

243 unk St. Avold X-6173
7887 GRAVES DETACHMENT

APO 757

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-6173 St Avold

(POC) ST LAURENT

CHECK LIST FOR UNKNOWN

UNKNOWN X- 6173
CEMETERY St. Avoird
PLOT AAAA ROW 3 GRAVE 28

ARRIVED AT CEMETERY 1330-16 May 46 FROM UPP, 3rd Field Command
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Obergailbach Moselle Fr Eu Rd Map Sht57 1.200.000(Q-624576)
(NAME) (COORDINATES & LANDMARKS)

EVACUATED TO CEMETERY BY GPP 3rd Field Command AGRC
(NAME AND ORGANIZATION)

REMAINS RECOVERED BY 49th QM Gr Co
(NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE REMAINS 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)

Belt, Web

Drawers, Wool

Drawers, Cotton Field jacket m-1943

Leggings, Wool (Note: unusual lacing)

Socks, Cotton

*Shoes (Type) First Aid Pouch marking undetermined

Overshoes Cartridge belt canteen cover marking 3937221, Giamuzzi Philip
J (0050)

Web Equipment (Type) Helmet liner Fur lined field jacket

(Other item) Trousers wool OD Markings(3390)

(Other item)

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

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

Shoulder Patch UTD

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

8. Description of Remains:
Age UTD Height UTD Weight 12 ozs 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)

UTD

* Sunburn or tan, other than hands & face UTD

Complexion UTD
(Light, mod, dark, clear, pimples, poxes, freckles)

Build UTD
(Large, fat, thin, muscular)

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

ANNEX #4

Bandages or dressings _____ UTD Scar _____ UTD length, width

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

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

location _____

Sunburn or tan, other than hands and face _____ UTD

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

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

Build _____ (large, fat, thin, muscular)

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

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

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

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

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

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

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

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

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

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

File
14 March 51
H. Hunter

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

Chest UTD
(size at nipples; color, quantity & extent of hair; large, small,
Back UTD Waist UTD
normal) (quantity & extent of hair) (size at naval, appendectomy,

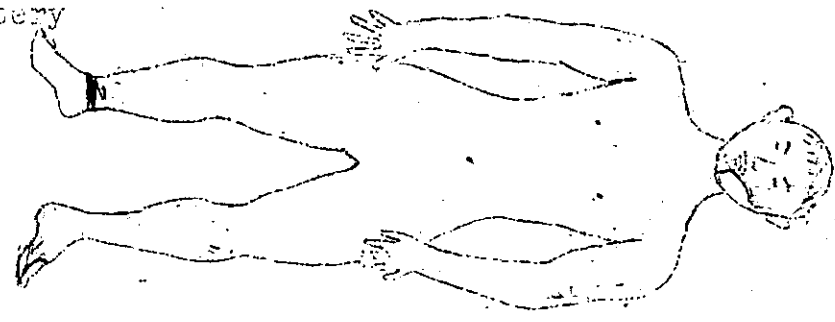
amount & color of hair) Circumcized UTD Pubic hair UTD
(yes-no) (color)

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

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

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

Black out parts of body not
receives at cemetery



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

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

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

Remarks Only bones of right and left half of maxillary recovered.

Ralph W. Sleator
Ralph W Sleator Maj Inf Third Field Command AGR

Signature of GRO and Organization

REINTERRED
 U. S. MIL. CEM. St-AVOLD
 PLOT AAAAROW 3 GRAVE 22

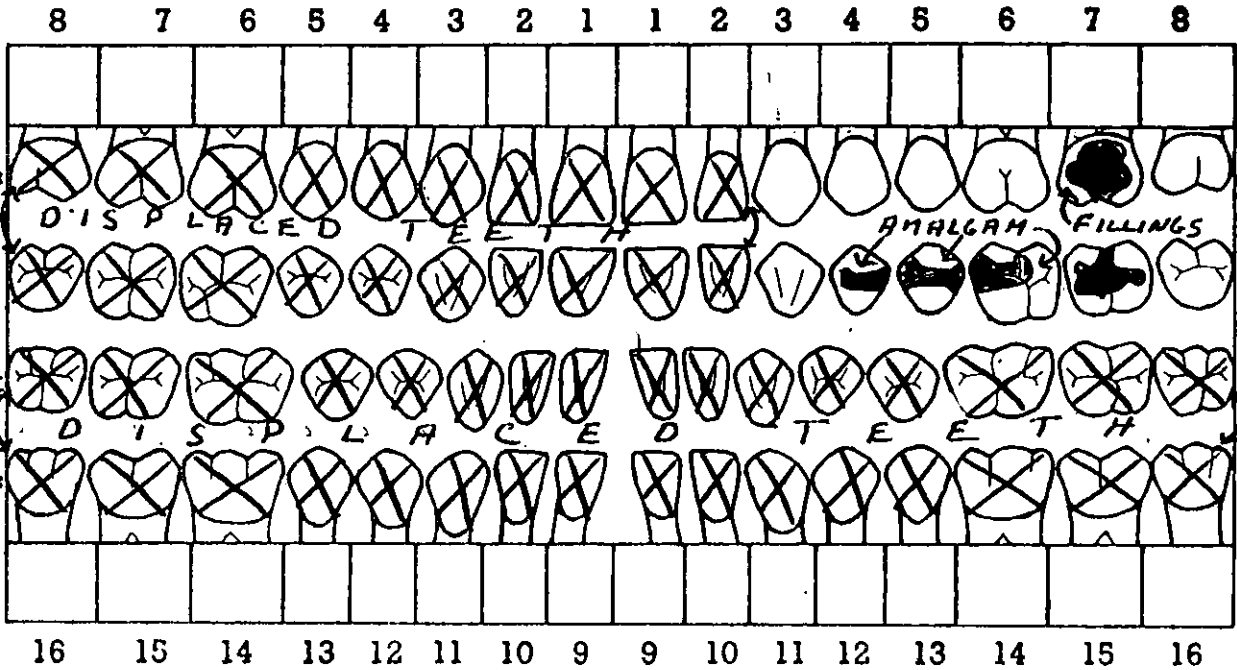
TOOTH CHART

14 May 1946

Unknown X-6173 Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unknown
 Obergailbaen Moselle Fr Est Feb 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), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

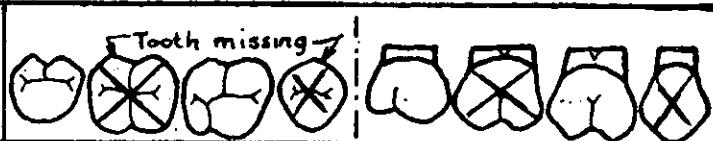
John A. Trent S.M.
 John A Trent S.M.

Ralph W. Sleator

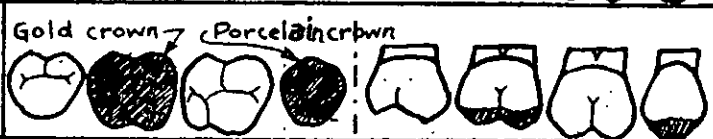
Signature of Officer or other person who prepared Tooth chart
 Ralph W Sleator Maj Inf Third Field Command AGRC

Verified by G. R. S. Officer

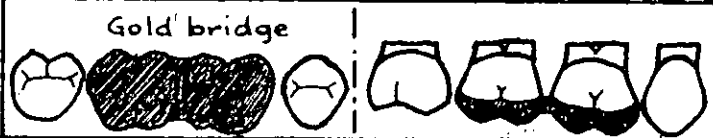
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



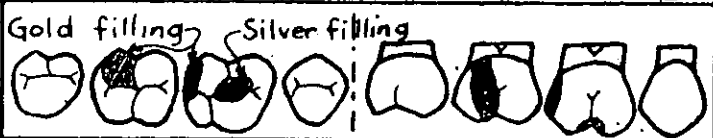
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



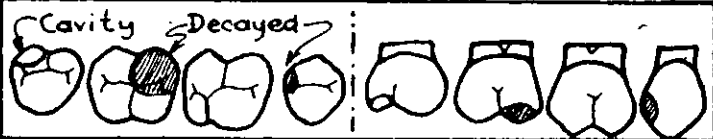
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

- 1-L1, L2, R1, R2, R3, R4, R5, R6, R7, R8 and those portions of the maxillary in these areas were displaced and were not recovered with the remains.
- 2-The mandible was displaced and was not recovered with the remains.
- 3-L6 has an amalgam filling on its lingual surface.
- 4-Remaining teeth are even and white.

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1012)

Unknown X - **6173**
Cemetery **St. Avoird, France (Q-260584)**
Plot **AAAA** Row **3** Grave **28**

1. Arrived at cemetery _____
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered ~~or discovered by~~ **and reprocessed** _____
(Sheet, scale and serials used) **Central Identification Point 10-15-46**
(name and organization)
4. Evacuated to Cemetery by _____
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item _____

*Headgear **One helmet liner**
(type)

Raincoat **None**

Overcoat **None**

Jacket, Field **One (1) 1943 modell**

Jacket, ~~Cambr~~ **One (1) OD furlined, knitted, collar and cuffs**

Mackinaw **None**

Sweater **Remnants of one (1) wool OD**

Jacket, HBT **None**

*Shirt, Wool OD **Remnants of**

Undershirt, Wool **None**

Undershirt, Cotton **None**

Trousers HBT **None**

*Trousers, Wool OD **Remnants of one (1) pair**

Belt, Web **One (1) cartridge, with bayonet sheath, canteen holster**Drawers, Wool **None**Drawers, Cotton **None**Leggins, Wool **None** (Note unusual lacing)Socks, Cotton **None**Shoes **None** (type)Overshoes **None**Web Equipment **None** (Type)(Other item) **Remnants of a OD blanket**

(Other item)

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

6. Chevrons or
Insignia **None**

(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

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

Ground Forces

8. Description of Remains :

Age **Utd** Height **Utd** Weight **Utd** Description of wounds **Utd**Bandages or dressings **Utd** Scars **Utd**
(length, width, location)Tattoos **Utd**
(Number, location — illustrate on sep, page)Outstanding moles, warts or birthmarks **Utd**
(yes-no; description, location)Sunburn or tan, other than hands & face **Utd**Complexion **Utd**
(light, med. dark, clear, pimples, poeks, freckles)Build **Utd**
(large, fat, thin, muscular)Hair **Utd**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **Utd**
 (baldness, widows peak, distinctive cutting or other characteristics).

Sideburns **Utd** Mustache **Utd** Beard or **Utd**
 (color, setting, shape) (color, size, shape) (length, heavy,

Goatee **Utd**
 (light, color, extent)

Eyes **Utd** Eyebrows **Utd**
 (color, setting, shape) (color, bushiness, extent across nose)

Nose **Utd** Ears **Utd**
 (size, shape, straight) (size, set close to or far from head)

Mouth **Utd** Lips **Utd**
 (large, medium, small) (small large, full)

Teeth **See tooth chart**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **Utd**
 (prominent, receding, pointed, dimple, double)

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

Neck **Utd** Larynx **Utd**
 (size, length, short, normal, wrinkled) (prominent, normal)

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

(extent and quantity of hair)

Hands **Utd**

Fingers **Utd**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest **Utd**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **Utd** Waist **Utd**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

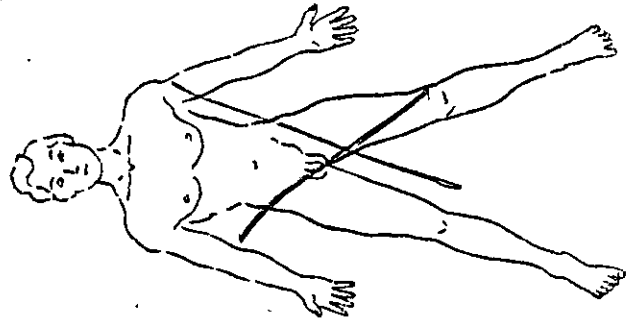
Hernioplasty **Utd**
 (yes-no; location)

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

Feet Utd Toes Utd
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery : **See attached chart**



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

If not, explain Hands missing

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

12. Remarks : **Clothing has been fluoroscoped. All the remains of the body is the bones of the right foot and the left half superior maxillary bone containing six (6) teeth. No other parts of body present. Est. weight of remains: 1 (one) pound. Fluoroscopic examination. Findings: Piece of shrapnel. Nothing found to warrant chemical laboratory examination.**

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

Robert A. Salvador
Officer's Name
ROBERT A. SALVADOR *RSK*
Capt. Inf.
Rank Service

Central Identification Point
Organization

6173
St. Arnold



Central Identification Laboratory
American Graves Registration Command 349 QM Bn
APO 154 US Army

20 March 1947.

Chemical Lab. Case # 768.

Other designations:

Unknown X-6173

St. Avold, France

Inventory of Effects:

- (a) Identification check
- (b) Cartridge pouch cover
- (c) First aid pouch cover
- (d) Section of wool O.D. pants
- (e) Two pieces of wool O.D. shirt

Laboratory Findings:

(a) -----
: ----- :
: C W WASHINGTON D.C. O: Legible print on one
: 25054 : side

: Identification check :
: :
: KEEP IN SIGHT :
: : Legible print on
: this check will be taken only by: other side

: LAUBEL M.D. :
: WASHINGTON D.C. :
: 109 - OW - 4 :

- (b) 605C ←--- stenciled
Gianuzzi, Philip J) written by hand
33937221 (
- (c) Gianuzzi, Philip J.(written by hand and
33937221) very faded
- (d) 3390 : very plainly seen


(d) : ? ??:
: K - 3390:

FADED STENCILING was larger than
the one above

(e) W - 1805
6

stenciling on one fragment
other fragment was negative.

not listed



Roland A. Korba
Identification tech.

9

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
U. S. MIL. CEM. ST-AVG. D
PLOT AAAA ROW 3 GRAVE 28

AGRC Form # 10 (Revised)

1 January 1946.

May 14th 1946.

Date

NAME Unknown-X-6173 RANK Unk ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION None

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

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

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

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

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

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

LL Unknown

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 10 Feb. 1945 Common Graves? **YES**

5. Name and Type of Cemetery NOT IN CEMETERY
(Military or Civilian)
6. Map Coordinates of the Cemetery _____
a. Town _____ Country _____
7. Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____
b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
a. Town OBBERGAILBACH (MOSELLE) Coordinates MAP OF EUROPE 1:200.000 SHEET 57 .Q - 624576
b. Is sketch attached? YES
c. Is area mined? NO
9. How is the grave marked? WOODEN CROSS
10. If grave is marked with cross, give exact markings thereon _____
a. From what source was this information obtained? _____
(Identification tngs, personal effects)
b. By Whom _____
11. Where are the cemetery records? NONE
(Town Hall, cemetery, burgermeister's office)
a. What information was contained thereon? _____
b. Where was the information obtained? _____
c. By Whom? _____
12. What is the date of death? 6 Feb. 1945
a. Give basis DATE OF FIGHTING IN AREA
13. What is the cause of death? UNK
b. Give basis _____
14. What is the date of burial? 10 May 1945
a. Give basis MR ALBERT SCHEIDERER STATEMENT

15. Where was the place of death? OBERGAILBACH(MOSELLE)FRANCE Coords Q 624576

Give basis REMAINS FOUND

16. Where were the remains founds? OBERGAILBACH(MOSELLE)FRANCE Coords Q 624576

a. By Whom? MR ALBERT SCHNEIDER

b. Is sketch attached? YES

17. Was a casket used? NO Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial FRENCH CIVILIANS
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? MR ALBERT SCHNEIDER ; MR LOUIS MULLER; AND
JOSEPH SCHNEIDER

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 an by whom).

a. Type of Plane _____

b. Markings and/or name on 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 ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased?

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, assistant driver or ... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must 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) UNK

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? YES

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

STATEMENT ATTACHED

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

41. Were personal effects recovered by the investigating team NO

If not, state reason NONE AVAILABLE

a. Were identification tags found at the time of death? YES

Where? ON BODY By Whom? MR ALBERT SCHNEIDER

Present disposition BURIED WITH BODY

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

b. Were personal effects found at the time of death? UNK

Where? _____ By Whom? _____

Present disposition _____

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

UNK

d. Did Cemetery register or cross indicate the immunization shot? **NO**

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 civilian hospital? **NO**

WHERE? _____ Names of 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 _____

**MR ALBERT SCHNEIDER; JOSEPH SCHNEIDER; JACQUES SCHNEIDER; LOUIS MULLER, all at
OBERGAILBACH. MOSELLE, FRANCE**

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

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

NO

51. Was investigation preceded by advanced publicity? YES

(If special investigation, give case number) _____

52. Give Brief Narrative _____

SEE BELOW

(Use attached sheets, if necessary)



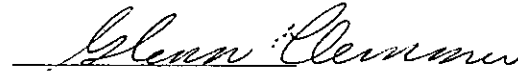
Signature of Interpreter

MILITCH

Rank ASN

3049 QM GRC

Organization



Signature of Investigator

PFC GLENN CLIMMER 44081452

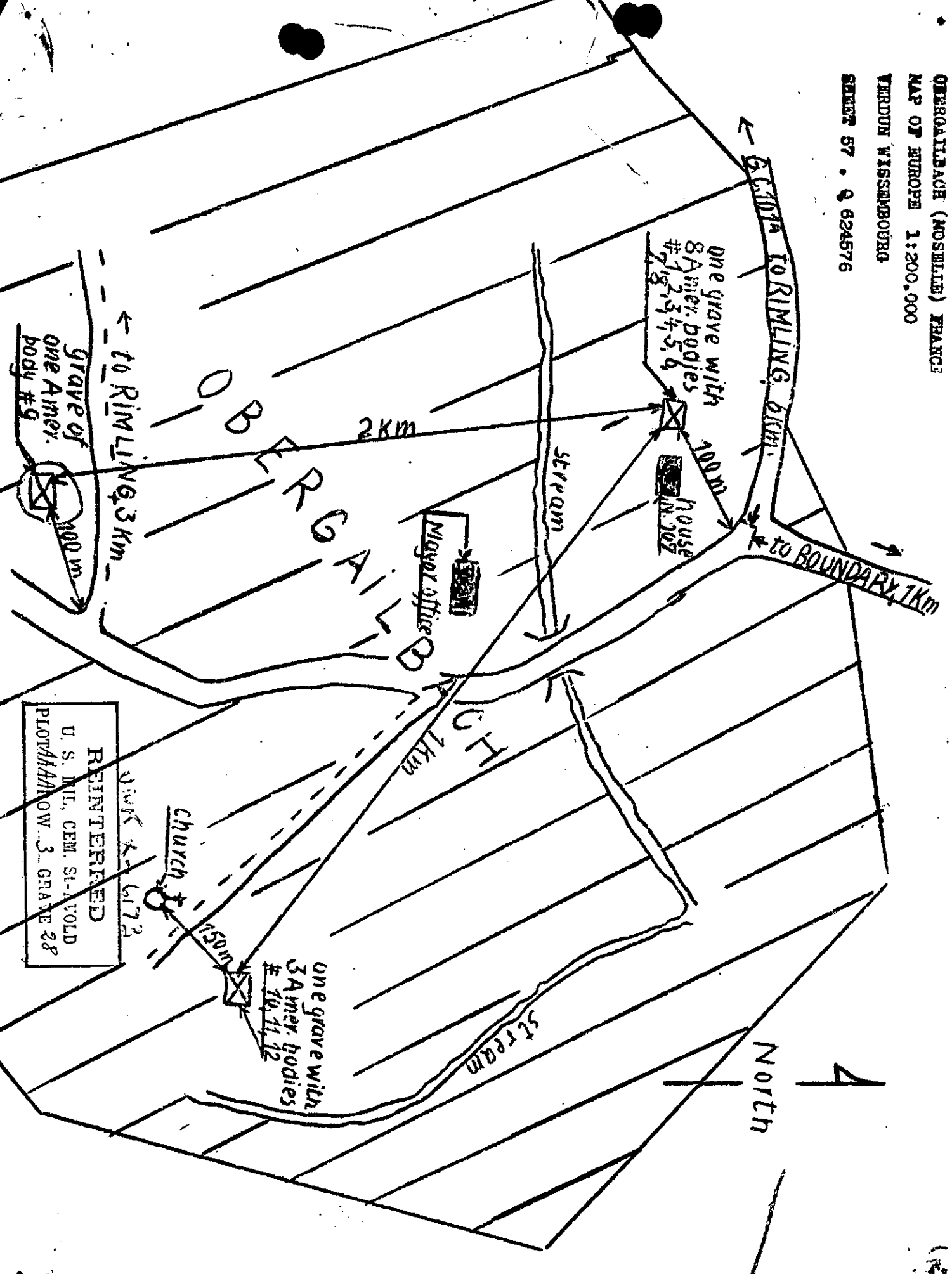
Rank ASN

3049 QM GRC

Organization

NARRATIVE REPORT

THE UNKNOWN BODY OF AN AMERICAN SOLDIER KILLED 6 FEBRUARY 1945, WAS FOUND AND BURIED BY MR ALBERT SCHNEIDER ON 10 MAY 1945. THE DOG TAGS WERE BURIED WITH BODY.



OBERGAILBACH le 6 Mai 1946

D E C L A R A T I O N

Je soussigne, SCHNEIDER Jacques, assistant au Maire de la Commune d' OBERGAILBACH, declare que sur notre commune se trouvent trois tombes ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ou sont enterres 12 soldats Americains. La 1ere ~~tombe~~ tombe se trouve pres de la Maison NO 107 et 8 soldats Americains y sont enterres. Ceux-ci sont tombes dans la foret dite " Ormen" ramenes par les Allemands et enterres le 10 Fev 1945. La 2eme tombe se trouve pres de l'Eglise et y sont enterres 3 soldats Americains. Les Americains etant avances jusques pres de WALSHEIM, les Allemands les ont repousses et les 3 morts ont ete ramenes par les soldats Americains. Ceux-ci n'avaient plus le temps de les enterrer et les ont laisses dans la grange de la Maison NO4 ou ils sont restes 15 jours jusqu'a ce que les Allemands les aient enterres au lieu dit " MUHLBACH " La 3eme tombe se trouve au lieu dit " SANGWIES " ou est enterre un soldat Americain. Celui-ci a ete trouve par Mr. SCHNEIDER Albert. apre la liberation et enterre sur place.

Je declare, en outre, que tous les soldats enterres sur notre territoire sont tombes dans la bataille de la liberation qui s'est deroulee entre le 15 Dec. 1944 et le 16 Mars 1945. Les Allemands ont fouille tous les cadavres et pille toutes les choses qui etaient de valeur, telles que, les montres, bagues, bracelets plaques d'identite.

Fait a OBERGAILBACH le 6 Mai 1946
 Signe : SCHNEIDER Jacques

S T A T E M E N T

I the undersigned, assistant to the Mayor of Obergailbach, SCHNEIDER Jacques, declare that in our commune are 3 graves with 12 American buried. The first grave is near the House NO 107 with 8 American bodies. These soldiers were killed in the forest named " ORMEN " 2 removed to our village by the Germans and buried by them on 10 Feb 1945. The 2nd grave with 3 American bodies is near the Church. The American advanced in Germany near WALSHEIM but the Germans push them back and the 3 dead brought back by the American soldiers who had no more time to bury them and left them in a barn of the house n)4 where they remained about 15 days till the Germans buried them at the place named " MUHLBACH "

The 3d grave is situated at the place named " SANGWIES " where is buried one American soldier. This last has been found by Mr. SCHNEIDER Jacques after the liberation and buried on the place.

Besides, I declare that all the buried soldiers in our territory fell during the battle which occurred between 15 Dec. 1944 and 16 March 1945. The Germans have searched all the bodies and took every thing of value, watches, rings, bracelets, identity dogtags.

In OBERGAILBACH 6th May 1946
 Signed SCHNEIDER Jacques.

CERTIFIED A TRUE COPY


 HOWARD E. METZBOWER
 2nd. Lt. INF.

UNKNOWN X-6173
 REINTERRED U.S. MIL. CEM.
 ST. AVOLD, AAAA-3-28

Declaration

48 copies

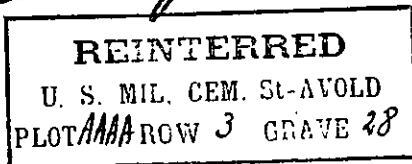
Je soussigné Schneider Jacques, adjoint au Maire de la Commune d'Obergailbach, déclare que sur notre Commune se trouve 3 tombes où sont enterrés 12 soldats Américains. La première tombe se trouve près de la maison n° 104, et 8 soldats américains y sont enterrés. Ceux-ci sont tombés dans la forêt dit « Ormen » et été ramené par les allemands et enterrés le 10 février 1945. La deuxième tombe se trouve près de l'église et y sont enterrés 3 soldats Américains. Les Américains étant avancés jusqu'à près de Walsheim, les Allemands les ont repoussés, et les 3 morts ont été ramené par les soldats Américains. Ceux-ci n'avaient plus le temps des les enterrer, les ont laissé dans la grange de la maison n° 4, où ils étaient restés 15 jours jusqu'à ce que les allemands les ont enterrés au lieu dit « Muhlbaes ». La troisième tombe se trouve au lieu dit « Sanywies » où est enterré 1 soldat américain, celui-ci a été trouvé par eux. Schneider Albert, après la libération et enterré sur place.

Je déclare en outre que tous les soldats Américains enterrés sur notre Commune sont tombés dans la bataille de la libération qui s'est déroulée entre le 15 décembre 1944 et le 16 mai 1945. Les Allemands ont fouillés tous les cadavres et pillés toutes les choses qui étaient de valeur, tels que le manteau, bagues, bracelet, papiers d'identité.

Fait à Obergailbach le 6 mai 1946

Schneider

GNK
X-6173

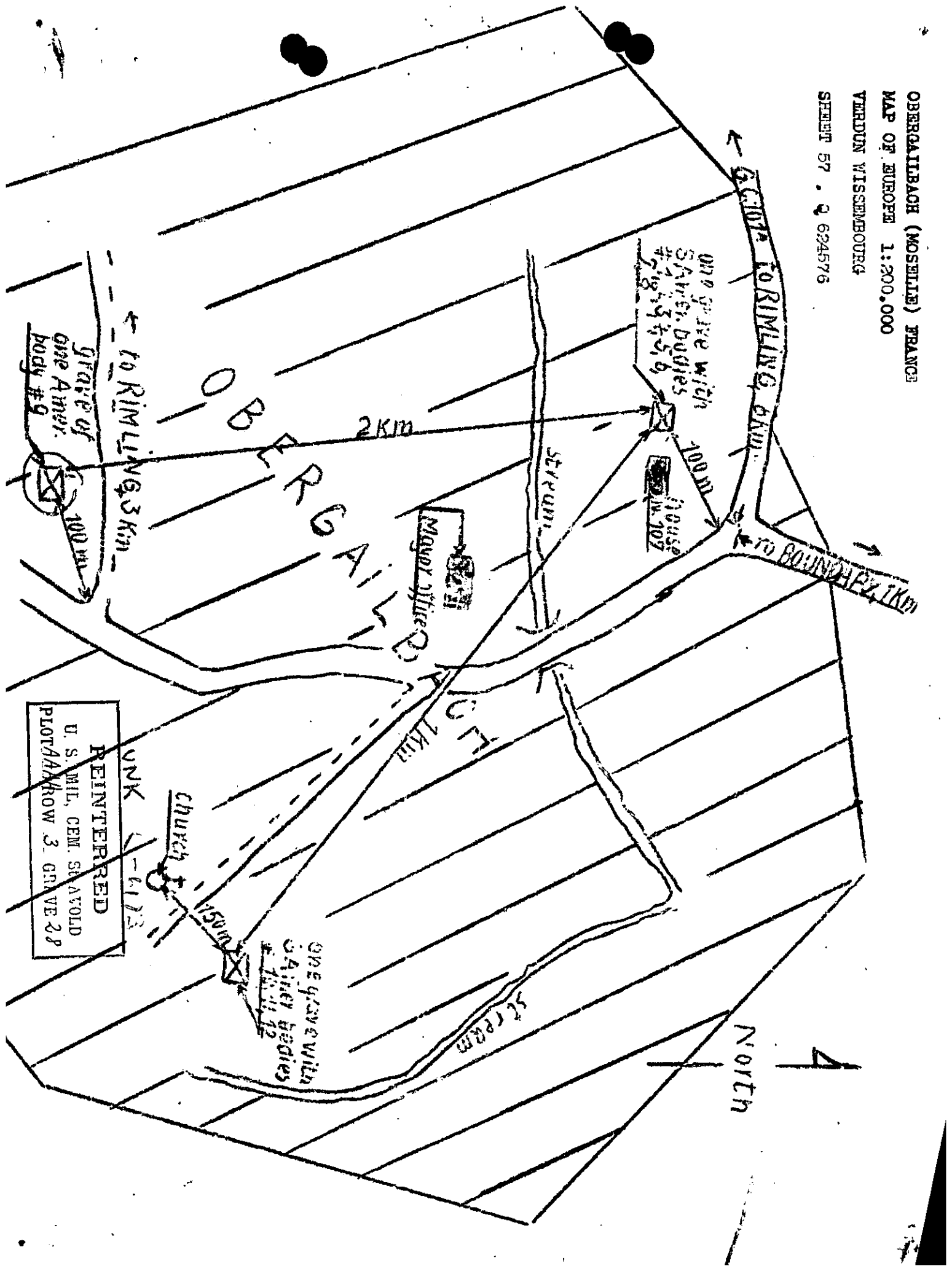


Schneider

Vu à la Mairie de
Oberweiler le 6 Mai 1946



Vu de curé
Helbing



PEINTERED
U. S. MIL. CEM. STAVOLD
PLOT AA/kow 3. GRAVE 28

UNK
-6173

TRUE COPY

OBERGAILBACH le 6 Mai 1946

DECLARATION

Je soussigne, SCHNEIDER Albert, Secretaire de Mairie de la Commune d'Obergailbach, declare ,par la presente, que j'ai trouve un cadavre de soldat Americain au lieu dit " SANGWIES " .

Celui-ci etait bien habille encore, juste les souliers enleves, portait encore deux grenades a main, n'etait pas dechire du tout, je suppose qu'il avait eu une balle dans la tete et qu'il est encore en possession de sa plaque d'identite. Il a ete enterre le 10 Mai 1945 en presence de moi, le declarant, SCHNEIDER Joseph et Muller Louis, tous domicilies en cette commune.

Fait a Obergailbach le 6 Mai 1946

Signe; A.SCHNEIDER

Vu a la Mairie d ' Obergailbach

le 6 Mai 1946

Le Maire :

P.O. L'Adjoint ;

SCHNEIDER

Cachet de la Mairie

Vu le Cure :

Signe ; HELBLING

Statement

I the undersigned, SCHNEIDER, Albert, Secretary in Mayor's Office of Obergailbach, declare that I have found one American body on the field named " SANGWIES " This body has all clothings except shoes, with two hand grenades. He was not badly mangled. I suppose he was killed by a machine gun bullet in the head. He had dog-tags around his hand. I have buried him 10 May 1945 with Joseph SCHNEIDER, and Louis MULLER, all from Obergailbach, assisting at the burial.

In Obergailbach, 6 May 1945

Signed SCHNEIDER Albert

Seen in Mayor's Office

6 May 1946

For the Mayor, the Assistant

Signed : SCHNEIDER Jacques

The Priest

Signed : HELBLING

Seal of the Mairie

CERTIFIED A TRUE COPY

Howard E. Metzbower
Howard E. METZBOWER
2nd . Lt. INF.

UNKNOWN X-6173
REINTERRED U.S. MIL. CEM.
ST. AVOLD, AAAA-3-28

Déclaration

4 copies

Je soussigné Schmeider Albert
secrétaire de Maire de la Commune
d'Obergailbach, déclare par la présente
que j'ai trouvé un cadavre de soldat
Américain au lieu dit « Sanguries ».
Celui-ci était bien habillé encore, juste
les souliers enlevés, portait encore 2 grenades
à main, n'était pas déshin du tout, je
suppose qu'il avait eut une balle dans
la tête et qu'il est encore en possession
de sa plaque d'identité. Il a été
enterré le 10 mai 1945 en présence de
moi, déclarant, Schmeider Joseph, et
Muller Louis, tous domiciliés en cette
Commune.

Fait à Obergailbach le 6 mai 1946

Vu à la Maire d'Obergailbach
le 6 mai 1946



le Maire
p. o. l'adjoint
Schmeider

Schmeider
Vu le curé
Kellering

UNK 2-6173

REINTERRED
U. S. MIA. CEM. SO-AVOLD
PLOT AAAAROW 3 GRAVE 28

RRY IRR

1

USMC ST Laure
Plot: A, Row: 3, Gr: 18
Date of Burial: 12 June 1950
Verified by GRS Officer:
R. J. Rodriguez, CWO USA

DISINTERMENT DIRECTIVE

App
9/2/50

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 12 47
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X - 006173				0	DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					35035 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
4A	3	28	FRANCE		6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, XERANCEX (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred (Hq. AGRC-19 Jan 50)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006173	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 2 Aug 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY Forrest L Brown Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Remains consist of fractured Maxille, & several foot bones
------------------------------------	--

OTHER MEANS OF IDENTIFICATION
Report of Burial dtd 16 May 46 found with remains

MINOR DISCREPANCIES None	NAT FILE RECORDS ANNOTATED DATE 27 JUL 50
-----------------------------	--

REMAINS PREPARED AND PLACED IN CASKET DATE 10 Aug 48 BY Forrest L Brown, Embalmer	NAME R. T. Johns R. T. BR. MEM. DIV.
--	---

CASKET SEALED BY Forrest L Brown, Embalmer	EMBALMER (Signature) Forrest L Brown
---	---

CASKET BOXED AND MARKED DATE 10 Aug 48 BY Forrest L Brown	All markings plates & tags verified by: H MEAD, Capt CWS
--	---

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:
H MEAD Capt CWS
H MEAD, Capt CWS, 7857 AGRC, Zone 3 Hq.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Consignee changed by Reg Div.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (PER ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 1st Lt. Frank B. Callaghan	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

293 - Unknown X-6173 St Avold, France.

~~RECEIVED~~ JUL 50

65

FOR MAJ SEKOWSKI QM LN 1D684 PENT URMSG 55 25 JULY ON PHILSP

J GIANUZZI 33937221 EM WAS ASGD 44TH QM CO FEB 45

GIANUZZI - discharged Nov 1945

44th QM Co was assigned to 44th Infantry Division - fought in Moselle Region from October 44 to December 44

X-6173, St Avold

List of PE from Kansas City July 1950 indicates:

"1 piece of First Aid pouch cover and 1 piece of cartridge pouch cover, "6050 Gianuzzi, Philip J. 33937221"; 1 section of wool OD trousers, "K-3390" 2 pieces of wool OD shirt, "W-1805" or "-1806"

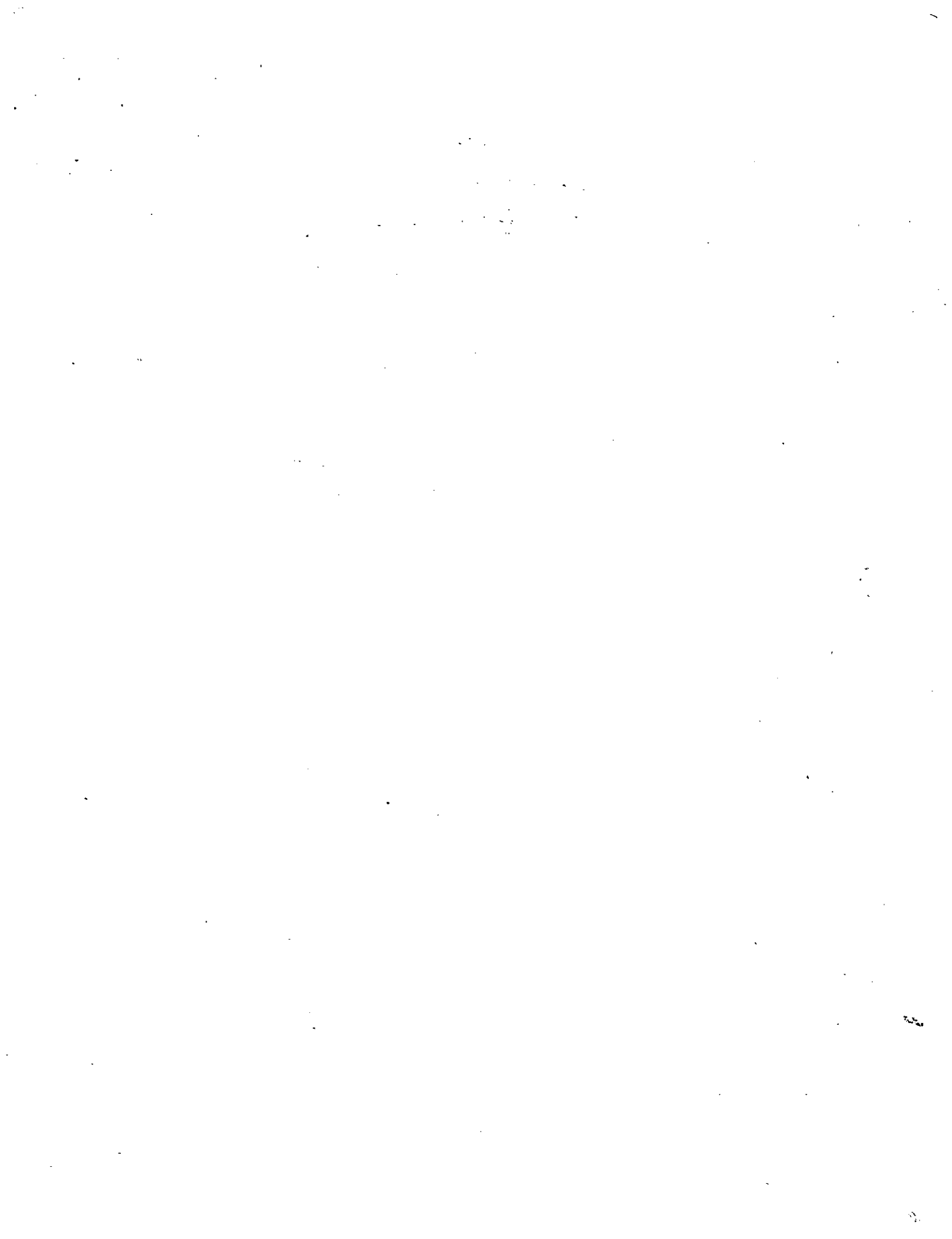
K-3390 - Kelly, Richard E. O-813390 - not a casualty

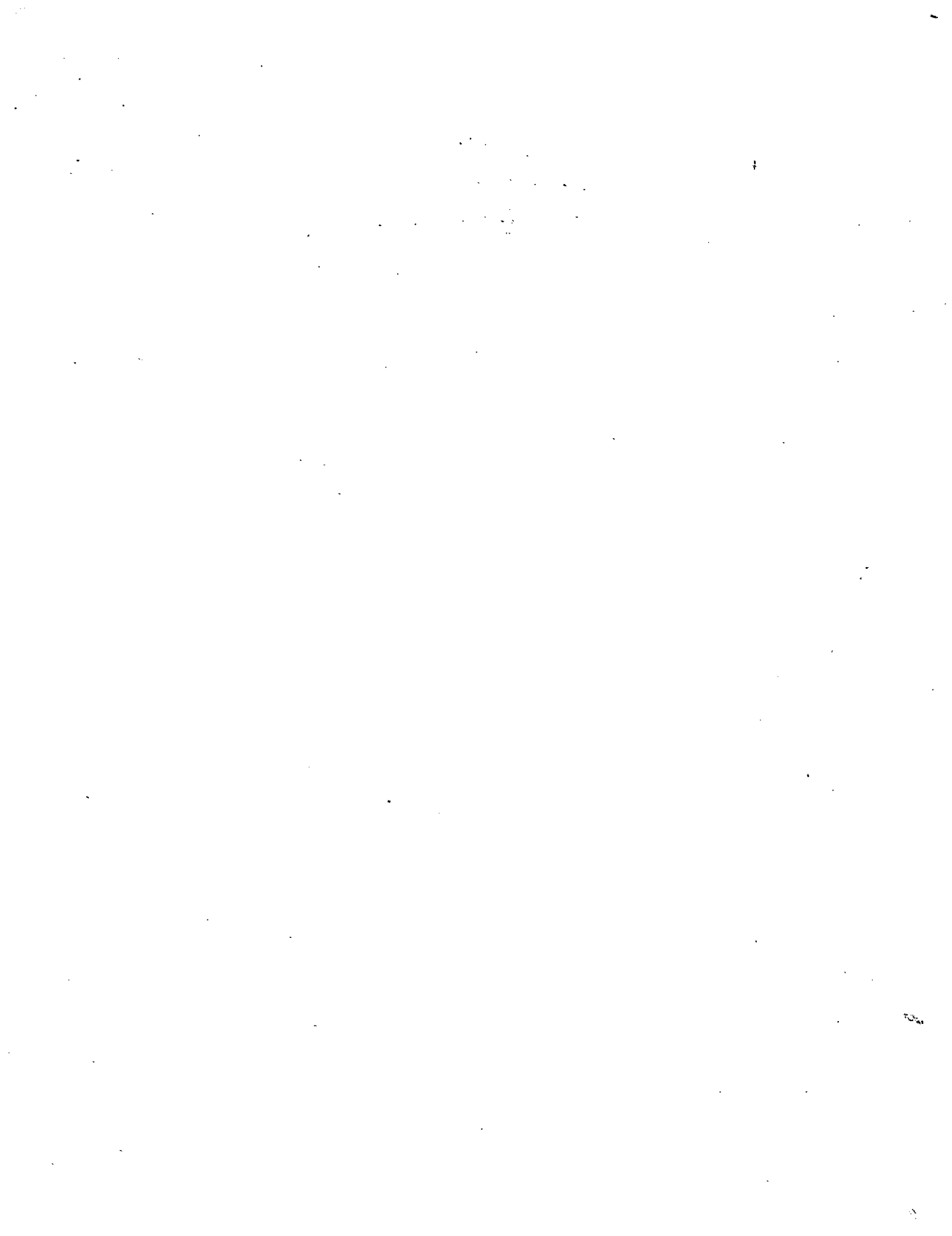
W-1805 - Walsh, Patrick H.; 15061805 - KIA in Pacific identified as X-1222 Manila

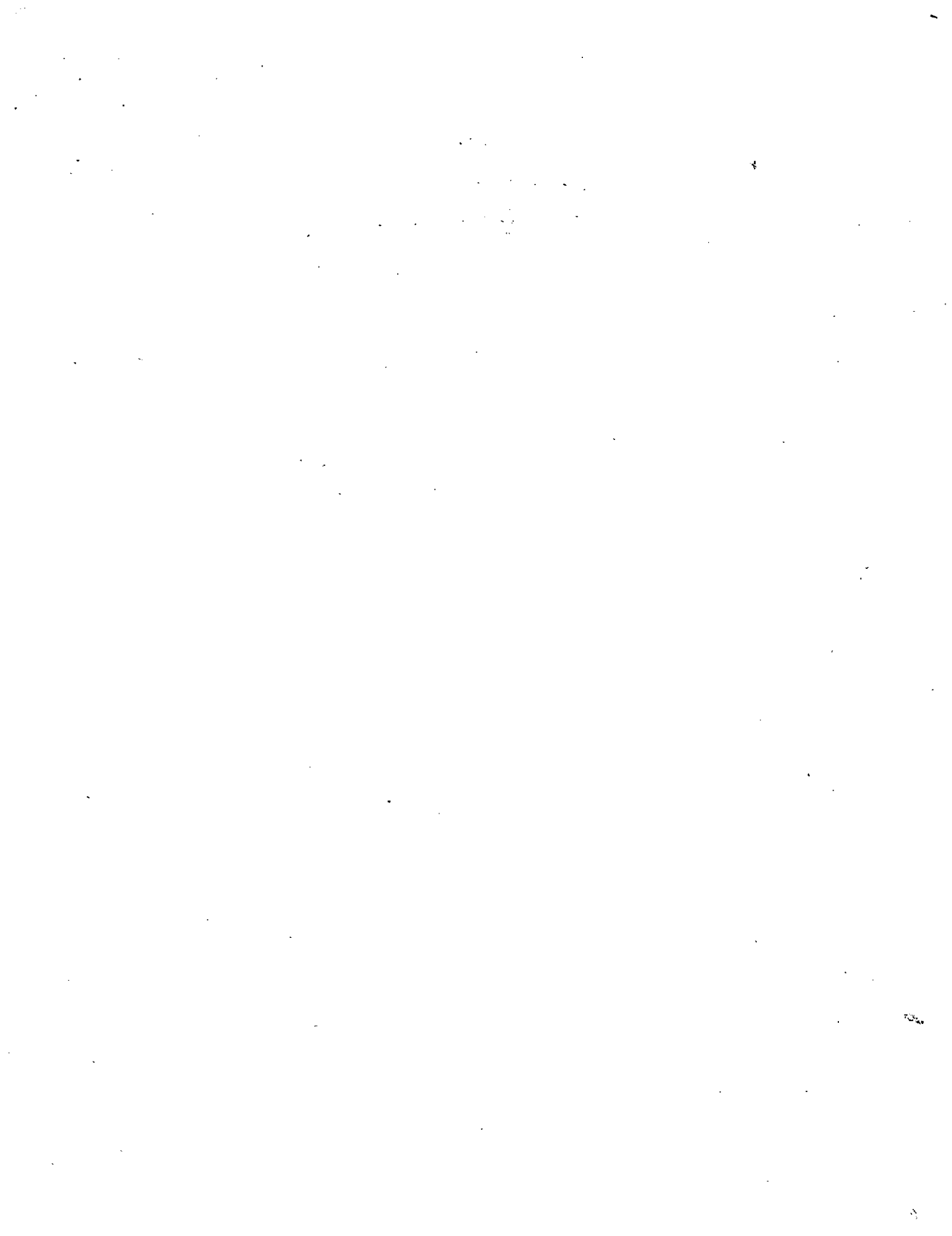
W-1806 - no ldy listing

31
150









DEPARTMENT OF THE ARMY

17 March 1950

QMGOD 293, Unknown X-6173, France (St. Avold)

3821

QMG

FIELD SERVICE

DEF 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)
Kansas City 1, Missouri

XXXXXX

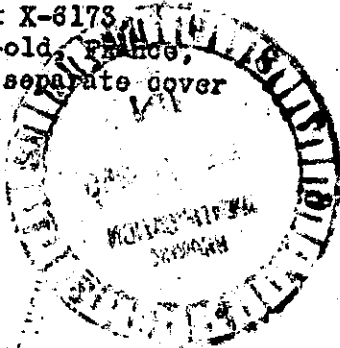
Personal effects for Unknown X-6173, USMC, St. Avold, France, are being returned to the Bureau, this date, under separate cover. This case is still under investigation.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:

PE Unk X-6173,
St. Avold, France,
under separate cover

WILLIAM F. CONLON
Major, OMC
Field Service Division



Handwritten notes and signatures:
4 12 71 50
W. F. Conlon



U.S. DEPARTMENT OF AGRICULTURE
FOREST SERVICE
WASHINGTON, D.C.

TO: DIRECTOR, FOREST SERVICE
FROM: [Illegible]
SUBJECT: [Illegible]

FORWARD TO: [Illegible]
RE: [Illegible]
DATE: [Illegible]

U.S. GOVERNMENT PRINTING OFFICE: 1949
1000 - 87 512 00
[Illegible text]

Edelstein

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	IDEN BR MEMORIAL DIV	13 MAR	<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>Conlon</i></p> <p>1 Attachment: INGEMAN Conlon PE UNK X-6173, 5473 3821 ST AVOLD, FRANCE</p>
2	Ident Sec Ident Br Mem Div	Field Serv Div Exec Off	16 Mar 50	<p>1. Returned herewith are Personal Effects for Unknown X-6173, USMC St. Avold, France.</p> <p>2. It is requested that Effects Bureau be notified that the above unknown remains under investigation.</p> <p>1 Atch: <i>M</i> <i>N</i> n/c METZ NEFF 74059 2462</p>



AIRMAIL

QMGMT 314.6

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4711

Dept. of the Army, OORU, Washington 25, D. C., 9 February 1950

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

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

Unknown X-7791	Plot NNNN	Row 4	Grave 89
Unknown X-8032	" 0000	Row 5	Grave 104

2. It is recommended that all action in connection with Unknowns listed above be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

7 Incls:
w/d

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

Holden: cam
Clements
REB

JMN

TEC

AIRMAIL

X 2993
Ward - France
X-6173 X-6202
X-1108 X-6416 X-6173 X-6202
X-2558 X-1171 X-5032

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

RRE 293

17 January 1950

(Date)

293 Unk-France X-6173 (St. Avold) *sh*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6173, Plot AAAA, Row 3, Grave 28, 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. 1927, dated 18-6-46.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Capt. Edward F. Price Jr.	0-1588236
Lt. Col. E.D. Mulvanity	0-359598
Col. H.P. Henry	0-12589

FILE 3 FEB 1950

QQMG

Not identifiable from
information presently
available

*File
71AT
3 Feb 1950
D. L. B. Jr.*

DISINTERMENT DIRECTIVE

293 Mike. Francis 7-6173 - (St Avold)

6

PKd 198

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3374 00000

DATE

18 12 47
DAY MONTH YEAR

NAME

UNKNOWN X-000173

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

DISPOSITION OF REMAINS

3101 40
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

4A 3 28 FRANCE

CAUSE OF DEATH

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 DISTINTERRED

IDENTIFICATION TAG ON

REMAINS
 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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

T.L.# 4711

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RRE 293

17 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

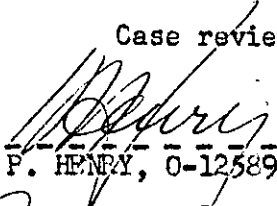

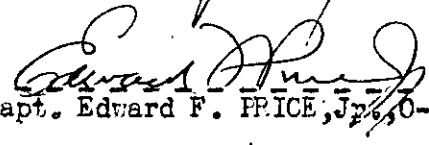
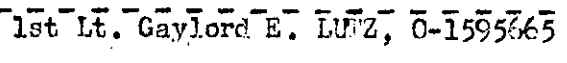
1. The records pertaining to Unknown X - 6173, Plot AAAA, Row 3, Grave 28, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of the Quartermaster General by Transmittal Letter No 1927, dated 18-6-46.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

	
Col. H. P. HENRY, O-12589 QMC	Lt Col. E. D. MULVANITY, O-359508 QMC
	
Capt. Edward F. PRICE, Jr., O-1588236 QMC	1st Lt. Gaylord E. LUTZ, O-1595665 QMC
CWO Leodore GOUDREAU, W-2113434 USA	

FILE #3 FEB 1950

Received _____ OQMG
Not identifiable from
information presently
available

Incl #3

CASE HISTORY

UNKNOWN NO.

X-6173

U.S. MILITARY CEMETERY

St Avoild, France

(Location)

X -6173 was recovered from an isolated grave near Obergailbach, (Moselle) France. Date of death is estimated as February 1945. Cause of death is undetermined. Clothing found with the remains determines X-6173 as of ground forces. The association as made for this case on the strength of a name and ASN found on a cartridge belt is negative as there is no casualty listed in AG casualty listings of the name.

Condition of the remains makes identification or association extremely difficult. The only basis for identification is the few teeth recovered with the remains. An attempt has been made to identify through toothchart and dental records for casualties in the area. This proves negative.

For the above reasons: UNIDENTIFIABLE.

M.H.KAMONS.

OK

CHECK LIST FOR UNKNOWN

UNKNOWN X-⁶¹⁷⁵ ~~st.~~ avoid
CEMETERY _____
PLOT 121A ROW 3 GRAVE 128

ARRIVED AT CEMETERY 1330-16 May 46 FROM UPP, 3rd Field Command
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Obergailbach Meselle Fr Eu Rd Map Snt57 1,200000(Q-624576)
(NAME) (COORDINATES & LANDMARKS)

EVACUATED TO CEMETERY BY 3PP 3rd Field Com and ASRG
(NAME AND ORGANIZATION)

REMAINS RECOVERED BY 3049th CM 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) (FIRED BY SHELL FIRE - WHERE) (FOUND

IN TOWN, FIELD, BY ROAD) (DAMAGED BY MINE EXPLOSION) (NAMES OF MEN WHO ESCAPED)

(DESCRIPTION OF OTHER VEHICLES OR PLANES IN AREA)

DETAILED DESCRIPTION OF PERSONAL EFFECTS _____
(INDICATE EXACT POCKET OR PART OF BODY

WHERE FOUND)

Belt, Web _____

Drawers, Wool _____

Drawers, Cotton Field jacket m-1943

Leggings, Wool _____ (Note unusual lacing)

Socks, Cotton First Aid Pouch marking undetermined

*Shoes (Type) Wartridge belt canteen cover markings 3937221, Giamuzzi Philadelphia J.() 0050

Web Equipment (Type) Helmet liner fur lined field jacket

(Other item) Trousers wool OD markings 3390

(Other item) _____

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

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

Shoulder Patch UTD

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

8. Description of Remains:
Age UTD Height UTD Weight 120 lbs 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)

UTD

* Sunburn or tan, other than hands & face UTD

Complexion UTD
(Light, med, dark, clear, pimples, poxes, freckles)

Build UTD
(Large, fat, thin, muscular)

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

ANNEX #4

Bandages or dressings _____ Scar _____ 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, pores, 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, _____)

Mustache _____ Beard or goatee _____ (length, wavy, light, _____)

across nose _____ (color, size, shape) _____ (color, setting, shape)

color, extent) _____ Eyes _____ (size, set close or far from _____)

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

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

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)

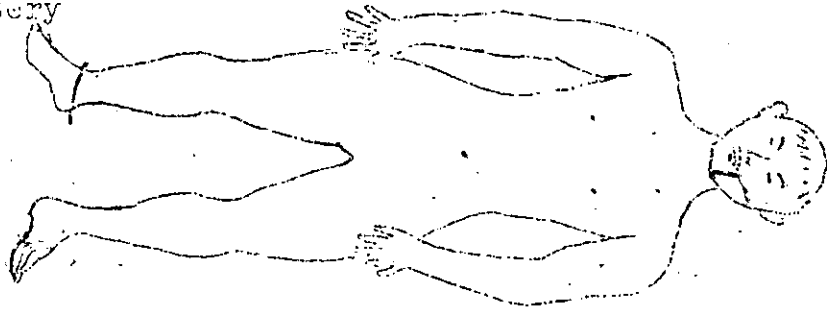
Shoulders _____ Arms _____ (broad, straight, small, rounded) _____ (length, muscular, color)

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

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

indicating that rings were worn)

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



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

Remarks Only bones of right and left half of axillary recovered.

Ralph W. Sleator

Ralph W Sleator Maj Inf Third Field Command AGR

Signature of GRO and Organization

REINTERRED
 U. S. MIL. CEM. ST-AVOLD
 PLOT AAAA ROW 3 GRAVE 22

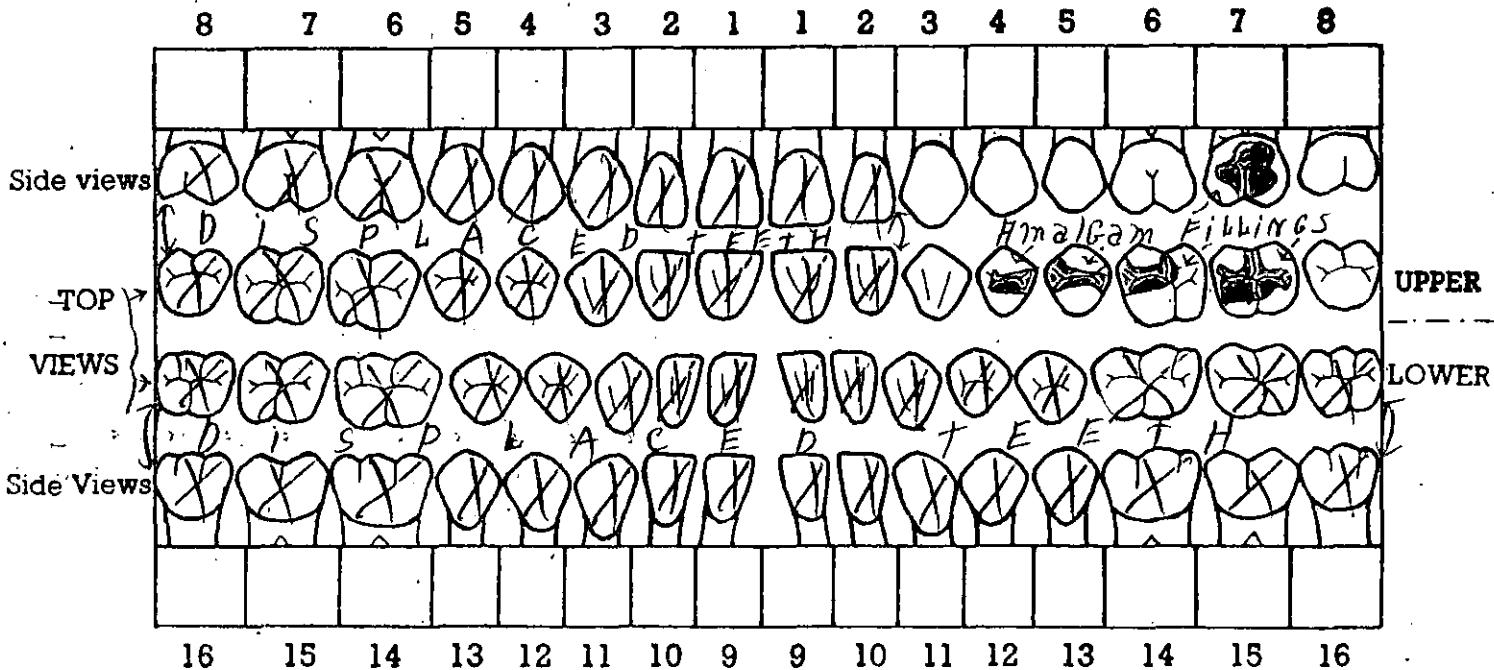
TOOTH CHART

14 May 1948
 Date

Unknown X-6173 Last Name **Unknown** First **Unknown** Initial **Unknown** Rank **Unknown** Serial No.
Unknown Unit **Unknown** Organization
Obergallbach Moelle Fr Place of Death **Det Feb 1948** Date of Death **Unknown** Cause of Death

Right

Left



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

John A. Trent S.M.
John A Trent S.M.

Ralph W. Sletator
 Signature of Officer or other person who prepared Tooth chart

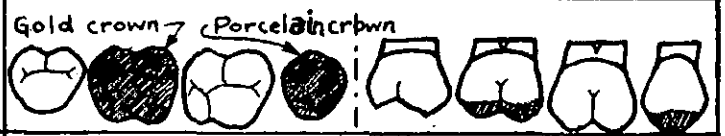
Ralph W Sletator Maj 3rd Third Field Command AGRC

Verified by G. R. S. Officer

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



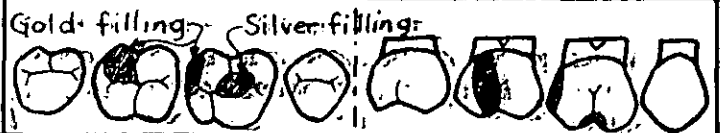
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



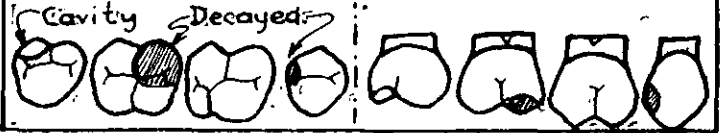
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



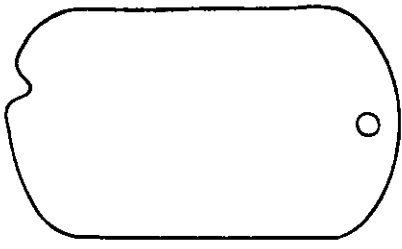
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS;

- 1-L1, L2, R1, R2, R3, R4, R5, R6, R7, R8, and those portions of the maxillary in these areas were displaced and were not recovered with the remains.
- 2-The mandible was displaced and was not recovered with the remains.
- 3-L6 has an amalgam filling on its lingual surface.
- 4-Remaining teeth are even and white

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 16 May 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) Unknown X-6173		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 Obergailbach, Moselle France	CAUSE OF DEATH Unknown	DATE OF DEATH Est Feb 1945
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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
See Sta Comd # 332.3 - partition starting name "Phillip J. Anazaga 339 37221"
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 Avoild, France

DATE OF BURIAL 16 May 1946	HOUR 1330	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wooden cross	PLOT No. AAAA	ROW No. 3	GRAVE No. 28
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WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			
	Isolated grave in Obergailbach Moselle France Eu Rd Map Sht 57, 1.200.000. (Q-624576)	PLOT No.	ROW No.	GRAVE No.
		Isolated Grave		

TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Captain, Z.S.KISH, 0-574785	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.
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, Embossed Plate
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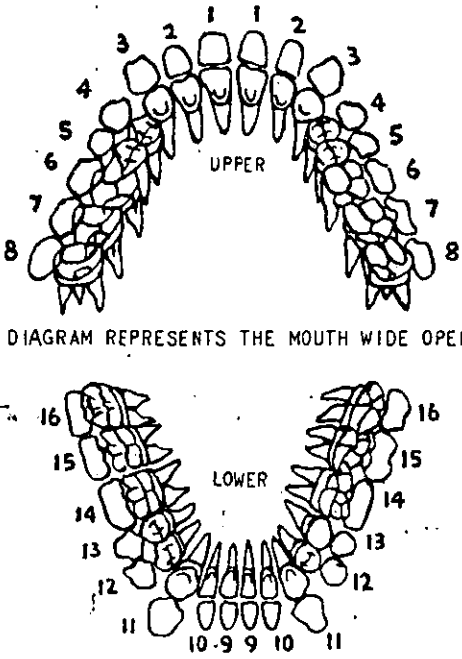




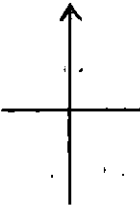
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Best, Robert W.	RANK Pfc	SERIAL No. 16175098	ORGANIZATION 346th Inf. Regt	GRAVE No. 27
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN-X-6174	RANK Unk	SERIAL No. Unk	ORGANIZATION Unk	GRAVE No. 29
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SIGNATURE OF PERSON PREPARING REPORT Herbert F. Shaw WD Civ Third Field Command AGRC	SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND
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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 UNIDENTIFIED REMAINS.				
LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. NONE		LAUNDRY MARKS NONE		WHERE BODY WAS BURIED OR FOUND Obergailbach Moselle France
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES One identification check numbered 2505 One belt cartridge marked 0050 Giamuzzi-Philip J33937221 One trousers wool OD with undetermined markings, One shirt wool Od with undetermined markings, One Pouch First Aid with undetermined markings				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;">  </div>				
	REMARKS: Attached : Form 11 Check List of Unknowns and Form 1A Tooth Chart. Unable to obtain fingerprints because of missing portions of the remains Est Weight of remains : 12ozs.				