

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk (misc) St. Avold

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

## SYNOPSIS AND DATES



*misc filed*

NEW CLASSIFICATION 293 Unk - St. Avold X-6137

# RECLASSIFICATION SHEET

1	USMC St. James Plot: L, Row: 18, Gr: 10 Date of Burial: 16/6/1950 Verified by GRS Officer: <i>R.F. Rodriguez</i> , CWO USA		DISINTERMENT DIRECTIVE		-APP 25/1/58
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15   01   48 DAY   MONTH   YEAR	
NAME <i>33rd St Avold Metz</i>		SERIAL NUMBER UNKNOWN X-006138	RANK	ARM 1	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 0 3503 80 CODE   DIST. PT.	CAUSE OF DEATH 6
PLOT Y	ROW 12	GRAVE 134	COUNTRY FRANCE		
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE <del>ST AVOLD, FRANCE</del> ST JAMES, FRANCE (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50) <i>ED</i>		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN X-006138		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 July 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION	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 SKULL FRACTURED. COMPLETE. IN SKELETAL FORM.		
OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND WITH REMAINS					
MINOR DISCREPANCIES NONE					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 5 Aug 48		BY ELIJAH H FIELDS, EMBALMER			
CASKET SEALED BY ELIJAH H FIELDS, EMBALMER			EMBALMER (Signature) <i>E. H. Fields</i> ELIJAH H FIELDS,		
CASKET BOXED AND MARKED			SENDING ADDRESS UNDER NO. All markings, tags & plates verified by <i>Bruce E. Blair</i> BRUCE E BLAIR, 1st Lt QMC		
DATE 5 Aug 48 BY ELIJAH H FIELDS, EMBALMER					
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>Bruce E. Blair</i> BRUCE E BLAIR, 1st Lt QMC		<i>Bruce E. Blair</i> BRUCE E BLAIR, 1st Lt QMC, 7857 AGRC ZONE 3 HQ SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
Consignee changed by Reg Div.			FILE RECORDS ANNOTATED DATE 2-4-58 NAME <i>[Signature]</i> DR. MEM. DIV.		

*mel 17*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>UBMC St Avoild, France</b>		TO <b>OIC Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Stephen P Wilson, 39587409</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>ROBERT V HUBBARD, Capt Inf</b>	DATE <b>6 Nov 49</b>	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 <i>(mirrored text)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(mirrored signature)</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

293 UNK France (St Avold) X-6138

2 Ident Sec Liaison 10 May 293 LABEE, Dennis J. 3149361  
Ident Br Office 1950  
Mem Div Mem Div

1. 3 February 1950, a letter was dispatched to the Field, indicating that X-6138, St. Avold may be associated with Pvt. Labee, and requesting that an investigation be conducted and if the findings warranted, that Field Board Findings be submitted to this office at the earliest practicable date.

2. A reply to basic communication was received by 1st indorsement (copy attached dated 14 February 1950, stating it was the opinion of that headquarters that X-6138 could not be identified as Pvt. Labee, because Army dental records of decedent showed three fillings whereas the Unknown had no fillings.

3. In view of the foregoing, an extensive investigation has been currently conducted by this office in an effort to locate an Unknown who could be positively associated with Pvt. Labee. The results have been negative.

4. A radio has been dispatched to the Field this date, requesting an investigation in an effort to locate remains which may be those of Pvt. Labee and that the report be forwarded by radio.

5. Return of 293 file to the Identification Section is not necessary at this time.

4 Incls  
Added 2 Incls  
3-Copy 1st Ind dtd 14 Feb 50  
4-Copy rad to Fld

CGK  
74059  
BEPF  
2452

cc: Adm Sec  
Smy: Harweg  
Blandes

X-6138 ST Avold France  
File printed  
15 Feb 50  
1-15-50

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

VS.

JOHN DOE

Plaintiff, vs. Defendant

Case No. 123456789

By: John Doe  
Attorney at Law  
123 Main St  
Washington, DC

VERIFIED

FILED

CLERK OF DISTRICT COURT

J. J. [Name]  
CLERK, DISTRICT COURT

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	DED 2 Feb 46 (Unidentified)
Penton, Wallace V.	37008635	Pfc	MIA	Alive
Schaefer, Philipp J.	36875435	Pfc	MIA	Alive
Schuster, Clayton M.	39082666	Pfc	MIA	Alive
Tenkhoff, William A.	37625138	Pfc	MIA	Alive
Thomas, Tomny M.	35091727	Pfc	MIA	Alive
Ash, Vincent J.	39211173	Pfc	MIA	Alive
Dolney, Damian J.	37594773	Pvt	MIA	KIA (Ident. by tags & repat)
Rollins, Frank B.	34893899	Pvt	MIA	KIA (Ident. by pers. papers and repatriated)
Lowery, Samuel L.	34160018	Pfc	MIA	KIA (Identified)
Stevens, Henry T.	35640667	Sgt	MIA	KIA (Ident. by personal papers and repatriated)
Blemker, Harold J.	15303946	Sgt	MIA	DED (Identified by T/C)
Hodge, Elmer E.	33706099	Pfc	MIA	Alive
Barker, James W.	35097097	Sgt	MIA	DED (Unidentified)
Finch, Milton	34396736	Pvt	MIA	

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

*293 unk France X-6131 (St Avold)*

QUEST 205  
GPO European  
St. Avold, France

3 February 1950

SUBJECT: Identification of World War II Deceased

TO: Chief, Registration Division  
7887 Graves Registration Detachment  
APO 54, c/o Postmaster  
New York, New York

1. Reference is made to Certificates of Unidentifiability dated 3 January 1949 for Unknowns X-6151 and X-6152, 8280 St. Avold.

2. Information available in this Office indicates that X-6151 may be associated with Pfc. Jack Johnston, 31475246, and X-6152 with Pvt. Dennis J. Labon, 31403361.

3. It is requested that these remains be reinvestigated and if warranted, that Field Board Findings be submitted to this Office at the earliest practicable date.

4. Dental records for Johnston and Labon were forwarded your Headquarters 14 December 1948 and 25 September 1949, respectively.

FOR THE QUARTERMASTER GENERAL:

F. E. WISE  
Lt Colonel, GPO  
Memorial Division

Schroth:sdh  
Clements  
HES

*X 293 unk France X-6131 (St Avold)*

# AIRMAIL

314.6

CLASSIFICATION

1st Ind

THE SUBJECT

SUBJECT: ~~Classification of Unidentifiability~~  
Transmittal Letter 4074  
9674

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

TO: Chief, Registration Division, 7887 Graves Registration Detachment,  
APO 98, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown X-1051, listed on basis communication, as Unidentifiable.
2. Other Unknowns listed were suspended to your headquarters by radio 12 January 1950.

FOR THE QUARTERMASTER GENERAL:

S Incls:  
w/d

F. W. WIFE  
Lt Colonel, GAGI  
Memorial Division

Holden:edt  
Clements  
RES

*X 1051 Unidentifiable*

*X 6 1051 (of 1051)*

# AIRMAIL



**AIRMAIL**

3/46  
~~QUART 575~~

1st Ind

GHS European

~~SUBJECT: Identification Check Lists~~  
Transmittal Letter #4653

DEPARTMENT OF THE ARMY, GAGE, 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/d

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

Cy furnished: Adm Sec  
rar/Toyabo  
N. Farmer  
RHB

RHB

TIC

*X-2206 & X-2739  
tooth charts  
(see memo)*

**AIRMAIL**

*St*  
993114- France (misc) (St. Avold)  
X-6131 X-6137 X-6138 X-6150

ORIG DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV  
7887 GRS DET  
PARIS FRANCE

DEFERRED

X

*WCL 32904*

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

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

UNCLASSIFIED

GRAVES

QMNT CAPT BERRY EXT 72993  
293 - GRS European  
(St. Avold) France

131915Z  
JAN 50

D. A. REIMER  
CAPT, OMC, MSH DIV

*293  
and  
X-6131  
(St. Avold) France*

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

RRE 293

293 Unknown France X-6138 (St. Avold) 3 Jan 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6138, Plot Y,  
Row 12, Grave 134, 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:

Case reviewed by undersigned Members of the Board of Review:

Col H. P. Henry, O-12589  
Capt. Edward F. Price, Jr., O-1588236  
CWO Leodore W. Goudreau, W-2123434

Received 20 Feb 50 **POMS**  
Not identifiable from  
information presently  
available

NAT  
file 20 Feb 50  
Schwarz  
21 Feb

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- 6138, Plot Y, Row 12, Grave 134, 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:

*Berry*  
Col. H. P. HENRY, O-12589 QMC Lt. Col. E. D. MULVANY, O-359598 QMC

Maj. Charles REYNOLDS, O-182639 TC Maj. Gerald SWANTHOUT, Sr., O-267451 CE

*Edward F. Price*  
Capt. Edward F. PRICE, O-1588236 QMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

Received 20 FEB 50  
Not identifiable from information presently available  
USA  
LEODORE GOUDREAU, W-2113434  
CWO

UNKNOWN NO. 6138 U.S. MILITARY CEMETERY Saint Avold  
(Location)

The remains of Unknown X-6138 (USMC Saint Avold) were recovered from an isolated grave at Drusenheim, France. All available Form 371's for unresolved casualties in this area have been compared with physical and dental characteristics with negative results. In view of this the remains now designated Unknown X-6138 are being declared U N I D E N T I F I A B L E.

L. Pierpoint  
28 December 1949

Possible  
Laflee  
Denis J  
31403361  
HAD want take it.

*[Handwritten signature]*

mtb 248

*(Handwritten initials)*

### DISINTERMENT DIRECTIVE

*293 Unit X-0138 France (St. Avold)*

SECTION A NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <b>3574 00000</b>		DATE DAY: <b>15</b> MONTH: <b>01</b> YEAR: <b>48</b>			
NAME <b>UNKNOWN X-006138</b>				SERIAL NUMBER		RANK		ARM <b>1</b>	DATE OF DEATH DAY MONTH YEAR
CEMETERY <b>ST AVOLD - METZ</b>							DISPOSITION OF REMAINS <b>0 3593 80</b> CODE DIST. PT.		
PLOT <b>Y</b>	ROW <b>12</b>	GRAVE <b>134</b>	COUNTRY <b>FRANCE</b>			CAUSE OF DEATH <b>6</b>			

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

NAME AND ADDRESS OF CONSIGNEE <b>ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

**SECTION C -- DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION <b>UNKNOWN</b>	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 *I*

REMAINS PREPARED AND PLACED IN CASKET

DATE \_\_\_\_\_ BY \_\_\_\_\_

CASKET SEALED BY	EMBALMER ( <i>Signature</i> )
------------------	-------------------------------

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.*

Unknown X-6138  
 So. A. v. d. Y-12-134  
 E.O. # 2324

# TOOTH CHART

19 Sept 1949  
 Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

	Place of Death																Date of Death																Cause of Death															
	Right																Left																															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																
	X								B	B	B	B				X																X																
Side views	[Upper Jaw Diagrams]																[Lower Jaw Diagrams]																															
TOP VIEWS	[Upper Jaw Diagrams]																[Lower Jaw Diagrams]																															
Side Views	[Upper Jaw Diagrams]																[Lower Jaw Diagrams]																															
	X		X						B			B				X	X		X											X																		
	18	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	18	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																






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.

3

/s/ Odin Rølseth

Signature of Officer or other person who prepared Tooth Chart

Verified by G. J. Olson

<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**

Size: Small  
 Color: Ivory  
 Stain: Light line, uel.  
 Calculus: Light.  
 Posthumously missing: R1, R9, L1, 2, 3, 11  
 Retentive: R4, 60° distally, R5 45° distally.  
           L4, 75° distally, L5 25° distally.  
  
 Specs: L13 to L15 - 14mm  
       R13 to R15 - 10mm

h



E.O. 12321

IDENTIFICATION DATA

1. NUMBER OF UNKNOWN VOICE A-6137			2. DATE OF REPORT 19 SEPT 49		
3. NAME OF CEMETERY USMC ST. ANTHONY		4. PLOT Y	5. ROW 12	6. GRAVE 13Y	7. DATE OF REINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 180-20	9. ESTIMATED HEIGHT 5' 6 1/2"	10. COLOR OF HAIR None Found	11. RACE
-------------------------------	----------------------------------	---------------------------------	----------

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

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

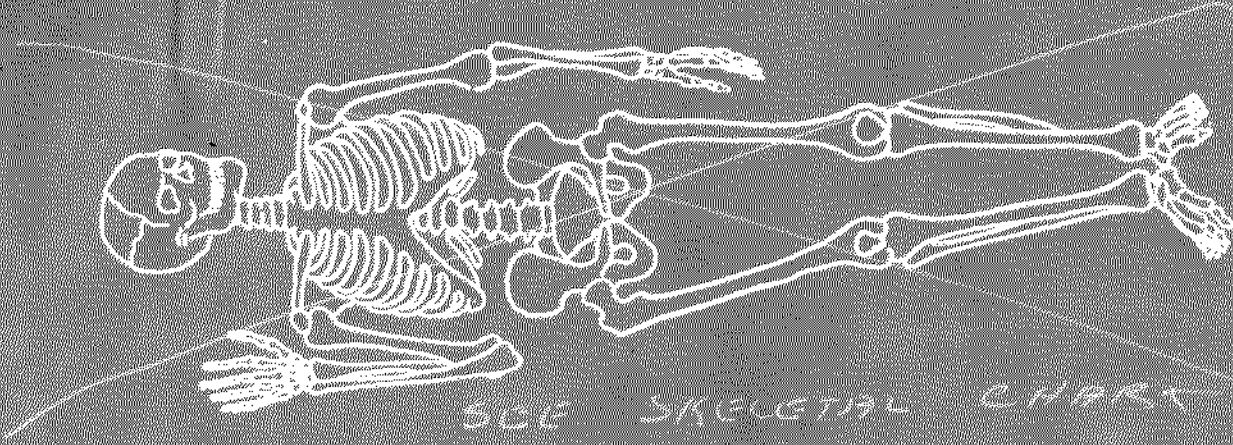
14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
NONE

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.

31



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:

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

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATE MARKED UNK-N-6133 RECEIVED WITH REMAINS. DISPOSITION REFINED TO BLANKET CONTAINING REMAINS.

HAIR - NONE FOUND.  
 TEETH - SEE MOUTH CHART  
 EST AGE - 18-20-25  
 EST. HT. - 5' 6 1/2" 32

BYRD  
 PETERSON  
 SIVCO  
 GREEN - CLY.

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 OF SERVICE, AND ORGANIZATION

SIGNATURE  
 John E. Byrd

**SKELETAL CHART**  
(BLACK OUT PORTIONS NOT INDICATED AT CEASESTRY)

RIGHT

LEFT

X-00613P  
ST. AVOLD 1207.19/1949  
See both Chart

STERNUM

HUMERUS

32.7 HUMERUS

TIBIA

26.2 TIBIA

RADIUS

27.3 RADIUS

FEMUR





46.2 FEMUR

TIBIA

37.3 TIBIA

FIBULA

32 FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

33

COLOR OF HAIR Brown  
ESTIMATED AGE 17 to 20 yrs  
ESTIMATED REGION Pa. Va. La.  
ESTIMATED HEIGHT \_\_\_\_\_ LBS

Scules  
SIGNATURE

Bandages or dressings UTD Scars UTD  
length, width

---

(location) Tattoos UTD  
(number, location-illustrate on separate page)

Outstanding moles, warts or birthmarks UTD  
(S.E.-no) (description)

location UTD

Sunburn or tan, other than hands and face UTD

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

Complexion UTD  
(light, red, dark, clear, pimples, poeks, freckles)

Build UTD  
(large, fat, thin, muscular)

Hair UTD  
(color, length, quantity, curly, wavy, straight, waves, or  
definite parting, boldness, widow's peak, other characteristics)

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

Nose UTD Ears UTD  
(size, shape, straight) (size, set close or far from  
Forehead UTD Mouth UTD Lips UTD  
head) (high, wide, wrinkled) (large, red, small) sm, lge

Teeth SEE TOOTH CHART  
(white, size, unevenness, spotting, noticeable crown, fillings, missing)

Chin UTD Cheekbones UTD  
(prominent, receding, pointed, simple, 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  
indicating that rings were worn)

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) (quantity & extent of hair) (size at navel, appendectomy amount & color of hair) (yes-no) (color)

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

Feet (size; corns; callouses; flat) (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

Have fingerprints been placed on GPO #1 (yes-no) If not, explain

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

Remarks: ~~Body completely decomposed. Sk later disintegrated. Fracture of parietal bones. Bone on skull.~~

*William W. Williams*  
Signature of GRO and Organization

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

REFERRED U.S. MIL. CEM.  
ST. AVOLD Y - 12 - 134

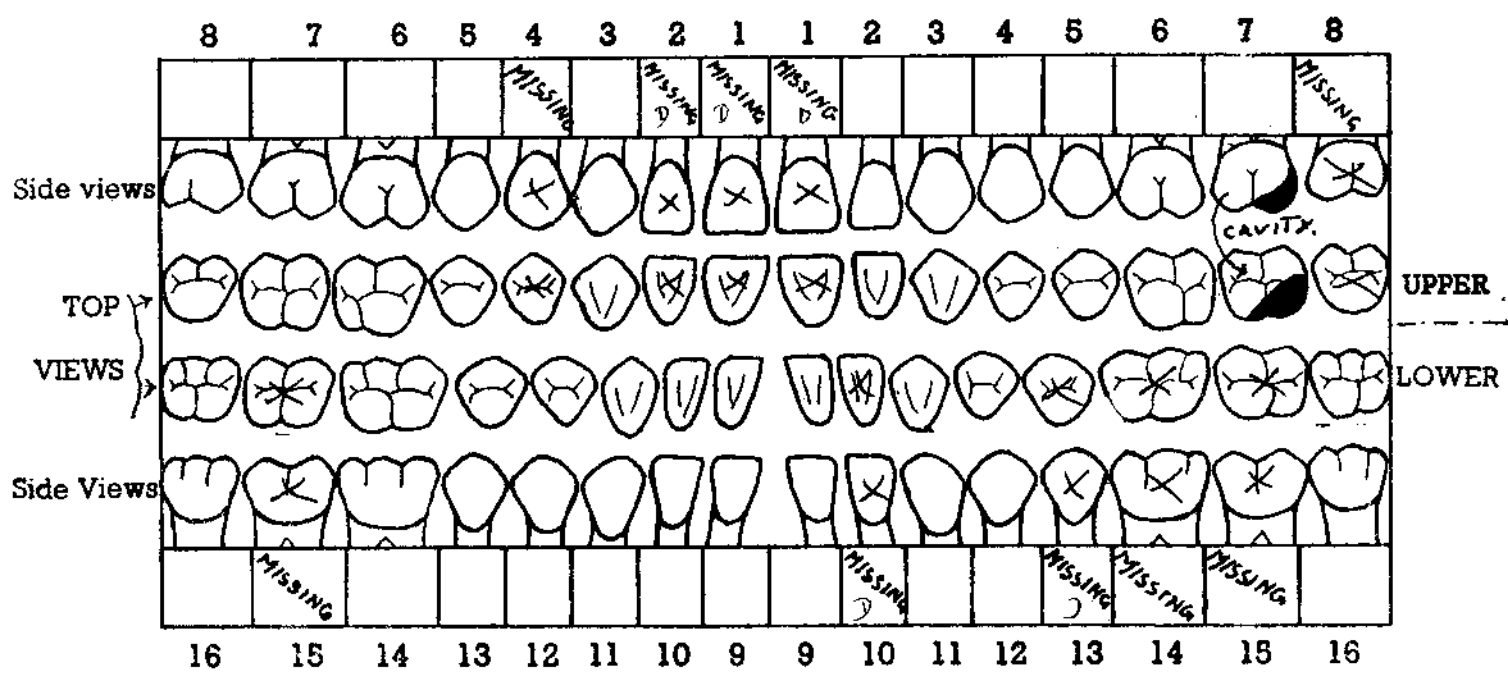
# TOOTH CHART

mag 2, 1946.  
Date

Unknown X-6138	Unknown	Unknown	Unknown
Last Name	First	Initial	Rank
Unknown			Unknown
Unit		Date of Death	Organization
Drusenheim?bas-Rhin Fr		Egt Jan 1945	Unknown
Place of Death	Date of Death	Cause of Death	

Right

Left



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

*Thomas W. Turner*

Thomas W. Turner

Signature of Officer or other person who prepared Tooth chart

*William J. Anderson* 5355 Gr  
 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 :



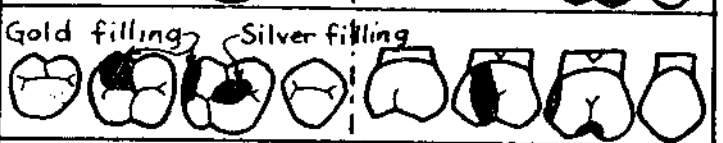
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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 :



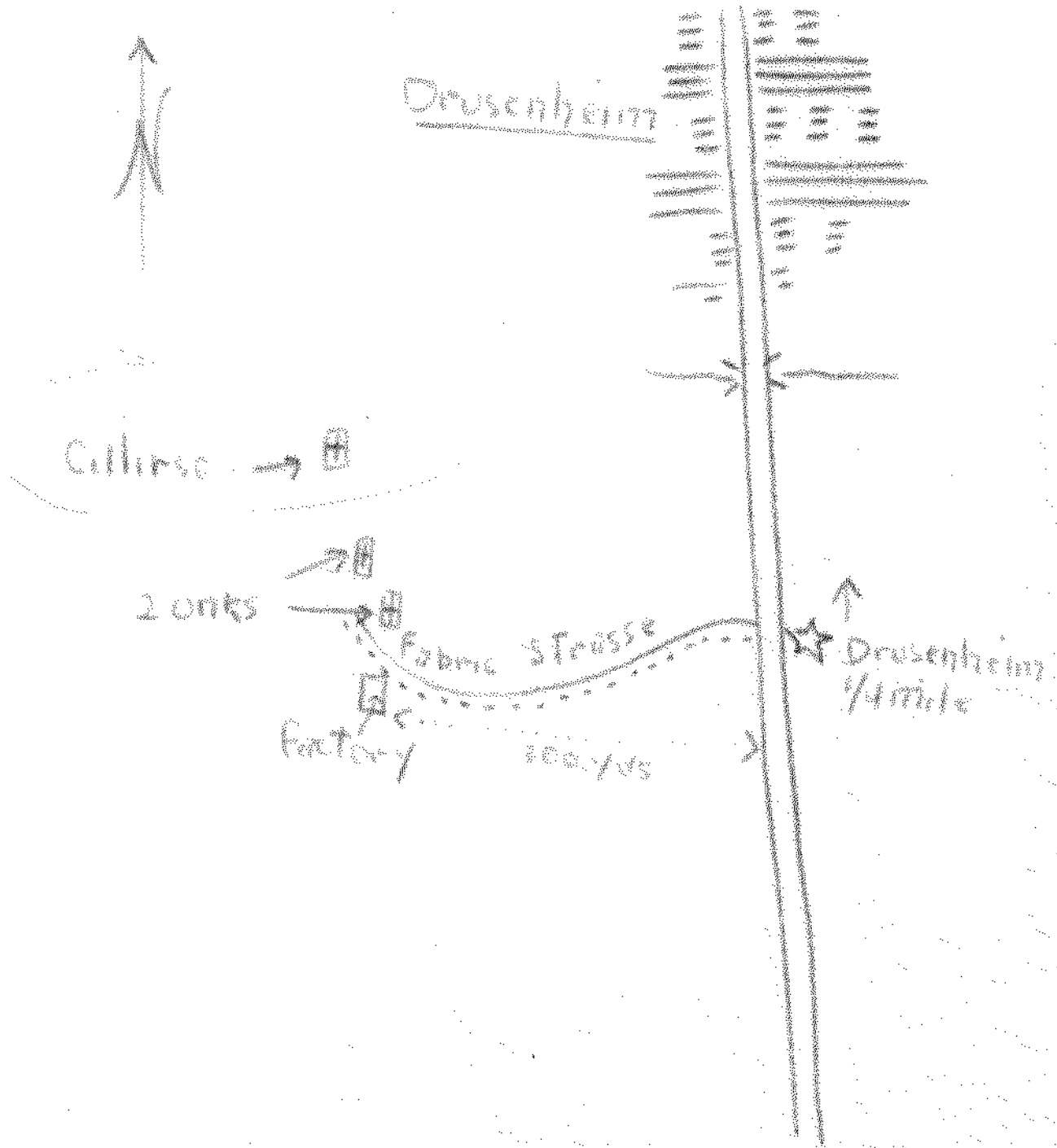
**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word " clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

1- 10 and 13 were knocked out of lower jaw, and also 2-1-1- of the upper jaw were knocked out.


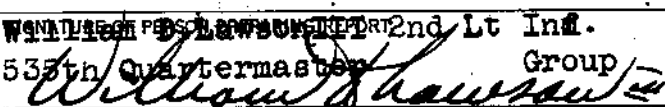
UNKNOWN X 6138  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y -- 1 -- 134

Drusenheim  
Europe RL Map  
Sh 87 : 1:200,000  
(R-1618)


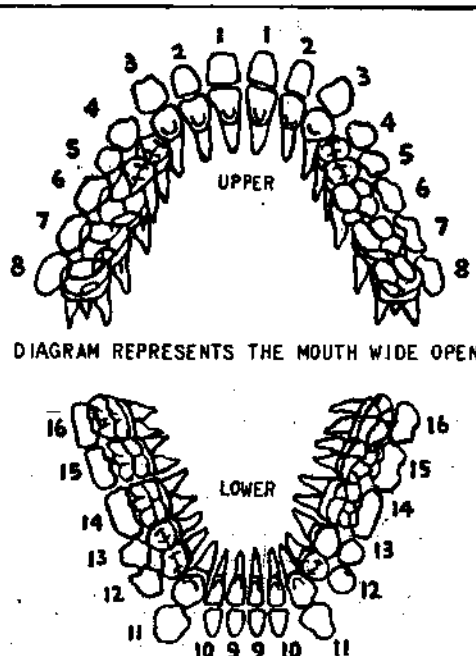




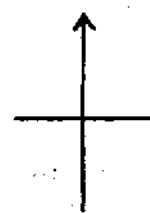




**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 4 May 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X-6138					
		GRADE Unknown		ORGANIZATION Unknown		SERIAL No. 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 Jan. 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 2 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, Avold, 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. 134
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 Snt87 1.200.000(R-1618).			PLOT No. ROW No. GRAVE No. Isolated Graves			
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Captain, O.A. HUSHER, O-52862L		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) Beginning of Row			RANK Unk	SERIAL No. Unk	ORGANIZATION Ground Forces	GRAVE No. 135	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-6137			RANK Unk	SERIAL No. Unk	ORGANIZATION Ground Forces	GRAVE No. 135	
WILLIAM P. LAWSON, 2nd Lt Inf. 535th Quartermaster Group 			SIGNATURE OF OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT <b>UTD</b>	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>UTD</b>
	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>			
LEFT MIDDLE FINGER	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			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>			
	REMARKS: <b>Attached: Form 11 "Check List of Unknowns" and Form 1A "Tooth Chart". Est Weight of remains: 10 lbs. missing portions, unable to obtain fingerprints.</b>			