

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk.-(misc) St. Arnold X-1588

X-6108 X-6137 X-6150 X-6297 X-6387-A

X-6387-B X-6387-C **SYNOPSIS AND DATES** X-6457

misc filed

NEW CLASSIFICATION 293 Unk. St. Arnold X-1588

RECLASSIFICATION SHEET

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc - (misc) St. Arnold
X-6131 X-6137 X-6138 X-6150

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Misc - St. Arnold X-6137

RECLASSIFICATION SHEET

51117

CMC 74

293 unk France (St Avold) X-6152

DEPT/ARMY COMCENTER
GREENWICH CIVIL TIME (Z)

1950 JUL 03 09 43

3163

FH42
FKA32
RR U
DE UFKAE 13
R 301700Z
FM 7887 GRAVES REG DET LIEGE
TO OQMG DEPTAR WASHDC
GRAVES GRNC

HEADQUARTERS OF THE ARMY
SIGNAL COMMUNICATIONS OFFICE
SIGNAL CENTER
GOT (Z) TIME

1950 JUL 3 9 55

74
FROM CO 7887 GRAVES REG DET
MSG NO AGRC 1735
D.T.G. 301700Z
ACTION QMC
HC IN NO. 51117

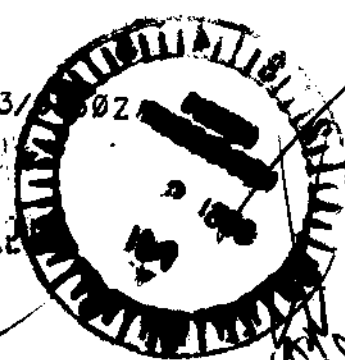
TEL & CA SECTION
O. M. S.
JUL 3 3 50 PM '50

REF NR AGRC ONE SEVEN THREE FIVE PD
FOR MEMORIAL DIVISION PD RE MYMSG AGRC ONE ZERO NINE ONE CONCERNING
X 6152
XRAY SIX ONE FIVE TWO ST AVOLD AND PVT WARREN E CROSS SIX TWO
SEVEN ZERO TWO FOUR FOUR CMA RESULTS SHOULD BE FWD APPRX THIRTY
AUGHST AND NOT RPT NOT THIRTY JUNE PD END SGD BALLARD

5-11 1091

293 Mobile fac rec.

Chap 19-50
6-19-50
Mr. [unclear]



Wm. Id

X293 Cross, Warren E. 62070244

N. M. S.
file 5 July 50
C. Schmitt
J. M.

1

USMC Neuville en Condroz
Plots: C Row: 3, Jr: 13
Date of Burial: 5 May 50
Verified by GRS Officer
M.R. Sward, Capt QMC

DISINTERMENT DIRECTIVE

| | | |
|---|--------------------------------|------------------------------------|
| SECTION A NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER 3574 18340 | DATE 27 02 50 DAY MONTH YEAR |
|---|--------------------------------|------------------------------------|

| | | | | | |
|-----------------|-------------------------|-------|----------|-----------|---------------|
| NAME UNKNOWN | SERIAL NUMBER X-6150 | GRADE | ARM 8 | RACE 0 | RELIGION 6 |
|-----------------|-------------------------|-------|----------|-----------|---------------|

| | | | | |
|-------------------------------|------------|----------|-------------|--|
| CEMETERY ST AVOLD - FRANCE | PLOT 4A | ROW 4 | GRAVE 48 | DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR. |
|-------------------------------|------------|----------|-------------|--|

SECTION B - CONSIGNEE AND NEXT OF KIN NO FL AG SENT

| | |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM | NAME AND ADDRESS OF NEXT OF KIN (REDACTED) These remains are unidentifiable and are to be permanently interred. (Reg. Div. -16 Mar 50) |
|---|---|

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|-------------------------|----------|--|-------------------|
| NAME | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

| | |
|------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
|------------------|----------------------|

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

| | | |
|-------------------------|----|------------------------------|
| DATE | BY | EMBALMER (Signature) |
| CASKET SEALED BY | | |
| DATE | BY | SHIPPING ADDRESS VERIFIED BY |
| CASKET BOXED AND MARKED | | |

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS UNIDENTIFIABLE

RECORDS ANNOTATED
DATE 23 June 50
NAME Mc
RR. MIL. DIV.

incl-96

1/26/50
PB V-

DISINTERMENT DIRECTIVE

Section A
 Name & Burial Location of deceased: **3574**
 Directive Number: _____ Date: _____
 Day: _____ Month: _____ Year: _____

NAME: **UNKNOWN X-006150**
 SERIAL NUMBER: _____ RANK: _____ AGE: _____
 Date of death: _____
 Day: _____ Month: _____ Year: _____

Disposition of Remains: **Poll-Obt.**
 Cemetery: **St Amand France**

| PLOT | ROW | GRAVE | Country | Code Dist. Pt. |
|------|-----|-------|---------|----------------|
| 4A | 4 | 48 | France | Cause of Death |

Section B - Consignee and Next of Kin
 Name and address of Consignee: _____ Name and Address of Next of Kin: _____

Section C - Disinterment and Identification
 NAME: **UNKNOWN X-006150**
 Serial Number: _____ Rank: _____ Date of Death: _____ Date Disinterred: **2 Aug 48**

Identification Tag on Remains: **x**
 Organization: **GRS**
 Religion: _____ Identification verified by: **Forrest L. Brown, Embalmer**
 Name & Title: _____

Section D - Preparation of remains for Shipment
 Nature of Burial: **Mattress/cover**
 Remains consists only of: **fractured Maxilla, Lt/Ulna, Lt/Radius three (3) Vertebrae, two (2) Ribs, one (1) Finger bone.**
 Condition of Remains: _____

Other Means of Identification: **Report of Burial dated 7 May 46 With remains**
 Minor Discrepancies: **NONE**
 Remains prepared and placed in transfer box

Date: **11 Aug 48**
 Casket Sealed by: **Anthony J Martin, Embalmer**
 By: **Forrest L. Brown, Embalmer**
 (Embalmer Signature)

Casket: **18 Nov 48**
 Marked: **Anthony J Martin**
 Date: _____ By: **Rafael T Ruiz, 1st Lt FA**
 All markings, tags and plates verified

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

Signature: **H. MEAD, Capt. CWS. 7857 AGRC**
 Signature of GRS Inspector (Grade & Orgn): _____
 Zone 3 Hq

1. Prepare Discrepancy Report GRC Form 1194a for major discrepancies.
 GRC Form 1194 - This form modified by Hq Third Zone, AGRC, EA, APO 58 US ARMY
 Dated 4 March 1948

Handwritten signatures and initials at the bottom of the page.

From: USMC St Avoird, France

TO: OIC Neuville, Belgium

BY : Truck

Convoyor: Cpl William H Bryant,
RA 3372041B

Shipper:

Frank V. Callaghan
1st Lt RA

Date:
28 Oct 49

6

DISINTERMENT DIRECTIVE

| | | | | | |
|--|-------------------------|--------------------------------|-------------|--|---------------|
| SECTION A -- NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 3574 18340 | | DATE 27 DAY 06 MONTH 50 YEAR | |
| NAME UNKNOWN | SERIAL NUMBER X-6150 | GRADE | ARM 8 | RACE O | RELIGION 6 |
| CEMETERY (ST AVOLD - FRANCE) | PLOT 4A | ROW 4 | GRAVE 48 | DISPOSITION OF REMAINS 1000 CODE No. DIST. CTR. | |

SECTION B -- CONSIGNEE AND NEXT OF KIN

| | |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM | NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) |
|---|---|

SECTION C -- DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|-------------------------|---------------|--|
| NAME | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | | ORGANIZATION UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY NAME AND TITLE |

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

| | |
|------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
|------------------|----------------------|

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

| | | |
|-------------------------|------------------------------|----------------------|
| DATE | BY | EMBALMER (Signature) |
| CASKET BOXED AND MARKED | DATE | BY |
| CASKET SEALED BY | SHIPPING ADDRESS VERIFIED BY | |

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

MAX
RITZ
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

-8 MAR 1950 SENT
NAME H. J. R. B. R. ER.

AIRMAIL

COMM 222
522
(St. Avold, France)

9 February 1950

SUBJECT: Certificates of Unidentifiability of Remains

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

1. Reference is made to your Transmittal Letters, Numbers 4828, 4830, 4874 and 4886, 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>Flot</u> | <u>Row</u> | <u>Grave</u> |
|----------------|-------------|------------|--------------|
| X-1588 | SSS | 2 | 24 |
| X-6108 | Y | 8 | 51 |
| X-6137 | Y | 12 | 55 |
| X-6150 | AAAA | 4 | 48 |
| X-6207 | DDDD | 9 | 102 |
| X-6207 A | EEEE | 8 | 90 |
| X-6207 B | XXX | 6 | 81 |
| X-6207 C | XXX | 8 | 82 |
| X-6487 | EEEE | 11 | 129 |

FOR THE QUARTERMASTER GENERAL:

**T. H. MEYER
1st Colonel, GSC
Memorial Division**

Schroth:cdt
Clements
REB

AIRMAIL

298 Sub. 4 - 6130 (with General) 1/11/50

AIRMAIL

314/6

~~SECRET~~
ONE COPY-EN

1st Lt

~~CONFIDENTIAL~~
Transmittal Letter #4774

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

To: Chief, Registration Division, 7687 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown 1-1033,
listed on basic communication, as Unidentifiable.

2. Other Unknowns listed were suspended to your headquarters by
radio 15 January 1950.

FOR THE CHIEF OF BUREAU:

A inslr:
w/d

T. E. 12575
1st Colonel, GPO
Memorial Division

Solden:edt
Clemens
rsh

X 1000
L. L. L.
S. J. J.

X 1000
S. J. J.

AIRMAIL

AIRMAIL

3146
QMCST-899

1st Ind

ONS European

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

DEPARTMENT OF THE ARMY, GCMC, 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, GCMC
Memorial Division

Cy furnished: Adm Sec
rar/Tuyubo
M. Farmer
REB

REB
TEC

*X 293 Incls
Farmer Ke 150
(H. G. ...)*

AIRMAIL

293 *Unit - France (mise) (St. Avoald)*
X-6131 X-6137 X-6138 X-6158

QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV
7867 CHRG DET
PARIS FRANCE

DEFERRED

X

WCL 32904

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

293 - Unit. Z. 6-150 (St. Avoald) France

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

UNCLASSIFIED

GRAVIS

QMGMT CAPT HENRY EXT 72993
293 - GRS European
(St. Avoald) France

131915Z
JAN 50

D. A. RENNERT
CAPT, QMG, MRM DIV

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

3 January 1950
Date

293
Unk France X-6150 (St. Avold)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6150 , Plot AAAA ,
Row 4 , Grave 48 , 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 3-2-50 . 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/ 0-12589 QMC

Capt Edward F. Price, Jr.
0-1588236 QMC

CWO Leodre Goudreau
W-2113434 USA

1 FEB 1950 **QMC**
Not identifiable from
information presently
available

NAN
file 1 Feb 50
Schmitt
Jd Bst

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- 6150, Plot AAAA, Row 4, Grave 46, 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 3-2-50.
3. Remarks;

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

| | |
|---|---|
| <i>Henry</i> 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 |
| <i>Edward Price</i> Capt. Edward F. PRICE, O-1588236 JMC | 1st Lt. Frederick S. DAVID, O-1826041 GAV |

Received 3 Feb 50 0102925

Not identifiable from
Information presently
available #1 #8

USA

Leodore Goudreau
C/O LEODORE GOUDREAU W-2113434

UNKNOWN NO. 6150

U.S. MILITARY CEMETERY

Saint Avold
(Location)

The remains of Unknown X-6150 (USMC Saint Avold) was recovered from an isolated grave in the vicinity of Drasenheim, France. Tooth chart and physical characteristics of X-6150 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
28 December 1949

X-6150 may not be favorably assoc. w/ unresolved casualties of
42nd Div + 79th Div, who were MIA or KIA, 1 Jan thru 15 Feb 1945.

Schmitt

CPK

IDENTIFICATION DATA

| | | | | | |
|-----------------------|--|---------|--------|-------------------|---------------------------------------|
| 1. REMAINS OF UNKNOWN | | | | 2. DATE OF REPORT | |
| 1104 2-415B | | | | 19 OCT - 68 | |
| 3. NAME OF CEMETERY | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF DISINTERMENT (REINTERMENT) |
| 10 MC ST OUBOP | | 2-108A | 4 | 47 | |

PHYSICAL DESCRIPTION

| | | | |
|---------------------|---------------------|-------------------|----------|
| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE |
| 47 LB | 5' 7 1/2" | BROWN | WHITE |

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

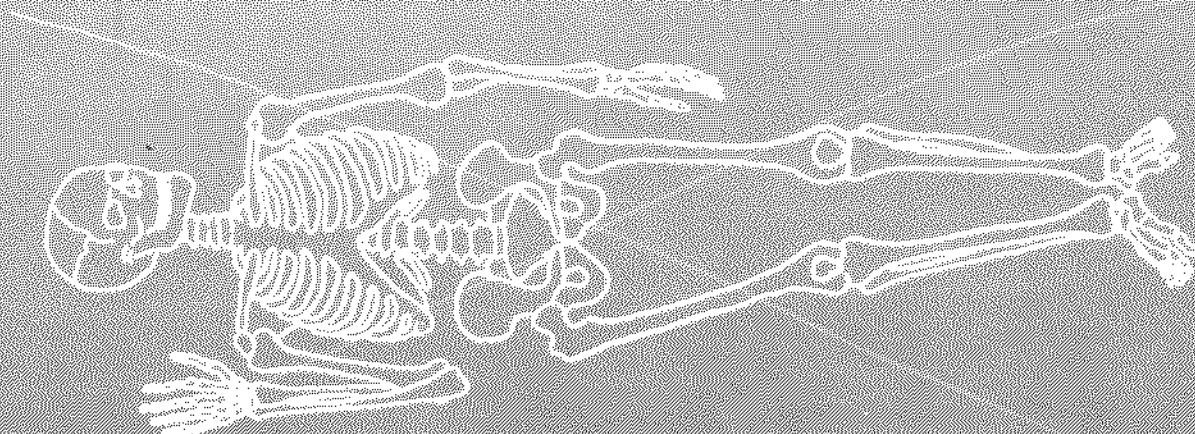
None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERIALS, 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

37

19. BLACK DOT PARTS OF BODY NOT RECORDED



SEE SKULL AND CHART

20. HAND SURVIVAL 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 VENTILATED ANATOMY
FORM, STAINED PAPER MARKED UNK-A-615C
RECEIVED WITH 12/20/40. DISPOSITION
RETURNED TO DEANER CONTAINING REMAINS

HARRIS, MUR, BORN
1904 - 2033 TOWN LUTHER
CAPT. AIRC. USA
CAP. AIRC. USA

BLAD
GREEN OAK

35

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CRIMETOLOGY)

X6150
 4A-4-48
 ST. PAUL
 1936-49
 LEFT

6-10-2-3-2-4

RIGHT

STERNUM

HUMERUS

HUMERUS

ULNA

RADIUS

271 ULNA
 250 RADIUS

FEMUR

FEMUR

TIBIA

FIBULA

TIBIA

FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

36

COLOR OF HAIR None
 ESTIMATED AGE 45-50 Yrs
 ESTIMATED HEIGHT 5 Ft. 7 1/2 In
 ESTIMATED WEIGHT _____ LBS

JCB
 Signature

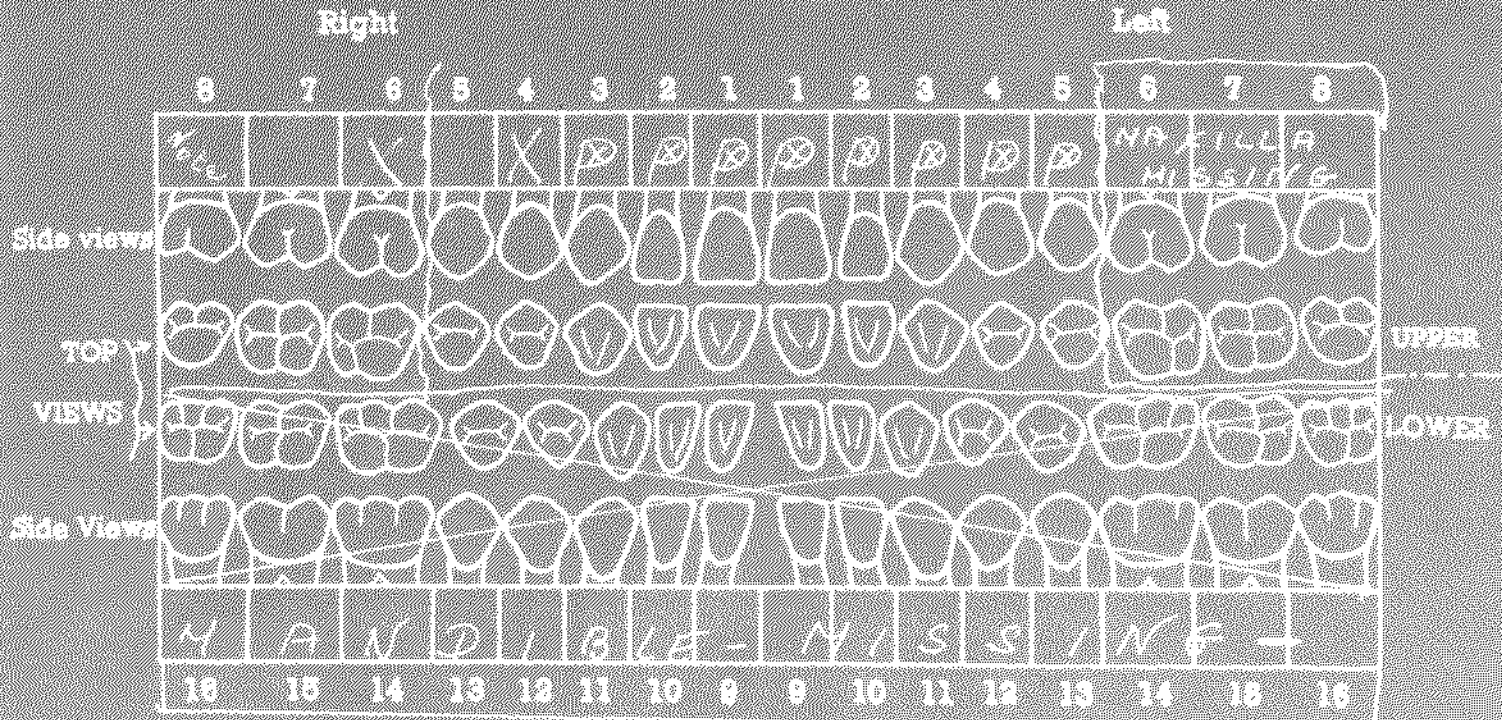
CHART "A"

TOOTH CHART

Unknown X-6150
 St. Arnold 4A-448
 E.O. #2334

19 Sept. 1949
 Day

| | | | |
|----------------|---------------|----------------|-------|
| Last Name | First | Initial | Grade |
| 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/ Odie Bolteath

Signature of Dentist or Other person who prepared Tooth Chart

Printed by S. L. O. Dallas

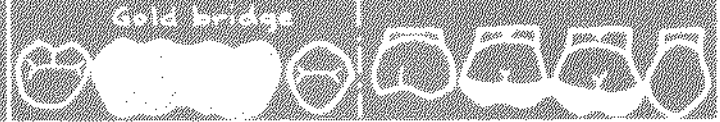
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



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: Small
 Color: Ivory
 Stain: Light
 Notes:

R-8 not fully erupted before death.

9

TOOTH CHART

8 May 1946

Unknown I-0150

Unknown

Unknown

Last Name Unknown First

Initial

Rank

Unknown

Serial No.

Brancobais, Somme, France Est. Feb. 1945

Organization
 Unknown

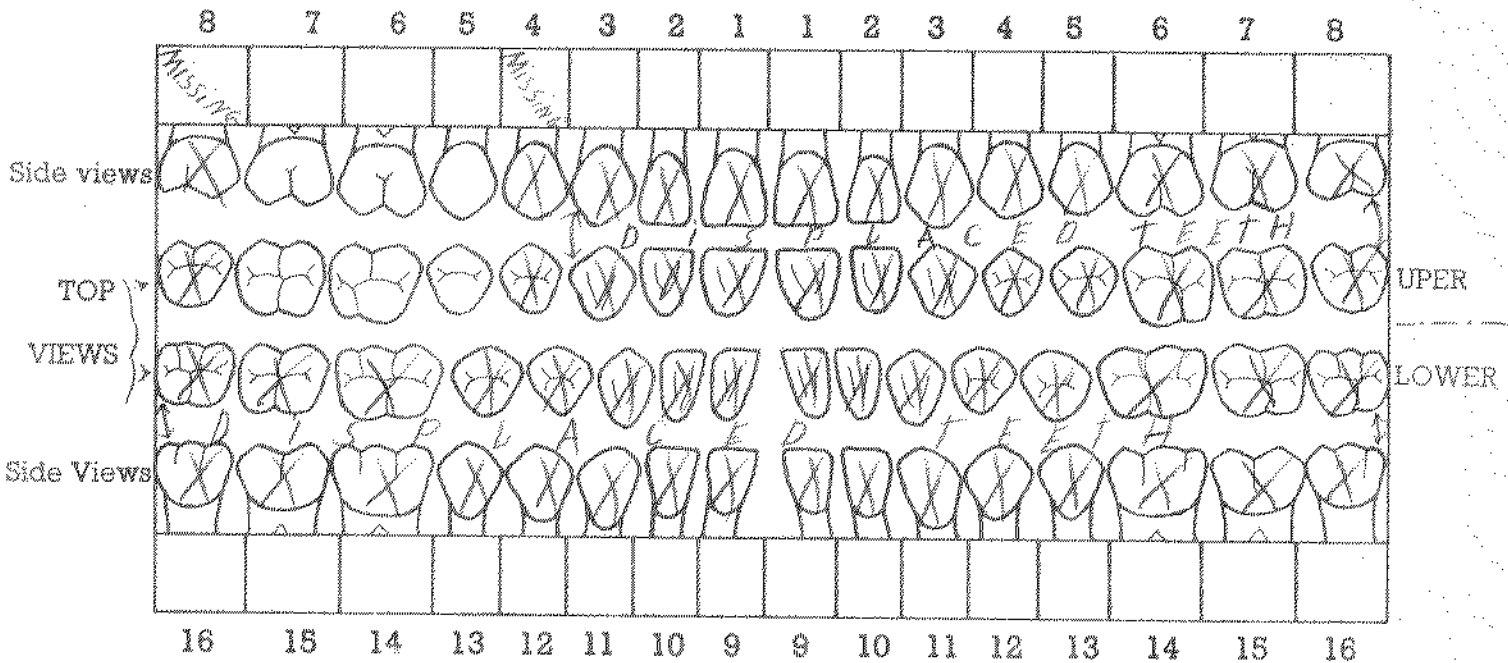
Place of Death

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. Trout, D.M.
 John A. Trout, D.M.

Signature of Officer (in the case of the Dental Officer) who filled the Tooth chart

Chief Quartermaster Group

Verified by G. R. S. Officer

| | |
|---|--|
| <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. I1, I3, I4, I5, R1, R2 and R3 are displaced teeth which were not recovered with the remains.
2. I6, I7, I8 and these portions of the maxillar were displaced and were not recovered with the remains.
3. Mandible displaced and was not recovered with the remains.

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Type, color, size)

Socks, Cotton None

*Shoes (Type) None

Overshoes None

Web Equipment (Type) None

(Other item) None

(Other item) None

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

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

Shoulder Patch VID

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

8. Description of Remains:
 Age VID Height VID Weight Est 1/2 Description of wounds VID

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

Emblems VID
 (Number, location-illustrate on sep. page)

Outstanding moles, warts or birthmarks VID
 (No. & description, location)

Sunburn or tan, other than hands & face VID

Complexion VID
 (Light, mod, dark, clear, pitted, scars, freckles)

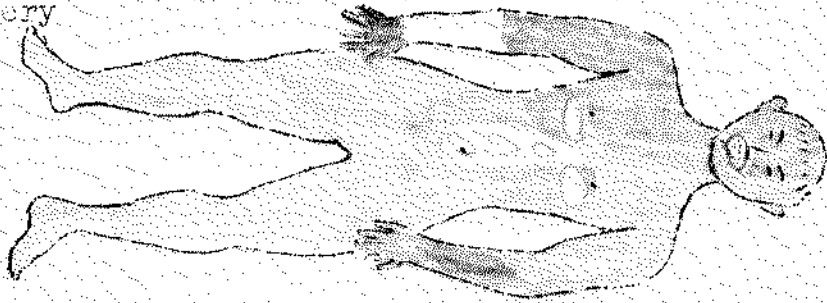
Build VID
 (Large, fat, thin, muscular)

Hair VID
 (Color, length, quantity, wavy, straight, wavy, or definite parting).

ANNEX #4

Fingers UTD UTD
 (short, thick, long, slender; size of knuckles) (missing
 fingers or joints) (unusual characteristics of fingernails)
 Chest UTD UTD
 (size at nipples; color, quantity & extent of hair; large, small,
 normal) UTD UTD
 Back (quantity & extent of hair) Waist (size at naval, appendectomy
 amount & color of hair) UTD UTD UTD
 Circumcized (yes-no) Pubic hair (color)
 Hernioplasty UTD UTD UTD
 Legs (inseam) (muscular; knock-
 kneed, bowed, normal) (quantity, color & extent of hair)
 Feet UTD UTD 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 UTD If not, explain UTD
 (yes-no)
 Have fingerprints been placed on GHS #1 No UTD If not, explain UTD
 (yes-no)
 Has tooth chart been prepared Yes UTD If not, explain UTD
 (yes-no)

Remarks: Only Bones listed recovered: Right Ulna, Radius, 3 Vertebrae.
2 carpal bones, 2 ribs, basal portion of upper jaw.

W. J. [Signature]
 Signature of GRO and Organization

RESTRICTED

| | | | | | | |
|--|---|--|--|------------------------------------|-----------------------|------------------------------|
| 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 7 May 1946 |
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | | | | |
| | NAME (Last, first, middle initial) Unknown X-6150 | | | | 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 U.S. Military Cemetery (Q-260584) St Aved France | | | | | | |
| DATE OF BURIAL 7 May 1946 | HOUR 1500 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER Temp. Wooden Cross | PLOT No. AAAA | 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 Drusenheim, Bas-Rhin, France Europe Rd Map Sh No 87, 1/200,000 (R-1618) T | | | PLOT No. Isolated Grave | ROW No. | GRAVE No. |
| TYPE OF RELIGIOUS CEREMONY General Service | PERSON CONDUCTING BURIAL RITES Captain, Z. S. KISH, O-574785 | | 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) ELIZIS, ALFRED G. | | RANK 2nd Lt. | SERIAL NO. 01327605 | ORGANIZATION Ground Forces | 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 William D. Lawson 111 2nd Lt Inf. 525th Quartermaster Group | | | SIGNATURE OF THEATER VERIFICATION 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


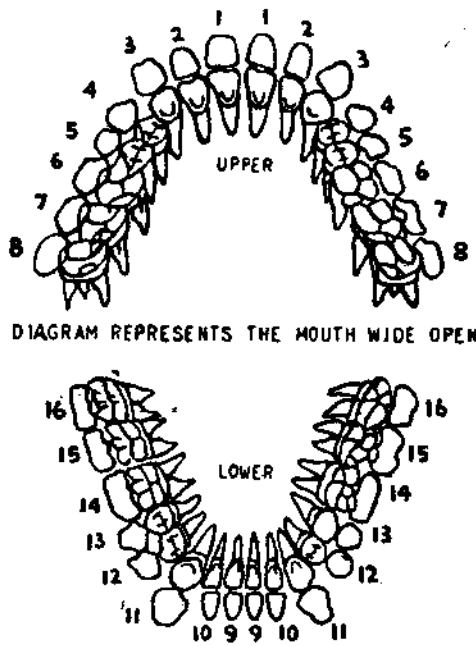




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

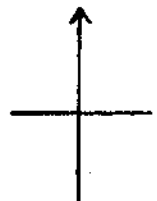
| | | | | |
|---------------|---------------|----------------------|----------------------|--------------------------------------|
| HEIGHT UTD | WEIGHT UTD | COLOR OF EYES UTD | COLOR OF HAIR UTD | BIRTHMARKS, SCARS, OR TATTOOS UTD |
|---------------|---------------|----------------------|----------------------|--------------------------------------|

| | | |
|--------------------------------------|------------------------------|--|
| WEAPON AND SERIAL No. None | LAUNDRY MARKS None | WHERE BODY WAS BURIED OR FOUND Drusenheim, Bas-Rhin France |
|--------------------------------------|------------------------------|--|

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>TEETH 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

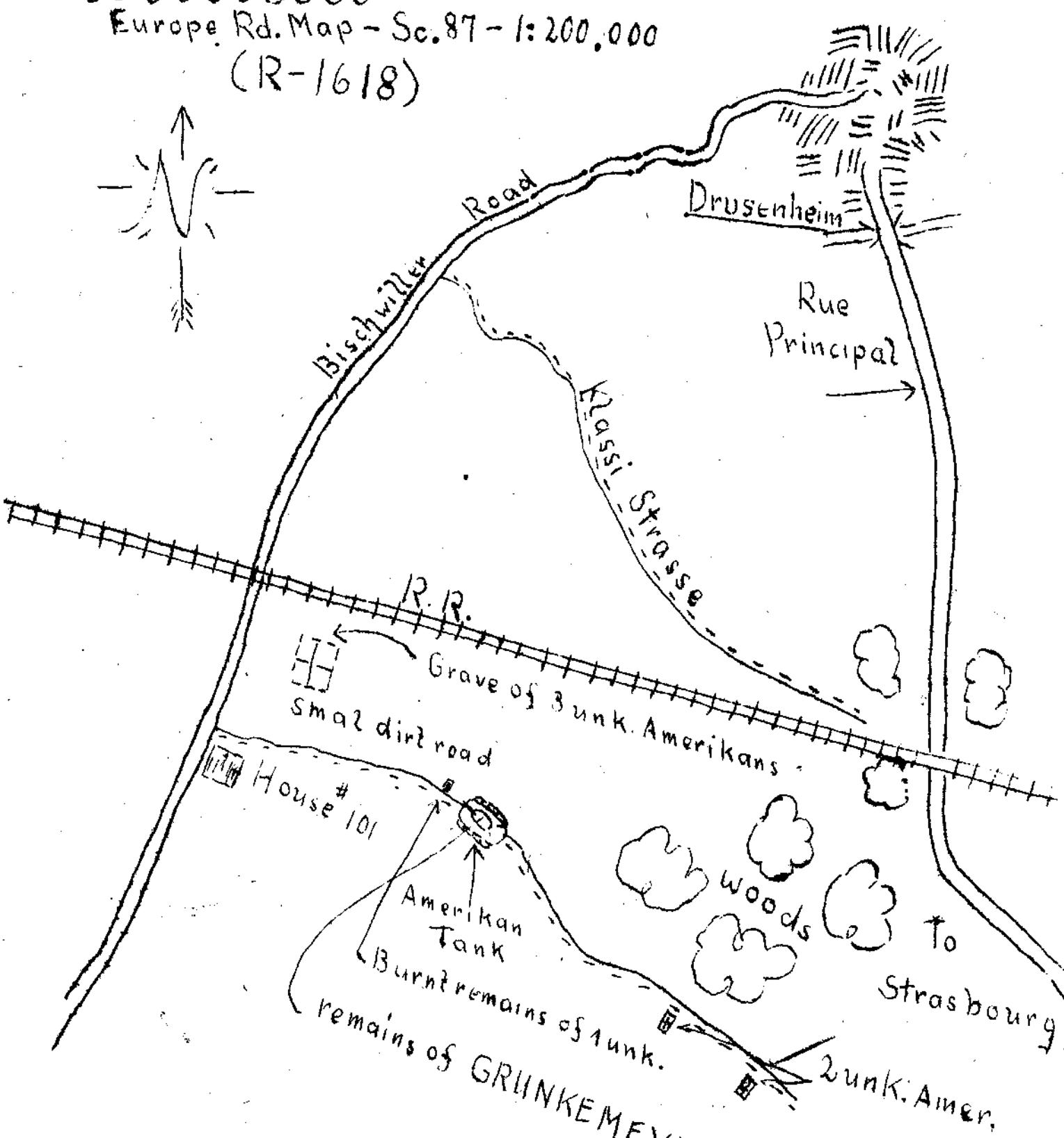
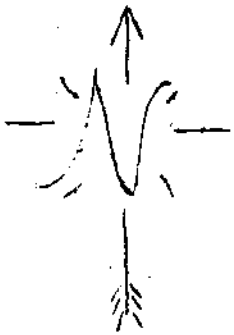


REMARKS:
Attached: Form 11 "Checklist of Unknowns" and Form 1A Teeth Chart. Unable to obtain fingerprints because of missing portions of remains.
Est. Wt. of remains: 1/2 Lbs.

Drusenheim

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

(R-1618)



Sketch showing location of remains of Billie Grunkemeyer and 6 unknowns

UNKNOWN X-6150 REINTERRED U.S. MIL CEM
ST. AVOLD, AAAA - 4 - 48