

243 unk St. Avold X-6180
7887 GRAVES DETACHMENT

AP0 757

ms

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-6180 St Avold

(EPINAL POC)

file 27 Feb 51
Kirkland
S. Hunt.

REINTERRED
U. S. MIL. CEM. St-AVOLD
PLOT AAAA ROW 12 GRAVE 140

REPORT OF INVESTIGATION AREA SEARCH

15 May 1946.
Date

NAME Unknown X-6180 RANK Unknown ASN Unknown
ORGANIZATION Unknown
MEANS OF IDENTIFICATION None

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

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

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

a. NAME _____ RANK _____ ASN _____
b. ORGANIZATION _____

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

a. NAME Unknown RANK _____ ASN _____
b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

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

A. Date of above burials _____ Common Graves? _____

4. Deleted _____

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

6. Map Coordinates of the Cemetery _____

a. Town _____ Country _____

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 Coincourt, M-et-M Coordinates Carte Michelin 62, (478-5402) 1/200,000

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Cross and steel helmet

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

~~None~~

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

b. By whom?

11. Where are the cemetery records? None
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon?

b. Where was the information obtained?

c. By whom?

12. What is the date of death? Unknown

a. Give basis

13. What is the cause of death? Unknown

a. Give basis

14. What is the date of burial? Unknown

a. Give basis

15. What is the place of death? Coincourt, M-et-M Carte Michelin 62
Coords (478-5402)

a. Give basis Mayor of Coincourt

16. Where were the remains found? Coincourt, M-et-M Carte Michelin 62
Coords (478-5402)

a. By whom? Boubel Leon, Farmer, Coincourt

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? Unknown
(Civilian, American Mil or German Mil)

a. What are the names and addresses?

b. Are certificates and statements attached?

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

19. Were remains found in the plane wreckage?

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

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

b. Near wreckage?

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

a. Type of plane

b. Markings and/or name of plane

X-6180

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

21. How did crash occur? _____ Anti-aircraft _____
Enemy plane? _____ 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) Unknown
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? Yes
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased None

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

41. Were personal effects recovered by investigating team No
- If not, state reason Not available
- a. Were identification tags found at the time of death? Unknown
- Where? _____ By whom? _____
- Present disposition _____
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.
- b. Were personal effects found at the time of death? Unknown
- Where? _____ By whom? _____
- Present disposition _____
- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery register or cross indicate the immunization shot? No
42. Was deceased given first aid? Unknown If so, where? _____
- By whom? _____ Are statements from the medical people attached? _____
43. Was deceased evacuated to a German hospital? No
- Where? _____ Names of the people concerned _____
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface 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 _____

Boubel Leon, Coincourt, Farmer

Masson Louis, Coincourt, Mayor

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

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No

51. Was investigation preceded by advanced publicity? No
(If special investigation, give case number) _____

52. Give brief narrative _____

See Statement below

(Use attached sheets, if necessary)

J. P. Joachim
Signature of Interpreter

Rank _____ ASN _____

Organization _____

Lawrence Baalman
Lawrence BAALMANN
Signature of Investigator

Pvt 37815985
Rank _____ ASN _____

3049 Gr. Reg. Co
Organization _____

The body of an unknown American soldier was found in a field near Coincourt, M-et-M., France, by a Farmer named Boubel Leon of Coincourt. No personnel papers or identification tags were found; Boubel stated he found the body while ploughing. One foot was sticking out of the ground, but no other information could be obtained.

Lawrence Baalman

Lacey Wm. D. Jr. 1/24. 0-67 1665
10 Photo RCN Jb.

49.
CC - [unclear] [unclear] [unclear]
I

Lojaciono [unclear] 3-51
Pfc 42075180 428 Inf Regt.

Lacey Wm. D. Jr. 1/4t. 0-671665
10 Photo KCN Jp.

49
CC - 2 - 50 - Newcastle

Lojaiono Joseph J. 3-51
Pfe 42075180 428 Inf Regt.

VILLAGE OF COINCOURT

ROAD TO BEZANCE

800 Meters

ROAD FROM COINCOURT TO NONGOURT

(4:78-54:02)

Conte machete #14162

~~500000~~

SINRUBS

700 M
700 M
700 M

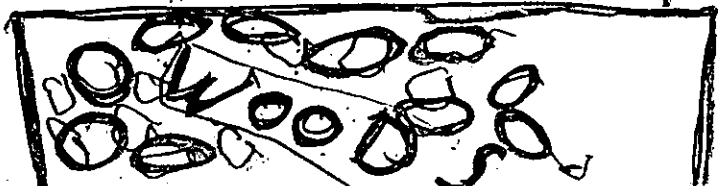
STUMP PILE

GRAVE MARK

PLUGHED FIELD

GRASS

WHEAT



UNKNOWN-X-6180
REINTEGRATED U.S. MIL. CEM.
ST. AVOID, AAAA-12-140

X-4180

VILLAGE OF CONCOURT

ROAD TO BEZANCE

200 M.

ROAD FROM CONCOURT TO NONCOURT

PROCESSED
REGISTERED U.S. AIR. COM.
GT. ACID; 8AAA-12-140

(478-5402)

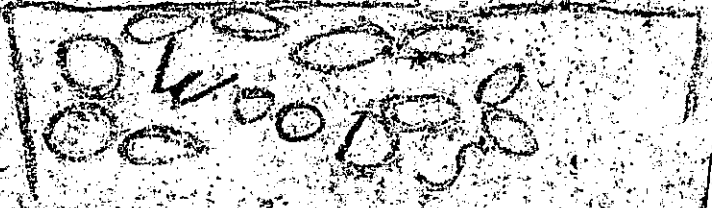
50000

709 M

WHEAT

CORNS

PROCESSED FIELD



VILLAGE OF COINCOURT

ROAD TO BEZANJE

200 M

ROAD FROM COINCOURT TO NONCOURT

SECTION-X-0130
LEATHERED U.S. MIL. CEF.
A. AV. LD, 8/25-10-140

(4:18-54:02)

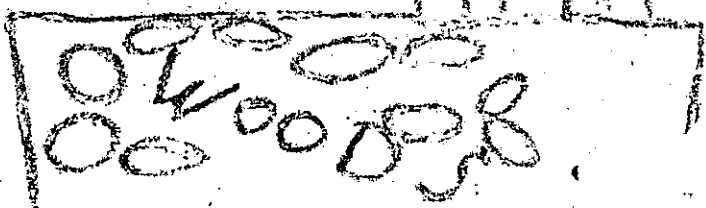
Costs made with # 62

WATER

700 M

PLANTED FIELD
CROSS

WHEAT



Coincourt

Meurthe-et-Moselle

May 8th, 1946.

UNKNOWN-X-6180
REINTERRED U.S. MIL. CEM.
ST. AVOLD, AAAA-12-140

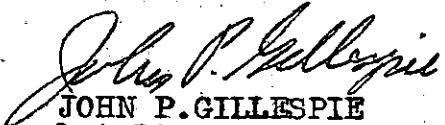
S T A T E M E N T

We undersigned herewith certify that we found the grave believed to be this of an unknown American soldier, on the 15th of April, 1946. We noticed the grave while ploughing a field nearby, because one of us, wanting to pick up an American boot, found the body under the ground, the leg being still attached to the boot. We don't know when the body was buried, nor who buried him. We marked the grave with a stick and a G I helmet.

Masson j

Bouhel

T R U E C O P Y


JOHN P. GILLESPIE
1st Lt Inf

AGRC
FORM No. 11
Revised 5-1-46

CHECK LIST OF UNKNOWN

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

Unknown X6180
Cemetery St. Avoild
Plot AAAA Row 12 Grave 140

1. Arrived at cemetery 1500-21 May 46
(Hour) (date)
2. Place of death Coincourt Meurthe et Moselle Fr. Michelin Sht 62
(Name of closest town) (coordinates and letter)
- 1.200.000 (4785402)
Profex, maps) (Sheet, scale and serials used)
3. Remains recovered or disinterred by 3049th QM Gr Co
(name and organization)
4. Evacuated to Cemetery by GPP 3rd Field Command AGRC
(Name and Organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	(Type)			
Raincoat		UTD		
Overcoat		UTD		
Jacket, Field		UTD		
Jacket, Combat		UTD		
Mackinaw		UTD		
Sweater		UTD		
Jacket, HBT		UTD		
*Shirt, Wool, OD		UTD		
Undershirt, Wool		UTD		
Undershirt, Cotton		UTD		
Trousers HBT		UTD		
*Trousers, Wool, OD		UTD		

ANNEX #2

Belt, Web UTD

Drawers, Wool UTD

Drawers, Cotton UTD

Leggings, Wool UTD (Note: unusual lacing)

Socks, Cotton wool One left

*Shoes (type) one left, service smooth size 11½ E

Overshoes UTD

Web Equipment (type) UTD

(Other item) UTD

(Other item) UTD

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

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

Shoulder Patch UTD

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

8. Description of Remains:
Age UTD Height UTD Weight 4 lbs Description of wounds UTD
EST

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, pocks, 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 Goatee _____ UTD
(color, setting, shape) (color, size, shape) Length, heavy,
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 _____ UTD
(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)

_____ UTD
extent and quantity of hair)
Hands _____ UTD

Fingers _____ UTD
(short, thick, long, slender, size of knuckles, missing fingers or

_____ UTD
(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, an endectomy, amount

Circumcision _____ UTD Pubic hair _____ UTD
_____ UTD (yes-no) (color)
quantity & color of hair

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, overia)

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

9. Black out parts of body not received at cemetery:

Distal end of left tibia and fibia bones of the left foot



10. Have fingerprints been placed on Report of Interment no
Yes-No

If not explain UTD

11. Has tooth chart been prepared no If not, explain UTD
Yes-no

Maxillary and mandible not recovered with the remains.

12. Remarks: Only bones recovered are listed above. The service shoe is of a smooth finish.

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.

Ralph W. Sleator
Ralph W Sleator
Officers' Name

Maj Inf Third Field Command AGBC
Rank ... SERVICE

Organization

ANNEX #4

IDENTIFICATION CHECK LIST

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

Proc. by: ~~C.O. Rice~~
~~R.J. Miller~~
~~L.P. Ferndt~~
 Clerk: ~~A.S. Richardson~~

L.O. # 779, dtd. 4 March. 48.

Unknown X 6180
 Cemetery St. Auld, France
 Plot AAAA Row 12 Grave 140

Date reprocessed: 19 Apr. '48

1. ~~Received at cemetery~~ reprocessed (Hour) (Date)
2. Place of death _____ (Name of closest town) _____ (Coordinates and letter Prefix, maps)
 _____ (Sheet, scale and serials used)
3. Remains ~~recovered or disinterred~~ by 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 _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

None

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, ^{wool}~~cotton~~ *One*

* Shoes *One pair* (type) *Service* *11 1/2 E*

Overshoes

Web Equipment (type)

(Other item)

(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: *All major bones fractured and/or missing.*

Age *UTD* Height *UTD* Weight *UTD* Description of wounds *Est. - UTD*

Bandages or dressings *None* 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 hand and face

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

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

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

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

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

Goatee (light, color, extent) *UTD*

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

Nose (Size, shape, straight) *UTD* Ears (Size, set close to or far front head)

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

Teeth *No teeth found* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of head in inches *SKULL MISSING* (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

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

Hands *UTD*

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

..... (Unusual characteristics of fingernails)

Chest (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 *UTD* (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

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? No If not, explain No teeth found
(Yes-no)

9. Remarks: Remains received in skeletal form. The only clothing ~~was~~ ^{was} found, a pair of service shoes, bore no markings. No teeth found. No skull found. Report of Burial found. No I.R.S. tags found. Estimated weight of reprocessed remains: 1 1/2 lbs. Estimated height - UTD - because all major bones are fractured and/or missing.

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 ~~and~~ or amputations

The shoes mentioned above were on remains.

LAWRENCE R. FEINDT
(Officer's Name)

SP6
Rank

AGRC
Service

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

Albert G. Richardson

X-6180
USMC ST. AVOLD
19 APRIL 1948

SKELETAL CHART PLOT AAAA Row 12 GRAVE 140

NOTE

(BLACK OUT PARTS OF BODY  RECEIVED AT CEMETERY)

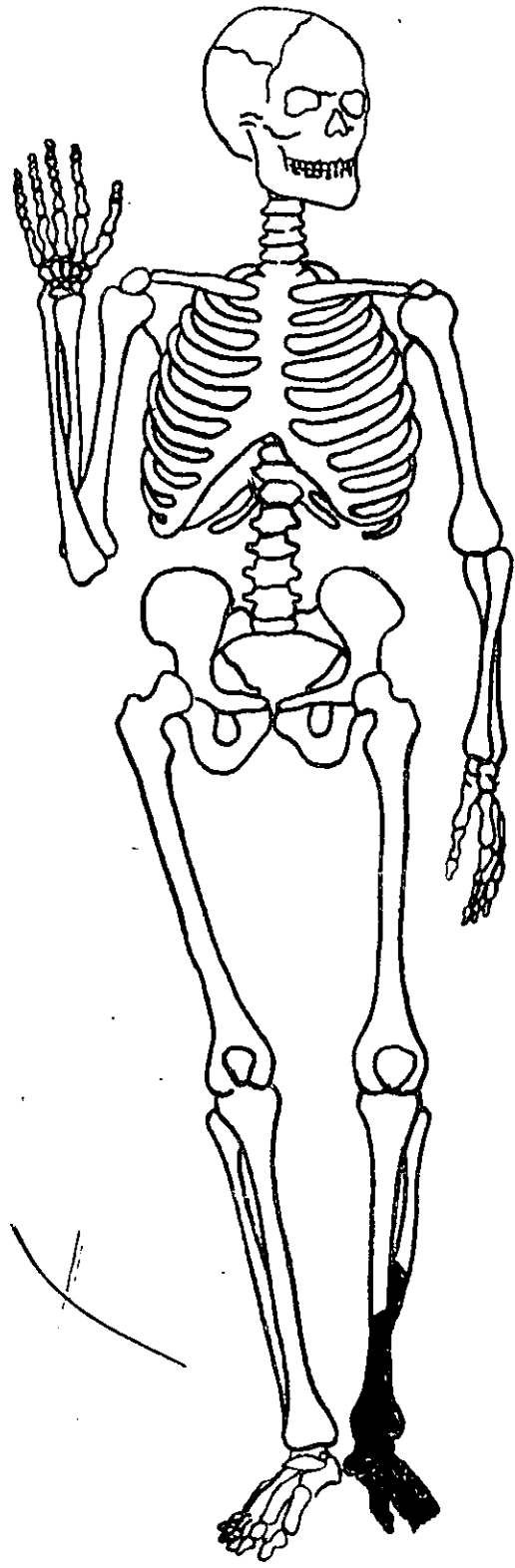


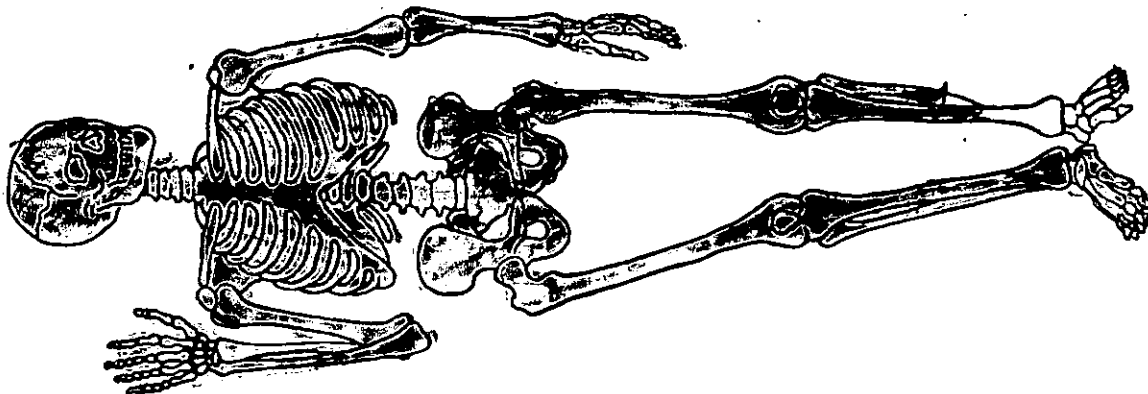
CHART "A"

EST. HEIGHT - U.T.D

EO: 2619 PRIORITY IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6180						2. DATE OF REPORT 6 DEC. 1949	
3. NAME OF CEMETERY ST. AVOLD				4. PLOT AAAA	5. ROW 12	6. GRAVE 140	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR none found		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS MORTUARY PLATE WITH REMAINS PINNED TO BLANKET							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES none							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? SEE SKELETAL CHART					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS none							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) none							

X-6180



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains consisted of several portions of bone from the ^{left} lower extremities.

EST. AGE: UTD

EST. HEIGHT: NTD

TECH: FIELDS, SHPAK

CLERK: R.D. McCLELLAN

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

E. H. Fields

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

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		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

ORIGINAL

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY | MONTH | YEAR

NAME

Unknown X-6180

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

ST AVOLD

DISPOSITION OF REMAINS

CODE | DIST. PT.

PLOT | ROW | GRAVE | COUNTRY

4A | 12 | 140 | FRANCE

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

Unknown X-6180

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

4 Aug 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER **EMB**

Ltr-Hq AGRC RRE 314.6 dtd
19 Oct 49

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress cover

CONDITION OF REMAINS

All major bones fractured and/or missing.
Skeletal form.

OTHER MEANS OF IDENTIFICATION

Report of Burial, dated 21 May 46, found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Aug 48

BY Anthony J Martin, Embalmer

CASKET SEALED BY

Elijah H Fields, Embalmer

EMBALMER (Signature)

Elijah H Fields
Elijah H Fields

CASKET BOXED AND MARKED

DATE 21 Oct 49

BY Elijah H Fields

ALL markings, tags and plates verified by

M R Swart, Capt QMC

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

H Mead, Capt CWS, 7857 AGRC Hq Gp

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies. I certify that the entries on this form are true copies of the entries on Copy #4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Frank B Callaghan, 1st Lt FA

Mead

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold, France		TO CIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Stephen F Wilson, 39587409	
SIGNATURE OF SHIPPER ROBERT V HUBBARD, Capt Inf	DATE 6 Nov 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		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

DISINTERMENT DIRECTIVE

493rd Div - ~~France~~ - St Avold

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3374 00000

DATE 23 12 47 DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNO. IX-005180				0	DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 3503 80
					CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
4A	1C	140	FRANCE		6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	

REMAINS PREPARED AND PLACED IN CASKET

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

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

SIGNATURE OF GRS INSPECTOR

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

14
QMGZ 293
European Area

1 March 1950

SUBJECT: Transmittal of Duplicate Disinternment Directives

TO: Commanding Officer
7887 Graves Registration Detachment
APO 757, c/o Postmaster
New York, New York

1. In accordance with Cable AGE-D 321, forwarded herewith are Duplicate Disinternment Directives for the following:

3574 00000	Unk R-6861
3503 00000	Unk X-6180
3574 00000	Unk X-323
1260 03024	Unk H-1005
1260 20370	Unk I-762
1260 02124	Unk X-5639
1260 01505	Unk Z-5205
1260 00776	Unk A-1004

2. Request acknowledgment of receipt by increment hereon.

FOR THE QUARTERMASTER GENERAL:

8 Incls
8 Dupl. Disinternment Directives

L. S. ALLEN
Lt. Colonel, QMG
Memorial Division

AIR MAIL

X-6180
X-6180
X-6180
7120000

314.6 1125
Desmit die

X-393
X-6180
St. Oswald France

COMM DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 6210 DET BRIG BELGIAN

DEFERRED

AGRC 321

WCL 40380

FROM COMBAT UNIT AGRC 321

DEP DESTROYED BY AIR MAIL THIS DATE YEA. UNCLASSIFIED X-5639 CMA 762B CMA 5205 CMA
1005B CMA 1004A MELVILLE CMA AND X-6861B CMA 6180 AND 843 ST AVOLD. DESTROYED
HAVE NOT BEEN PROCESSED FOR X-444 A AND B AND 463A ST AVOLD

AGRC 321 IS NO IN CO 72175 (20 FEB 50)

UNCLASSIFIED

GRAVES

QUINCY CAPT CHEMICALS X-73836
293 GRS ALFOMAN

0116302
MAY 50

D. A. FEINER
CAPT. GIC MIF DIV

314.6 YRS ^{European}
Desmit Air

X 993 Unit X-6180 St Oswald France

COMD DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GROUND INF LIEGE BELGIUM

DEFERRED

AGRC 321

FROM QUONCY UNREG AGRC 321

WCL 40380

DUP DISINTEGERS FWD AIR MAIL THIS DATE FOR UNKNOWN X-5639 CMA 762B CMA 5205 CMA
1005B CMA 1004A NEWVILLE CMA AND X-6861B CMA 6180 AND 843 ST AVOLD. DISINTEGERS
HAVE NOT BEEN PROCESSED FOR X-444 A AND B AND 463A ST AVOLD

AGRC 321 IS MC IN NO 72175 (20 FEB 50)

UNCLASSIFIED

GRAVES

QUONCY CAPT GERNWALDER X-73836
293 GRS EUROPEAN

011630Z
MAR 50

D. A. REISER
CAPT. GND MEN DIV

6

DISINTERMENT DIRECTIVE

DUPLICATE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3503 00000

26 01 48
DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

2931

x-6180

GRADE

ARM

8

RACE

0

RELIGION

6

CEMETERY

ST AVOLD - FRANCE

PLOT

4A

ROW

12

GRAVE

140

DISPOSITION OF REMAINS

3503

80
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ST. AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

[Handwritten signature and date: 27 Feb 48]

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293-Unknown-France X-6180 (4 Oct 49 Daye St. Avold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6180 , Plot AAAA ,
Row 12 , Grave 140 , USMC St. Avold, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 4375 , dated 4 Oct 1949 . No
further information is available.

FOR THE COMMANDING GENERAL:
Case reviewed by undersigned Members of the Board of Review:

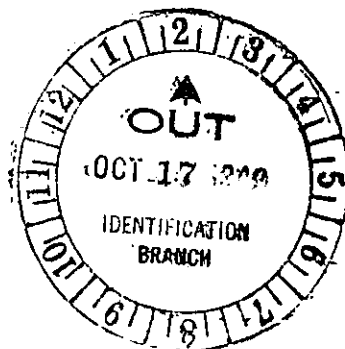
E. F. Price, Jr.
E. F. PRICE, JR.
Capt O-1588236 QMC

/s/ Major Roger Berger
/t/ ROGER BERGER
Maj O-251736 ORD

Gaylord E. Lutz
GAYLORD E. LUTZ
1/Lt O-1595665 QMC

Received 17 Oct 49 OQMG
Not identifiable from
information presently
available

NAT
file 17 Oct 49
C. H. ...
2.1 B. ...



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

4 October 1949

(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 6180, Plot AAAA
Row 12, Grave 140, USMC 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. 4375, dated 4 October 1949.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANEY, O-359598

QMC

Roger Berger
Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

E. F. Price, Jr.
Capt. E.F. PRICE, Jr. O-1588736

QMC

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

QMC

Received 17 Oct 1949

QOMR

Not identifiable from
information presently
available

Serial # 10



[Handwritten signature]

293 Unk - France X-6180 (St. Avold) *dt*

CGMGT 293 1st Ind
Unknown X-6180 (St Avold)
SUBJECT: Redesignation of Remains

Dept. of the Army, OCMG, Washington 25, D.C., 10 October 1949

TO: Commanding General, American Graves Registration Command, European Area,
APO 58, c/o Postmaster, New York, New York

Basic communication, erroneously dispatched to this office, is returned
herewith.

FOR THE QUARTERMASTER GENERAL:

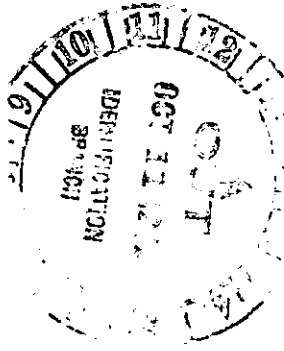
1 Incl
n/c
CS:cdt
Clements
REB

T. N. METZ
Lt Colonel, OMC
Memorial Division

Bar
REB

TEC

OKS
me
OCT 11 2 31 PM '49
U.S. ARMY
AGRS



RECEIVED
OCT 11 1961
IDENTIFICATION
BRANCH

MEB
CT 10/11/61
CB: GCF
JAG
10/11/61

JEC

MEB

[Faint, mostly illegible typed text]

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

RRE 314.6

27 September 1949

SUBJECT: Redesignation of Remains

TO: Commanding Officer
St. Avoild Cemetery Detachment
APO 58, US Army

1. Exhumation Order #2619 has been issued this day to OPOT Division, this headquarters, to have the remains hitherto designated CIL #3902 (St. Avoild) redesignated Unknown X-6180 in Plot AAAA, Row 12, Grave 140, U. S. Military Cemetery, St. Avoild, on the authority of the Office of the Quartermaster General.

2. Forwarded herewith, for your records, is corrected Report of Burial reflecting this redesignation.

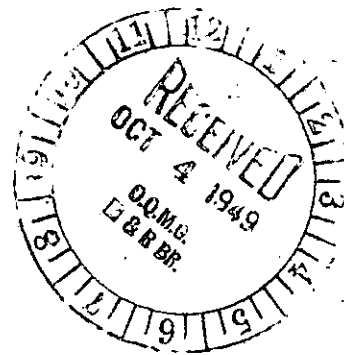
3. Acknowledgment is requested of this communication by indorsement hereon.

BY COMMAND OF BRIGADIER GENERAL PECKHAM:

1 Incl
Corrected Report
of Burial

EDWARD F. PRICE JR.
Capt, QMC
Actg Asst Adj Gen

Tel: Balzac 5400, Ext. 205



*295 gms unknown X-6180 France
Approved.*



1. FILE UNDER NO. 293 - Unk. France X-6759 (Neuville) (Positive Ident.)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 7 Oct 49
4. FROM: OQMG
5. TO: CG, AGRC, EA, APO 58, %PM, New York
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED
UNDER NO. 293 - HMERRILL, Myron S. (2/Lt) (0 766 326)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

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

RRE 314.6

27 September 1949

SUBJECT: Redesignation of Remains

TO: Commanding Officer
St. Avold Cemetery Detachment
APO 58, US Army

1. Exhumation Order #2619 has been issued this day to OPOT Division, this headquarters, to have the remains hitherto designated CIL #3902 (St Avold) redesignated Unknown X-6180 in Plot AAAA, Row 12, Grave 140, U. S. Military Cemetery, St. Avold, on the authority of the Office of the Quartermaster General

2. Forwarded herewith, for your records, is corrected Report of Burial reflecting this designation.

3. Acknowledgement is requested of this communication by indorsement hereon.

BY COMMAND OF BRIGADIER GENERAL PECKHAM:

1 Incl
Corrected report
of burial

s/ Edward F. Price, Jr.
t/ EDWARD F. PRICE, JR.
Capt, QMG
Actg Asst Adj Gen

Tel: Balzac 5400, Ext. 205

C
O
P
Y

QMGT 293 1st Ind
Unknown X-6180 (St Avoild)
SUBJECT: Redesignation of Remains

Dept. of the Army, OQMG, Washington 25, D.C., 7 October 1949

TO: Commanding Gneral, AGRC, EA, APO 58, C/O Postmaster, NY NY.

Basic communication, erroneously dispatched to this office,
is returned herewith.

FOR THE QUARTERMASTER GENERAL:

1 Incl
n/c

T. H. METZ
Lt Colonel, QMC
Memorial Division

1. FILE UNDER NO. 293 - Unk, France X-6180 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 7 Sept 49
4. FROM: OQMG
5. TO: CG, American GRS, European Area, APO 58, NY, NY
6. SUBJECT: CIL Remains.

7. DOCUMENT FILED UNDER NO. 293 - GRS, European (CIL Numbers)

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st Ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

IDENTIFICATION DATA

C.O. 1961

1. REMAINS OF UNKNOWN

X-6180 (now CIK-3902)

2. DATE OF REPORT

23-5-49

3. NAME OF CEMETERY

St. Avold

4. PLOT

4A

5. ROW

12

6. GRAVE

140

7. DATE OF

DISINTERMENT

REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT ^{of rep}

processed remains 113

9. ESTIMATED HEIGHT

UTD

10. COLOR OF HAIR

None found

11. RACE

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two embossed plates marked:
Unknown X-6180

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

14. WAS BODY BURNED?

YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?

YES NO

TO WHAT EXTENT?

Very Badly

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

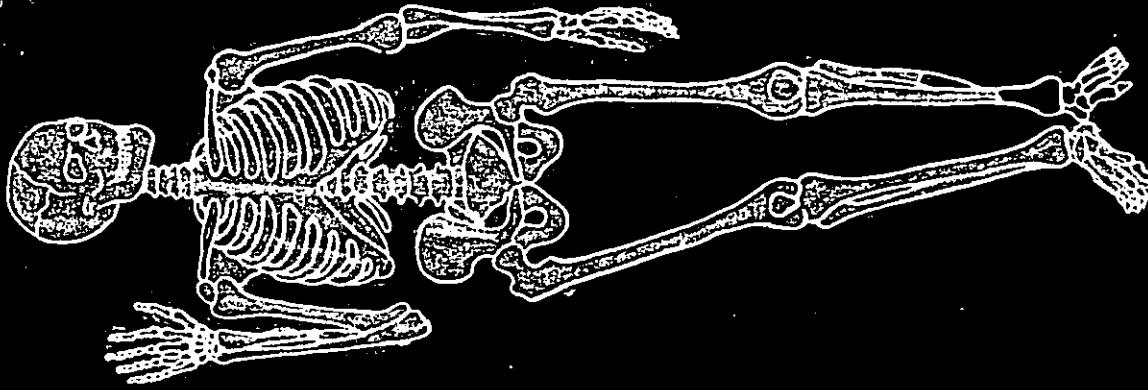
None found!

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area.)

Remains received in skeletal form in a repatriation type casket. no teeth found. no clothing. Remains previously processed by repatriation. no evidence of any healed fractures or amputations. no I.D. Tags.

note: X-6180 no longer exists. It was eliminated & designated as CIK-~~XXXXXX~~ 3902 as per C.O. 1961.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Est. WA. in UTD

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

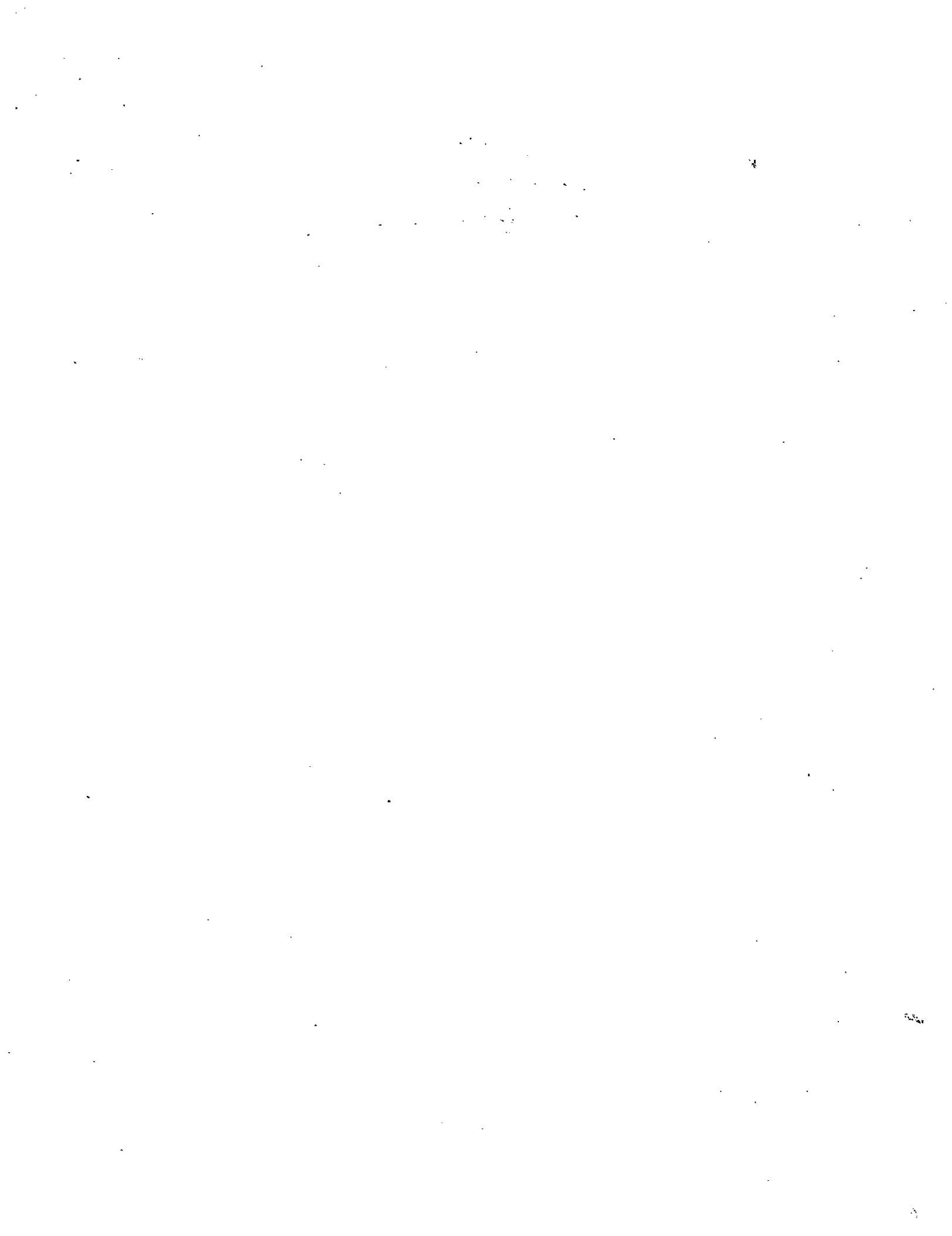
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION.

SIGNATURE

95 [Handwritten signature]

Thomas W. Turner [Handwritten signature]

[Handwritten initials]



AGRC
FORM No. 11
Revised 5-1-46

CHECK LIST OF UNKNOWN

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

UnknownX 0120
Cemetery St. Avoird
Plot AAA, Row 12 Grave 140

1. Arrived at cemetery 1500-21 May 46
(Hour) (date)

2. Place of death CO 1st Infantry Division, 3rd Battalion, 1st Infantry Center
(Name of place or town) (coordinates)

1-200-000 (4705402)
Profex, Laps) (Sheet, scale and serials used)

3. Remains recovered or disinterred by 3040th CG Co
(name and organization)

4. Evacuated to Cemetery by GP 5th Field Command AGRC
(Name and organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	(Type)			
Raincoat				UTD
Overcoat				UTD
Jacket, Field				UTD
Jacket, Combat				UTD
Mackinaw				UTD
Sweater				UTD
Jacket, HBT				UTD
*Shirt, Wool, OD				UTD
Undershirt, Wool				UTD
Undershirt, Cotton				UTD
Trousers HBT				UTD
*Trousers, Wool, OD				UTD

ANNEX #4

Belt, Web UTD

Drawers, Wool UTD

Drawers, Cotton UTD

Leggings, Wool UTD (Not unusual lacing)

Socks, Cotton wool One left

*Shoes (~~strip~~) one left, service smooth size 11 1/2

Overshoes UTD

Web Equipment (type) UTD

(Other item) UTD

(Other item) UTD

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

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

Shoulder Patch UTD

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

8. Description of Remains:
Age UTD Height UTD Weight 4 lbs Description of wounds UTD
ESF

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, blemishes, 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 Goatee UTD
 (color, setting, shape) (color, size, shape) Length, heavy,

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 UTD
 (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)

UTD
 extent and quantity of hair)

Hands UTD

Fingers UTD
 (short, thick, long, slender, size of knuckles, missing fingers or

UTD
 (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, an endectomy, amount

Circumcision UTD Pubic hair UTD
 (yes-no) (color)

UTD
 quantity & color of hair

Hernioplasty UTD
 (yes-no, location)

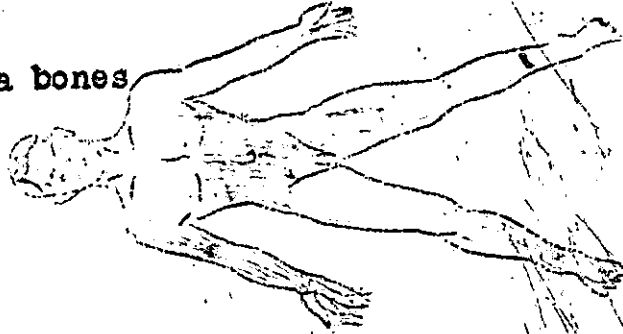
Legs UTD
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet _____ Toes _____
(Size, corns, UTD blouses, flat) (slender, straight, crooked, overlaid)

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

9. Black out parts of body not received at cemetery:

Distal end of left tibia and fibia bones of the left foot



10. Have fingerprints been placed on Report of Interment no
Yes-No

If not explain UTD

11. Has tooth chart been prepared _____ If not, explain UTD
yes-no

Maxillary and mandible not recovered with the remains.

12. Remarks: Only bones recovered are listed above. The service shoe is of a smooth finish.

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.

Ralph W. Sleator
Ralph W. Sleator's Name

Maj. Gen. Third Field Command, AGRC

Organization

ANNEX #4

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 25 MAY 1948

SUBJECT: Reprocessing of Remains

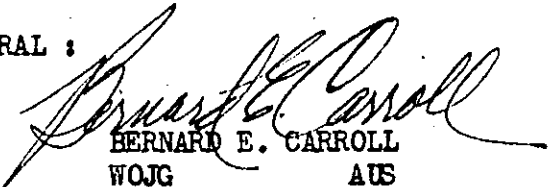
TO: The Quartermaster General
2nd & T Sts, S.W.
Washington 25, D.C.

The remains of X-6180
interred in Plot AAAA, Row 12, Grave 140, USMC St-Avoid
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Shoes : One Pair (Type) Service 11 1/2 E

FOR THE COMMANDING GENERAL :

1 Incl : Skeletal Chart


BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen.

X-6180
USMC. St-Avoid

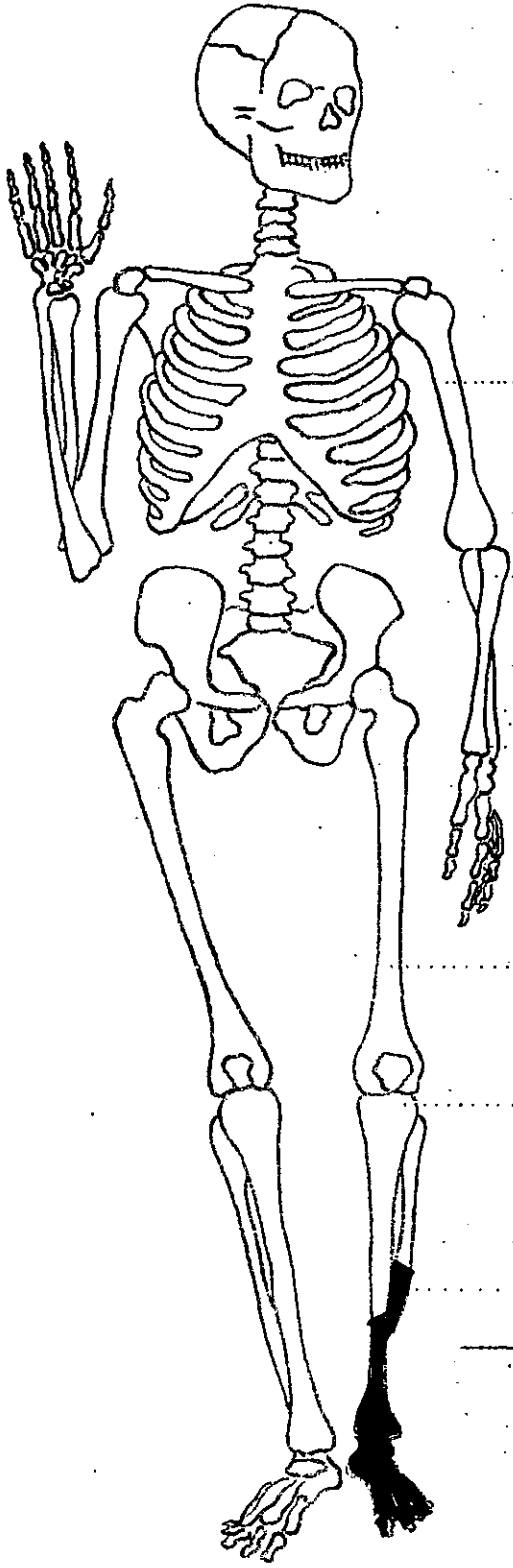
19 April 1948

Plot AAAA, Row 12, Grave 140

SKELETAL CHART

(BLACK OUT PARTS OF BODY ████ RECEIVED)

NOTE



CM. HUMERUS

CM. RADIUS

CM. ULNA

CM. FEMUR

CM. TIBIA

CM. FIBULA

UTD ESTIMATED HEIGHT

PROCESSED BY: _____

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

26 September 1949
Date

Take fingerprints of the deceased and fill in the following information to obtain a complete set of fingerprints, take these

UNKNOWN X-6180

Last Name

First

Initial

Rank

Serial No.

Unknown Laundry Marks

Unknown

Unit

Organization

Place of Death: Coincourt, France

Time and Date of Burial: 21 May 1946 - 1500 U.S. Military Cemetery, St. Avold, France

Grave Number: 140 Row Number: 12

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

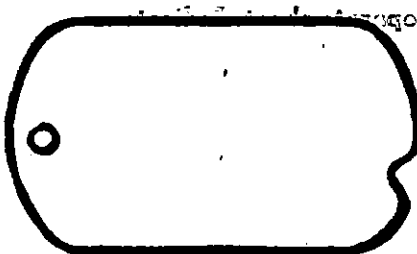
No Identification Tags: Unknown X-6180 designated CIL #3902 on 23 May 49. How were remains identified? has been redesignated Unknown X-6180. 1st Ind dated 7 Sept 49, Unit X-6390 (Newville)

What means of identification were buried with the body? Note below any identifying clues found, such as letters, photographs, etc.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	Unk X-6144	141
Deceased's Right:	Name	Serial No.
Deceased's Left:	ONLY FIC. I.M. of Larkin & Molich	136
	Name	Serial No.

Signature of person reporting burial: [Signature]



Emergency Addressee: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same:

REBURIAL
Isolated Grave near Coincourt E & W,
France. Carte Michelin sht 62,
1.200.000 (4785402)

This corrected copy of Report of Burial, prepared at H.S. AGRO-IA.

Signature of Officer or other person reporting burial: [Signature]
Verified by G. R. S. Officer

IDENTIFICATION SECTION
DEPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME *ehh*

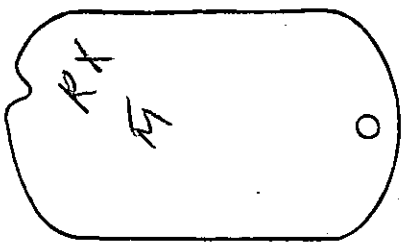
RESTRICTED

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

21 May 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION:		
	NAME (Last, first, middle initial)		SERIAL No.
	Unknown X-6180		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
Coincourt Meurthe et Moselle France	Unknown	Est Dec 1944.	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
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 Avoild, France

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 May 1946	1500	Dasket	Temp wooden Cross	AAAA	12	140

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
yes	Isolated Grave near Coincourt Meurthe et Moselle France Carte Michelin sht 62; 1.200.000(4785402)
	PLOT No. ROW No. GRAVE No. Isolated Grave

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General Service	Ch. O.A. RUSHER, CAP'T.	One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
No	Yes, embossed plate	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-6132	UNK	UNK	UNK	139

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-6144	UNK	UNK	UNK	141

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Herbert F. Shaw WD Civ Third Field Com and AGRC	RALPH W. SLEATOR Major, Inf, 3rd Field Command

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 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	UTD	UTD - - -

WEAPON AND SERIAL No. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Coincourt Neuville et Mosele, France
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OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

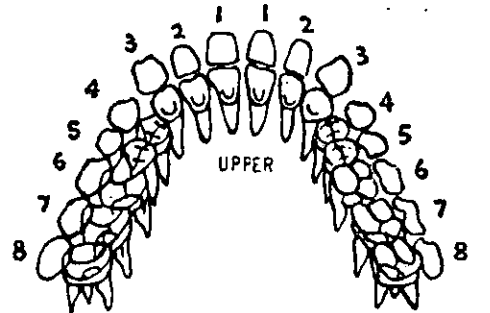
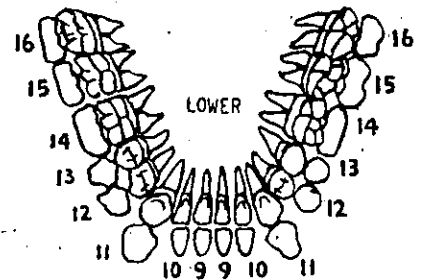
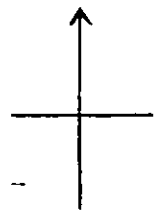


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Attached : Form 11 Check List of Unknowns. Unable to obtain fingerprints or Form 1A Tooth Chart because of missing portions of remains. Est Wt of remains 4 lbs