

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Uk (misc) St. Arnold

X-1588 X-6108. X-6137 X-6150 X-6297

### SYNOPSIS AND DATES

X-6387-A X-6387-B X-6387-C X-6457

*misc filed*

NEW CLASSIFICATION 293 Uk - St. Arnold X-1588

# RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APO 787

Unknown St. Avold X-6137 *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-6137 St Avold

(POC) ST LAURENT

*File  
H March  
H North*

REPORT OF INVESTIGATION AREA SEARCH

*(SA valid)*

3 May 1946  
DATE

Name Unknown X-6137 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION None

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

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

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

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 Unknown RANK Unknown ASN Unknown

b. ORGANIZATION Unknown

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

None  
(Use reverse side for listing of crew members from MACR)

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

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

5. Name and type of cemetery \_\_\_\_\_  
(Military or Civilian)

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

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

*File  
if needed  
H. Martin*

7. Give exact location in cemetery of the remains.

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

B. In sketch attached? \_\_\_\_\_

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

a. Town Drusenheim Coordinates Eur. Bd. Mp. Sh. 87 Sc. 1; 200,000 (R-1618)

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? With cross.

10. If grave is marked with cross, give the exact marking thereon None

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 contained thereon? \_\_\_\_\_

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

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

12. What is the date of death? Est. Feb. 1945.

a. Give basis Time of action in aerea

13. What is the cause of death? Unknown

b. Give basis \_\_\_\_\_

14. What is the date of burial? Unknown

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

15. What was the place of death? Unknown Coords \_\_\_\_\_

Give basis \_\_\_\_\_

16. Where were the remains found? Unknown Coords \_\_\_\_\_

a. By Whom? \_\_\_\_\_

28. Number of planes formation prior to crash \_\_\_\_\_
29. State precise time and date of plane crash \_\_\_\_\_  
(Night? Day?)
30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Engaged? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

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

31. Were remains found in wreckage of a tank? \_\_\_\_\_  
a. Give specific position in tank from which deceased was removed. \_\_\_\_\_  
(Radio man, driver, assistant driver or....front, side, or back)  
b. Near wreckage? \_\_\_\_\_
32. Location of destroyed tank 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, growing, or small arms fire) \_\_\_\_\_  
Unknown

If so, give complete and thorough results of the interrogation.

- a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
40. State the specific causes and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_

- b. Is sketch attached? \_\_\_\_\_
17. Was a casket used? Unknown Who furnished the casket? \_\_\_\_\_  
Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_
18. Who made the burial? German Mil.  
(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 date of death of above named deceased? \_\_\_\_\_

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

41. Were personal effects recovered by the investigating team No

If not, state reason Unavailable

a. Were identification tags found at the time of death? No

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

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

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

b. Were personal effects found at the time of death? No

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

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

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

d. Did Cemetery register or cross indicate the immunization shot? \_\_\_\_\_

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 of investigation to obtain from civilian sources the condition of the remainders? 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

(Use attached, sheets, if necessary)

Siegfried Harnisch  
Signature of interpreter

French Civilian  
Rank ASN

535 h QM. Group AGRC.  
Organization

Charles F. Kulp  
Signature of investigator

T/5 42088926  
Rank ASN

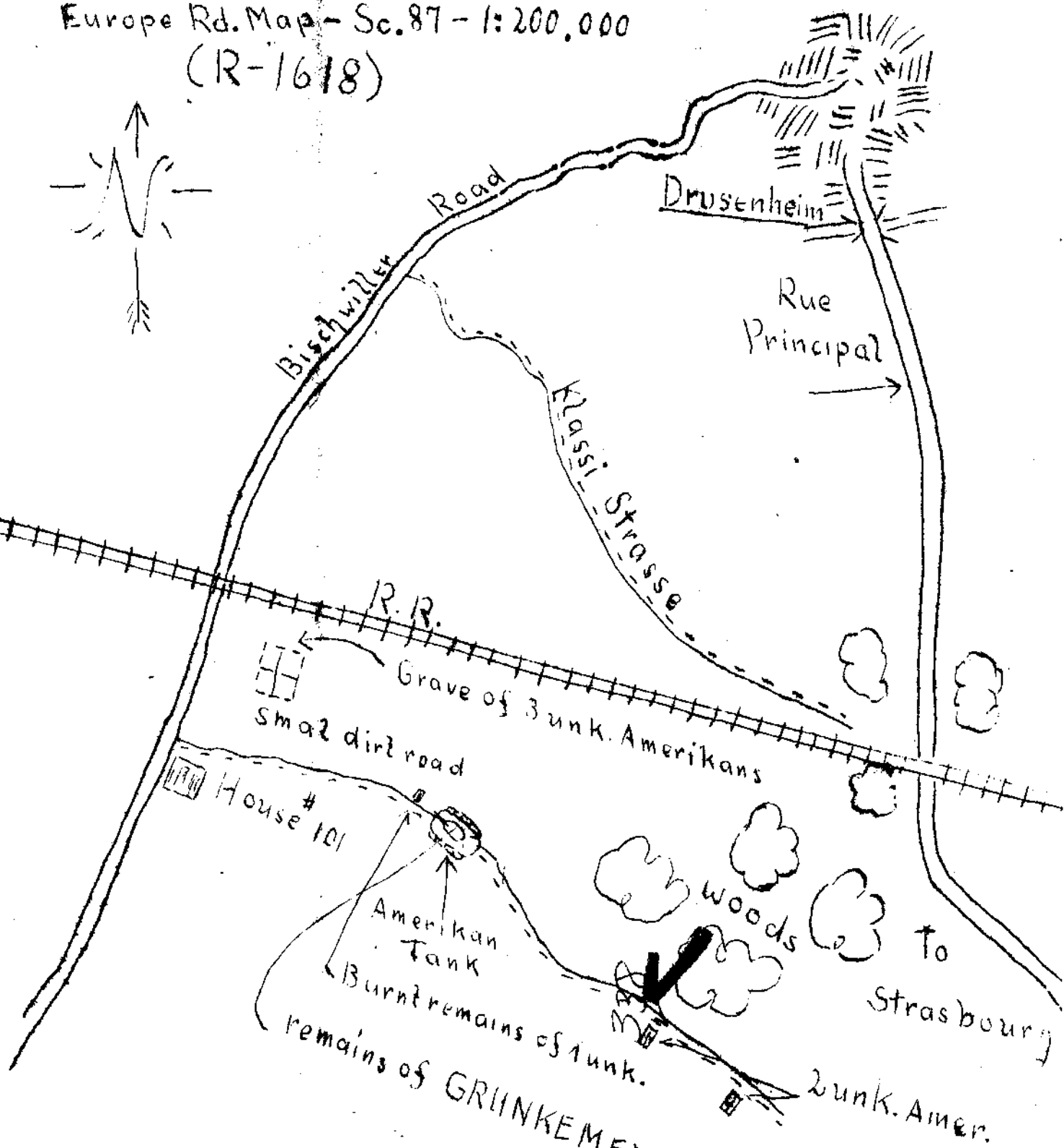
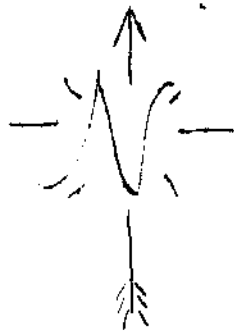
535th QM. Group AGRC. 3rd Field Command  
Organization



Drusenheim

Europe Rd. Map - Sc. 87 - 1:200,000

(R-1618)



Sketch showing location of remains of Billie Grunkemeyer  
and 6 unknowns

UNKNOWN X 6137  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y - 12 - 135

UNKNOWN X- 6137  
CEMETERY ST. AVOLD  
PLOT Y ROW 12 GRAVE 135

Arrived at cemetery 1600 4 May 1946 From UPP 355 535th QM. GROUP  
(hour) (date) (collecting point)

Place of death Drusenheim, Bas-Rhin, France Eu Rd Map Snt87 1, 200000 (R1618)  
(name) (coordinates & landmarks)

Evacuated to cemetery by GPP 535th QM Gr  
(name and organization)

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

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

area as this Unknown started Are circumstances described which  
may indicate organization of the deceased 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)

Belt, Web none

Drawers, Wool one

Drawers, Cotton none

Leggings, Wool none (Total unusual lacing)

Socks, Cotton wool one pair

\*Shoes (Type) none

Overshoes none

Web Equipment (Type)

(Other item) helmet, sweater, Field jacket,

(Other item)

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

6. Chevrons or Insignia UTD  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch UTD

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

8. Description of Remains:  
 Age UTD Height UTD Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

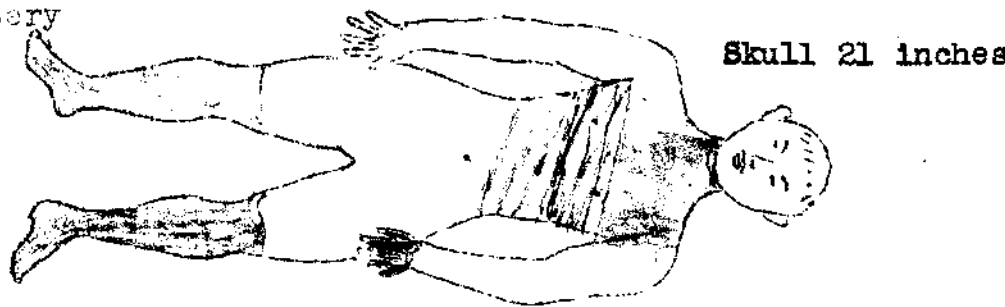
Complexion UTD  
(Light, red, dark, clear, pimples, pocks, freckels)

Build UTD  
(Large, fat, thin, muscular)

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

Bandages or dressings UTD Scars UTD  
 length, width  
 (location) Tattoos UTD  
 (number, location-illustrate on separate page)  
 Outstanding moles, warts or birthmarks UTD  
 (yes-no) (description)  
 location UTD  
 Sunburn or tan, other than hands and face UTD  
 Tobacco stain on fingers or teeth UTD  
 (designate where, extent)  
 Complexion UTD  
 (light, med, dark, clear, pimples, pocks, freckles)  
 Build UTD  
 (large, fat, thin, muscular)  
 Hair UTD  
 (color, length, quantity, curly, wavy, straight, whorles, or  
UTD  
 definite parting, baldness, widow's peak, other characteristics)  
 Sideburns UTD Eyebrows UTD  
 (color, setting, shape) (color, bushiness,  
 Mustache UTD Beard or goatee UTD  
 across nose (color, size, shape) (length, heavy, light,  
 Eyes UTD  
 color, extent) (color, setting, shape)  
 Nose UTD Ears UTD  
 (size, shape, straight) (size, set close or far from  
 Forehead UTD Mouth UTD Lips UTD  
 head) (high, rid, wrinkled) (large, med, small) sm, lge  
 Teeth SEE TOOTH CHART  
 (white, size, unevenness, spacing, noticeable crown, fillings, miss'g)  
 Chin UTD Cheekbones UTD  
 (prominent, receding, pointed, double, double) (high, normal)  
 Jaw UTD Circumference of head in inches UTD  
 (large, small, normal) (hat band)  
 Neck UTD Larynx UTD  
 (size, long, short, normal, wrinkled) (prominent, normal)  
 Shoulders UTD ARMS UTD  
 (broad, straight, small, rounded) (length, muscular, color)  
UTD  
 Extent & quantity of hair (vaccination scar, size of wrists)  
 Hands UTD  
 (large, small, normal, calloused noticeably) (marks on fingers  
UTD  
 indicating that rings were worn)  
UTD

Fingers UTD  
 (short, thick, long, slender; size of knuckles) (missing  
UTD  
 fingers or joints) (unusual characteristics of fingernails)  
 Chest UTD  
 (size at nipples; color, quantity & extent of hair; large, small,  
 normal) UTD Back UTD Waist UTD  
 (quantity & extent of hair) (size at naval, appendectomy  
UTD Circumcized UTD Pubic hair UTD  
 amount & color of hair) (yes-no) (color)  
 Hernioplasty UTD Legs UTD  
 (yes-no) (location) (inseam) (muscular; knock-  
UTD  
 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



Have photographs been made and attached no If not, explain \_\_\_\_\_  
UTD (yes-no)  
 Have fingerprints been placed on GRS #1 no If not, explain \_\_\_\_\_  
UTD (yes-no)  
 Has tooth chart been prepared yes If not, explain \_\_\_\_\_  
UTD (yes-no)

Remarks: Remains completely decomposed. Only tooth chart for identifica-  
tion, remnants of clothing, no markings. No markings on helmet except est  
36th Div.

William D. Lawson III 2nd Lt Inf 535th QI Gr  
 Signature of GRO and Organization

# CHECK LIST OF UNKNOWNNS

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

Unknown X 6137 10/16/46  
Cemetery St. Avold, France (Q-260 584)  
Plot Y Row 12 Grave 135

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)  
.....  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by .....  
(name and organization)
4. ~~Discovered by Cemetery~~ Reprocessed by Central Identification Point .....  
(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>Steel helmet with liner</u> (type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of wool O.D.</u>		
Jacket, HBT	<u>None</u>		
*Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<del>None</del> <u>Remnants of.</u>		
Undershirt, Cotton	<u>None</u>		
Trousers HBT	<u>None</u>		
*Trousers, Wool OD	<u>None</u>		

Belt, Web **None**  
 Drawers, Wool **Remnants of**  
 Drawers, Cotton **None**  
 Leggins, Wool **None** (Note unusual lacing)  
 Socks, Cotton **REMNANTS OF (1) One**  
 \*Shoes (type) **None**  
 Overshoes **None**  
 Web Equipment (Type) **None**  
 (Other item) **None**  
 (Other item) **None**  
 \*If body is nude, sizes of these items should be computed by measuring the remains.

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

Shoulder Patch **None**

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

8. Description of Remains :

Age **UTD** Height **EST 5'6 1/2"** Weight **EST 150** Description of wounds **UTD**

Bandages or dressings **None** 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)

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 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 No hands

Fingers No fingers  
(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)

UTD Circumcision UTD Pubic hair none found  
(quantity & color of hair) (yes-no) (color)

Hernioplasty No  
(yes-no; location)

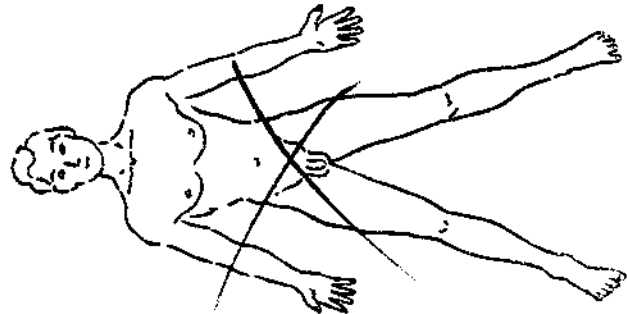
Legs UTD  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)



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 :

SEE ANATOMICAL CHART



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

If not, explain Too decomposed

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

12. Remarks : Body badly shattered. Evidence of multiple fractures. Many bones missing. Many clothing remnants found too small to identify. Body in final stage of decomposition. Estimated weight of remains recovered 15 pounds. Flouroscope examination negative. Nothing found to warrant chemical laboratory examination

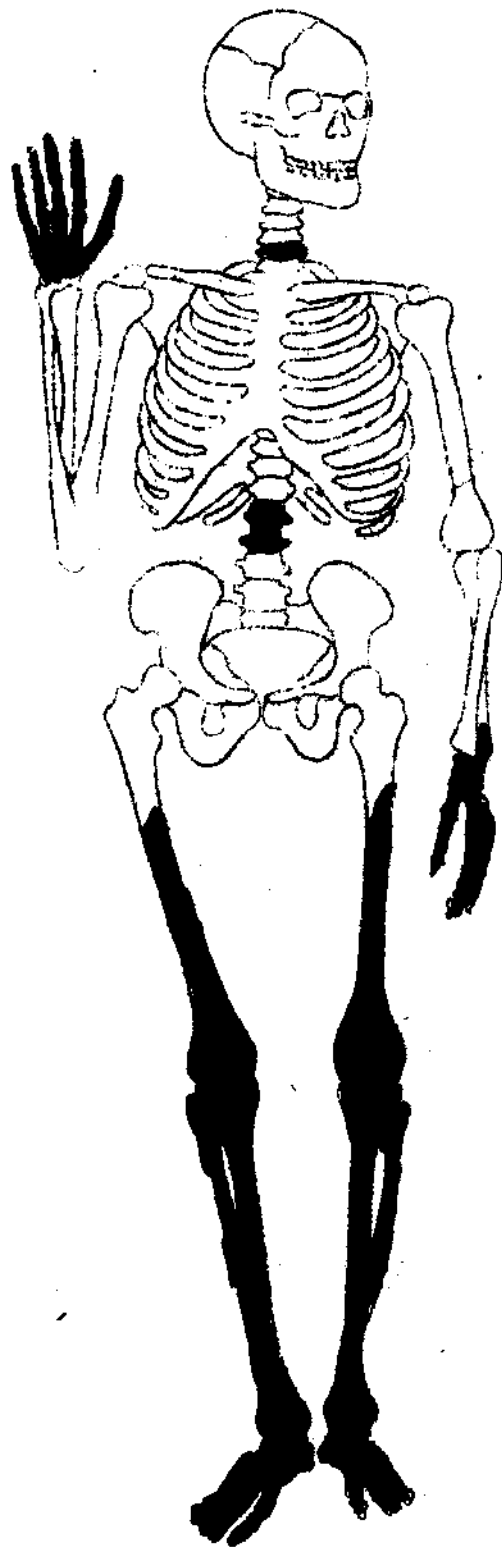
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

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

Capt. Inf.  
 Rank Service

Central Identification Point.  
 Organization

\*X-6137



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

# TOOTH CHART

3 May 1946.

Date

Unknown X-6137

Unknown

Unknown

Last Name  
Unknown

First

Initial

Rank

Unknown

Serial No.

Unit  
Drusenheim, Bas-Rain Fr est Feb. 1945

Organization

Unknown

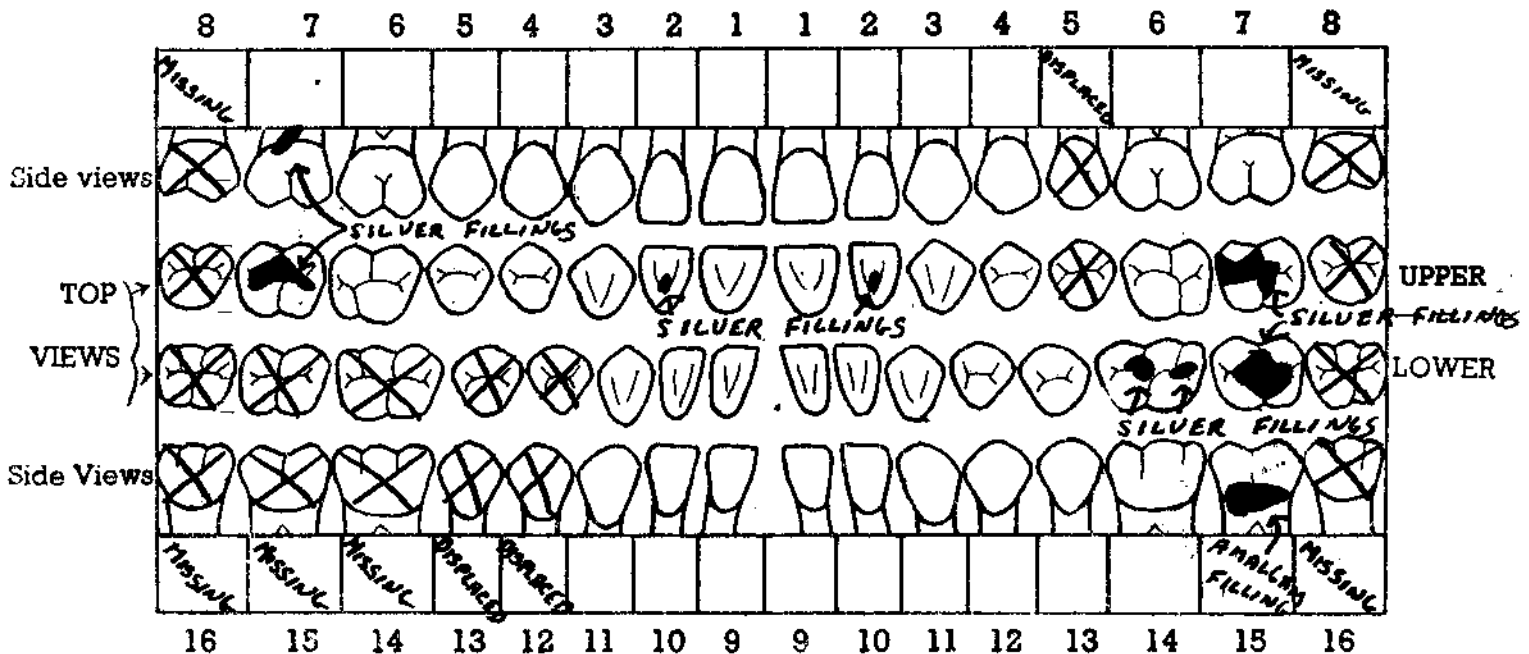
Place of Death

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*

John A. Trent

Signature of Officer or other person who prepared Tooth chart

*William H. ...*  
55th QM Gr.  
Verified by G. R. S. Officer

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

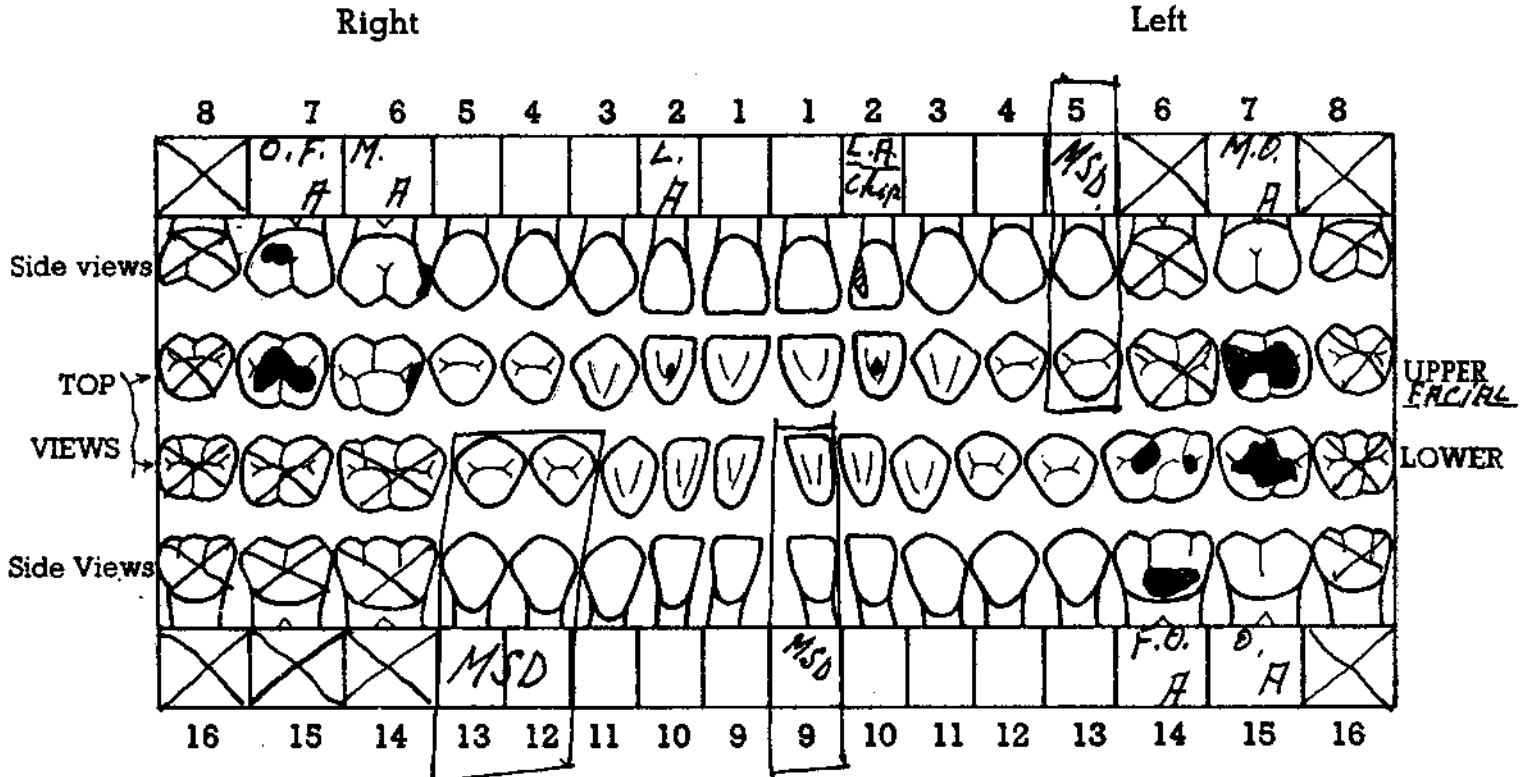
**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

#### ADDITIONAL SPACE FOR FURTHER REMARKS

- 1-L5 is a displaced tooth which was not recovered with the remains.
- 2-L6 was previously extracted and is granulated in.
- 3-L8 and R8 are granulated in.
- 4-R14, and R15, were previously extracted and granulated in.
- 5-L16, and R16, are grounded over.
- 6-R12, and R13 are displaced teeth which were not recovered with the remains.
- 7-Teeth are even, medium shade, slightly stained.

# TOOTH CHART

<u>Unknown X-6137</u>	<u>Unknown</u>	<u>                    </u>
Last Name	Rank	Date
<u>                    </u>	<u>                    </u>	<u>Unknown</u>
First	Organization	Serial No.
<u>                    </u>	<u>                    </u>	<u>                    </u>
Unit	Date of Death	Cause of Death
<u>                    </u>	<u>                    </u>	<u>                    </u>



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.

Donald R. Steele B211463 M.S.  
 Signature of Officer or other person who prepared tooth chart

Robert A. Salvador  
 Verified by G. R. S. Officer

ROBERT A. SALVADOR  
 Capt. Inf. Central Identification Point

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



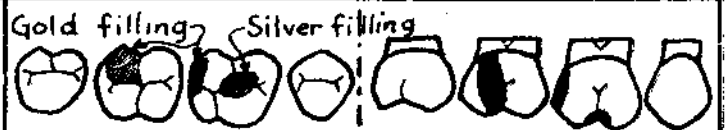
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

Missing before death: R-8, L-8, R-16, L-16  
 Extracted, fossa closed: L-6, R-14, R-15  
 Missing since Death: L-5, L-9, R-12, R-13  
 L-2 facisl enamel chipped.  
 R-10 rotated 45 degrees to distal.  
 Molar surfaces worn flat.  
 Incisial surfaces worn considerably.

Alignment poor, lower incisors crowded.  
 Average size; brown stains facially.  
 Yellow - ivory color.

293 Tank (France) (St. Avold)

~~X 6131~~ X-6137 X-6138 X-6150

*BT2*

FUN50 EE

FRZFP039

293 Tank St Avold X6137

176

63090

RR UEPC

DE DFPC 193

R 191256Z

FM REG DIV PARIS FRANCE

TO OQMG WASHDC

GRAVES GRNC

REF AGRC ONE TWO ONE

PASS TO MEMORIAL DIVISION

1-13-50

URMSG WCL THREE TWO NINE ZERO FOUR TOOTH CHARTS FOR XRAY SIX ONE THREE

ONE XRAY SIX ONE THREE SEVEN XRAY SIX ONE THREE EIGHT AND XRAY SIX ONE

FIVE ZERO AT ST AVOLD BEING DISPATCHED EIGHTEEN JANUARY BY SGD HENVY

CITE AGRE

19/1343Z

*CAF Gentry  
Sch...*

X293 Tank St Avold X6138

X293 " " X6150

JAN 20 8 25 AM '50  
O.D.M.O.  
MAGAR SEP...

X6151 X6137 X6138

CCC FIRST GROUP FIFTH LINE : FIVE ZERO ST AVOLD

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

Web  
32904

RRR 200.2 - Unknown X-6131 (St Avoild)

18 January 1950

SUBJECT: Tooth Charts

*293 Unk. France (misc) (St. Avoild)*  
*X-6131 X-6137 X-6138 X-6150*

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

1. Reference is made to radio, your office, WCL 32904 dated 14 January 1950.

2. Inclosed herewith for your information are photostatic copies of tooth charts for Unknowns X-6131, X-6137, X-6138 and X-6150 USMC St Avoild, France.

FOR THE COMMANDING OFFICER:

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

4 Incls  
Tooth Charts

*TIC's withdrawn*

*293 Unk France (misc) (St. Avoild) (X-6131, X-6137, X-6138 - X-6150)*

*File 27 Jan 50  
25 Jan 50  
24 Br.*



AGRC 121

MC in No 63090

19 Jan 1950

WCL 32904. Tooth charts for X-6131, X-6137, X-6138, and X-6150 St. Avold  
being dispatched ~~today~~ eighteen January 1950 signed HENRY.

ONE DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV  
TOPT CHANGS DEPT  
PARIS FRANCE

DEFENSE

X

FROM CHIEF REG CHECK LISTS FOR XRAY 6131 OMA 6137 OMA 6138 OMA 6150 ST AVOLD

19 SEP 49 TO PND ADAP TOOTH CHANGS DEPT REG WITH CHECK LISTS

Cy furnished: Adm Sec  
rwr/Schroth  
H.A. Clements  
RWS

REG

THH

UNCLASSIFIED

CLAVIS

CHIEF CAPT BERRY REG 72993  
293 - OCS European  
(St. Avold) France

12 JAN 50

D. A. BENNER  
CAPT, REG, MSM DIV

*293 Unknown-France (misc) (St. Avold)*  
*X-6131 X-6137 X-6138 X-6150*

GRS DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV  
7887 GREEN LANE  
PARIS FRANCE

DEFERRED

X

*WOL 32904*

FROM GROUND REF CHECK LISTS FOR IDAY 6131 ORA 6137 ORA 6138 ORA 6150 ST AVOLD  
19 SEP 49 TO FWD ASAP TOOTH CHARTS NOT REC WITH CHECK LISTS

ADMINISTRATIVE BRANCH  
JUN 13 7 18 PM '50  
MEMORIAL DIVISION  
D. O. K. [unclear]  
[Circular stamp: THE NATIONAL ARCHIVES]

Cy furnished: Adm Sec  
rar/Schroth  
M.A. Clements  
REB

*copy for each number*

UNCLASSIFIED

GROUND CAPT REBIBZ EXT 72993  
293 - GRS European  
(St. Avold) France

1319152  
JUN 50

*[Signature]*  
D. A. REBIBZ  
CAPT, GRC, MEM DIV

GRAVES

REB  
[Signature]

9X

CMS BHR

USMC St Laurent  
Plot G Row 8 Grave 41  
Date of Burial: **DISINTERMENT DIRECTIVE 22 June 1950**  
Verified by GRS Officer:  
*R.T. Rodriguez*

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **R.T. RODRIGUEZ, CWG, USA**  
DIRECTIVE NUMBER: **3574 00000**  
DATE: **15 01 48**  
DAY MONTH YEAR

NAME: **UNKNOWNX-006137**  
SERIAL NUMBER: **UNKNOWNX-006137**  
RANK: **J**  
DATE OF DEATH: **15 01 48**  
DAY MONTH YEAR

CEMETERY: **ST AVOLD - METZ**  
DISPOSITION OF REMAINS: **0 35025 80**  
CODE DIST. PT.

PLOT: **Y 12 135** COUNTRY: **FRANCE**  
CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-006137**  
SERIAL NUMBER: **UNKNOWN X-006137**  
RANK: **UNKNOWN**  
DATE OF DEATH: **27 July 48**  
DATE DISINTERRED: **27 July 48**

IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: **UNKNOWN**  
RELIGION: **UNKNOWN**  
IDENTIFICATION VERIFIED BY: **ELIJAH H FIELDS, EMBALMER**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **MATTRESS COVER**  
CONDITION OF REMAINS: **R/R/TIBIA & FIBULA, BOTH HANDS, BOTH FEET MISSING. FRACTURED R/U/LNA, R/&L/FEMUR. BODY IN SKELETAL FORM.**

OTHER MEANS OF IDENTIFICATION: **REPORT OF BURIAL FOUND WITH REMAINS**  
NAT FILE

MINOR DISCREPANCIES: **NONE**  
RECORDS ANNOTATED: **DATE 27 Jul 50 NAME R. T. Johns BY R BR. MEM. DIV.**

REMAINS PREPARED AND PLACED IN CASKET: **5 Aug 48** BY **ELIJAH H FIELDS, EMBALMER**

CASKET SEALED BY: **ELIJAH H FIELDS, EMBALMER**  
EMBALMER (Signature): *E. H. Fields*  
**ELIJAH H FIELDS, EMBALMER**

CASKET BOXED AND MARKED: **DATE 5 Aug 48 BY ELIJAH H FIELDS, EMBALMER**  
**All markings, tags & plates verified** *Bruce E Blair*  
**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 CASHEERING 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Consignee changed by Reg Div. *[Signature]*

*July 50*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC St Avold, France		TO OIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Stephen F Wilson, 39587409	
SIGNATURE OF SHIPPER <i>[Signature]</i> ROBERT V HUBBARD, Capt. INF	DATE 6 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 (BA VONIMOLAVLIAE CODE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER [Signature]	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

# AIRMAIL

QUART 293

USMC European  
(St. Avold, France)

9 February 1950

SUBJECT: Certificates of Unidentifiability of Remains

TO: Chief, Registration Division  
7857 Graves Registration Detachment  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to your transmittal letters, numbers 4525, 4530, 4574 and 4556, dated December 1949 and January 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following unknowns in USMC St. Avold, France as Unidentifiable:

<u>Unknown</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-1558	SES	2	24
X-5108	Y	5	51
X-5137	Y	12	135
X-5150	AAAA	4	48
X-5237	DDDD	9	102
X-5387 A	EEEE	6	90
X-5387 B	XXX	6	61
X-5387 C	XXX	6	62
X-5457	EEEE	11	129

FOR THE QUARTERMASTER GENERAL:

T. H. MATZ  
Lt Colonel, GIC  
Memorial Division

JAN  
TDC

Schroth:edt  
Clements  
REB

# AIRMAIL

RMA

SECRET  
THE HISTORY OF

1st Ind

Subject: ~~Classification of Unidentifiable~~  
Transmittal Letter #174  
8/27/46

Dept. of the Army, DASH, Washington 25, D. C., 25 January 1950

TO: Chief, Registration Division, 7887 Graves Registration Command,  
APO 88, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown I-1004,  
listed on basic communication, as Unidentifiable.

2. Other Unknowns listed were suspended to your headquarters by  
radio 12 January 1950.

FOR THE QUARTERMASTER GENERAL:

4 Incls:  
w/a

T. H. [unclear]  
Lt Colonel, [unclear]  
Memorial Division

Holder with  
Clements  
RCS

X-23 (w/a) [unclear] 8-6-51 (St. [unclear])

RMA

# AIRMAIL

314.6  
QMCMT 493

1st Ind

GCS Europe

SUBJECT: Identification Check Lists  
Transmittal Letter #4653

DEPARTMENT OF THE ARMY, OQMG, WASHINGTON 25, D. C. 20 January 1950

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

1. Reference is made to Identification Check Lists for Unknowns  
X-2206 and X-2739 in preceding correspondence.

2. The Check Lists for above unknowns, referred to tooth charts  
which were not received in this Office. It is therefore requested that  
tooth charts for Unknowns X-2206 and X-2739 be submitted at the earliest  
practicable date.

FOR THE QUARTERMASTER GENERAL:

14 Incls.  
w/4

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

Cy furnished: Adm Sec  
rar/Toyabo  
M. Farnor  
REB

REB  
TEC

X 873 Unit Farnor  
4-6137 (St. Arnold)

- 2 -  
AIRMAIL



*293 Wk. France (misc) (St. Avold)*  
*X-6131 X-6137 X-6138 X-6150*

QMCG DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV  
7007 GERRIE DIST  
PARIS FRANCE

DISPERSED

X

*wcl 32904*

FROM QMCG REF CHECK LISTS FOR XRAY 6131 CMA 6137 CMA 6138 CMA 6150 ST AVOLD  
19 SEP 49 PD FWD ASAP TOOTH CHARTS NOT REC WITH CHECK LISTS

*293 - Wk. X. 6137 (St. Avold) France*

Cy furnished: Adm Sec  
rar/Schroth  
M.A. Clements  
REB

UNCLASSIFIED

GRAVES

QMCGT CAPT HENRY EXT 72993  
293 - (St. Avold) France

131915Z  
JAN 50

D. A. RENNER  
CAPT, QMG, MEM DIV

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

3 Jan 1950  
Date

293 unk France X-6137 (St. Avold)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-6137, Plot Y,  
Row 12, Grave 135, 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. 4653, dated 3-1-50. No  
further information is available.

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned Members of the Board of Review:

/s/ Col H. P. Henry,  
/t/ O-12589 OMC

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

CWO Leodore W. Goudreau,  
W-2113434 USA

Received 1 FEB 1950  
Not Identifiable from  
information presently  
available

✓ NAW  
file 1 Feb 50  
@ Johnson  
2d Br

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

RRE 293

3 January 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6137, Plot I, Row 12, Grave 135, 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. 4653, dated 3-1-50.

3. Remarks:

**See Case History attached.**

Case reviewed by undersigned Members of the Board of Review:

*Henry*  
Col. H. P. HENRY, O-12589 JMC Lt. Col. E. D. MULVANY, 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

Received *1/7/50* *Gandy* O-2113925 USA *Leodore Goudreau* O-1557097  
Not identifiable from information presently available  
CWO LEODORE GOUDREAU, W-2113434

UNKNOWN NO.

6137

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains of Unknown L-6137 (USMC Saint Avold) was recovered from an isolated grave in the vicinity of Brasenheim, France. Tooth chart and physical characteristics of L-6137 was compared against Form 371's for unresolved casualties in this area without results. In view of this these remains are being declared **U N I D E N T I F I A B L E**.

L. Pierpoint  
25 December 1949

May not be favorably assoc. w/ unresolved casualties of 79th Inf  
Div or 42nd Inf Div who were MIA or KIA 1 Jan thru 15 Feb 45.

Schroth  
17 Feb 50

*ASL*

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. AVOLD, FRANCE

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS MARKER

UNKNOWN

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.

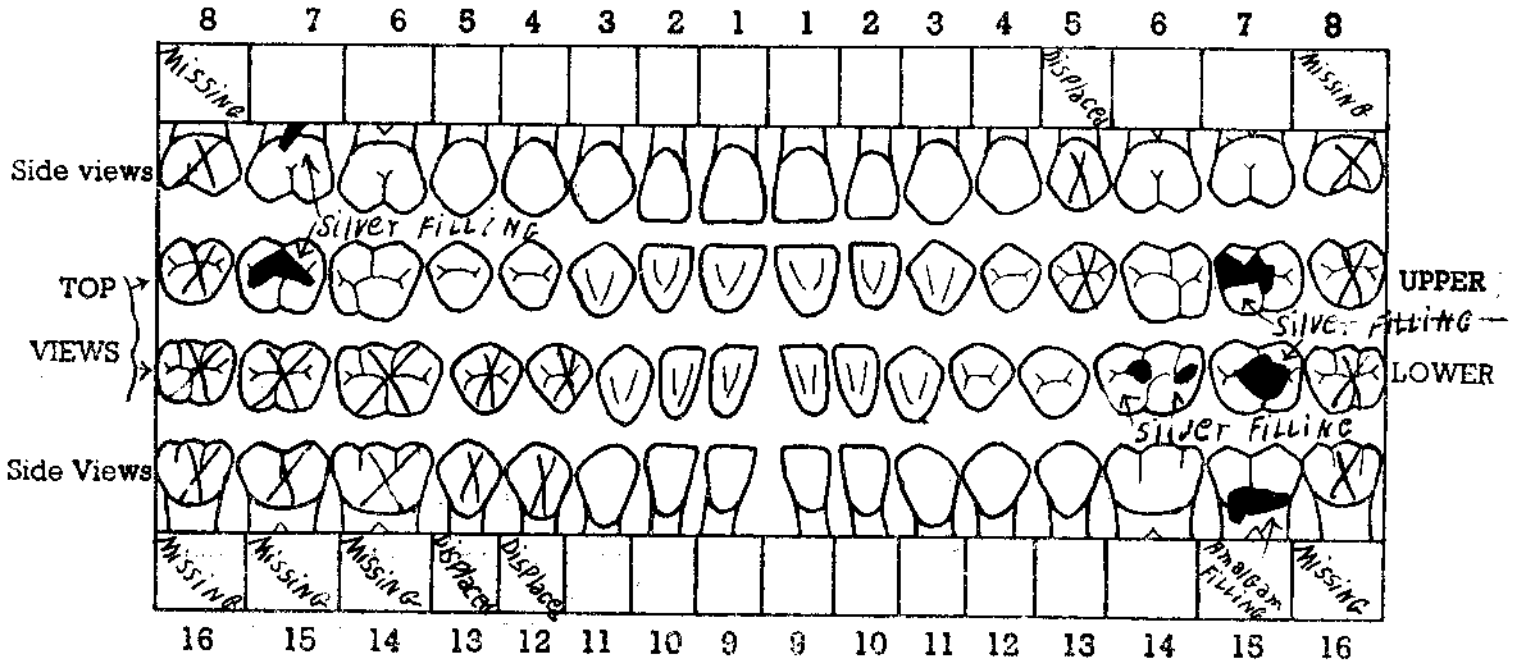
SIGNATURE OF GRS INSPECTOR

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

# TOOTH CHART

3 May 1946.

Unknown X-6137 First Initial Unknown Unknown Serial No.  
 Unknown Unit Organization Unknown  
 Drusenheim, Sas-Rhin FR Date of Death Feb. 1945 Cause Unknown  
 Right Left



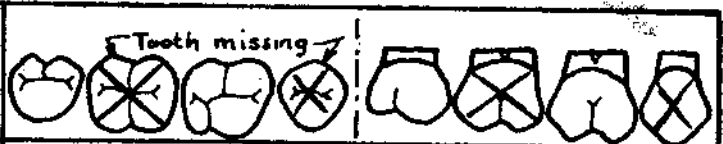
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Signature of Officer or other person who prepared Tooth chart

*William S. Harrison*  
 William S. Harrison, Lt. Col., USA, Ret.

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



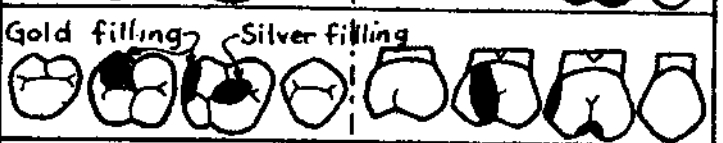
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

- 1-18 is a displaced tooth which was not recovered with the remains.
- 2-18 was previously extracted and is granulated in.
- 3-18 and 18 are granulated in.
- 4-114, and 114, were previously extracted and granulated in.
- 5-116, and 116, are grounded over.
- 6-118, and 118 are displaced teeth which were not recovered with the remains.
- 7-Teeth are even, medium shade, slightly stained.

# CHECK LIST OF UNKNOWNNS

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

Unknown X 6137 10/16/46  
Cemetery St. Avold, France (Q-260 594)  
Plot Y Row 12 Grave 135

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefix, maps)  
.....  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by .....  
(name and organization)
4. ~~Reprocessed by Cemetery~~ Reprocessed by Central Identification Point  
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item .....

\*Headgear Steel helmet with liner  
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater Remnants of wool O.D.

Jacket, HBT None

\*Shirt, Wool OD Remnants of

Undershirt, Wool None Remnants of.

Undershirt, Cotton None

Trousers HBT None

\*Trousers, Wool OD None



Belt, Web **None**

Drawers, Wool **Remnants of**

Drawers, Cotton **None**

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

Socks, Cotton **REMNANTS OF (1)** **One**

\*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **None**

(Other item) **None**

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

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

Shoulder Patch **None**

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

8. Description of Remains :

Age **UTD** Height <sup>EST</sup> **5'6 1/2"** Weight <sup>EST</sup> **150** Description of wounds **UTD**

Bandages or dressings **None** 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, pox, 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 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 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 No hands

Fingers No fingers  
(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 none found  
(quantity & color of hair) (yes-no) (color)

Hernioplasty No  
(yes-no; location)

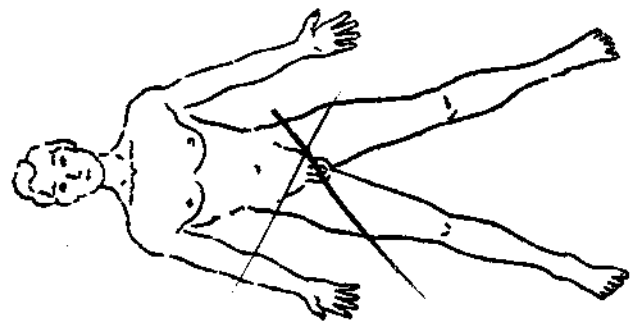
Legs UTD  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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 :

SEE ANATOMICAL CHART



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

If not, explain Too decomposed

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

12. Remarks : Body badly shattered. Evidence of multiple fractures. Many bones missing. Many clothing remnants found too small to identify. Body in final stage of decomposition. Estimated weight of remains recovered 15 pounds. Fluoroscope examination negative. 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. Salvadore*  
ROBERT A. SALVADORE  
Officer's Name

Capt. Inf.  
Rank Service

Central Identification Point.  
Organization



Casualties of Co G, 142nd Inf 1 Feb 45 thru 10 Feb 45

---

<u>NAME</u>	<u>ASN</u>	<u>RANK</u>		<u>LATEST STATUS</u>
O'Neal, Posey B.	01 296 892	1/Lt	MIA	Alive
Bradley, Jack	14 028 926	T-4	MIA	Alive
Jacobson, Joseph H.	12110945	Sgt	MIA	Alive
Mustin, David B.	33052963	T-5	MIA	Alive
Allen, Floyd L.	38608305	Pfc	MIA	DOW (Ident. by tags & repat)
Ancel, Anthony F.	36735114	Pfc	MIA	Alive
Asinofsky, David	32794505	Pfc	MIA	Alive
Concilio, John V.	31324569	Pfc	MIA	Alive
Flores, Dolores	38026386	Pfc	MIA	alive
Giordano, Aniello A.	32897993	Pfc	MIA	Alive
Kramer, Lee Roy E. W.	38413931	Pfc	MIA	Alive
Marlar, Chester	36972494	Pfc	MIA	Alive
Messamore, Chrales N.	35726645	Pfc	MIA	Alive
Paddy, John W.	38488995	Pfc	MIA	Alive
Penton, Wallace V.	37008635	Pfc	MIA	DED 2 Feb 46 (Unidentified)
Schaefer, Philipp J.	36875435	Pfc	MIA	Alive
Schuster, Clayton M.	39082666	Pfc	MIA	Alive
Tenkhoff, William A.	37625138	Pfc	MIA	Alive
Thomas, Tommy M.	35091727	Pfc	MIA	Alive
Ash, Vincent J.	39211173	Pfc	MIA	Alive
Dolney, Damian J.	37594773	Pvt	MIA	Alive
Rollins, Frank B.	34893899	Pvt	MIA	KIA (Ident. by tags & repat)
Lowery, Samuel L.	34160018	Pfc	MIA	KIA (Ident by pers. papers and repatriated)
Stevens, Henry T.	35640667	Sgt	MIA	KIA (Identified)
Blenker, Harold J.	15303946	Sgt	MIA	KIA (Ident. by personal papers and repatriated)
Hodge, Elmer E.	33706099	Pfc	MIA	DED (Identified by T/C)
Barker, James W.	35097097	Sgt	MIA	Alive
Finch, Milton	34396736	Pvt	MIA	DED (Unidentified)

Unknowns X-6136 X-6153 in St Avold may not be associated favorably with  
X-6137 X-6191 any of the above casualties.  
X-6138 X-6189  
X-6142 X-6190  
X-835  
X-6119  
X-6121  
X-6143  
X-6144

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN JAN. 6183				2. DATE OF REPORT 12 DECEMBER 51	
3. NAME OF CEMETERY WINDY ST. QUARD		4. PLOT 7	5. ROW 12	6. GRAVE 135	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 25 TO 30	9. ESTIMATED HEIGHT 5' 5 3/8"	10. COLOR OF HAIR NONE FOUND	11. RACE WHITE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
None found

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

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY HANDLED?  YES  NO TO WHAT EXTENT?  
2000 SKELETAL UNIT

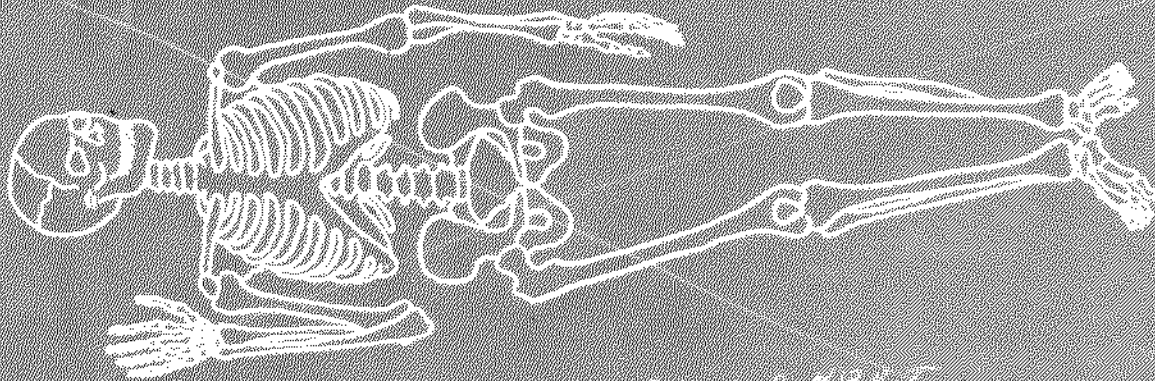
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
None noted

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 specimens forwarded through channels for examination when facilities are not available in the area.

None found

28

*[Signature]*



SEE DENTAL 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: TEETH

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM, EMBOSSED PLATES MARKED UNIK-A-6137 RECEIVED WITH REMAINS, DISPOSITION REFERRED TO BLANKET CONTAINING REMAINS.

HAIR - NONE FOUND  
TEETH - SEE TEETH CHART  
GR AGE - 25 TO 30  
EST HT. - 5' 5 1/2"  
BYRD  
SCOLD  
RUBEN  
CUREN CLK

29

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS IN QUESTION AND THAT ALL PERTINENT INFORMATION HAS BEEN FURNISHED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, Army OR SERVICE, AND ORGANIZATION

SIGNATURE

*John B. Boyd*  
Maj

**SERIALS CHART**  
(PLACE OFF PORTIONS NOT RECEIVED AT CASUALTY)

RIGHT

LEFT

X-006137  
ST. AYD-D-SEPT-19-49  
see tooth chart

STERNUM

HUMERUS

33.2

HUMERUS

ULNA

26

ULNA

RADIUS

24.5

RADIUS

FEMUR





FEMUR

TIBIA

TIBIA

FIBULA

FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

COLOR OF HAIR NONE  
ESTIMATED AGE 25 to 30 Yrs  
ESTIMATED HEIGHT 5 Ft. 5 3/4 In  
ESTIMATED WEIGHT \_\_\_\_\_ LBS

Scuba  
Signature

CHART "A"

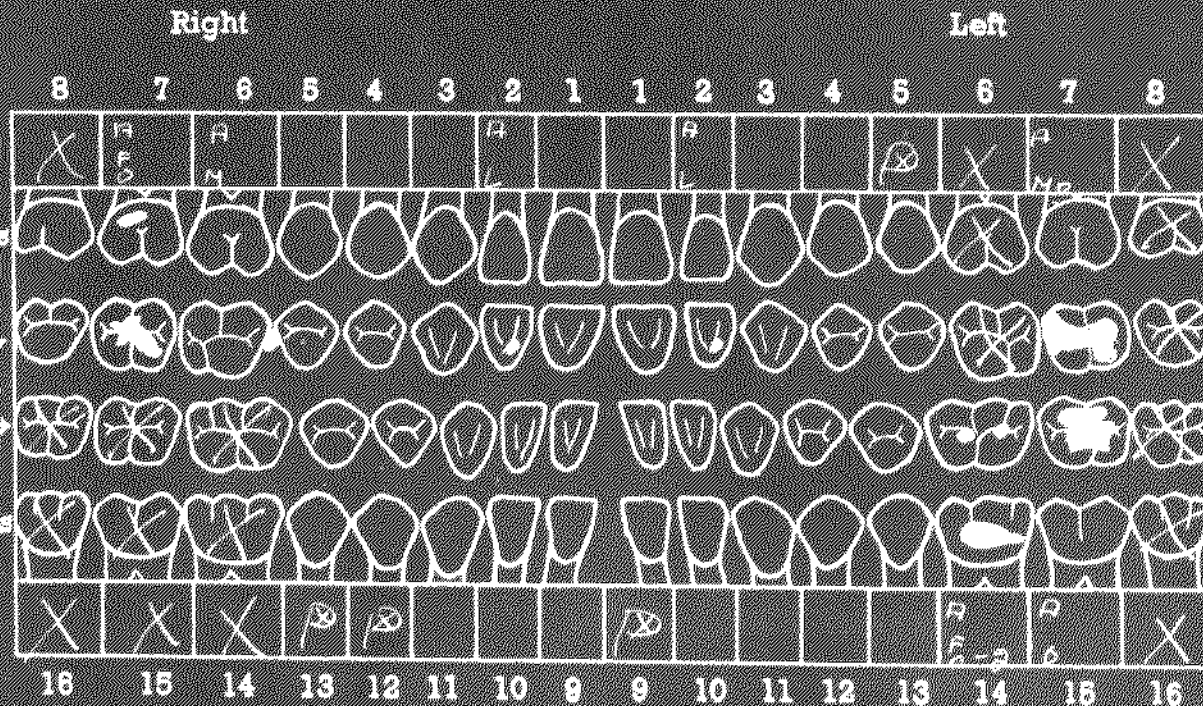


Unknown X-6137  
 St. Arnold Y-12-135  
 E.O.# 2324

# TOOTH CHART

19 Sept 1949  
 DWA

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



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

/s/ Odin Rolseth

Signature of Officer or other person who prepared Tooth chart

Verified by G. I. C. Officer

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



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



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



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



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



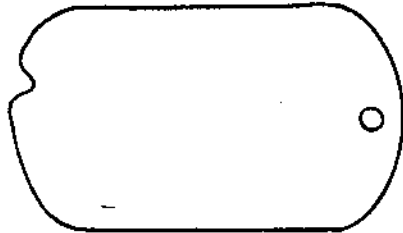
**DENTURES (PLATES)** . . . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Size: Medium  
 Color: Light ivory  
 St. Fin: Medium lingual.  
 Calculus: Light  
 Posthumously missing: R12 & 13, L9 & L5  
 R10 overlaps R9  
 Alignment: Fair.

8

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			2	DATE OF REPORT 4 May 1946
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unknown X-6137			SERIAL NO. UNKNOWN	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Ground Forces	
		RACE Unknown	RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Drusenheim, Bas-Rhin, France		CAUSE OF DEATH Unknown			DATE OF DEATH Est Feb. 1945.	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery(Q-260584)St, Avoird, France						
DATE OF BURIAL 4 May 1946	HOUR 1630	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wooden Cross	PLOT No. Y	ROW No. 12	GRAVE No. 135
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Drusenheim, Bas-Rhin, France. Eu, Rd, Map, Snt 87 1.200.000(R-1618)			PLOT No. Isolated	ROW No. Grave	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. Z.S. KISH, Cap't.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC, Form 1042, placed in burial bottle, and buried with remains.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, Embossed Plate					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN-X-6138			RANK UNK	SERIAL NO. UNK	ORGANIZATION Ground Forces	GRAVE No. 134
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ABNEY, SAMUEL B.			RANK PFC	SERIAL No. 38682304	ORGANIZATION 411th Inf. Regt.	GRAVE No. 136
SIGNATURE OF PERSON PREPARING REPORT William J. Lawrence 536th Quartermaster Group			SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SREATOR, MAJOR, INF. THIRD FIELD COMMAND			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**RESTRICTED**

**Sec. 3.—UNIDENTIFIED REMAINS.**


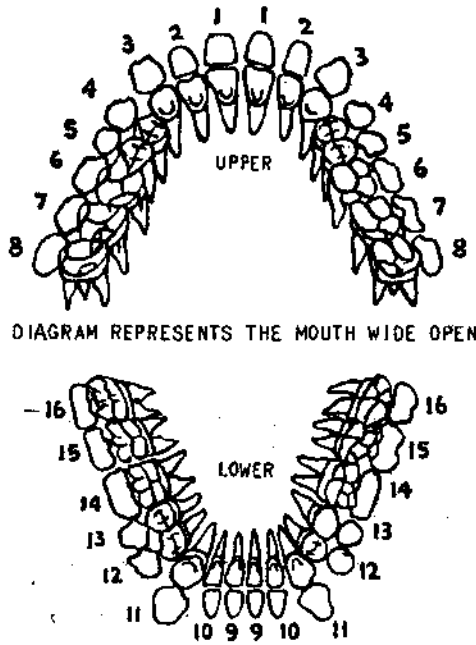




**INSTRUCTIONS:**

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

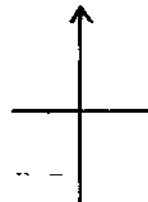
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
WEAPON AND SERIAL No. <b>NONE</b>		LAUNDRY MARKS <b>NONE</b>		WHERE BODY WAS BURIED OR FOUND <b>Drusenheim, Bas-Rhin, France</b>

**OTHER IDENTIFICATION CLUES**

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS: **Attached: Form 11 "Check List of Unknowns" and form 1A "Tooth Chart". Missing portions. Unable to obtain fingerprints. Weight: UTD.**