

7887 GRAVES DETACHMENT

Segea

APO 757

943 unk St. Avold X-6153

MR

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 - 6153 St Avold

(POC) ST AVOLD

File
5/10/51
26 Jul 51
De G. W.

CHECK LIST FOR UNKNOWN

UNKNOWN X- XXXX 6153
CEMETERY ST. ABOLD
PLOT AAAA ROW A GRAVE 44

ARRIVED AT CEMETERY 3:50 7 May 1946 FROM UPP THIRD FIELD COMMAND (AGRC)
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Bischwiller BasRhin Fr Bu Rd Map ST87 1.200000(S-0919)
(NAME) (COORDINATES & LANDMARKS)

EVACUATED TO CEMETERY BY OPP 535th GI Gr
(NAME AND ORGANIZATION)

REMAINS RECOVERED BY 5049th GI Gr Co
(NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE NAMES OF DECEASED FOUND IN SAME AREA AS THIS
(YES-NO)

UNKNOWN STARRED 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)

one remnant

Belt, Web one remnant

Drawers, Wool none

Drawers, Cotton none

Leggings, Wool one pair (late unusual location) *label* *X-6153*

Socks, Cotton one pair pack

*Shoes (Type) none

Overshoes none

Web Equipment (Type) one combat trouser one wool OD trouser rem one field

(Other item) _____

(Other item) _____

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

6. Chevrons or Insignia none

Shoulder Patch (Type & location; shirt, jacket, coat, helmet) Ground Forces

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

8. Description of Remains: UTD Age UTD Height UTD Weight 30lbs Description of wounds UTD

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

Tattoos (Number, location- UTDstrate on sep. page)

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

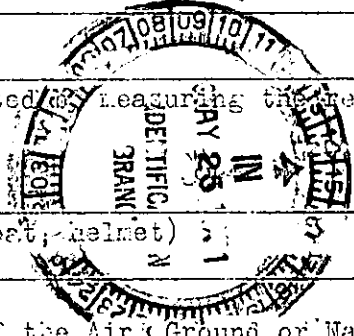
Sunburn or tan, other than hands & face UTD

Complexion (Light, med, dark, clear, UTDros, moles, freckles)

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

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

ANNEX #4



Bandages or dressings _____ Scars _____ length, width _____

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

Outstanding moles, warts or birthmarks _____ (yes-no) (description)

location _____

Sunburn or tan, other than hands and face _____

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

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

Build _____ (large, fat, thin, muscular)

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

Sideburns _____ Eyebrows _____ (color, bushiness, (color, setting, shape)

Mustache _____ Beard or goatee _____ (length, heavy, light, across nose) (color, size, shape)

Eyes _____ (color, setting, shape)

Nose _____ Ears _____ (size, set close or far from (size, shape, straight)

Forehead _____ Mouth _____ Lips _____ (high, wide, wrinkled) (large, med, small) sm, lge

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

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

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

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

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

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

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

Bandages or dressings _____ Scars _____ length, width _____

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

Outstanding moles, warts or birthmarks _____ (pos-no) (description)

location _____

Sunburn or tan, other than hands and face _____

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

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

Build _____ (large, fat, thin, muscular)

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

Sideburns _____ Eyebrows _____ (color, bushiness, (color, setting, shape)

Mustache _____ Beard or goatee _____ (length, heavy, light, across nose (color, size, type)

Eyes _____ (color, setting, shape) color, extent)

Nose _____ Ears _____ (size, set close or far from (size, shape, straight)

Forehead _____ Mouth _____ Lips _____ (high, wide, wrinkled) (large, med, small) sm, lge head)

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

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

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

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

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

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

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

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



Have photographs been made and attached no If not, explain
 (yes-no)
Missing portions, impossible to obtain fingerprints
 Have fingerprints been placed on no If not, explain
 (yes-no)
UFD
 Has tooth chart been prepared Yes If not, explain
 (yes-no)

Remarks: **Right foot and right and left hands not recovered with the
 remains. A ll other bones in body accounted for. Remains completely
 decomposed.**

William J. Williams
 Signature of GRO and Organization

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

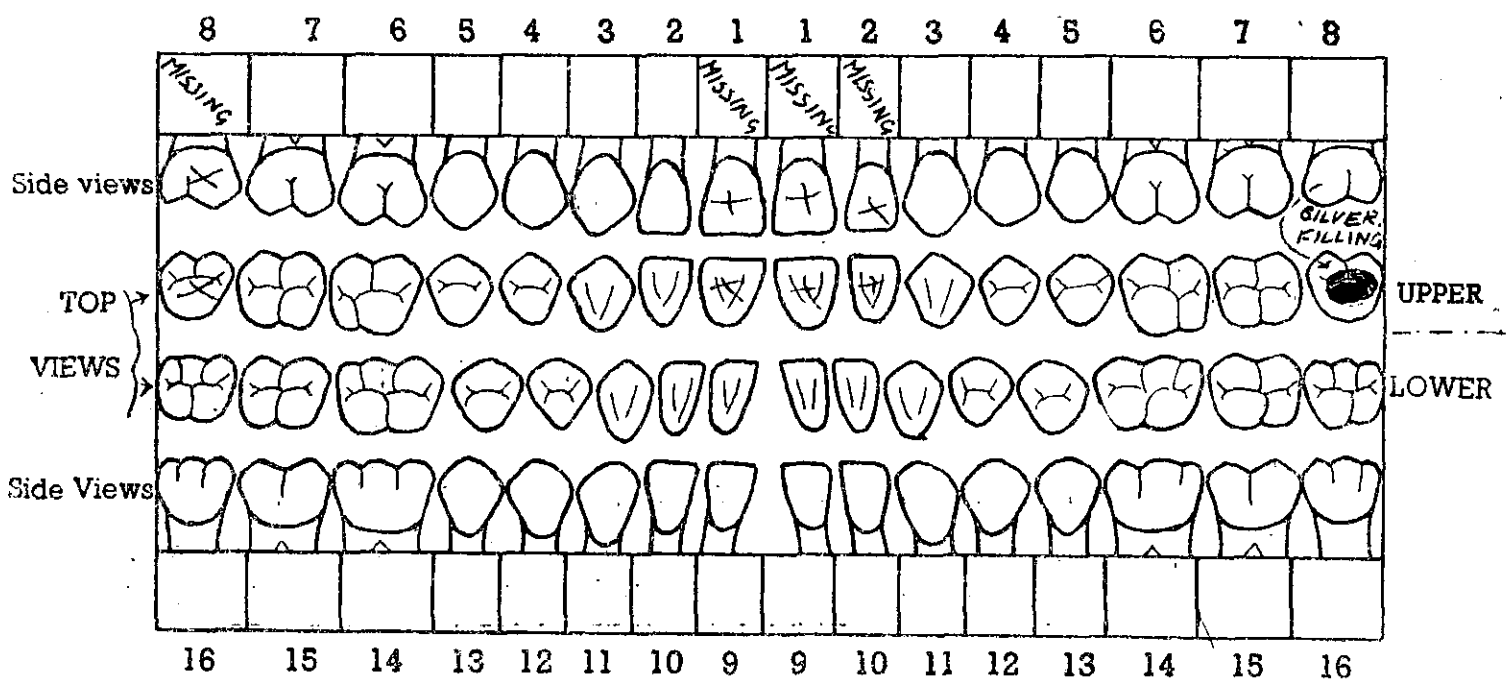
TOOTH CHART

4 May 1946
 Date

Unknown X- 6153 Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unknown Unknown
 Unit Organization
 Bischwiller, Bas-Rhin, France Det. 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 D. Lawson 1st Lt Inf
 336th Quartermaster Group
 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 :



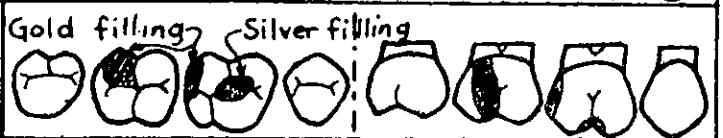
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

From the looks of the upper jaw, the teeth were knocked out.

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

Dog tag on cross

a. From what source was this information obtained? Ident. tag
(Identification tags, personal effects)

b. By whom? Searching team

11. Where are the cemetery records? On cemetery
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? Name, rank, ASN, organization;
cause of place- date of burial and place.

b. Where was the information obtained? Cemetery records

c. By whom? _____

12. What is the date of death? Unknown

a. Give basis _____

13. What is the cause of death? Enemy action

a. Give basis Taken from cemetery records

14. What is the date of burial? 26 April 1946

a. Give basis See #13a

15. What is the place of death? Bischwiller Coords See #8

a. Give basis See #13a

16. Where were the remains found? See #15 Coords See #8

a. By whom? American mil. personnel

b. Is sketch attached? No

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

Type of casket _____ How marked? _____

18. Who made the burial? American mil. personnel

(Civilian, American Mil or German Mil)

a. What are the names and addresses? _____

Unknown

b. Are certificates and statements attached? Yes

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

19. Were remains found in the plane wreckage? _____

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

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

b. Near wreckage? _____

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

a. Type of plane: _____

b. Markings and/or name of plane _____

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

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

Enemy planes? _____ Collision? _____

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

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

24. What was the direction of the flight? _____

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

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

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

28. Number of planes in formation prior to crash _____

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

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

Prisoners? _____

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

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

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

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

b. Near wreckage? _____

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

a. Type of tank _____

b. Markings and/or name of tank _____

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

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

34. Did tank explode? _____ Burn? _____

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

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

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

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

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

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

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

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

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

Cemetery caretaker and Mayor of Bischwiller

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

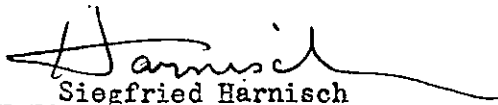
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) _____

52. Give brief narrative _____

(Use attached sheets, if necessary)


Siegfried Harnisch

Signature of Interpreter

Civilian

Rank

ASN

535 Q.M GRP A.G.R.C.

Organization


Charles Kulp

Signature of Investigator

T/5 42088926

Rank

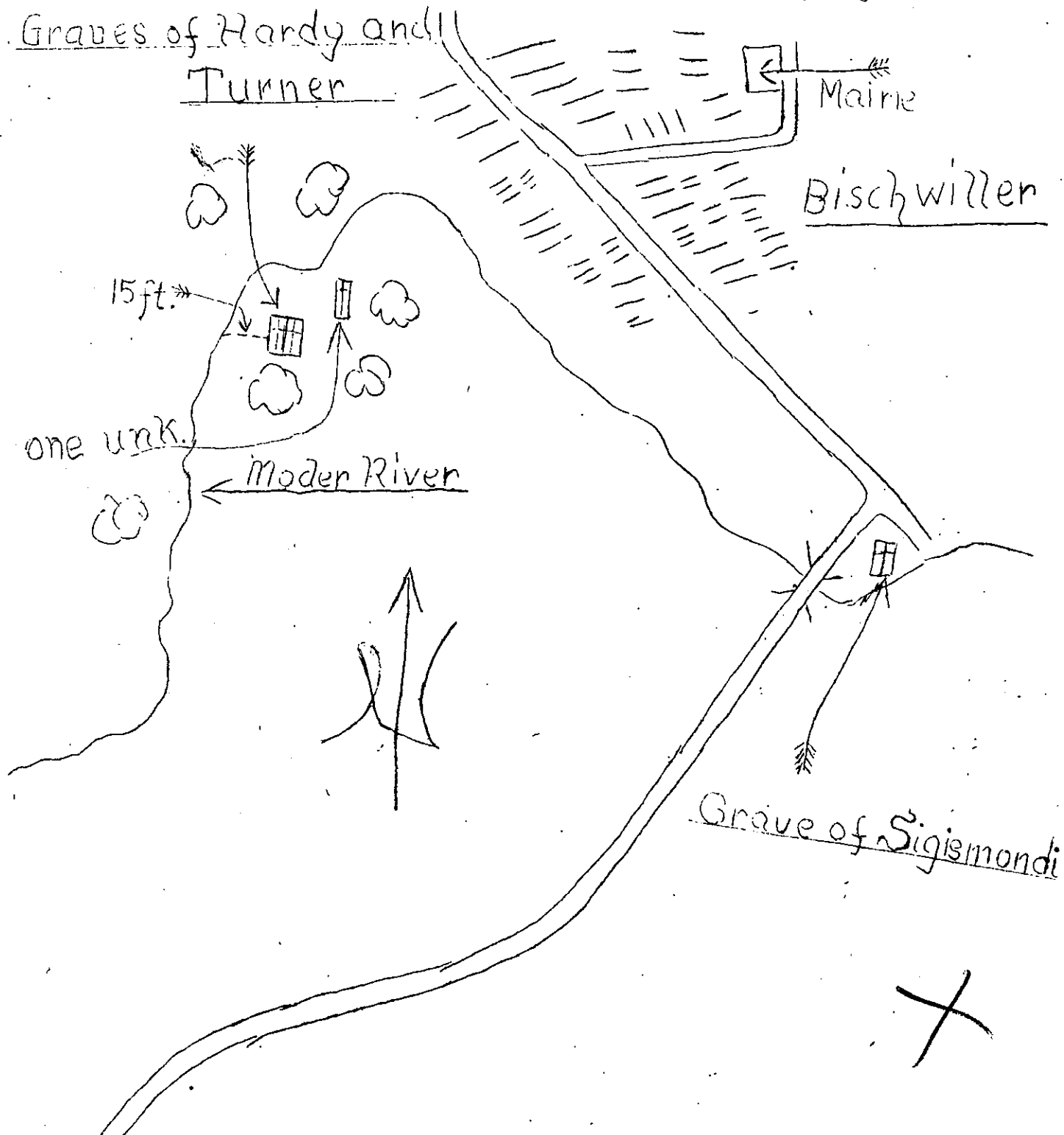
ASN

535 Q.M. GRP A.G.R.C.

Organization

UNKNOWN X 6159
REINTERRED U.S. MIL. GEN.
ST. AVOLD AAAA - 4 - 44

BISCHWILLER
Europe Rd. Map
Sht. 87 - 1:200,000
(R-0919)



Graves of Hardy and Turner

Bischwiller

Moder River

Mairie

Grave of Sigismondi

IDENTIFICATION CHECK LIST

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

Processed by: *C. D. Rice*
L. R. Feindt
R. J. Miller
 Clerk: *J. L. Richardson*

 F.O.# 779

Unknown X 6153
 Cemetery St. Aved France
 Plot AAAA Row 4 Grave #4

Date reprocessed
 1. ~~Arrived at cemetery~~ 19 Apr. '48
 (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~~ *reprocessed* by Mobile Team #1, I.S.
 (Name and organization)

4. Evacuated to Cemetery by _____
 (Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

EDWARDS L. HADDY *3830-10-18*

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, ~~cotton~~ ^{wool}

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item) Remnants of a wallet, Remnants of snow packs

(Other item)

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

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

Shoulder Patch

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

- 6. Description of Remains:
 - L. Radius 26.1
 - L. Ulna 27.2
 - L. Femur 46.0

Age UTD Height Est. 5'4 1/2" Weight UTD Description of wounds UTD

Bandages or dressings None Scars (Length, width, location) UTD

Tattoos (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face

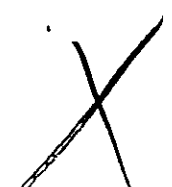
Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD (Large, fat, thin, muscular)

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

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

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



Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth *See Tooth Chart*
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double) *(No inch tape measure)*

Jaw (Large, small, normal) Circumference of head in ^{cm.} inches *52.0* (Flat band)

Neck (Size, length, short, normal, wrinkled) Larynx *U/D*
(Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

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

..... (Unusual characteristics of fingernails)

Chest *U/D*
(Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair *light brown*
(Color)

Hernioplasty (Yes-no; location) *U/D*

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

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

Evidence of healed fractures *None*
(Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

9. Remarks: Remains received in skeletal form with small

Remarks amount of flesh in last stage of decomposition. Clothing found in debris bore no markings. Teeth found intact in mandible and skull. Skull was disarticulated. Burial Report found; no I.D.S. tags found. Estimated weight of reprocessed remains: 25 lbs. Estimated height: 3'4 1/2"

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.

No evidence of old or healed fractures or amputations

ROBERT J. MILLER (Officer's Name)

S.P.C. A.C.R.C. Rank Service

MOBILE TEAM # 1, I.S. (Organization)

X A wallet containing papers with illegible markings was sent to Chemical Laboratory for examination. This wallet was found in debris.

Albert S. Richardson

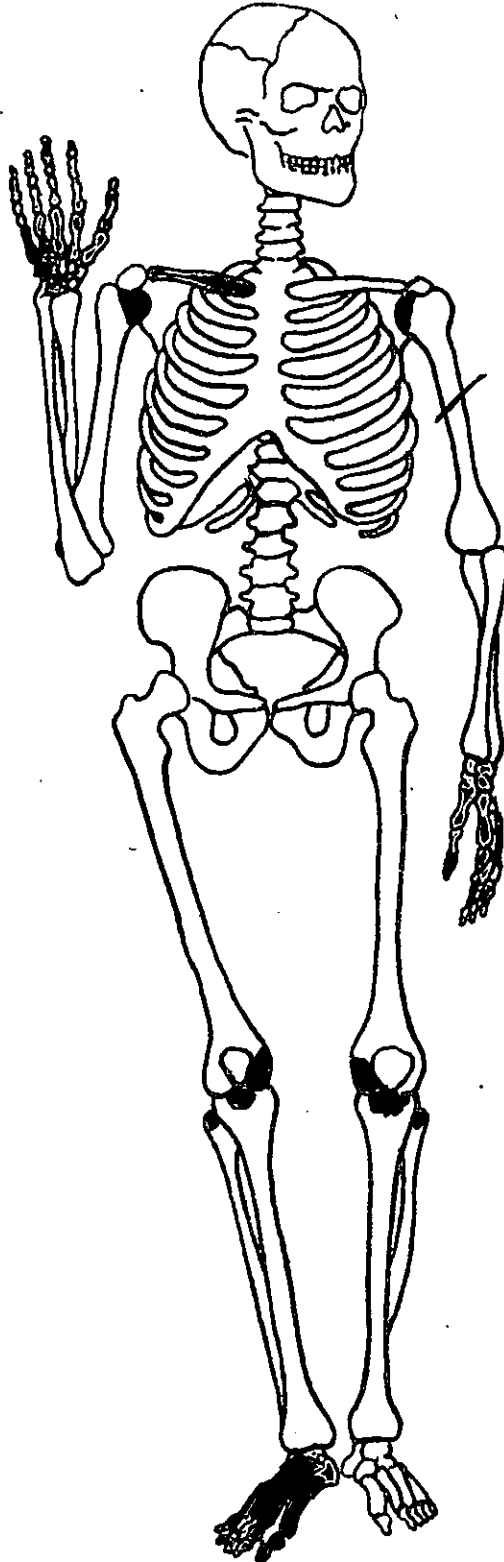
X

X-6153
USMC ST. ANGELO
19 APRIL 1948

SKELETAL CHART

PLOT ~~AAAAA~~ ROW ~~4~~ GRAVE ~~24~~ 44

(BLACK OUT PARTS OF "BODY" NOT RECEIVED AT CEMETERY)



RADIUS 26.1

ULNA 27.2

FEMUR 46.0

CHART "A"

EST. HEIGHT - 5' 4 1/2"

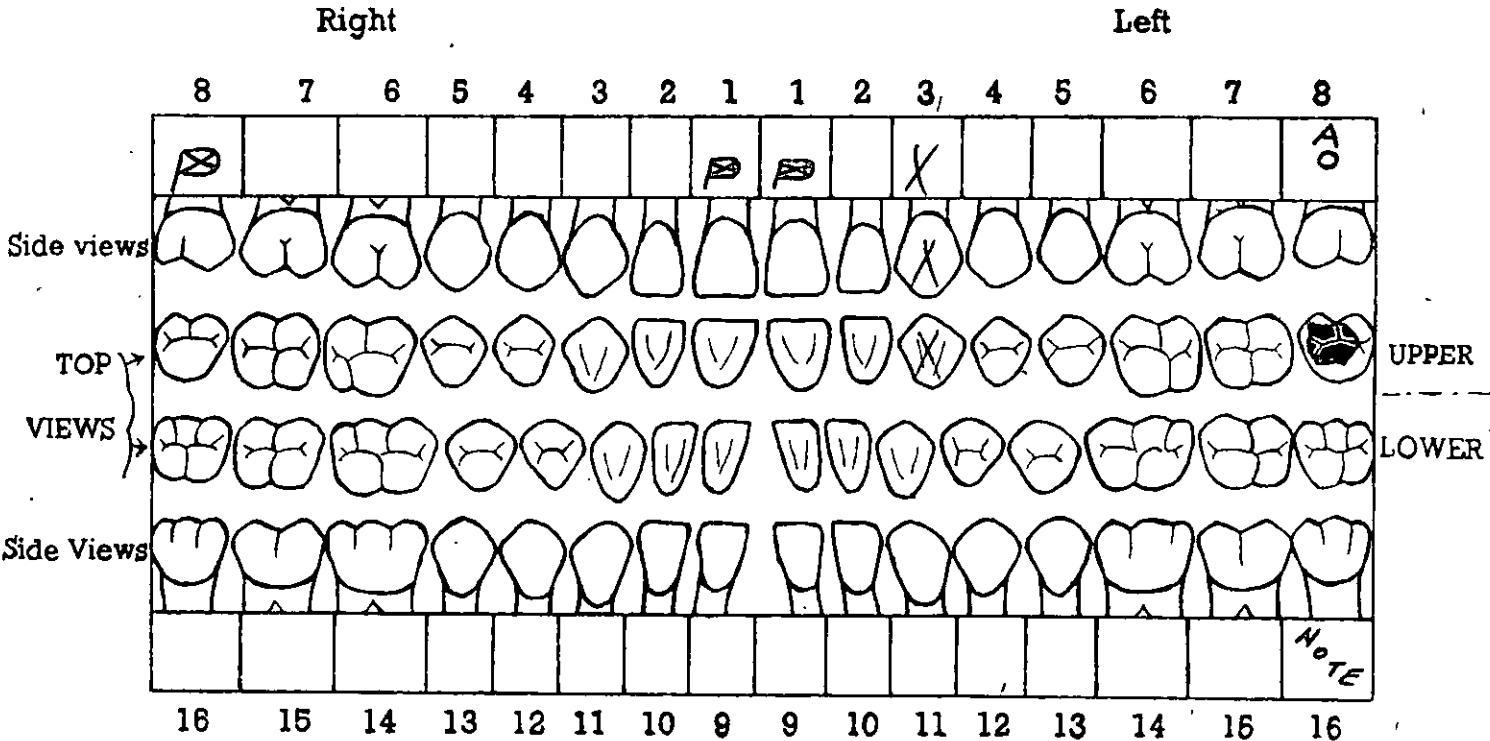


PLOT-AAAA E.O. # 779
 TOOTH CHART ROW - #4 USMC - ST. AVOLD
 GRAVE - #4

APRIL - 48
 Date

X-6153

| | | | | |
|----------------|-------|---------------|--------------|----------------|
| 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), 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.

INSUFFICIENT SPACE
 for REMARKS

Quar J. Foman

SP#7 DAC
 Signature of Officer or other person who prepared Tooth chart

SEE REVERSE

Verified by G. R. C. Officer

PHOTOGRAPHIC LABORATORY
CENTRAL IDENTIFICATION SECTION
AMERICAN GRAVES REGISTRATION COMMAND
APO 58 U.S.ARMY

27 May 1948

PHOTO LAB CASE NO: 511

CHEM LAB CASE NO: 2634

Other Designations: X-6153 St. Avold, France AAAA - 4 - 44 EX.O. #779

Inventory of Effects Studied:

Torn Remnants of WD Form 38; 'Receipt for Miscellaneous Collections'.

Photo Lab Findings:

511 Infra-Red film:

4250 Francs (missing portion) Jan 1945
(Amount)

Received in cash of: Pvt ? e r (missing portion) 38584[?]218*

On account of: Mrs (missing portion) Route 4, Box 221*
San Di--(missing portion)

(Person giving receipt): Kenneth L. Ivey
1st Lt Inf

Suggestions: *Numerals believed ASN of Soldier. Address believed to be Box 221, Route 4, San Diego, California, which might be home address of Mother. It is believed tracing ASN and home address may lead to identification.

James W. Shipley
James W. Shipley,
Photo Lab Techn.



PHOTO LAB CASE N° 511

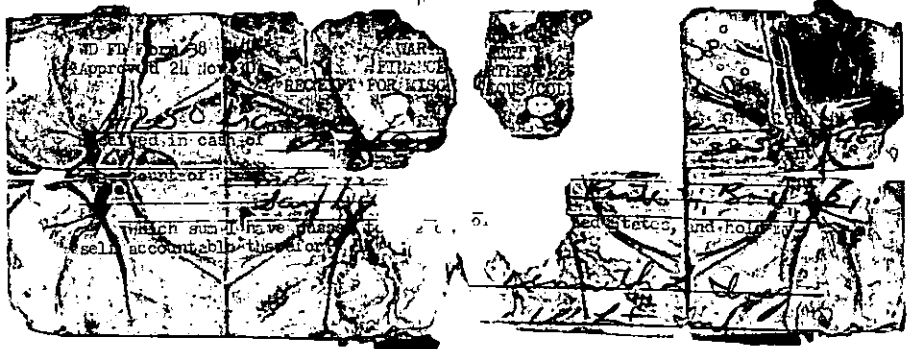
CHEM LAB CASE N° 2634

OTHER DESIGNATIONS: X-6153 St. Avoird, Fr. AAAA-4-44

SUBJECT: Torn remnants of WE Form 38; Receipt for
Miscellaneous Collections.

DATE: 27 May 1948

X-6153
St. Avoird



ND FIN...
Approved 21 Nov 40

FINANCE
RECEIPT FOR...

RECEIPT
FOR...

RECEIPT
FOR...

received in cash of

which sum I have signed
self accountable therefor

ed states, and...

WD FD Form 38
Approved 24 Nov 30

WAR
FINANCE
RECEIPT FOR MISCA

UNIT
ARTICLE
CUCUS COLI

Received in cash of

Receipt of:

which sum I have passed to
self accountable therefor

State, and hold my

511

PHOTO LAB CASE N° 511

CHEM LAB CASE N° 2634

OTHER DESIGNATIONS: X-6153 St Avold Fr. AAAA-4-44
EX.O. #779

SUBJECT: Torn Remnants of WD Form 38; Receipt for
Miscellaneous Collections.

DATE: 27 May 1948

IDENTIFICATION SECTION
AMERICAN GRAVES REGISTRATION COMLAND
341 QUARTERMASTER BN 1st ZONE
APO 58 (LIEGE) US ARMY

18 May 1948

Chemical Laboratory Case No. 2634

Other Designations: X-6153. St. Avoild, France.
Plot AAAA, Row 4, Grave 44.

Inventory of Effects: Remnants of illegible papers found in wallet.
Also steel-cover from Bible (New Testament).

Laboratory Findings: After extreme care and by a careful separation process we were able to find a War Department Finance Form 38 receipt for miscellaneous collections with the following information:

4250 francs 3858 } submitted
 ~~send~~ } torn

On account of } Mrs ---- Route Box 221
 San Diego (California ?)

 ???
Kenneth L. Ivey
1st Lt. Inf.

Remarks: Bits of information forwarded to photo-lab. for reproduction. Believe 3858 to be beginning of a serial number and with address San Diego (? California ?) Box 221 and signature of officer identifying clues may be followed up.

Livio L. Vignina
LIVIO L. VIGNINA
Physical Science Technician

IX

REQUEST FOR INFORMATION

| | | | |
|---|------------------------------|---------------------|--------------------|
| TO: PENTAGON LIAISON SECTION, MEMORIAL DIVISION | | DATE 18 May 1950 | |
| FROM (Branch and Section) Identification Section, Identification Branch | REQUESTED BY Miss Binkerd | TEL. EXT. 72947 | ROOM NO. B-1408 |
| NAME OF DECEDENT (Last, First, Middle Initial) Unknown (X-6153, St Avold, France) 293 | RANK | SERIAL NUMBER | |

~~INFORMATION REQUIRED~~

~~Request name of person to whom following ASN was assigned: 38584 48~~
~~Possible lead to name is partial address: Route 4, Box 221, San Diego~~
~~(BTB San Diego, California)~~

Request ASN and organization of: Kenneth L. Ivey, 1st Lt., Inf., in January 1945.
 Also, if alive, present address:

~~Person with ASN above was probably assigned to the same organization as Lt. Ivey on that date.~~

INFORMATION FURNISHED

One Kenneth L. Ivey ASN O-1310847 AUS Alive Disch. 18 Nov. 1945
 322 Franklin Ave.,
 Susquehanna, Penn.

Above name shown on Personal Effects.

Personal Effects are those of PFC Edward L. Hardy, 38584048, Co. F, 142nd Inf
 MIA 1 Feb 1945 in vic of Baschwiller, France.

293 - Unknown. X-6153 Lt. Ivey for file

File
 Ivey
 Personal Effects
 at PW
 X-6153
 Ivey

PENTAGON LIAISON SECTION OFFICER (Signature)
 B. JOSEKOWSKI
 MAJOR QMC

K

293 France (St. Avold) X-6153

QMGOD 293, Unknown X-6153
France (St. Avold)

1st Ind

Department of the Army, OQMG, Washington 25, D. C., 7 June 1950

TO: Commanding Officer, QM Activities, Kansas City Records Center (AGO), Mo.

Remains of Unknown X-6153, USMC, St. Avold, France, are under investigation. When the case is completed the Bureau will be notified.

BY COMMAND OF MAJOR GENERAL FELDMAN:

R

W. E. MURPEY
Lt. Colonel, QMC
Field Service Division

JEB

JUN 7 3 12 PM '50
O. R. M. S. BRANCH
MAIL & RECORDS BRANCH

ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

SZ/ADS/mjo'o
24 May 1950
DATE

IN REPLY REFER TO QMDK 888058

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-6153

Plot AAAA, Row 4, Grave 44, USMC St. Avoild,
17 November 1948
France have been held at this Bureau as of 26 January 1949

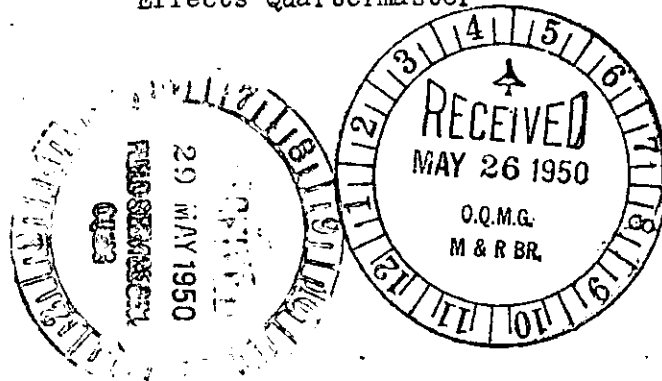
2. Bureau inspection of the effects has been made and the following description furnished for reference:

Remnants of WD FD Form 38 for 4260 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf.
1 Metal Testament cover
1 Small piece of New Testament

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

X-6153 is under investigation

Stanley Jablocki
STANLEY JABLOCKI
Captain, QMC
Effects Quartermaster



Handwritten note:
X-6153
St. Avoild
17 Nov 1948
France
26 Jan 1949

DEPARTMENT OF THE ARMY
~~CONFIDENTIAL~~

10 November 1949

QMGOD 293, Unknown X-6153, St. Avoird, France

3821

QOMG

FIELD SERVICE

DEP OPR

EFFECTS

QMGOD

2nd and T. Sts., S. W., Washington 25, D. C.

1633 - B. Bldg.

Commanding Officer
QM Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

XXX

Property of Unknown X-6153, St. Avoird, France, is being returned to the Bureau, this date, under separate cover, by registered mail. This Unknown has not been identified as of this date.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:
PE Unk X-6153
St. Avoird, France
under sepr cover

M. J. INGEMAN
Major, QMC
Field Service Division

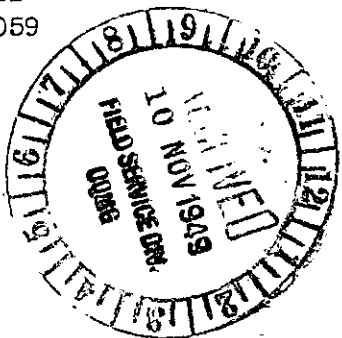
R

RECEIVED
U.S. ARMY
FIELD SERVICE DIVISION
WASHINGTON, D.C.

OFFICE OF THE QUARTERMASTER GENERAL THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

| 1 NO. | 2 FROM- | 3 TO- | 4 DATE | 5 MESSAGE |
|----------|----------------------------|---------------------------------------|-----------|---|
| 1 | FIELD SERVICE DIV EXEC OFF | IDEN BR MEMORIAL DIV | 4 NOV | <p>Forwarded as a matter which pertains to your Branch.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"><i>Ingram</i></p> <p>1 Attachment: <i>from</i> MUNSTER 5473 PE Unk X-6153, St. Avold, France</p> <p style="text-align: right;"><i>M</i> Murphy 3821</p> |
| 2 | Chief Ident Br Mem Div | Field Service Division Attn: Exec Off | 9 Nov 49 | <p>1. Personal Effects of Unknown X-6153 St. Avold are inclosed herewith for return to Effects Bureau.</p> <p>2. It is requested that the Effects Bureau be notified that Unknown X-6153 has not been identified to date.</p> <p style="text-align: right;"><i>B Barry</i></p> <p>1 Attachment: METZ 74059 PE Unk X-6153 St. Avold, France</p> <p style="text-align: right;"><i>B</i> BARRY 2462</p> <div style="text-align: center;">  </div> |

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

C. : :
QMGOD 293, Unknown X-6153, France 1st Ind
(St. Avoild)

Att

Department of the Army, OQMG, Washington 25, D. C., 19 October 1949

TO: Commanding Officer, Quartermaster Activities, Kansas City Records Center (AGO), Missouri ATTENTION: Effects Quartermaster

Unknown X-6153, St. Avoild, France, has not been identified. When identification is established, the Bureau will be notified.

BY COMMAND OF MAJOR GENERAL FELDMAN:

WILLIAM F. CONLON
Major, QMC
Field Service Division

fer
OCT 19 2 30 PM '49
OQMG M&R SR
[Signature]

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

| 1 NO. | 2 FROM-- | 3 TO-- | 4 DATE | 5 MESSAGE |
|----------|-----------------------------------|---|--------------|--|
| 1 | FIELD SERVICE DIV EXEC OFF | REC SEC MEMORIAL DIV ATT: CAPT SNEDIGAR | 1 SEPT | <p>For information upon which to base a reply.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>1 Attachment; Munster 5473 Corres re Unk X-6153, St. Avold, Fr</p> <p><i>[Signature]</i> Rivers 3821</p> |
| 2 | Chief, Resol Sec Repat Br Mem Div | Field Service Division Exec Off | 17 Oct. 1949 | <p>Forwarded herewith is 1 attachment.</p> <p>Records of this office concerning the unknown indicates the following information to be correct.</p> <p>X - 6153 interred in AAAA-4-44, St. Avold, France, has not been identified or declared unidentifiable.</p> <p>1 Attachment; Arrowsmith 5057 Corres re Unk X-6153, St. Avold, Fr.</p> <p><i>[Signature]</i> ARROWSMITH 5057</p> <p><i>[Signature]</i> CARRICK 71600</p> |

DEPARTMENT OF THE ARMY
KANSAS-CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

S-26 Oct 49
EOG/AID/hml
26 August 1949
DATE

IN REPLY REFER TO QMDKG 883058

SUBJECT: Disposal of Personal Effects

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

293 unbr X

1. Personal effects found on remains interred as Unknown X - 6153

Plot AAAA, Row 4, Grave 44, USMC St. Avold

France have been held at this Bureau as of 17 November 1948
26 January 1949

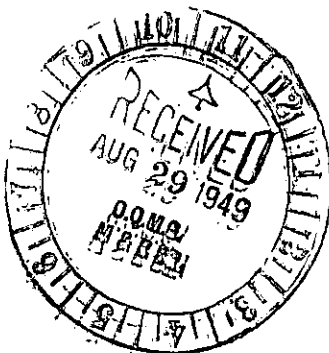
2. Bureau inspection of the effects has been made and the following description furnished for reference:

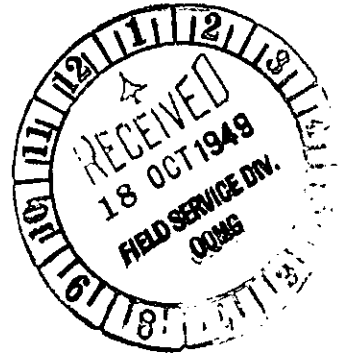
Remnants of WD FD Form 38 for 4250 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf., 1 metal Testament
cover, 1 small piece of New Testament

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster





HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293-Inf-France X-6153 (St. Avoild)
22 August 1949
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6153, Plot AAAA, Row 4, Grave 44, USMC St. Avoild, 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. 2881, dated 30-6-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/

Case reviewed by undersigned Members of the Board of Review:

(s) Col. H. P. Henry, O-12589 QMC

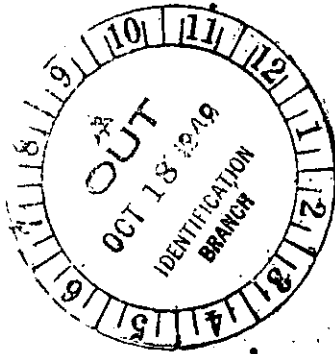
(s) Lt. Col. E. D. Mulvanity, O-359598 QMC

(s) 1/Lt. Gaylord E. Lutz, O-1595665 QMC

Received 17 OCT 1949 QMG

identifiable from
information presently
available

✓
File - NAT
Hd. Parker
Hd. Branch
17 Oct. 49



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 6153, Plot AAAA
Row 4, Grave 44, UCMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2881, dated 30-6-48.

3. Remarks:

Received 17 OCT 1949 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

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

CMC

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

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

Capt. E.F. PRICE, Jr. O-1588236

CMC

Gaylord E. Lutz
1/Lt. Gaylord E. LUTZ, O-1595665

CMC

Incl #6

Parker

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXX

OMGOD 552.3
Kansas City

25 February 1948

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATTENTION: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown Decedents:

- Unknown: X-7678, Neuville-en-Candros, Belgium
- " X-7617, "
- " X-2536, "
- " X-7732, "
- " X-7851, "
- " X-7604, 7606, 7608, 7607, 7608, 7609, Neuwillon-en-Candros
- " X-7611, 7613, 7614, 7615, 7616, Neuwillon-en-Candros
- " X-8153, St. Avoild, France
- " X-146, Henri Chapelle, France
- " X-6252, Neuville-en-Candros
- " X-6408, "
- " X-7614, "
- " X-2450, "
- " I-7704, "
- " I-7752, "
- " X-7872, "

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL ISERIN:

1 Incl:
Corres

WILLIAM P. CONLON
Major, GIC
Field Service Division

OMGOD 293, UNKNOWN X-6153, ST. AVOID, FRANCE

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

4
QMGOB 352.3
Kansas City

23 February 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), No.
ATTENTION: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown: X-7672, Neuville-en-Condros, Belgium
" X-7617, "
" X-2226, "
" X-7732, "
" X-7551, "
" X-7604, 7605, 7606, 7607, 7608, 7609, Neuwillen-en-Condros
" X-7611, 7612, 7614, 7615, 7618, Neuwillen-en-Condros
" X-6153, St. Avoild, France
" X-146, Henri Chapelle, France
" X-6252, Neuville-en-Condros
" X-6485, "
" X-7614, "
" X-2230, "
" X-7754, "
" X-7752, "
" X-7672, "

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL IARMIN:

1 Incl:
Corres

WILLIAM P. CONLON
Major, GSE
Field Service Division

QMGOB 293, UNKNOWN X-6153, ST. AVOILD, FRANCE

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 888058

HOC/ELW/ns
8 February 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X - 6158

Plot AAAA, Row 4, Grave 44, USMC St. Arold,

France have been held at this Bureau as of 17 November 1948
26 January 1949

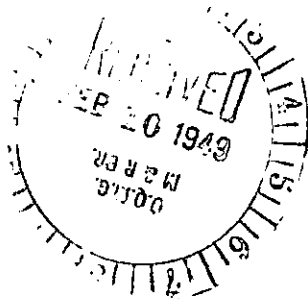
2. Bureau inspection of the effects has been made and the following description furnished for reference:

Remnants of WD PD Form 38 for 4250 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf., 1 metal Testament
cover, 1 small piece of New Testament

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



243
X 152
7

This Grave formerly occupied by: UNKNOWN 006461

1

USMC ST AVOLD; FRANCE
Plot D, Row 6, Grave 21
Date reburied: 11 Oct 49

DISINTERMENT DIRECTIVE

Date disinterred: 11 Oct 49

| | | | | | |
|---|-------------------------|------------------|------|-------|------|
| SECTION A - NAME AND BURIAL LOCATION OF DECEASED CAPT QMC | M. F. SWART CAPT QMC | DIRECTIVE NUMBER | DATE | | |
| | | 3574 00000 | 15 | 12 | 47 |
| | | | DAY | MONTH | YEAR |

| | | | | |
|--------------------|------------------------|-------|---------|----------------|
| NAME | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| <i>273</i> UNKNOWN | X-006153 | | 1 | |
| CEMETERY | DISPOSITION OF REMAINS | | | |
| ST AVOLD - METZ | 0 3503 80 | | | |
| | CODE | | | DIST. PT. |
| PLOT | ROW | GRAVE | COUNTRY | CAUSE OF DEATH |
| 4A | 4 | 44 | FRANCE | 6 |

SECTION B - CONSIGNEE AND NEXT OF KIN

| | |
|---|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER) | NAME AND ADDRESS OF NEXT OF KIN |
|---|---------------------------------|

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|---|------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISINTERRED |
| UNKNOWN X-006153 | | | | 2 Aug 48 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS | USAGF | | Melvin W Blackburn Embalmer NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

| | |
|--|--|
| NATURE OF BURIAL Mattress cover & Uniform | CONDITION OF REMAINS Missing R/Clavicle, Fractured R/L/Scapula, L/Humerus, Skeleton form - Disarticulated |
|--|--|

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 11 Aug 48 BY Melvin W Blackburn, Embalmer

| | |
|--|---|
| CASKET SEALED BY Melvin W Blackburn, Embalmer | EMBALMER (Signature) <i>Melvin W Blackburn</i> Melvin W Blackburn |
|--|---|

| | |
|---|--|
| CASKET BOXED AND MARKED DATE 11 Aug 48 BY Melvin W Blackburn | SHIPPING ADDRESS VERIFIED BY All markings, dates & tags verified by <i>Jesse C Harrell</i> JESSE C HARRELL, 1st Lt CAC |
|---|--|

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:
Jesse C Harrell
JESSE C HARRELL
1st Lt CAC

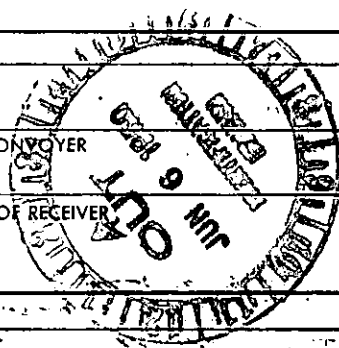
Jesse C Harrell
JESSE C HARRELL, 1st Lt CAC, N2057049 GRS,
Zone 3 Hq. SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
REGISTRATION BRANCH MEMO

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | 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 |

REPAIRMAN RECORDS BRANCH
 NOV 2 3 33 PM '69
 SIGNAL DISTRICT

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 (VALIAC ORDER) | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 2 JUN 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X-6153
interred in Plot AAAA, Row 4, Grave 44, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Sweater: Wool, Remnants

Jacket: Combat, Remnants

Shirt: Wool OD, Remnants

Undershirt: Wool, Remnants

Trousers: Wool OD, Remnants

Socks: Wool, Remnants

(Other item): Remnants of a wallet, Remnants of snow packs

Height: Est 5'4 $\frac{1}{2}$ "

Remarks: Teeth found intact in mandible and skull.

Wallet containing papers with illegible markings was sent to
Chemical laboratory for examination. This wallet was found in
debris.

FOR THE COMMANDING GENERAL:

3 Incls:

1 Tooth chart

1 Skeletal chart

1 Laboratory Report


BERNARD E CARROLL
WOJG, AUS
Actg Asst Adj Gen

TOOTH CHART

Plot AAAA
Row 4
Grave 44

Apr -48
Date

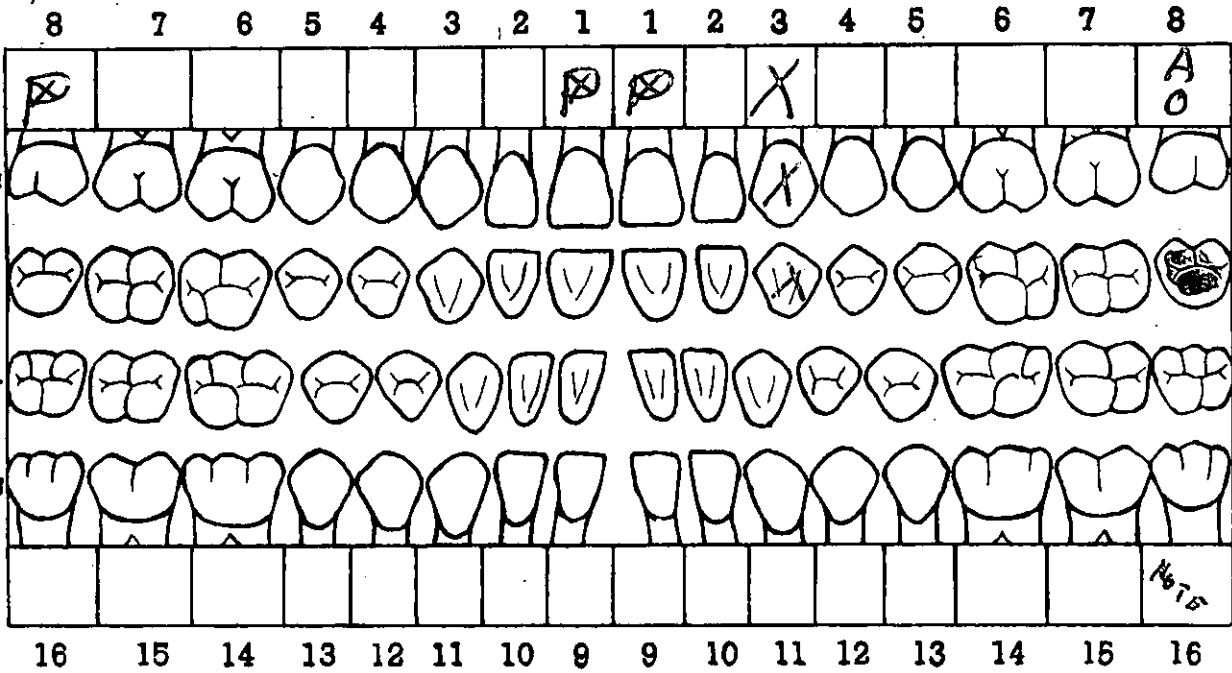
X-6153

| | | | | |
|-----------|-------|---------|--------------|------------|
| Last Name | First | Initial | Grade | Serial No. |
| Unit | | | Organisation | |

Place of Death Date of Death Cause of Death

Right

Left



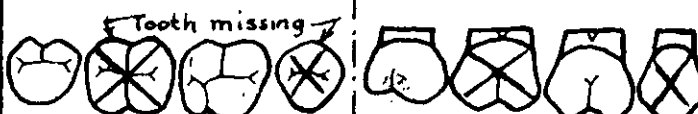

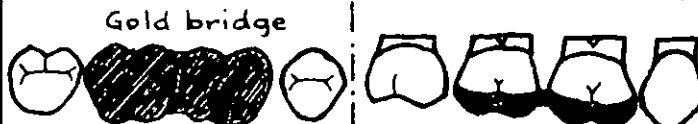
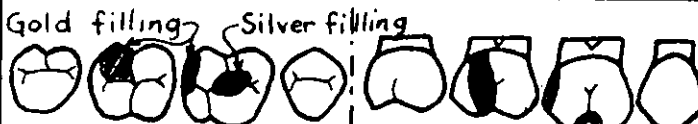
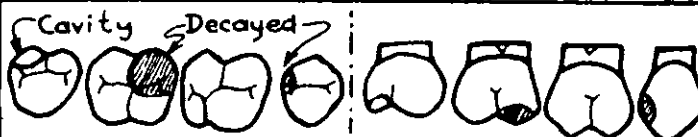
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

A certified true copy

George L. Freeman
GEORGE L. FREEMAN
1st. Lt. Q. M. C.

19/ *Luor E. Fosmo*
Signature of Officer or other person who prepared Tooth chart

SP # 7 *JAC*
Verified by G. R. C. 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

Posthumously missing

Color - Duu Ivory

Space - L-2-4 - No space (Touching)

Size - Average

Alignments - Good

Maxilla

R-2 - Lingual version

L-2 - Lingual version and rotated 1/8 of a turn mesially

L-4 - Slight distal rotation

Mandible

R-12 - Slightly malposed facially

R-11 - Lingual version

L-11 - " "

L-12 - Slightly malposed facially

L-16 - Unerupted before death and is impacted against L-15 at a 90° angle

X-6153

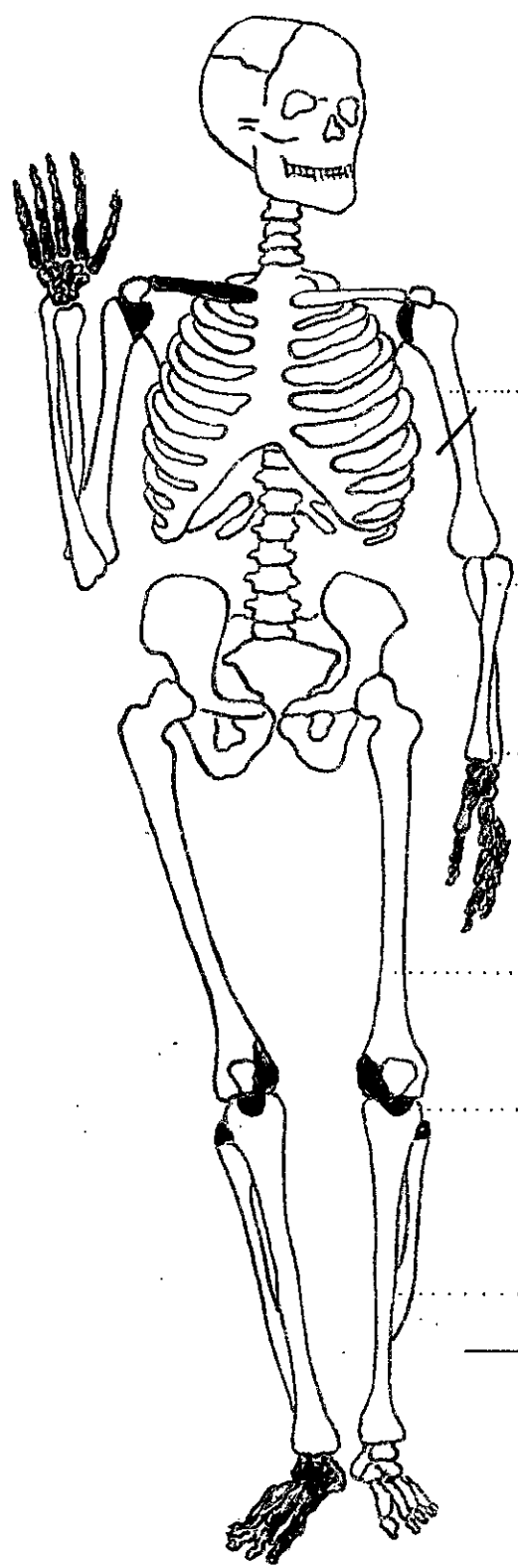
USMC St. Avuld

SKELETAL CHART

19 April 48

(BLACK OUT PARTS OF BODY NOT RECEIVED)

Pl. AAAA Row 4
Grave 44



..... CM. HUMERUS

..... 26.1 CM. RADIUS

..... 27.2 CM. ULNA

..... 46.0 CM. FEMUR

..... CM. TIBIA

..... CM. FIBULA

..... 5'-4 $\frac{1}{2}$ " ESTIMATED HEIGHT

PROCESSED BY: _____

PHOTOGRAPHIC LABORATORY
CENTRAL IDENTIFICATION SECTION
AMERICAN GRAVES REGISTRATION COMMAND
APO 58 U.S. ARMY

27 May 1948

PHOTO LAB CASE NO: 511

CHEM LAB CASE NO: 2634

Other Designations: X-6153 St. Avoild, France AAAA - 4 - 44 EX.O. #779

Inventory of Effects Studied:

Torn Remnants of WD Form 38; 'Receipt for Miscellaneous Collections'.

Photo Lab Findings:

511 Infra-Red film:

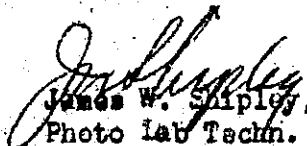
4250 France (missing portion) Jan 1945
(Amount)

Received in cash of: Pvt ? e r (missing portion) 38584³⁴⁸*

On account of: Mrs (missing portion) Route 4, Box 221*
San Di--(missing portion)

(Person giving receipt): Kenneth L. Ivey
1st Lt Inf

Suggestions: *Numerals believed ASN of Soldier. Address believed to be Box 221, Route 4, San Diego, California, which might be home address of Mother. It is believed tracing ASN and home address may lead to identification.


James W. Shipley,
Photo Lab Techn.

CHECK LIST FOR UNKNOWN

UNKNOWN X- ~~XXXX~~ 6153
CEMETERY ST. AVOLD
PLOT AAAA ROW 4 GRAVE 44

ARRIVED AT CEMETERY 1500 7 May 1946 FROM UPP THIRD FIELD COMMAND (AGRC)
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Bischwiller BasRhin Fr Eu Rd Map St87 1.200000(R-0919)

EVACUATED TO CEMETERY BY GPP 535th QM Gr
(NAME) (COORDINATES & LANDMARKS)

REMAINS RECOVERED BY 3049th QM Gr Co
(NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE NAMES OF DECEASED FOUND IN SAME AREA AS THIS
(YES-NO)

UNKNOWN STARRS 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 LINE 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 one remnant

Drawers, Wool one remnant

Drawers, Cotton none

Leggings, Wool none (Note unusual lining)

Socks, Cotton one pair

*Shoes (Type) one pair pack

Overshoes none

Web Equipment (Type) none

(Other item) one combat trouser one wool OD trouser rem one field

(Other item) _____

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

6. Chevrons or none

Insignia _____ (Type, location; shirt, jacket, coat, helmet)

Shoulder Patch none

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

8. Description of Remains:

Age und Height UTD Weight 30lbs 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 _____ (Light, med, dark, clear, pimples, poeks, freckels)

Build UTD (Large, fat, thin, muscular)

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

Belt, Web one remnant

Drawers, Wool one remnant

Drawers, Cotton none

Leggings, Wool none (Note unusual fabric)

Socks, Cotton one pair

*Shoes (Type) one pair pack

Overshoes none

Web Equipment (Type) none

(Other item.) one combat trouser one wool OD trouser rem one field

(Other item.)
 *If the body is nude, sizes of these items be computed by measuring the remains.

6. Chevrons or Insignia none
 (Type, location; shirt, jacket, coat, helmet)

Shoulder Patch none

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

8. Description of Remains:
 Age UTD Height UTD Weight 30lbs 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 _____
 (Light, med, dark, clear, pimples, freckles, freckles)

Build UTD
 (Large, fat, thin, muscular)

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

Bandages or dressings

Scars

length, width

(location) Tattoos

(number, location-illustrate on separate page)

Outstanding moles, warts or birthmarks

(yes-no) (description)

location

Sunburn or tan, other than hands and face

Tobacco stain on fingers or teeth

(designate where, extent)

Complexion

(light, med, dark, clear, pimples, pecks, freckles)

Build

(large, fat, thin, muscular)

Hair

(color, length, quantity, curly, wavy, straight, whorles, or

definite parting, baldness, widows peak, other characteristics)

Sideburns

Eyebrows

(color, setting, shape)

(color, bushiness,

Mustache

Beard or goatee

across nose

(color, size, shape)

(length, heavy, light,

color, extent)

Eyes

(color, setting, shape)

Nose

(size, shape, straight)

Ears

(size, set close or far from

Forehead

Mouth

Lips

head)

(high, wide, wrinkled)

(large, med, small)

sm, lge

Teeth

(white, size, unevenness, spacing, noticeable crown, fillings, missing)

Chin

(prominent, receding, pointed, double)

Cheekbones

(high, normal)

Jaw

(large, small, normal)

Circumference of head in inches

(hat band)

Neck

(size, long, short, normal, wrinkled)

Larynx

(prominent, normal)

Shoulders

(broad, straight, small, rounded)

Arms

(length, muscular, color)

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

Hands

(large, small, normal, calloused noticeably) (marks on fingers

indicating that rings were worn)

Bandages or dressings _____ Scars _____ length, width

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

Outstanding moles, warts or birthmarks _____
 (yes-no) (description)

location _____

Sunburn or tan, other than hands and face _____

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

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

Build _____
 (large, fat, thin, muscular)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Black out parts of body not receives at cemetery



Have photographs been made and attached no If not, explain Missing portions, impossible to obtain fingerprints

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

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

Remarks: Right foot and right and left hands not recovered with the remains. All other bones in body accounted for. Remains completely decomposed.

William J. Williams
Signature of GRO and Organization

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

TOOTH CHART

4 May 1946

Date

Unknown X- 6153

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No.

Unknown

Unit

Organization

Bischwiller, Bas-?Rhin, France Est. Jan. 1945

Unknown

Place of Death

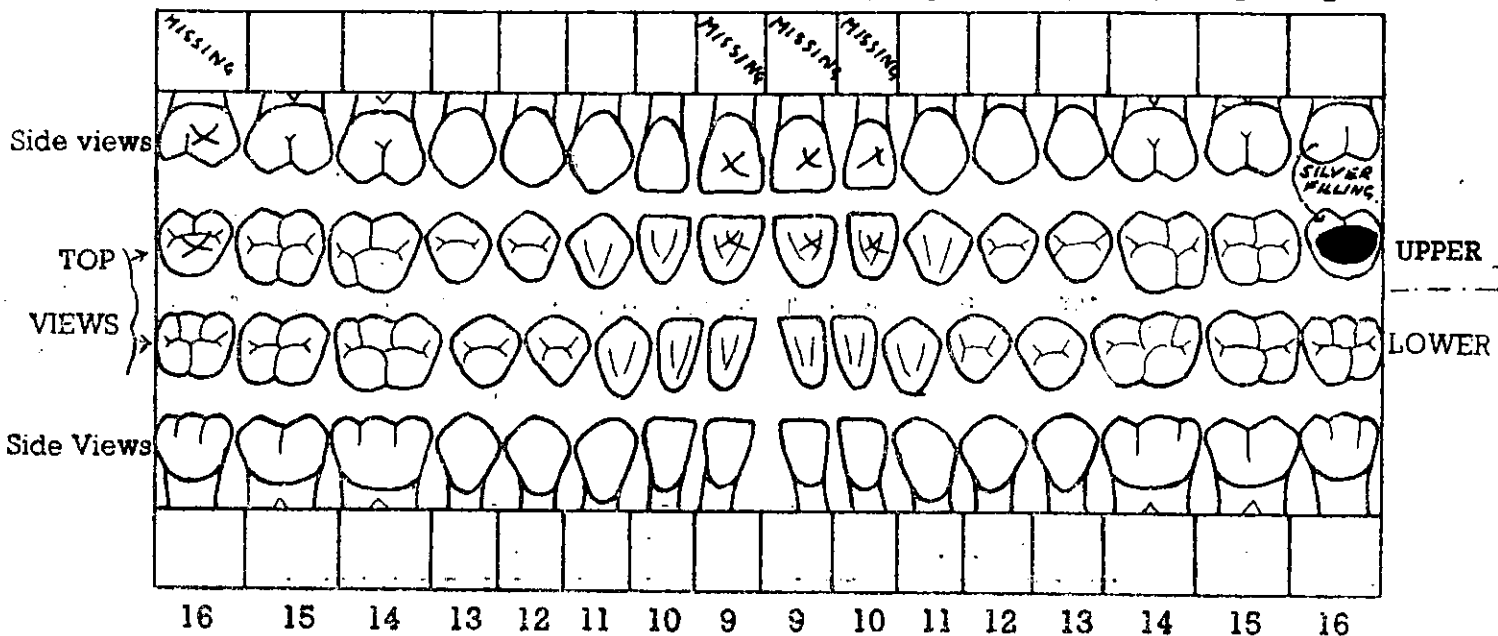
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

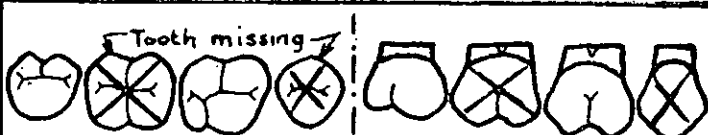


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

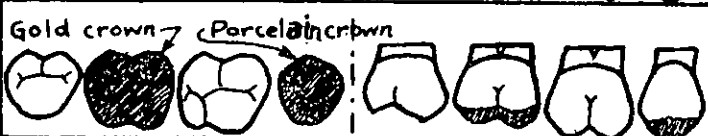
Thomas W. Turner
 Thomas W. Turner

Signature of Officer or other person who prepared Tooth chart
 William D. Lawson III 2nd Lt Inf
 535th Quartermaster Group
 Verified by G. R. S. Officer

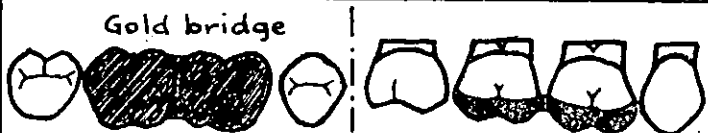
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



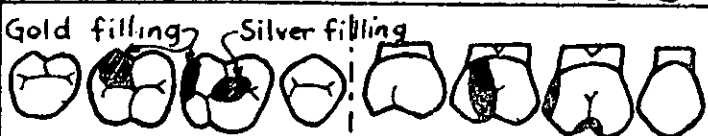
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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."

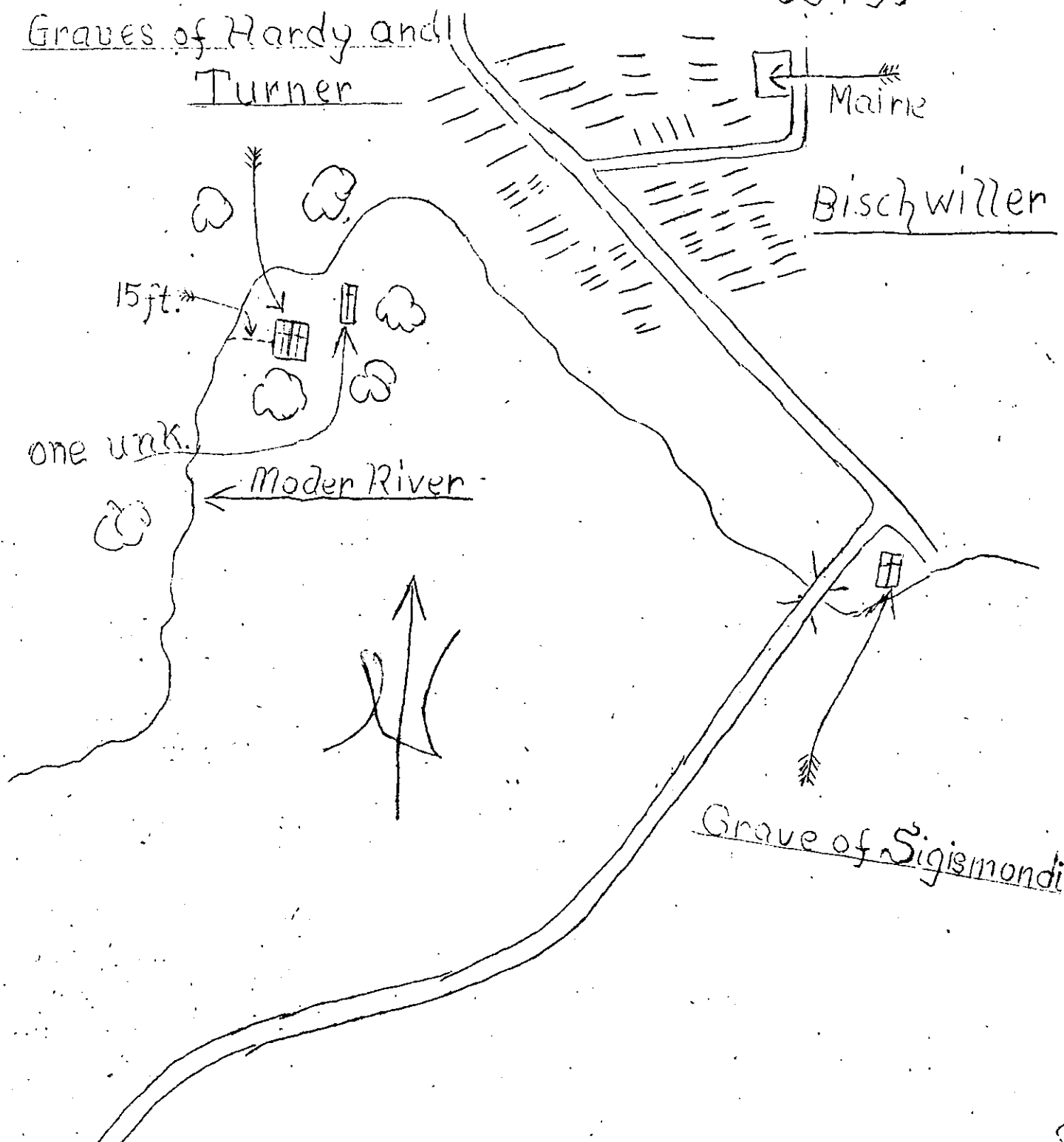
ADDITIONAL SPACE FOR FURTHER REMARKS

From the looks of the upper jaw, the teeth were knocked out.

UNKNOWN X 6153
REINTERRED U.S. MIL. CEM.
ST. AVOLD AAAA - 4 - 44

BISCHWILLER
Europe Rd. Map
Sht. 87 - 1:200,000
(R-0919)

Graves of Hardy and Turner

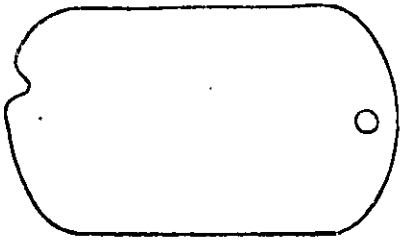


Bischwiller

Mainie

Moder River

Grave of Sigismondi

| | | | | | | |
|--|--|---|---|---|--|--|
| 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 | |
| Inprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | |
| NAME (Last, first, middle initial) Unknown X-6153 | | | 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 Bischwiller 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 (I, E, 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 7 May 1946 | | HOUR 1530 | | BURIED IN (Shroud, blanket, or name of other) Casket | | |
| | | TYPE OF GRAVE MARKER Temp wooden Cross | | PLOT No. ROW No. GRAVE No. AAAA 4 44 | | |
| WAS THIS A REBURIAL? (Yes or no) Yes | | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated Burial, Bischwiller, Bas-Rhin, France Eu Rd Map Sh 87, 1.200.000 (R-0919). | | | | |
| TYPE OF RELIGIOUS CEREMONY General Service | | PERSON CONDUCTING BURIAL RITES Chaplain, O.A. RUSHER, 0528621 | | 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) FORSYTH, HAROLD D. | | | RANK UNK | SERIAL No. 36486246 | ORGANIZATION GRAVE No. Ground Forces 43 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN-X-6151 | | | RANK UNK | SERIAL No. UNK | ORGANIZATION GRAVE No. Air Forces 45 | |
| SIGNATURE OF PERSON PREPARING REPORT William Dawson, 2nd Lt Inf. 55th Quartermaster Group | | | SIGNATURE OF OFFICER RECEIVING REPORT RALPH W. SLEATER, 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. | | | | | | |

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


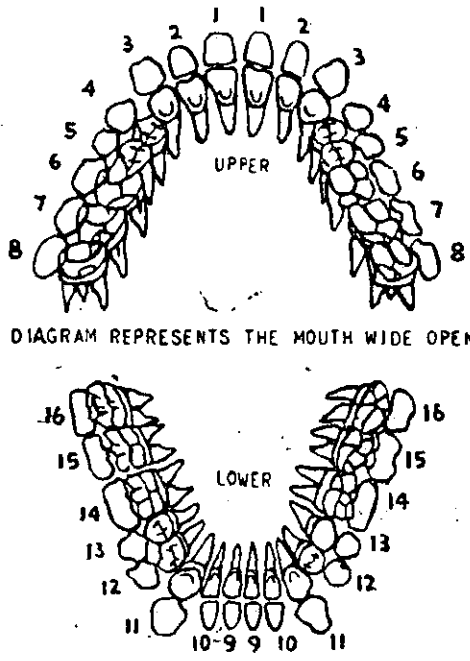

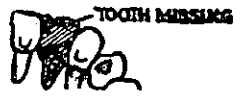


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

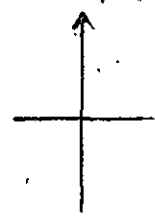
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| UTD | UTD | UTD | BROWN | UTD |

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

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". -Unable to obtain fingerprints because of missing portions. Est Wt of remains; 30 lbs.

OQMG FORM 1987
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

Unknown X-6153

CEMETERY

USMC St. Amand, France

PLOT

ROW

GRAVE

AAAA

4

44

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Unidentifiable - 21 Oct. 49.

M. W. Lake

HEADQUARTERS
AGRC ST-GERMAIN DEPOT
EUROPEAN AREA
APO 58 US ARMY

RRE 220.87

KS/ep
3 Novembre 1948

SUBJECT: Transmittal of Personal Effects

TO: Kansas City Quartermaster Depot
Army Effects Bureau
601 Hardesty Avenue, Kansas City 1, Missouri

The below listed personal effects forwarded herewith to your Headquarters, per routine instructions:

a. FRANTZ, Frank A., Sgt., 33507513
Cemetery: Margraten

(1) Money Order Receipt # 19970, amount illegible. Issuing Office: US Army Postal Section BR. 789, dated May 19-1944.

b. HOLDERBAUM, Frederick., Pfc., 13059296
Cemetery: St Avold

(1) American Red Cross, Grant-Loan Fund Receipt # 5929, Place ???ton, Date 1 Feb 1944. Received from Fred Helderbaum \$ 8.- in full payment of Loan No 9165, dated 9-31-43 in the total sum of \$ 24. Signature illegible.

(2) Money Order Receipt # 97583 amount and issuing Office Stamp illegible.

(3) Receipt for registered article No 411, dated Nov. 11-44 addressed to Mrs Fred Holderbaum, 149 Charles Street, Boston Mass.

c. ROHLOFR, Donald D., Sgt., 37678369
Cemetery: St Avold

Money Order Receipt # 26954, blank.

d. SWEET, Robert A., Cpl., 35068607
Cemetery: St Avold

Express Money Order, American Express Company # BK 3504166 for \$ 10.- Agent : s/ Howard A Smith.

RECEIVED
U.S. DEPT. OF JUSTICE
EFFECTS BUREAU
KANSAS CITY, MO.

NOV 10 1948

e. TOBIASKI, Walter F., Pvt., 36982539
Cemetery: St Avoild

Authorization for Allotment of Pay, Class "E" amount of
\$ 15.00 per month. Months commencing 1 Jan 1945 and expiring: Indef. to:
Mrs Lorraine Tobiaski 2306 N. Lockwood Ave 010820 Hi Place: APO 17815 c/o
Postmaster N.Y.C.

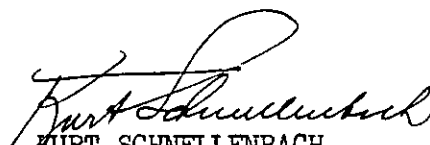
Entered on service record: 25 Nov 44.

f. X-6153 St Avoild

Remnants of Form 38 for 4250 Francs dated Jan 1945. Received
in cash of Pvt (missing portion) 38584348 on account of: Mrs (missing portion)
Route 4 Box 221 San-Di (missing portion). Person giving receipt: Kenneth L.
Ivey 1st Lt Inf.

6 Incls

- 1 Pers Effects of
Sgt Frantz, Frank A
- 2 Pfc Holderbaum, Frederick
- 3 Rohloff, Donald D Sgt
- 4 Sweet, Robert A Cpl
- 5 Pvt Tobiaski, Walter F
- 6 X-6153 St Avoild


KURT SCHNELLENBACH
Lt Col QMC
Depot Quartermaster

RECEIVED
DEPT EFFECTS BUREAU

KANSAS CITY, MO.

NOV 10 1948

In Reply Refer to
QMGOD 332.3
Kansas City

DEPARTMENT OF THE ARMY
Office of the Quartermaster General
Washington 25, D. C.

5 September 1951

SUBJECT: World War II Unknowns

TO: Chief, Army Effects Bureau

1. As a result of a survey recently conducted at the Army Effects Bureau by a representative of the Memorial Division, it was found that there are approximately 200 cases of World War II Unknowns for whom personal effects are stored at the Bureau. All information pertinent to identification has been extracted from these effects and a complete inventory has been furnished the Identification Branch of all such effects.

2. Since the World War II Unknown personal effects will be of no further value to the Memorial Division for identification purposes, authority is hereby delegated to the Chief, Army Effects Bureau, to render administrative determinations on disposition of personal effects for World War II Unknowns.

3. A certificate signed by the Chief, indicating reasons for disposal of the property will be placed in the case folder and the case closed.

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/ C. J. Harrold
/t/ C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

Date 17 November 1951

This is to certify that an administrative decision has been made to salvage the property in this case for the following reasons:

Held for possible identification purposes. Undue grief to NOK would be avoided
by not sending the item that is damaged extensively, if owner is later identified.

H. V. HAWES
Major, QMC
Effects Quartermaster

QMGOD 293, Unknown X-6153
France (St. Avold)

1st Ind

Department of the Army, OQMG, Washington 25, D. C., 7 June 1950

TO: Commanding Officer, QM Activities, Kansas City Records Center (AGO), Mo.

Remains of Unknown X-6153, USMC, St. Avold, France, are under investigation.
When the case is completed the Bureau will be notified.

BY COMMAND OF MAJOR GENERAL FELDMAN:



W. E. MURPHY
Lt. Colonel, QMC
Field Service Division

NAVY & MARINE CORPS
OFFICE

JUN 13 1950

JUN 7 3 12 PM '50

O. O. M. C.
MAIL & RECORDS BRANCH

RECEIVED
JUN 7 1950
MAIL & RECORDS BRANCH

RECEIVED
JUN 7 1950

TO: SAC, NEW YORK
FROM: SAC, PHOENIX
SUBJECT: [Illegible]

[Illegible body text]

ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDK3 888058

SZ/ADS/mjc's
24 May 1950
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-6153

Plot AAAA, Row 4, Grave 44, USMC St. Avold,
17 November 1948
France have been held at this Bureau as of 26 January 1949

2. Bureau inspection of the effects has been made and the following description furnished for reference:

Remnants of WD FD Form 38 for 4260 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf.
1 Metal Testament cover
1 Small piece of New Testament

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

X-6153 is under investigation

Stanley Jablocki
STANLEY JABLOCKI
Captain, QMC
Effects Quartermaster

*2050 mks
X names
(St. Avold)
(X-6153)*

RECEIVED
H. Q. M. G.
REPORT EFFECTS
MAY 26 1950

KANSAS CITY, MO.

JUN 12 1950 JR

RECEIVED
MAY 20 1950
H. Q. M. G.
REPORT EFFECTS

RECEIVED
MAY 26 1950
O. Q. M. G.
M & R BR.

RECEIVED
MAY 26 1950
O. Q. M. G.
M & R BR.

DEPARTMENT OF THE ARMY
~~WAR DEPARTMENT~~
 SERVICES OF SUPPLY
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

Date 10 November 1949

MESSAGE FORM

File No. QMGOD 293, Unknown X-6153, St. Avold, France

Telephone No. 3821

Office of origin OQMG FIELD SERVICE DEP. OPR EFFECTS QMGOD
 (Division) (Branch) (Section) (Symbol)

Address 2nd and T. Sts., S. W., Washington 25, D. C. Room No. 1633 Bldg.

To: []
 Commanding Officer
 QM Activities
 Kansas City Records Center (AGO), Mo.
 ATT: Effects Quartermaster

| PRECEDENCE | | |
|---|-------------------------|---------|
| WIRE OR RADIO | ESSENTIAL MILITARY MAIL | |
| Urgent..... | Air mail..... | |
| Priority..... | Special delivery..... | |
| Routine..... | Ordinary..... | XX |
| Deferred..... | Registered..... | |
| Week end..... | | |
| Any message not X'd for precedence will be sent "Deferred." | | Initial |

MESSAGE:

Property of Unknown X-6153, St. Avold, France, is being returned to the Bureau, this date, under separate cover, by registered mail. This Unknown has not been identified as of this date.

BY COMMAND OF MAJOR GENERAL FELDMAN:

M. J. Ingeman

1 Incl:
 PE Unk X-6153,
 St. Avold, Fr.,
 under sepr cover

M. J. INGEMAN
 Major, QMC
 Field Service Division

May 10 2 41 PM '17
D. O. H. G.
MAIL & RECORDS BRANCH

RECEIVED
MAY 10 1917

STRICTLY CONFIDENTIAL

UNITED STATES DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

CONFIDENTIAL

| | | | |
|-------------------------------------|--|---------------------------|--|
| RECEIVED | | MAY 10 1917 | |
| UNITED STATES DEPARTMENT OF JUSTICE | | DIVISION OF INVESTIGATION | |
| WASHINGTON, D. C. | | CONFIDENTIAL | |
| RECEIVED | | MAY 10 1917 | |
| UNITED STATES DEPARTMENT OF JUSTICE | | DIVISION OF INVESTIGATION | |
| WASHINGTON, D. C. | | CONFIDENTIAL | |

QMDKG 852.3 (28 Oct 49)

1st Ind.

HOC/AID/mjo'd

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 2 November 1949

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

1. Effects of the following Unknowns of USMC St. Avold, France were
forwarded to your office, 1 November 1949:

| <u>Case No.</u> | <u>Unk. No.</u> | <u>Burial Location</u> | <u>Registry No.</u> |
|-----------------|-----------------|-----------------------------|---------------------|
| ✓ 888058 | X-6153 | Plot AAAA, Row 4, Grave 44 | 867-911 |
| 867112 | X-1510 | Plot TTT, Row 10, Grave 120 | 867-912 |
| 888154 | X-1087 | Plot TTT, Row 6, Grave 70 | 867-913 |

2. No property for the remaining Unknown decedents listed in basic
communication has been received here. In the event any property for them
is received at a later date, your office will be notified.

3. When these items have served their purpose, it is requested that
they be returned to this Bureau, with information as to whether identifi-
cation has been established.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

| | | | |
|---|---------------------|--|--|
| AMOUNT OF CHECK | NOTE DISCREPANCY IN | INCREASE VALUABLES | RECIPIENT FROM |
| | NAME | <input checked="" type="checkbox"/> SHIP VALUABLES | CASUALTY REPORT |
| ACCOUNT NUMBER | SERIAL NUMBER | VALUABLES SHIPPED BY (clerk) | INVENTORY |
| | RANK | 1 M49 ② | FORM 20 |
| <p>The Quartermaster General</p> <p>Effects Section</p> <p>Field Service Division</p> <p>Washington 25, D. C.</p> <p>Unk. X-6153</p> <p>Plot AAAA, Row 4, Grave 44</p> <p>USMC St. Avoird, France</p> <p>888058 D</p> | | | <input checked="" type="checkbox"/> LETTER 28 Oct 49 |
| | | | NO. & TYPE OF CONTAINER |
| | | | 1 ENVELOPE |
| | | | CARTONS |
| | | | PACKAGE |
| | | | FOOT LOCKER |
| | | | SPECIAL INSTRUCTIONS |
| | | | <input type="checkbox"/> REMOVE G.I. |
| | | | <input type="checkbox"/> SHIP BLOODSTAINED |
| | | | <input checked="" type="checkbox"/> SHIP DAMAGED |
| <input type="checkbox"/> REMOVE BLOODSTAINED | | | |
| <input type="checkbox"/> REMOVE DAMAGED | | | |
| <input type="checkbox"/> FILMS REMOVED | | | |
| <input type="checkbox"/> DIARY REMOVED | | | |
| HOC/AID/mjo'o | | SUMMARY COURT DATA | |
| DATE OF FINDING | APPLICANT | DATE ACTION TAKEN | |
| | | 11/1/49 | |
| REMARKS | | MAIL REVIEWER (initials) | |
| | | rip | |
| | | <input type="checkbox"/> SHIPPED | |
| | | <input type="checkbox"/> RANKED | |
| | | <input type="checkbox"/> EXPRESS | |
| | | <input type="checkbox"/> FREIGHT | |
| | | DATE SHIPPED | |
| | | SHIPPING CLERK | |
| | | ROUTING | |
| | | 1 ACCOUNTING BRANCH | |
| WAREHOUSE | | | |
| FILE | | | |
| ORDER FOR ACTION | | | |
| 2 - 020 | | | |

888058

| ATTACHMENTS | | EFFECTS INVENTORY | | ARMY EFFECTS BUREAU | | STATUS | |
|-------------------------------------|-------------------------|-------------------|------------------|---------------------|--------------------|--------|-------------------|
| <input checked="" type="checkbox"/> | INBOUND INVENTORY ✓ | | | | | | DECEASED |
| <input checked="" type="checkbox"/> | G. R. OR SUB GR LABEL ✓ | | | | | | MISSING |
| <input type="checkbox"/> | WILL OR POWER OF ATTY. | | | | | | P. O. W. |
| <input checked="" type="checkbox"/> | TALLY IN FORM 43 ✓ | | | | | | ABANDONED |
| <input checked="" type="checkbox"/> | <i>Returned</i> ✓ | | | | | | UNKNOWN |
| | BAGS, CLOTH OR TRAVEL | | BELT | | OVERCOATS | | |
| | BELT, MONEY (NO MONEY) | | BOOKS, ADDRESS | | PAPERS, PERSONAL | | 1 metal testament |
| | BILLFOLD (NO MONEY) | | BOOKS, PILOT LOG | | PENCIL, MECHANICAL | | cover |
| | BOOKS | | BRUSHES | | PEN, FOUNTAIN | | |
| | BRACELET, IDENT. | | CASE | | PHOTOS | | 1 Small piece |
| | CAMERAS | | CLOTH, WASH | | PIPES | | of new testament. |
| | CLOTHING | | COATS | | RINGS | | |
| | MISC. ARTICLES | | FOOTLOCKER | | SCARFS | | |
| | RELIGIOUS ARTICLES | | FOOTWEAR, PR. | | SHIRTS | | |
| | RIBBONS, DECORATION | | GLASSES | | SOCKS, PR. | | |
| | SHORT SNORTER | | GLOVES, PR. | | STATIONERY | | |
| | SOUVENIR MONEY | | HANDKERCHIEFS | | TIES | | |
| | SOUVENIRS | | HEADWEAR | | TOBACCO | | |
| | TESTAMENTS | | JACKETS | | TOILET ARTICLES | | |
| | TOWELS & WASHCLOTHS | | KITS | | TOWELS | | |
| | U. S. MONEY (AMOUNT) | | KNIVES | | TROUSERS, PR. | | |
| | WATCH | | LETTERS | | TRUNKS, PR. | | |
| | WINGS | | LIGHTERS | | UNDERWEAR | | |

DAMAGED

CONTAINERS ADDRESSED TO

none

INFORMATION

none

NAME AND STATUS VARIATIONS

43 Shows Unid 28 X-6153

CROSS REFERENCE

no books

| | | | |
|------------------|----------|--------|-------------------|
| CHECK | REC'D BY | NUMBER | BUREAU CHECK |
| MONEY ORDER | | SYMBOL | TRANSMIT ORIGINAL |
| BOND | | AMOUNT | ORIG. REG. MAIL |
| TRAV. CHECK | | DATE | TO G. A. O. |
| FOREIGN CURRENCY | | | MUTILATED |
| U. S. CURRENCY | | | TO ISSUING AGENCY |

RECORDED
INDEXED
867-911
VALUABLES SHIPPED
DATE *Nov 49*
BY *②*

property sent to
L.P. as per 37
31 Oct 49
Red 31 Oct 49
J.H.

| | | | | |
|----------------------------------|--------------------------|---------------------------------|----------|-----------------------------------|
| TALLY NO. <i>8775</i> | ORIG. NO. OF PKGS. | EXAMINING DATE <i>26 Oct 49</i> | BOX NO. | SHEET <i>1</i> OF <i>1</i> SHEETS |
| NAME <i>UNKNOWN # 40934</i> | | A. S. N. | | |
| ORGANIZATION | | RANK | CASE NO. | |
| WAREHOUSE SPACE <i>S S</i> | EXAMINED BY <i>Brown</i> | DIARY REMOVED | | |
| PACKAGE DESCRIPTION <i>11-11</i> | PACKED BY <i>H...</i> | PHOTO FILM REMOVED | | |
| WEIGHT | INSPECTED BY <i>J...</i> | MOTION PICTURE FILM REMOVED | | |
| | STORED BY <i>ACM</i> | SHIPPED | | |
| | | DATE | BY WHOM | |

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

Metal testament cover
corroded, piece of testament
soiled
Slight odor

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above items were not in the containers inventoried by me.

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

St Arnold

X-C153

X-6153

Serial No. _____ Name _____
 Grade _____ Rank _____
 Organization _____
 Address _____
 Nearest Relative _____
 Address _____ *Chem. Lab*
 Killed in Action _____ Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____
 Place of Burial _____ *St Arnold*
 Point of Coordination _____
 Description of Body _____ *AAAA-4-44*
 Members Missing _____

Signed _____

IDENTIFICATION SECTION
AMERICAN GRAVES REGISTRATION COMMAND
341. QUARTERMASTER BN 1st EOME
APO 55 (LIEGE) US ARMY

13 May 1948

Chemical Laboratory Case No. 2634

Other Designations: X-6153. St. Avold, France.
Plot AAAA, Row 4, Grave 44.

Inventory of Effects: Remnants of illegible papers found in wallet. *wallet*
Also steel-cover from Bible (New Testament). *not received*

Laboratory Findings: After extreme care and by a careful separation *S.P.*
process we were able to find a War Department
Finance Form 58 receipt for miscellaneous collec-
tions with the following information:

4250 francs

3858

} submitted
} torn

send

On account of)

) Mrs ---- Route Box 221

San Diego (California ?)

???
Kenneth L. Ivey
1st Lt. Inf.

Remarks:

Bits of information forwarded to photo-lab.
for reproduction. Believe 3858 to be begin-
ning of a serial number and with address San
Diego (? California ?) Box 221 and signature
of officer identifying clues may be followed up.

Livio L. Vagnia
LIVIO L. VAGNIA
Physical Science Technician

UNID #28 X-6153

| | | | | |
|-----|--------|-----|------|-----------|
| BAY | PALLET | BOX | ALLY | TYPE PKG. |
| | | | 8775 | G/B |

1-14-49
APO 50

EFF QM FORM 43
5 JULY 1945 =

RESTRICTED

SUBJECT : Inventory of PERSONAL EFFECTS of :

Date _____

X-6153

(Last Name)

(First Name)

(M1)

(Rank)

(ASN)

TO : EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of _____

(Unit)

(Organization)

was reported _____ about _____ 194

(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible :

NAME : _____ **ADDRESS** _____

INVENTORY OF EFFECTS

Steel cover from Bible (New Testament)

Forwarded to Personal Effects Depot

Remnants of Form 38 for 4250 Francs.

Forwarded to Army Effects Bureau by Mail

////////////////////////////////////Last Item////////////////////////////////////

Wallet mentioned in Laboratory report not received at this HQ.

Money in the amount of _____ has been exchanged
(here identify currency)

for US Treasury check No : _____ amounting to \$ _____

Known bank account in European Theater : _____
(List name of bank and account number)

I certify that the above items constitute all effects secured by me, belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri

on _____ 194 _____ through _____

Signed: Joseph P. Geoghegan 1st Lt QMC Ass't Depot Quartermaster

(Name)

(Rank & ASN)

(forwarding agency)

(Organization)

(List any additional information on reverse side)

RESTRICTED

CHECKED *JG - JAB*

RESTRICTED

SUBJECT : Inventory of PERSONAL EFFECTS of : _____ Date _____

X-6153
(Last Name) (First Name) (MI) (Rank) (ASN)

TO : EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of _____
(Unit) (Organization)

was reported _____ about _____ 194
(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible :

NAME : _____ ADDRESS _____

INVENTORY OF EFFECTS

Steel cover from Bible (New Testament)
Forwarded to Personal Effects Depot
Remnants of Form 38 for 4250 Francs.
Forwarded to Army Effects Bureau by Mail

////////////////////////////////////Last Item////////////////////////////////////

Wallet mentioned in Laboratory report not received at this HQ.

Money in the amount of _____ has been exchanged
(here identify currency)

for US Treasury check No : _____ amounting to \$ _____

Known bank account in European Theater : _____
(List name of bank and account number)

I certify that the above items constitute all effects secured by me, belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri

on _____ 194_____ through _____
(forwarding agency)

Signed : JOSEPH F. GEOGHEGAN 1st Lt OMC Ass't Depot Quartermaster
(Name) (Rank & ASN) (Organization)

(List any additional information on reverse side)

RESTRICTED

QMGOD 293, Unknown X-6153, France
(St. Avoild)

1st Ind

Department of the Army, OQMG, Washington 25, D. C., 19 October 1949

TO: Commanding Officer, Quartermaster Activities, Kansas City Records
Center (AGO), Missouri ATTENTION: Effects Quartermaster

Unknown X-6153, St. Avoild, France, has not been identified. When
identification is established, the Bureau will be notified.

BY COMMAND OF MAJOR GENERAL FELDMAN:



WILLIAM F. CONLON

Major, QMC

Field Service Division

OCT 19 2 30 PM '49

DDMG M&R BR



RECEIVED
OCT 19 1949

RECEIVED BY [illegible] FROM [illegible]
DATE [illegible] TIME [illegible]
BY [illegible]
[illegible]
[illegible]

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

S-26 Oct '49
HOC/AID/hml
26 August 1949
DATE

IN REPLY REFER TO QMDKG 888058

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X- 6153
Plot AAAA, Row 4, Grave 44, USMC St. Avold
France have been held at this Bureau as of 17 November 1948
26 January 1949

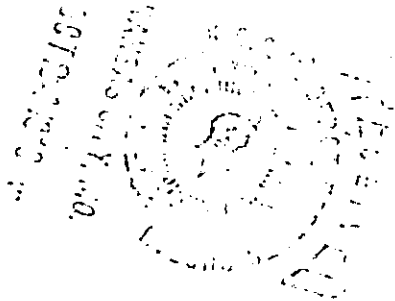
2. Bureau inspection of the effects has been made and the following description furnished for reference:

Remnants of WD FD Form 38 for 4250 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf., 1 metal Testament
cover, 1 small piece of New Testament

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:


H. O. CALDWELL
Effects Quartermaster



DEPARTMENT OF THE ARMY
Office of The Quartermaster General
Washington 25, D. C.

In Reply Refer To (MGCOD 332.3
Kansas City

23 February 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATTENTION: Affects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-7672, Neuville-en-Condros
" X-7617, "
" X-2236, "
" X-7732, "
" X-7551, "
" X-7604, 7605, 7606, 7607, 7608, 7609, Neuville-en-Condros
" X-7611, 7613, 7614, 7615, 7618, Neuville-en-Condros
" X-6153, St. Avel
" X-146, Henri Chapelle
" X-6252, Neuville-en-Condros
" X-6485, "
" X-7814, "
" X-2230, "
" X-7784, "
" X-7752, "
" X-7872, "

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

FY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
Corres

WILLIAM F. CONLON
Major, GIC
Field Service Division

File
llh

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 888058

HOC/ELW/ns
8 February 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X - 6153

Plot AAAA, Row 4, Grave 44, USMC St. Avold,
France have been held at this Bureau as of 17 November 1948
26 January 1949

2. Bureau inspection of the effects has been made and the following description furnished for reference:

Remnants of WD FD Form 38 for 4250 Francs, signed by
Kenneth L. Ivey (?), 1st Lt., Inf., 1 metal Testament
cover, 1 small piece of New Testament

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. Caldwell
H. O. CALDWELL
Effects Quartermaster

293 Unknown X 6153 St. Avold, France

11/21/49

RECEIVED
FEB 10 1949
O.M.G.
M & R BR.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
KANSAS CITY, MO.
FEB 25 1949