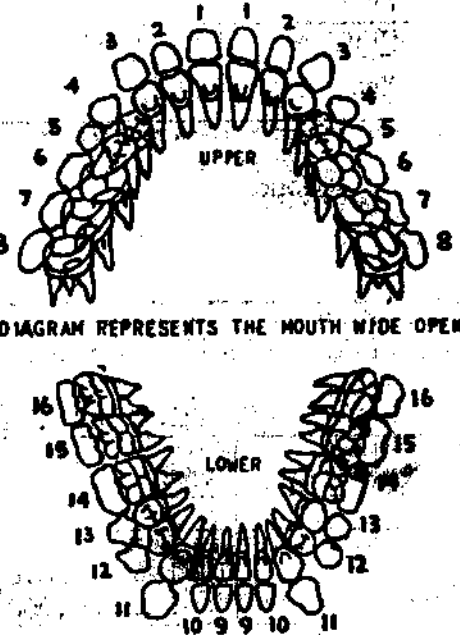




**INSTRUCTIONS:**

(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
Unk	Unk	Unk	Unk	Unable to determine
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		None		Amanvillers (Moselle) France U-760652

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**  
Believe this body may be that of: G. Lunden, ASN 42064078  
See attached statement.