

7887 GRAVES DETACHMENT

943 unk St. Avold X-6097 ^{KPO 757} 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-6097, , ST AVOLD

(POC) HAMM

File
5 March 51
M. Martin
D d Sec.

(S1300)

REPORT OF INVESTIGATION AREA SEARCH
REINTERRED U.S. MIL. CEM.
ST. AVOLD-Y-4-48

Date

NAME X-6097 RANK ASN

ORGANIZATION

MEANS OF IDENTIFICATION

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

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

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

a. NAME RANK ASN

b. ORGANIZATION

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

a. NAME Unk. RANK Unk. ASN Unk.

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

12 unknowns

(Use reverse side for listing of crew members from MAGE)
(Est.) In 1st half

A. Date of above burials of Feb. 1945 Common Graves? No

4. Delated Unk.

5. Name and type of cemetery Isolated burial
(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.

Between Drusenheim and

a. Town Herlisheim, "Riewald" Coordinates Eur. Rd. Mp. Sh. 87 Sc. 1:200,000 (B-1416)

b. Is sketch attached? Yes

c. Is area lined? No

9. How is the grave marked? Cross and helmet

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

No markings

a. From what source was this information obtained? No information
(Identification tags, personal effects)

b. By whom? _____

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

a. What information was obtained thereon? _____

b. Where was the information obtained? _____

c. By whom? _____

12. What is the date of death? Between the 5th Jan. and 8th Feb. 1945

a. Give basis Time of battle in region

13. What is the cause of death? Unk.

a. Give basis _____

14. What is the date of burial? Unk.

a. Give basis _____

15. What is the place of death? Unk. Coords _____

a. Give basis _____

16. Where were the remains found? Unk. Coords _____

a. By whom? _____

b. Is sketch attached? _____

17. Was a casket used? Unk. Who furnished the casket? _____

Type of casket _____ How marked? _____

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

a. What are the names and addresses? _____

b. Are certificates and statements attached? Yes

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

19. Were remains found in the plane wreckage? _____

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

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

b. Near wreckage? _____

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

a. Type of plane _____

b. Marking and/or name of plane _____

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

21. How did crash occur? _____ Anti-aircraft _____

Enemy plane? _____ Collision? _____

22. Did plane explode in the air? _____ On the ground? _____

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

24. What was the direction of the flight? _____

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

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

27. Does specific time and date of crash correspond with the date of death of above named deceased? _____

28. Number of planes in formation prior to crash _____

29. State precise time and date of plane crash _____
(Night?, Day?)

30. Were parachutists seen? _____ How many? _____ Escaped? _____

Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____

a. Give specific position in tank from which deceased was removed _____

(Radio man, driver, asst driver or .. front, side, or back)

b. Near wreckage? _____

32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank _____

b. Markings and/or name of tank _____

c. Numbers on Motors, machine guns, ammunition, instruments, etc. _____

33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased? _____

37. Precise time and date of destruction of tank _____
(Night?, Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

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

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) _____
If so, give complete and thorough results of the interrogation.
a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by investigating team No
If not, state reason None were found
a. Were identification tags found at the time of death? Unknown
Where? _____ By whom? _____
Present disposition _____
If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.
b. Were personal effects found at the time of death? Unknown
Where? _____ By whom? _____
Present disposition _____
c. Was deceased identified by living members of the crew at the time of death? Unknown
d. Did Cemetery register or cross indicate the immunization shot? No
42. Was deceased given first aid? Unknown If so, where? _____
By whom? _____ Are statements from the medical people attached? _____
43. Was deceased evacuated to a German hospital? Unknown
Where? _____ Names of the people concerned _____
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? Unknown
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 _____

Joseph, Alphonse and Marcel Gross, Michel Lechner, Herrlisheim

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

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

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) _____

52. Give brief narrative _____

(Use attached sheets, if necessary)

Siegfried Harnisch
Signature of Interpreter

French Civilian
Rank ASN

535th QM Group AGRC.
Organization

Charles Kulp
Signature of Investigator

T/5 42088926
Rank ASN

535th QM Group AGRC.
Organization

S T A T E M E N T

I undersigned, Lechner Michel, Secretary of the Mayer's Office at Herrlisheim, certify that 13 American soldiers, buried on the territory of our community, at the place called "Riedwald", were killed in action, during the battles in our region between the 5th Jan. and the 8 Feb. 1945. At that date, Herrlisheim has been liberated by the allied armies.

The corpses of these soldiers were probably buried by the Americans. The graves have been recognized later on by the field guard of our community by the helmets which had been put on these graves.

I know nobody of this community who could give more precise informations for the identification of these soldiers.

Herrlisheim, the 3rd Apr. 1946

/s/ Lechner

A True Copy

Thomas M. Sheddan

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

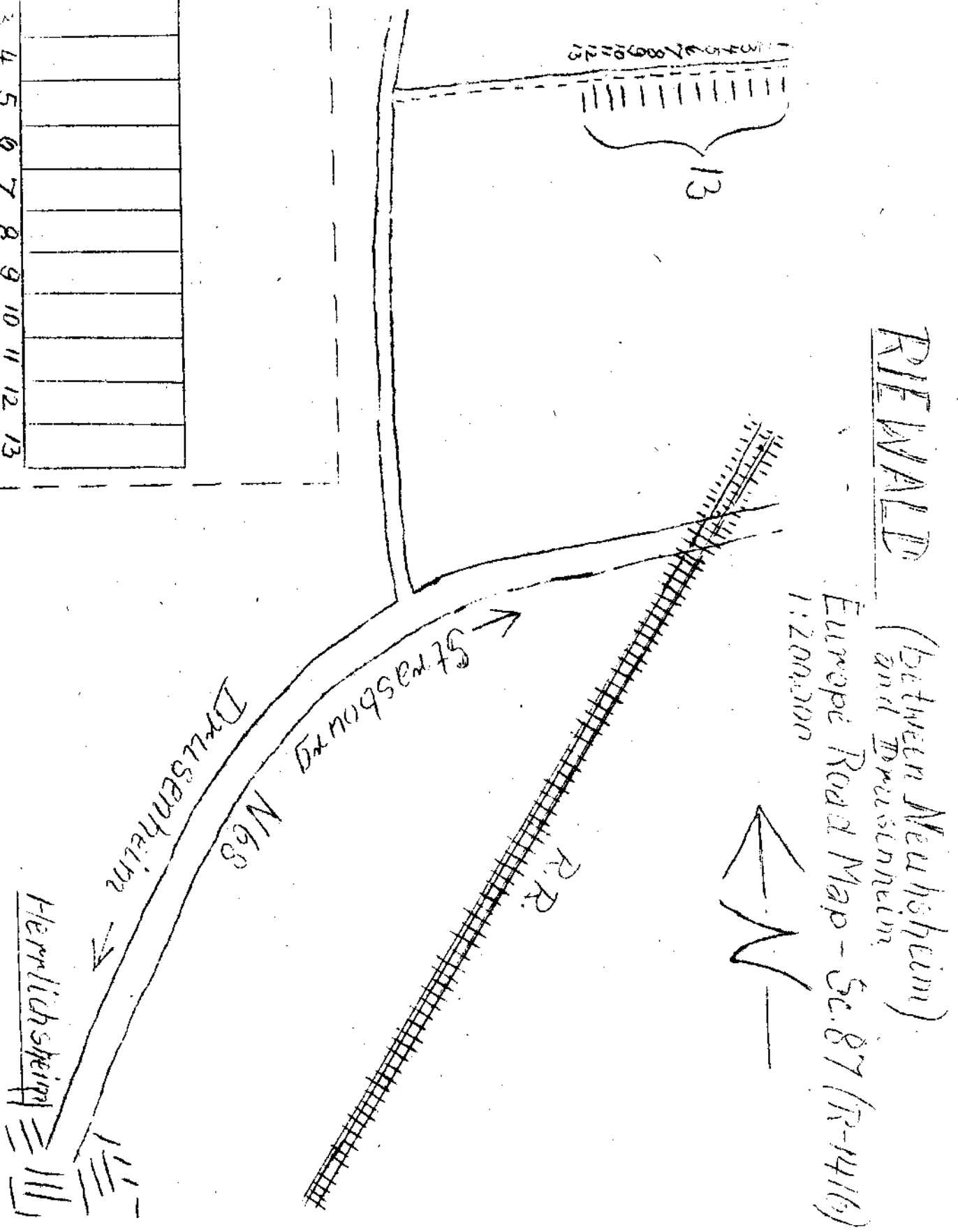
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ST. AVOLD-Y-4-48
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13

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RIEWALD
(between Neuhsheim
and Drusenheim)

Europe Road Map - Sc. 87 (R-1416)

UNKNOWN X- 6097
CEMETERY ST. ANNE'S
PLOT X ROW 4 GRAVE 48

Arrived at cemetery 1500 24 April 1946 From _____

Place of death Herrichon 141-1517 France (collecting point)

(name) (coordinates & landmarks)

Remains recovered by 3049 th QI Group

Evacuated to cemetery by MP 533rd QI Group (name and organization)

Is load list attached _____ Are names of deceased found in same area as this Unknown started _____ (yes-no)

Are circumstances described which may indicate organization of the deceased _____ (yes-no)

If only part of a body was received, was a careful search made for other parts of Unknown _____ (yes-no)

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

nickname _____ serial number, organization or symbols)

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

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

If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane _____ (parts of markings or symbols) (burned)

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

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

(description of other vehicles or planes in area)

Detailed description of personal effects _____ (Indicate exact pocket

or part of body where found)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear (type)	None			
Raincoat	None			
Overcoat	None			
Type 1943 Jacket, Field		Est 36	Green	
Jacket, Combat	None			
Mackinaw	None			
Sweater one high neck		Est medium		
Jacket, HBT	None			
One *Shirt, Wool OD		Est 14 1/2	OD	
One Undershirt, Wool		Est 36	White	
Undershirt, Cotton	None			
Trousers, -HBT Combat, One pair		Est 30	OD	
One *Trousers, Wool OD		Est 30	OD	
Belt, Web	None			
One Drawers, Wool		Est 30	White	
Drawers, Cotton	None			
Leggins	None			(unusual lacing)
Wool 1 pair Socks Cotton		Est 11 1/2	OD	
*Shoes Shoe pack (type)		II		
Overshoes	None			
Web Belt Cart. (Remnants of) Equipment (type)		UTD	OD	Marking I73- Remains UTD
One wool scarf OD Other item Jacket one fur lined		Est 36		

*If body is nude, sizes of these items should be computed by measuring the remains. Chevrons or Buck Serg. Chevrons in shirt pocket
 UTD Shoulder Patch None (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age UTD Height 5' 7" Weight UTD Description of wounds UTD
 (yrs) (ft-in) (lbs)

Bandages or dressings _____ 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 hands and face _____

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

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

Build _____
 _____ (large, fat, thin, muscular)

Hair _____
 _____ (color, length, quantity, curly, wavy, straight, whorles, or
 definite parting, baldness, widows peak, other characteristics)

Sideburns _____ Eyebrows _____
 _____ (color, setting, shape) _____ (color, bushiness,
 _____ Mustache _____ Beard or goatee _____
 across nose _____ (color, size, shape) _____ (length, heavy, light,
 _____ Eyes _____
 color, extent) _____ (color, setting, shape)

Nose _____ Ears _____
 _____ (size, shape, straight) _____ (size, set close or far from
 _____ Forehead _____ Mouth _____ Lips _____
 head) _____ (high, wide, wrinkled) _____ (large, med, small) _____ size

Teeth _____
 _____ (white, size, unevenness, spacing, noticeable crown, fillings, miss'g)

Chin _____ Cheekbones _____
 _____ (prominent, receding, pointed, demple, double) _____ (high, normal)

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

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

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

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

Hands _____
 _____ (large, small, normal, calloused noticeably) _____ (marks on fingers
 _____ indicating that rings were worn)

X-6097

Fingers UTD
 (short, thick, long, slender; size of knuckles) (missing
 fingers or joints) (unusual characteristics of fingernails)
 Chest UTD
 (size at nipples; color, quantity & extent of hair; large, small,
 normal) UTD Back UTD Waist UTD
 (quantity & extent of hair) (size at naval, appendectomy
 amount & color of hair) Circumcized UTD Pubic hair Brown
 (yes-no) (yes-no) (color)
 Hernioplasty UTD Legs Est 30* UTD
 (yes-no) (location) (inseam) (muscular; knock-
 kneed, bowed, normal) (quantity, color & extent of hair)
 Feet UTD Toes UTD
 (size; corns; callouses; flat) (Slender, straight, crooked, etc.)
 Evidence of healed fractures UTD
 (nose, arms, legs, etc.)
 Black out parts of body not
 receives at cemetery

See remarks



Have photographs been made and attached NO If not, explain
 (yes-no) Adv. state of decomposition of body -No Photo equipment
 Have fingerprints been placed on GRS #1 NO If not, explain
 (yes-no) Adv. state of decomposition of body
 Has tooth chart been prepared Yes If not, explain
 (yes-no)

Remarks: Feet and body in Adv. state of decomposition. Multiple fractures
of lower extremities. Entire remains covered. Est. weight of remains (50Lbs)

William J. Harrison
 Signature of GRO and Organization

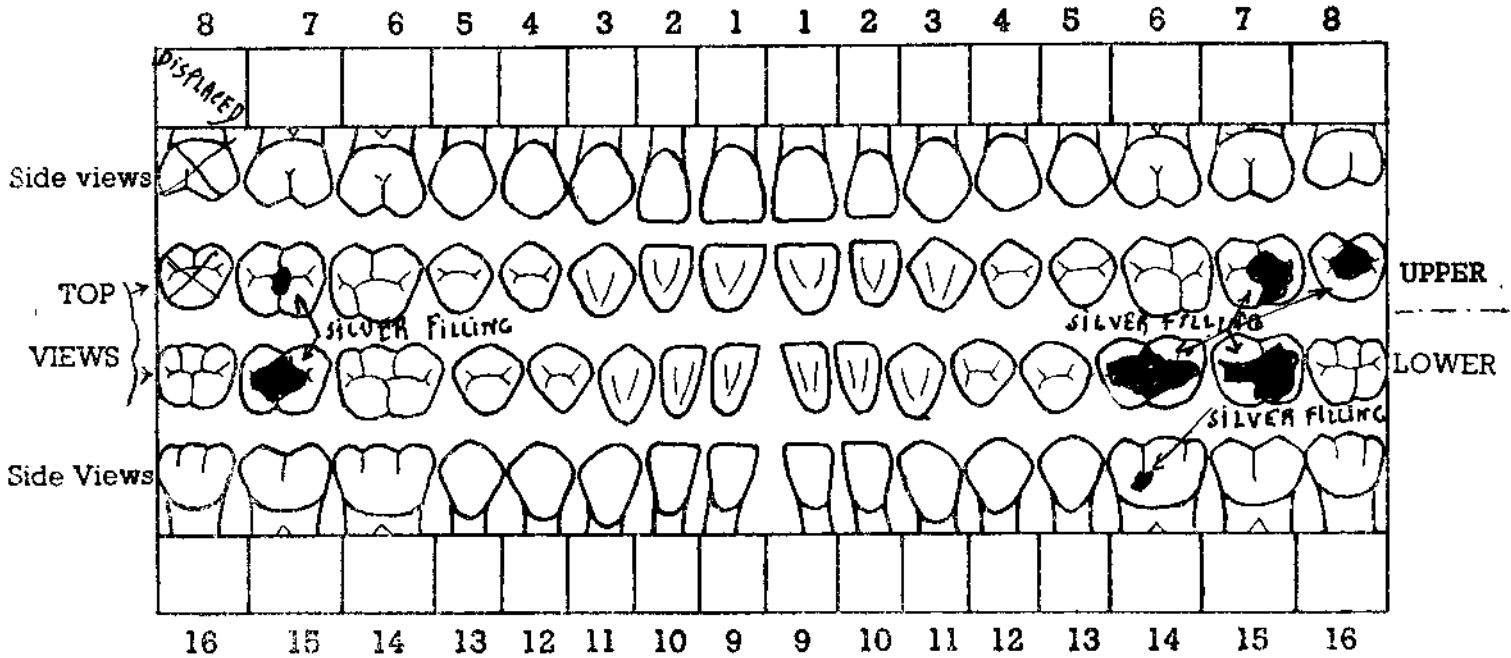
TOOTH CHART
REINTERRED U.S. MIL. CREW.
ST. AVOLD-Y-4-48

24, April, 46
 Date

X-6097
 Unknown Unknown Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unknown
 Unit Organization
 Hellisheim BAS-RHIN France Est Feb 45 Unknown
 Place of Death Date of Death Cause of Death

Right



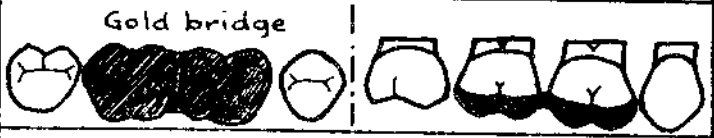
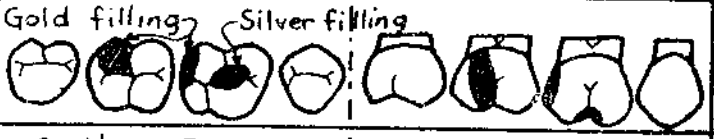
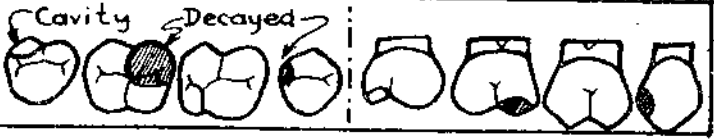
Left



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

John A. Trent
 Mr. John A. Trent US Civilian
 Signature of Officer or other person who prepared Tooth chart
~~William D. Mason~~
 Verified by G. R. S. Officer

X-6097

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

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word " clasp. "

ADDITIONAL SPACE FOR FURTHER REMARKS

1. 15 is a displaced tooth which was not recovered with the remains.
2. 116 is just beginning to erupt.
3. Upper and lower anterior teeth are slightly crowded.

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 6097
Cemetery **St. Avoild, France**
Plot **Y** Row **4** Grave **48**

1. Arrived at cemetery _____
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered ~~or disinterred~~ **and reprocessed** by **C.I.P.** **10/16/46**
(Sheet, scale and serials used) (name and organization)
4. Evacuated to Cemetery by _____
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item _____

*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 **remnants of**

Undershirt, Cotton **remnants of**

Trousers HBT **remnants of**

*Trousers, Wool OD **remnants of**

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Belt, Web **remnants of**

Drawers, Wool **remnants of**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)

Socks, ~~Cotton~~ Wool **one (1) pair**

*Shoes **one (1) pair** shoe pac

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **remnants of a scarf**

(Other item) **remnants of a pistol belt**

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

6. Chevrons or Insignia **none**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

Ground Forces

8. Description of Remains :

Age **UTD** Height **Est. 5'10"** Weight **Est. 160 Lbs** Description of wounds.....

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

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

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

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

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

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

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

X-6097

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 20 1/2"
 (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 Navel UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

Hernioplasty UTD
 (yes-no; location)

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

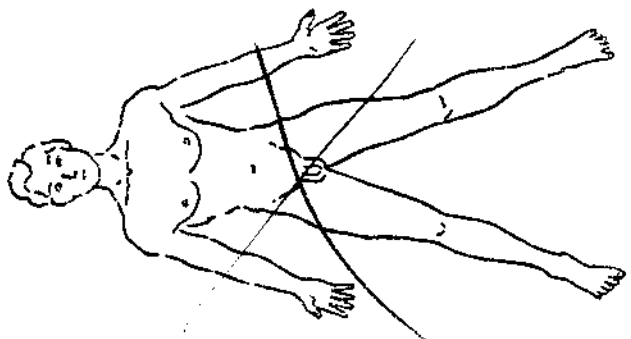
X-6097

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 :

See attached sheet



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

If not, explain fingers decomposed

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

12. Remarks : Body in final stage of decomposition, all clothing removed from body and placed on bottom of box. Processed Weight about 30 Lbs. Fluoroscopic taken.

Fluoroscopic examination findings: buttons, two small glass bottles. Nothing found to warrant chemical laboratory examination.

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

Robert A. Salvador
ROBERT A. SALVADOR
Officer's Name

Capt. Inf.
Rank Service

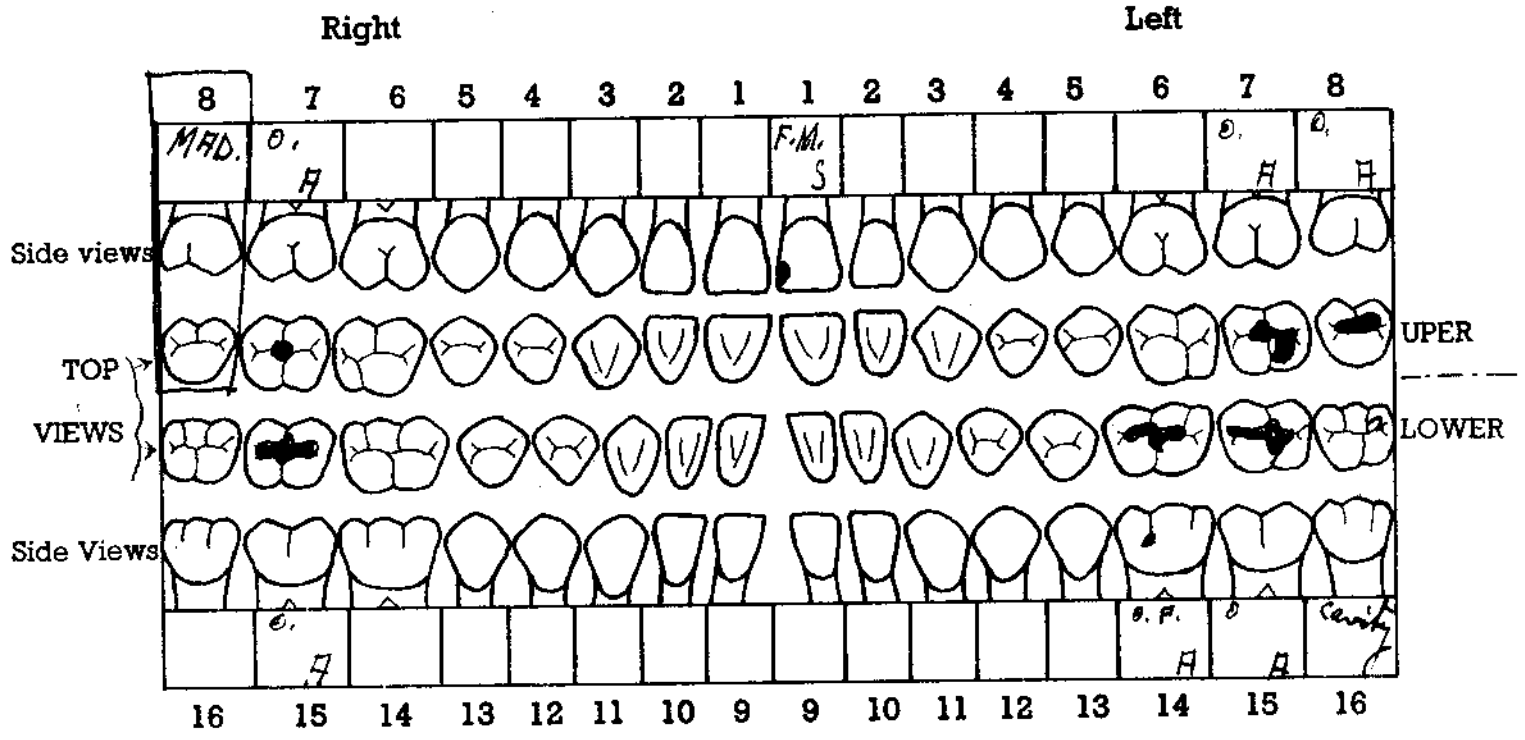
Central Identification Point
Organization

X-6097

TOOTH CHART

Date _____

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



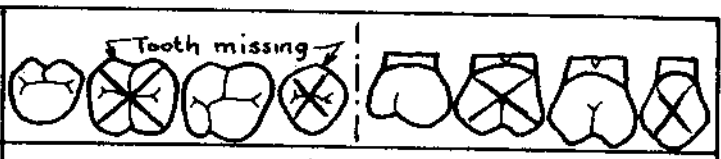
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Edward Sebastian
 Signature of Officer or other person who prepared Tooth chart

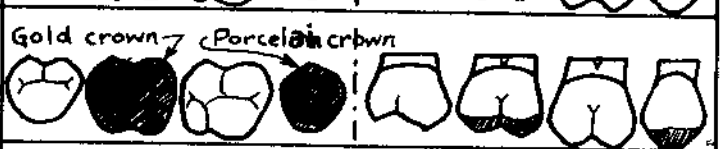
ROBERT A. SALVADOR Capt. Inf. C.I.P.
 Verified by S. R. S. Officer

Robert A. Salvador

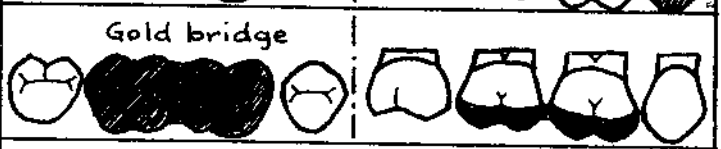
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



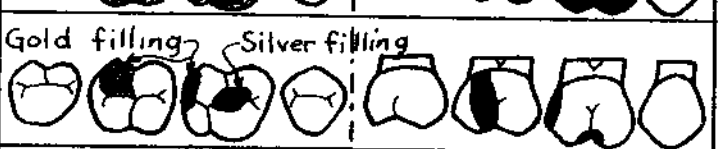
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



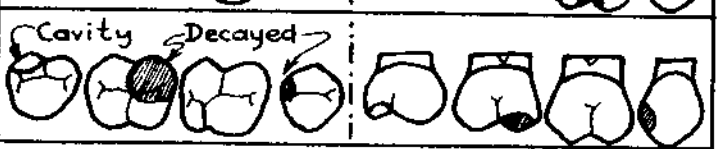
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 :

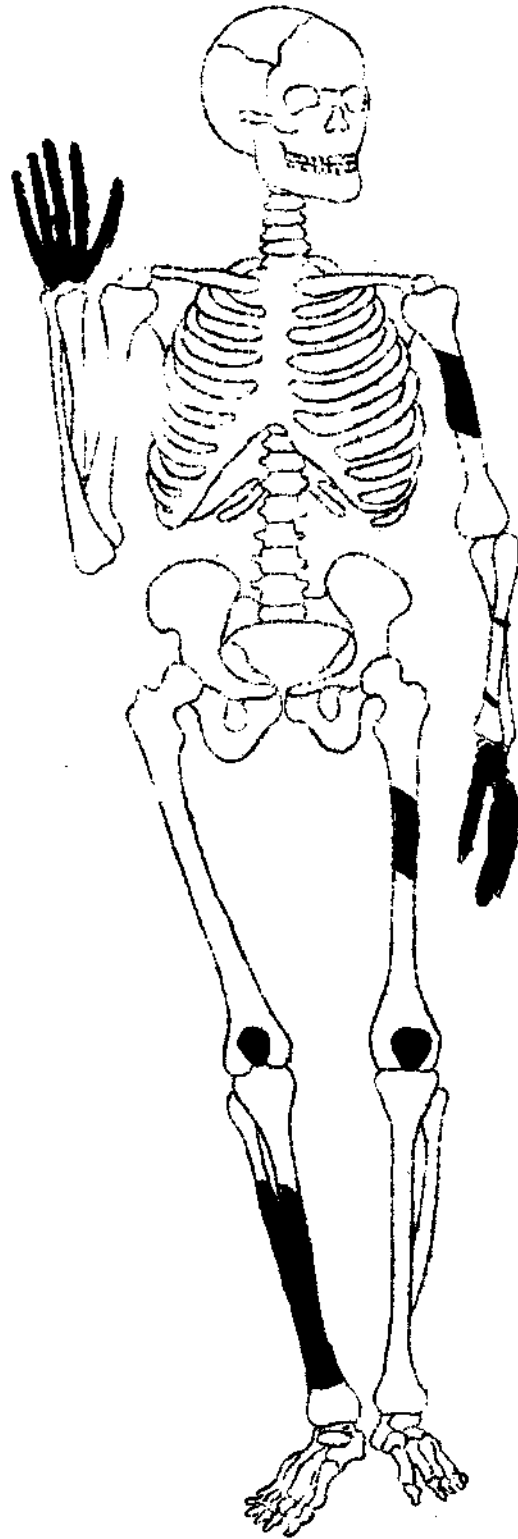


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Medium sized, irregular teeth, had turned pink.
 Missing after death, socket present, R8.
 Tooth unerupted before death, R 16.
 Lower anteriors crowded.
 L 1 overlaps R 1.

X-6097



X-6097

Central Identification Laboratory
American Graves Registration Command 3-9 QM Bn
APO 154 US Army

30 January 1947

Chemical Lab. Case #724.

Other designations:

X-6097 (St. Avold)

Inventory of Effects:

Remnants of web belt

Laboratory Findings:

Inscription

1735

The following listed men were recovered from same civilian cemetery with this Unknown.

DESMOND, William P.
MICHAEL, William E.
MYERS, James D.
THEILLEN, Harold
ALLISON, Edgar W. Jr.,
NOWINSKI, Daniel A.,
ROTH, Warren G.,
HAZMUKA, Leo C.
SIVERLING, Leslie T., T/Sgt., 33396665
O'NEIL, Robert G., Pfc., 32526078

Luigi L. Vagnina
Luigi L. Vagnina
Identification tech.

X-6097

1	USMC HAMM Plot: G Row: 11 Gr: 8 Date of Burial: 29 June 50 DISINTERMENT DIRECTIVE Verified by GRS Officer Robert W. GANSEL, 1st LT QMC		<i>off QMC</i> <i>etc.</i>	
	SECTION A NAME AND BURIAL LOCATION OF DECEASED <i>Robert W. Gansel</i>		DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
NAME UNKNOWNX-006097		SERIAL NUMBER	RANK	ARM 1
CEMETERY ST AVOLD - METZ		DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT Y	ROW 4	GRAVE 48	COUNTRY FRANCE	CAUSE OF DEATH 6
SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT				
NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE HAMM LUXEMBOURG (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Reg. Div. 1 June 50)	
SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME UNKNOWNX-006097		SERIAL NUMBER	RANK	DATE OF DEATH
DATE DISTINTERRED 15 JUL 48		IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		
ORGANIZATION USAGF		RELIGION	IDENTIFICATION VERIFIED BY Charles W. Fredricks, Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL Uniform		CONDITION OF REMAINS Fractured R/tibia, missing L/tarsals, L/radius, R/clavicle and R/fibula. Disarticulated. Small amount of decomposed flesh. Mandible missing.		
OTHER MEANS OF IDENTIFICATION None		NAT FILE RECORDS ANNOTATED		
MINOR DISCREPANCIES no report of burial found with remains		DATE 27 Jul 50 NAME R. T. Johns B. & R. BR. MEM. DIV.		
REMAINS PREPARED AND PLACED IN CASKET				
DATE 5 Aug 48		BY Charles W. Fredricks, Embalmer		
CASKET SEALED BY Charles W. Fredricks, Embalmer		EMBALMER (Signature) <i>Charles W. Fredricks</i> Charles W. Fredricks		
CASKET BOXED AND MARKED 5 Aug 48		SHIPPING ADDRESS VERIFIED BY Charles W. Fredricks, Embalmer DATE 5 Aug 48		
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 <i>H. Mead</i> H. Mead, Capt QMC		<i>H. Mead</i> H. Mead, Capt QMC, 7857 AGO zone 3 HQ SIGNATURE OF GRS INSPECTOR		
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				
CONSIGNEE CORRECTED-REG. DIV.				

July 14

en

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St. Amand, France		TO OIC, Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl. Vincent P. Matozzo, RA-32707218	
SIGNATURE OF SHIPPER <i>1st Lt. Frank B. Callaghan</i>	DATE 2 Nov 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (RA 1511111111111111)		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
GRS European

1st Ind

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4816

Dept. of the Army, OQMG, Washington 25, D. C., 3 May 1950

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

1. This Office approves the classification of the Unknowns listed in basic communication as Unidentifiable with the following exception:

United States Military Cemetery St. Avold, France

X-7847 Plot MNMN Row 5 Grave 114

2. The Unknown listed above will be the subject of a separate communication.

FOR THE ACTING THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

REB

JMN

Binkerd:cam
Clements

²
AIRMAIL

513/11/11
X-7847
St. Avold

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 U S Army

QMRT 200.2

31 March 1950

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter # 4816

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

In compliance with letter, your office, QMRT 293, GCS European,
Subject: Final Resolution of Unknown Deceased, dated 29 July 1948, for-
warded herewith are certificates pertaining to the following unidentifi-
able remains:

<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-1677	St Avelid	000	8	92
X-1678	St Avelid	000	8	93
X-4097	St Avelid	Y	4	48
X-7847	St Avelid	0000	5	114
X-5361	Neuville	V	10	247

FOR THE COMMANDING OFFICER:

GAYLORD E. HITE
1st Lt., GSC
Registration Division

5 Encls
Certificates of
Unidentifiability
w/allied news papers

314.6
GCS
European

293 unk France X-6097 St Avold am
ARMY EFFECTS BUREAU, Kansas City Records Center (AGO), 601 Hardesty Avenue,
Kansas City 1, Missouri, 25 April 1950

TO: The Quartermaster General, Effects Section, Field Service Division,
Washington 25, D.C.

1. Remnants of web belt, together with the laboratory report for
Unknown X-6097, USMC, St Avold, France, are inclosed.

2. No property for Unknowns X-1677 and X-1678, USMC St Avold, France,
was received at the Bureau.

/s/ Stanley Zablocki
Captain, QMC
Commanding

2 Incls.

1. Remns. of belt
2. Lab. report

COPY

332.3 Kansas City.

*File
in Binford
2d Bv
28 Apr 50*

30 January 1947

Chemical Lab. Case. #724

Other designations:

X-6097 (St Avold)

Inventory of Effects:

Remnants of web belt

Laboratory Findings:

Inscription

1735

Livio L. Vagnina
Identification Tech.

Note: Not considered as Personal Effects
to be entered on Inventory Form 26,
but as means of identification pro-
cessed by the laboratory.

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

RRE 293

28 March 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

293 unk France X-6097 (St Avold)

1. The records pertaining to Unknown X- 6097, Plot Y,
Row 4, Grave 48, 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. *, dated

3. Remarks:

* Photostat copies to be forwarded attached hereto.

Case reviewed by undersigned Members of the Board of Review:

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

CWO Leodore Goudreau, W-2113434

1st Lt. Gaylord E. Lutz, O-1595665

Accepted 7 May 50
Received _____ OQMS
Not identifiable from _____ OQMS
information presently
available

Transmittal Letter # 4816 dtd 31 March 50

*File
Bickett
M. J. Bv.
1 May 50*

DISINTERMENT DIRECTIVE

6

243 Umb 7-6097 France St Avold

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3574 00000		DATE 13 01 48		
NAME		SERIAL NUMBER UNKNOWN-000077		RANK	ARM	DATE OF DEATH		
						DAY	MONTH	YEAR
CEMETERY ST AVOLD - METZ						DISPOSITION OF REMAINS		
						CODE	DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH		
1			FRANCE					

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT 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 USAGF		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.

HEADQUARTERS
AMERICAN GRAVE REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RRE 293

28 March 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6097, Plot Y,
Row 4, Grave 48, 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 * , dated
 .

3. Remarks :

See attached Case History.

Case reviewed by undersigned members of the Board of Review :

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

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

Capt. Edward F. HENNE, Jr., O-1588236 QMC

1st Lt. Gaylord E. LUTZ, O-159564 QMC

CWO Leodore GODEFREAU, W-2113434 USA

* Photostat copies to be forwarded attached hereto.

Transmittal ltr # 4816
dated 31 March 1950.

accepted
received
1 May 50 OQMG
Not identifiable from
information presently
available
Pinked

Case History

UNKNOWN NO. X-6097

U.S. MILITARY CEMETERY

St. Avoird, France.
(Location)

1. The remains of X-6097, St. Avoird, France, were originally recovered from a grave in the vicinity of Herrlisheim, Bas-Rhin, France.
2. A marking, I735, found on the clothing from the remains of X-6097 was checked against the last four digits of serial numbers for unresolved casualties with negative results.
3. The tooth chart for the remains of X-6097 has been compared with the OCMG forms 37I for all unresolved casualties associated with the Bas-Rhin area of France with negative results.
4. As the remains of X-6097 can not be associated with any unresolved casualty by tooth chart comparison and no other Identity clues exist for the remains of X-6097 it is recommended that the remains of X-6097 be declared Unidentifiable.

Donald L. Hopkins
23 Feb. 1950

gld

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>UNK 22-6097</i>				2. DATE OF REPORT <i>19-SEP-49</i>	
3. NAME OF CEMETERY <i>USMC ST. GUILD</i>			4. PLOT <i>Y</i>	5. ROW <i>4</i>	6. GRAVE <i>48</i>
			7. DATE OF DISINTERMENT THE INTERMENT		

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <i>20 TO 25</i>	9. ESTIMATED HEIGHT <i>5' 9"</i>	10. COLOR OF HAIR <i>BROWN</i>	11. RACE <i>UCD</i>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
NONE FOUND

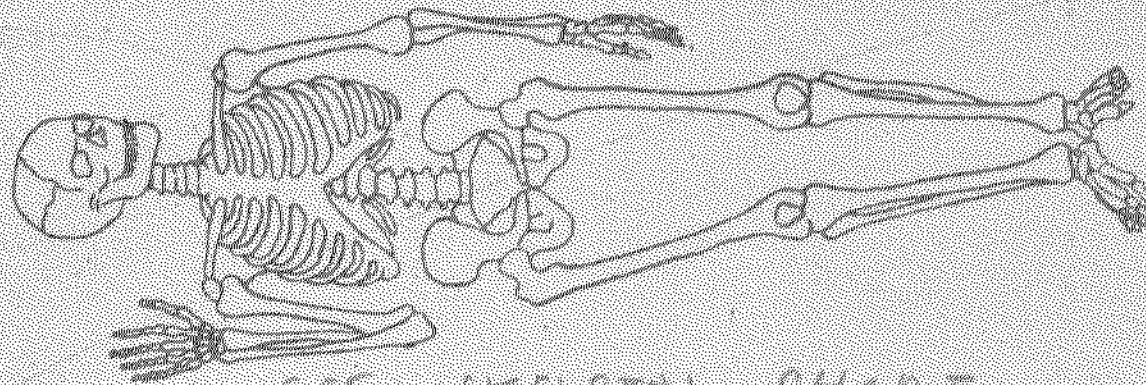
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <i>SMALL ON LEFT ARM</i>

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE FOUND

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)
NONE FOUND





SEE SKELETAL CHART

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISMEMBERED SKELETAL FORM, EMISSSED PLATES MARKED VNR-A 6097 RECEIVED WITH REMAINS. DISPOSITION REMAINED IN BLANKET CONTAINING REMAINS.

HAIR - BROWN ONE INCH - STRAIGHT
TEETH - SEE TOOTH CHART
EST. AGE - 20 TO 25
EST. HT. 5' 8 1/2"

SCULL
PETERSON
GREEN DR

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

6

John P. Byrd

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

X 006097

STAYOLD - sept 1970
 See tooth Chart

STERNUM 1

HUMERUS 32.3

ULNA 26.7

RADIUS 25.1

PELVIS 49.5

TIBIA


FIBULA

33.1

38.7

TIBIA

FIBULA

-  - FRACTURED
-  - SHATTERED
-  - MISSING
-  - BURNED

AGE OF THE PERSON 20-25 yrs
 ESTIMATED AGE 20-25 yrs
 ESTIMATED HEIGHT 5 ft. 2 1/2 in
 ESTIMATED WEIGHT _____ LBS

Signature _____

②

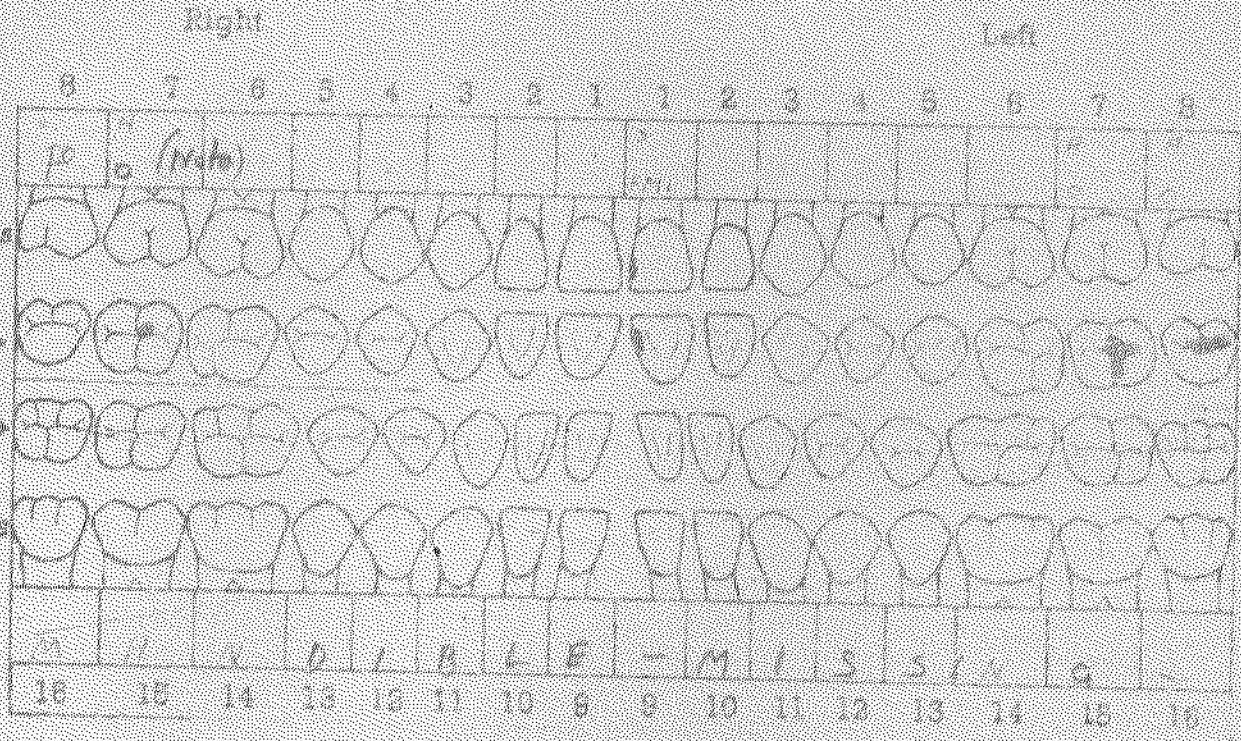
CHART "A"

TOOTH CHART

Unknown 1-0-27
 14 Ave 14 Y 28 48
 E O 2324

19 Sept 1949

Last Name _____ First _____ Initial _____ Sex _____ Race _____
 Unit _____ City _____ State _____
 Name of Teeth _____ Date of Exam _____ Name of Teeth _____



This dental chart is very important and should be filed in your record card. 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 jaw. The teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), canines, premolars (teeth for tearing food), molars (chewing teeth) andolars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions - how teeth grow, no teeth, bridge work, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaw bones. See reverse side for illustrations.

Odin Roluth

Signature of Officer or other person who prepared tooth chart.

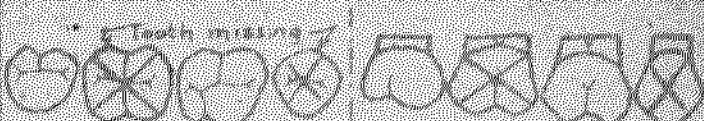
Version by G. H. C. Chicago

ET FORM 1-22 (29 208 46)

OLD GRAVE REGISTRATION FORM 1-27

REV. 1-22-45 208 462 107

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



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



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



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



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



DENTURES (PLATES) Draw diagram of relative size and shape of plate. Block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

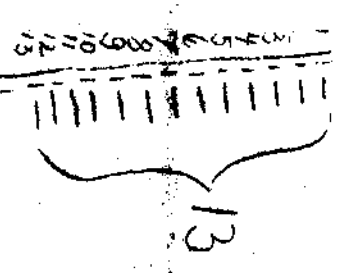
ADDITIONAL SPACE FOR FURTHER REMARKS

Size: Large
 Color: Dull white
 Shape: Maxillary, long arch, facial
 Curvature: slight
 Alignment: Fair
 L1 + R2 overlap R1
 L1 curved mesially

NOTE: Portion of rest approx. 1 cm long
 Lodge in maxilla between R6 + R7

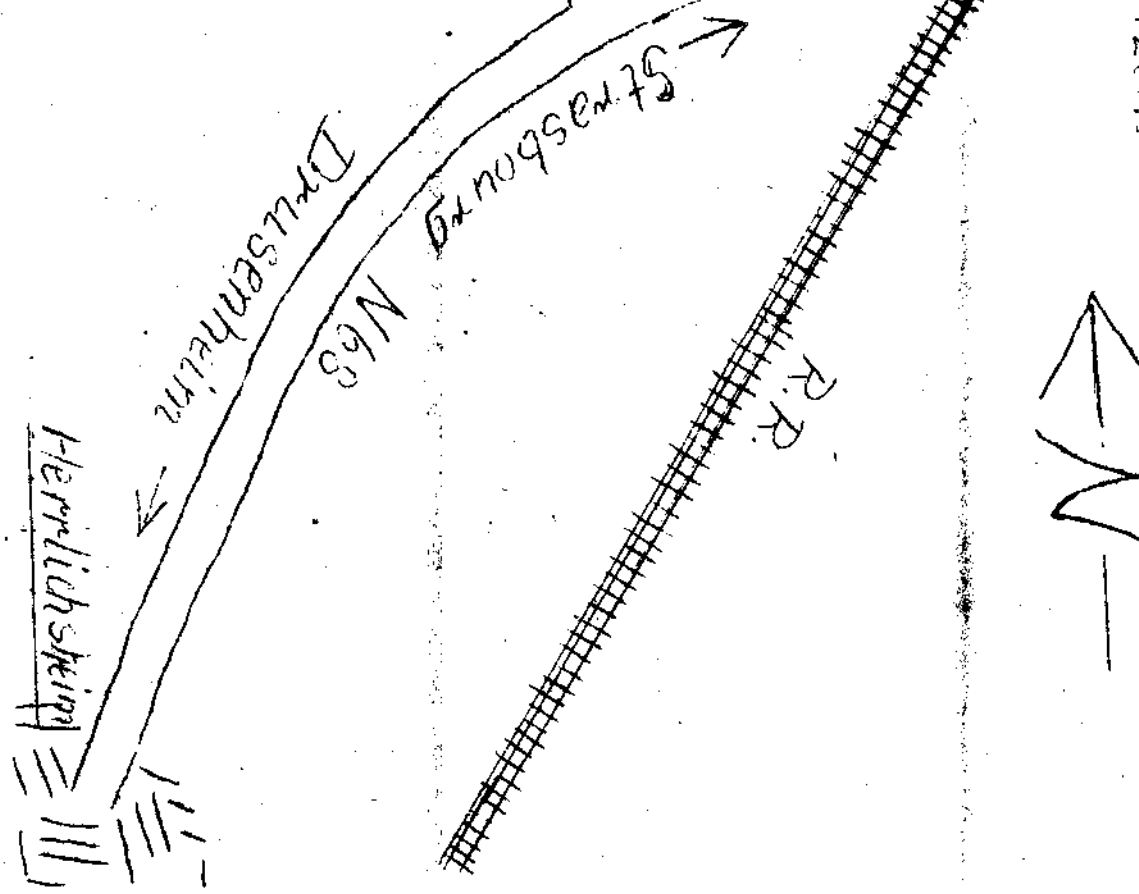
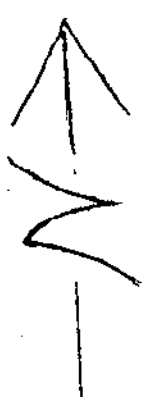
UNKNOWN X-607
REENTERED U.S. MIL. CEM.
ST. AVOLD-Y-48

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	



RIEWALD
(Between Neulohrheim
and Drusenheim)

Europe Road Map - S. 87 (R-1416)
1:200,000



UNKNOWN X- 6097

CEMETERY ST. AVOLD

PLOT Y ROW 4 GRAVE 48

Arrived at cemetery 1500 24 April 1946 From _____
 (hour) (date) (collecting point)
 Place of death Herrlishain BAS-RHIN France
 (name) (coordinates & landmarks)

Remains recovered by 3049 th QM Group
 (name and organization)
 Evacuated to cemetery by GPP 535 QM Group
 (name and organization)
 Is load list attached _____ Are names of deceased found in same
 (yes-no) area as this Unknown starred _____ Are circumstances described
 (yes-no) which may indicate organization of the deceased _____ If only
 (yes-no) part of a body was received, was a careful search made for other
 parts of Unknown _____
 (yes-no)

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

nickname serial number, organization or symbols)

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

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

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

(parts of markings or symbols) (burned)

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

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

(description of other vehicles or planes in area)

Detailed description of personal effects _____
 (Indicate exact pocket

or part of body where found)

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

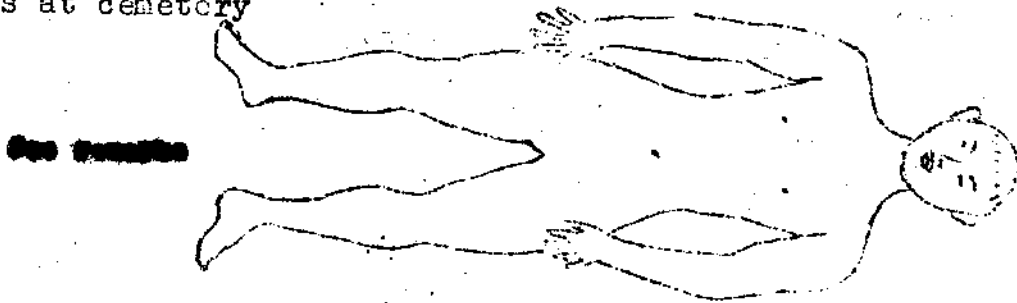
Chest (size at nipples; color, quantity & extent of hair; large, small, normal) Back (quantity & extent of hair) Waist (size at naval, appendectomy amount & color of hair) Circumcized (yes-no) Pubic hair (color)

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

Feet (size; corns; callouses; flat) Toes (Slender, straight, crooked, etc.)

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

Black out parts of body not receives at cemetery



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

Adv. state of decomposition of body - No Photo (yes-no) Have fingerprints been placed on GRS #1 (yes-no) If not, explain

Adv. state of decomposition of body Has tooth chart been prepared (yes-no) If not, explain

Remarks: Head and body in adv. state of decomposition. Multiple fractures of lower extremities. Entire remains covered. Net. weight of remains (500g)

Signature of GRO and Organization

TOOTH CHART

REINTERRED U.S. MIL. CEM.
 ST. AVOLD-Y-4-48

24, April, 46
 Date

X-6097

Unknown

Unknown

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

Unit

Organization

Hellishheim BAS-RHIN France

Est. Feb 45

Unknown

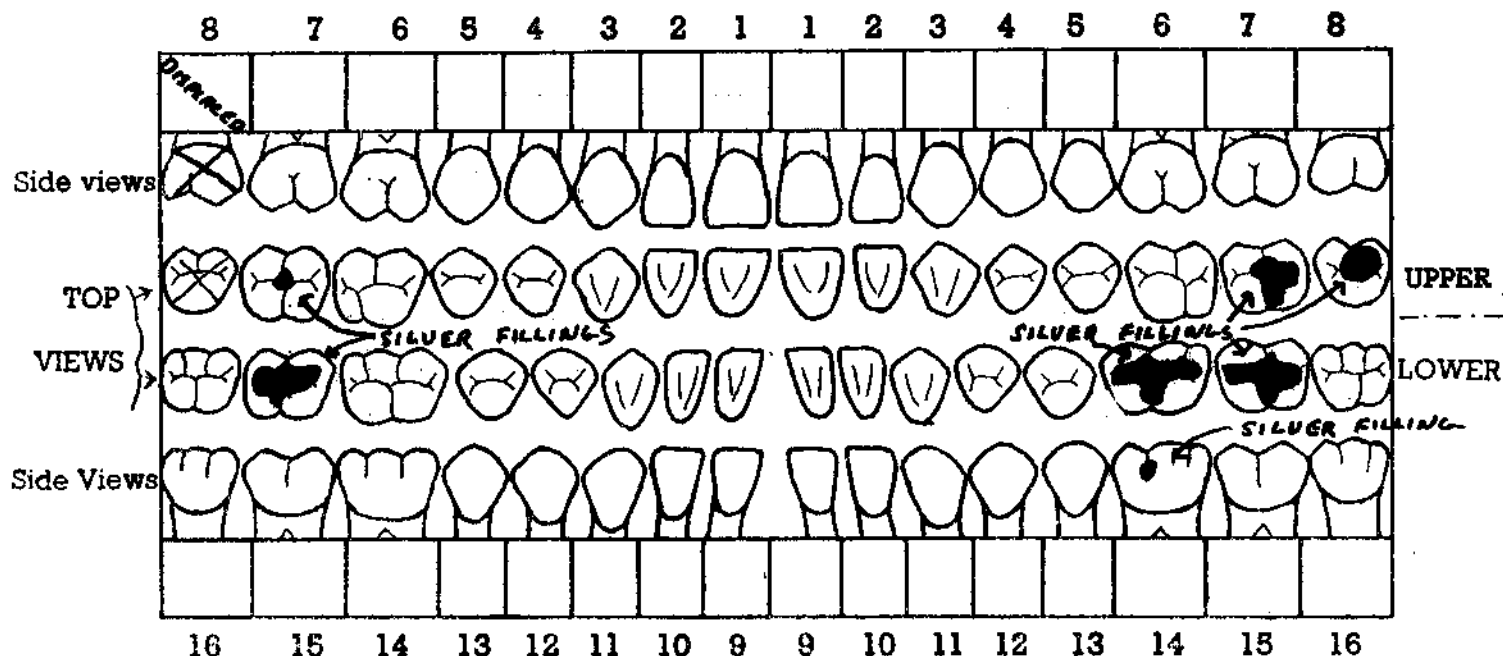
Place of Death

Date of Death

Cause of Death

Right

Left



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

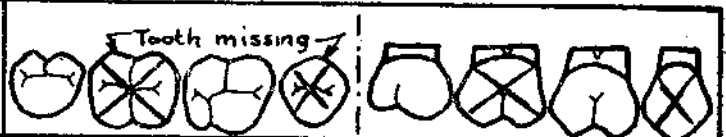
John A Trent
 Mr. John A. Trent US Civilian

Signature of Officer or other person who prepared Tooth chart

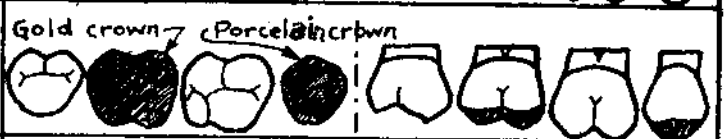
William D. ...

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

1. R5 is a displaced tooth which was not recovered with the remains.
2. LI6 is just beginning to erupt.
3. Upper and lower anterior teeth are slightly crowded.

RESTRICTED

W.D. Lawson

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 25 April 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						SERIAL NO.
		NAME (Last, first, middle initial) UNKNOWN-X-6097						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 Herrlisheim BAS-RHIN France		CAUSE OF DEATH Unknown				DATE OF DEATH Est Feb 45		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetary (Q-260584) St. Avelde France								
DATE OF BURIAL 25 April 1946	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp. Wooden Cross	PLOT No. Y	ROW No. 4	GRAVE No. 48	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated grave near Herrlisheim BAS-RHIN France Europe Rd Map Sheet No 87.I:200,000					PLOT No.	ROW No.	GRAVE No. Isolated Grave
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Chaplain Z.S.KISH, Captain			IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD WMC Form 1042 placed in burial bottle and buried with remains.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No Embossed Plate						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) ALLISON, EDGAR W. JR.			RANK PTC	SERIAL No. 33513812	ORGANIZATION 56th Armd Inf. Bn.	GRAVE No. 47		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) END OF ROW			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
SIGNATURE OF PERSON PREPARING REPORT <i>William D. Lawson</i> William D. Lawson Lt Inf 535 Quartermaster Group				SIGNATURE OF OFFICIAL PREPARING REPORT <i>Ralph W. Slector</i> RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

Section 5.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


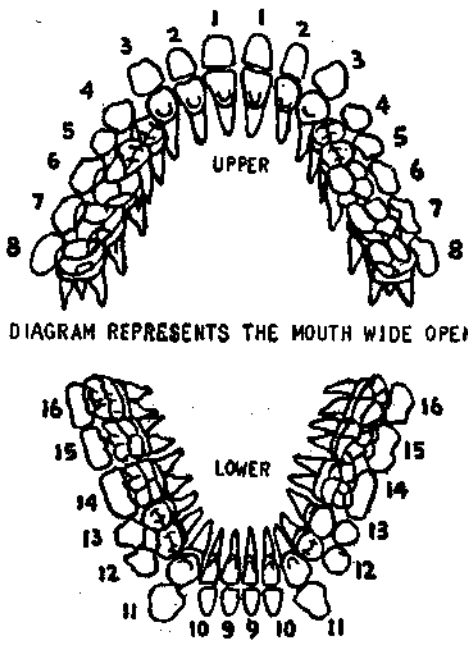




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

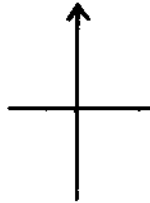
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Attached, Form II, Checklist of Unknowns, and Form 1A Tooth Chart, too badly decomposed for fingerprints. WEIGHED, weight of remains (324.26)