

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 Dec. 1948

Date

SUBJECT: Unidentifiable Remains .

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

1. The records pertaining to Unknown X- 6225 , Plot BBBB ,
Row 8 , Grave 90 , 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. No record this HQ , dated . No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

Received 20 APR 1949 QMG
Not identifiable from
information presently
available

File - NAT
J. Parker
Id. Branch
20 April 49

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AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
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RRE 293

23 DEC 1948
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SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 6225, Plot DBBB
Row 3, Grave 90, USMC St-Avoid, 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. No record this HQ, dated .
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FOR THE COMMANDING GENERAL:


GEORGE L. FREEMAN
1st Lt OMC
Actg Asst Adj Gen

Received 20 APR 1949 OQMG
Not identifiable from
information presently
available

J. Parker

Incl # 27

1

USMC ST. AVOLD, FRANCE Buried at deceased Left: SHIRLEY CLIFFORD
 Plot F, Row 17, Grave 27 **DISINTERMENT DIRECTIVE** 36694485 SGT
 Date reburied: 22 Jan 49 Right: JAMBROSEK JOSEPH Jr
 36909604 PFC

SECTION A — DEWEY R. BELL
 NAME AND BURIAL LOCATION OF DECEASED 1st Lt. CAV
 DIRECTIVE NUMBER 3574 00000
 DATE 15 12 47
 DAY MONTH YEAR

NAME UNKNOWN X-006225 RANK ARM J
 DATE OF DEATH DAY MONTH YEAR
 293 - ~~Frank X-6225~~ (At Avold)
 CEMETERY ST AVOLD - METZ 0
 DISPOSITION OF REMAINS DAY MONTH YEAR
 3503 80
 CODE DIST. PT.
 PLOT 4B ROW 8 GRAVE 90 COUNTRY FRANCE
 CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006225 SERIAL NUMBER RANK Unk DATE OF DEATH DATE DISINTERRED
 22 June 48
 IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER GRS
 Melvin W Blackburn
 Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform & mattress cover CONDITION OF REMAINS Body consist of feet bones & distal end of R/L/Tibia - Final stage of decomposition

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 June 48 BY Melvin W Blackburn, Embalmer

CASNET SEALED BY

Melvin W Blackburn, Embalmer

EMBALMER (Signature)

Melvin W Blackburn

CASNET BOXED AND MARKED

IMPRINT ADDRESS VERIFIED BY All markings, plates & tags verified by:

DATE 21 June 48 BY Melvin W Blackburn

HENRY F. LEBLANC 1st Lt Inf

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

HENRY F. LEBLANC 1st Lt Inf, 337 1st Bn

SIGNATURE OF GRS INSPECTOR

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

FILE

18 MAY 1949

REGISTRATION
BRANCH
MCIA. DIV.

USMC ST. AVOLD, FRANCE
Plot F, Row 17, Grave 27
Date reburied: 22 Jan 49

Buried at deceased .Left: SHIRLEY CLIFFORD
DISINTERMENT DIRECTIVE

36694485 SGT
Right: JAMBROSEK JOSEPH Jjr
36909604 PFC

SECTION A - DEWEY R. BELL
NAME AND BURIAL LOCATION OF DECEASED
1st Lt. CAV

DIRECTIVE NUMBER
3574 00000

DATE
15 12 47
DAY MONTH YEAR

NAME: UNKNOWN X-006225 RANK: J ARM: J
DATE OF DEATH: 30 June 48
CEMETERY: ST AVOLD - METZ
DISPOSITION OF REMAINS: 3503 80
PLOT: 4B ROW: 8 GRAVE: 90 COUNTRY: FRANCE
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-006225 SERIAL NUMBER: RANK: Unknown DATE OF DEATH: 30 June 48 DATE DISTINTERRED:
IDENTIFICATION TAG ON: [] REMAINS [X] MARKER ORGANIZATION: UNKNOWN RELIGION: UNKNOWN IDENTIFICATION VERIFIED BY: Melvin W Blackburn, Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Uniform & mattress cover CONDITION OF REMAINS: Body consist of feet bones & distal end of R/L/Tibia - Final stage of decomposition
OTHER MEANS OF IDENTIFICATION: None
MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 24 June 48 BY: Melvin W Blackburn, Embalmer
CASNET SEALED BY: Melvin W Blackburn, Embalmer EMBALMER (Signature): Melvin W Blackburn
CASNET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY: All markings, plates & bags verified by: Henry F. Alzman

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

Henry F. Alzman
1st Lt. CAV, 337 1st Lt. CAV

SIGNATURE OF GRS INSPECTOR

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

FILE
MAY 1949

CHECK LIST OF UNKNOWNNS

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

Unknown X - **6225**
 Cemetery **St. Avoild, France (G-260584)**
 Plot **BBB8** Row **8** Grave **9**

1. Arrived at cemetery _____
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by _____
(name and organization)
4. Evacuated to Cemetery by **Central Identification Point**
(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	none		
	<small>(type)</small>		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
*Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	none		
Trousers HBT	none		
*Trousers, Wool OD	none		

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **canvas- inf. type** (Note unusual lacing) **no**

Socks, Cotton **none**

Shoes **9 1/2 EE** (type) **another service**

Overshoes **none**

Web Equipment **none** (Type)

(Other item) **none**

(Other item)

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

6. Chevrons or **none**
 Insignia (type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

utd 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 **none**
(baldness, widow's peak, distinctive cutting or other characteristics).

Sideburns **none utd** (color, setting, shape) Mustache **none utd** (color, size, shape) Beard or **utd** (length, heavy)

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

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

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

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

Teeth **none found**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw **missing** (large, small, normal) Circumference of head in inches **utd** (tight bands)

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

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

utd (extent and quantity of hair)

Hands **utd**

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

utd (Unusual characteristics of fingernails)

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

Back **utd** (quantity & extent of hair) Navel **utd** (size of navel, appendectomy, amount)

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

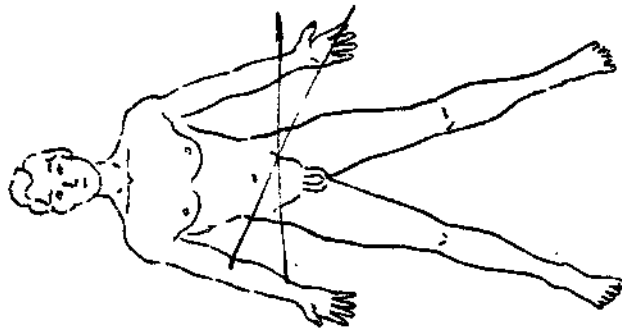
Hernioplasty **utd** (yes-no; location)

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

Feet utd (size, corns, callouses, flat) Toes utd (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 sheet:**



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

If not, explain too decomposed

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

12. Remarks : **X-ray not needed. Disinterred as a Mass Burial of two (2) men under X-6224 and X-6225 in one (1) box. Have been separated into two(2) bodies now in two (2) boxes as X-6224 (one body) and X- 6225 (one body)**

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.

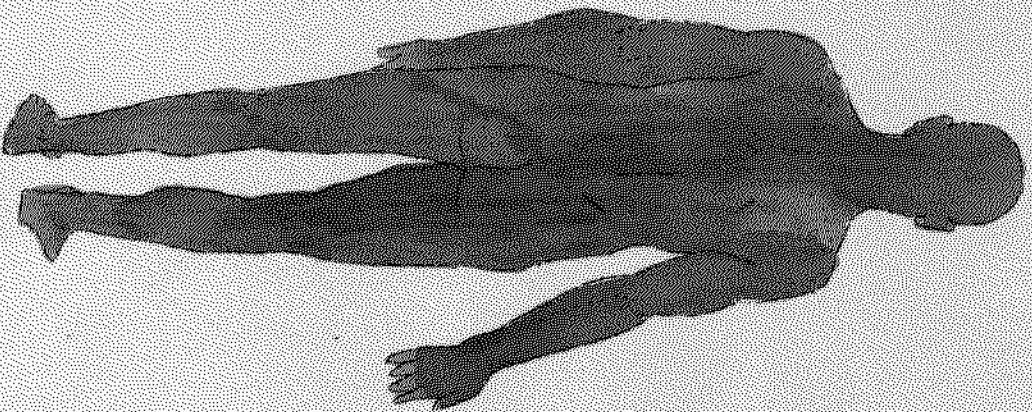
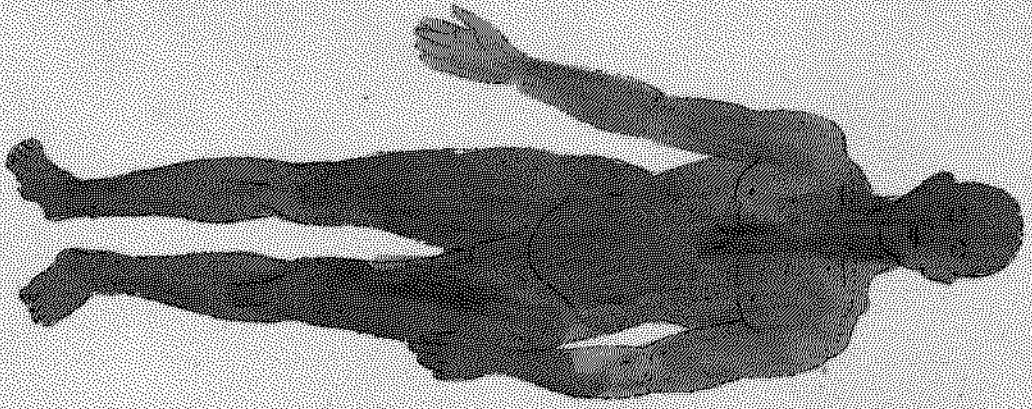
Raymond J. Johnson
G.G. Tension h.k.

2nd Lt. Inf., Lab-Officer

Rank Service

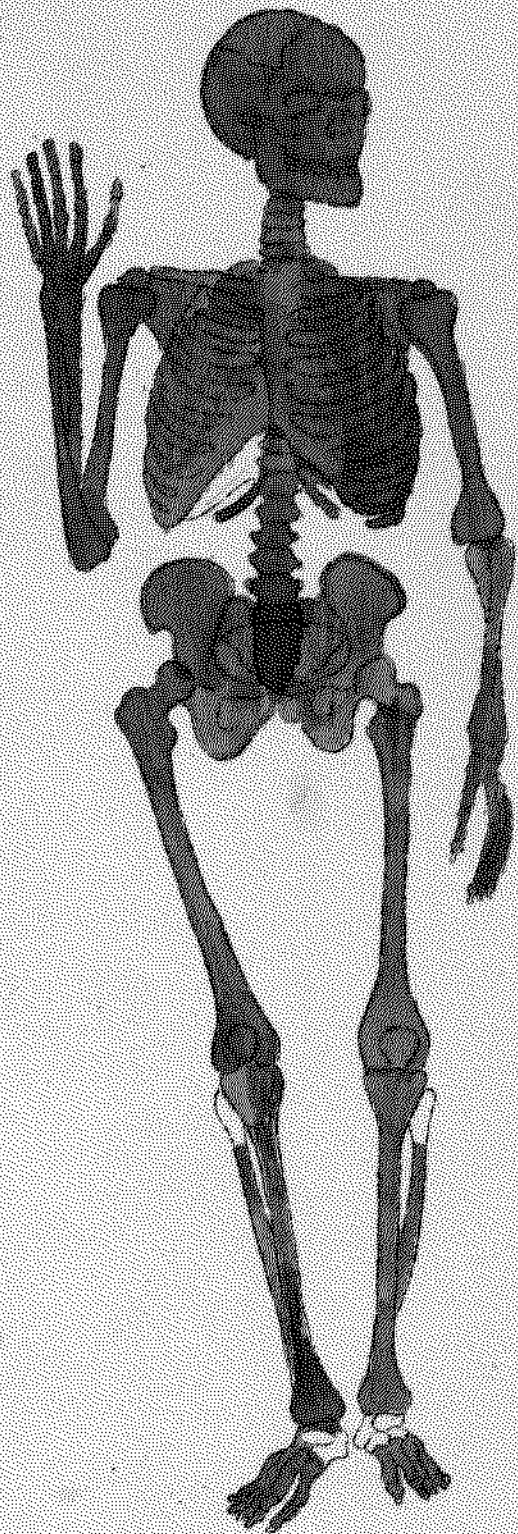
Central Identification Point

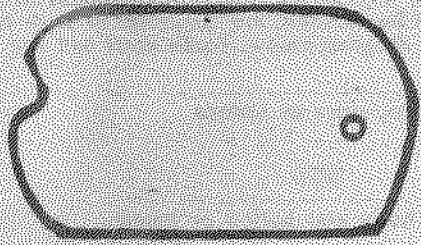
Organization



1-0225

+ 6285



WD GMC FORM 1042 Rev 1 Apr. 1948 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			Date of report 31 May 1946	
Imprint Identification Tag If Possible DO NOT TYPE		SECTION I. IDENTIFICATION				
		NAME (Last, First, Middle Initial) Unknown I-5225			Serial number 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 Ajoncourt, Moselle, France	Cause of death Land Mine		Date of death Est. 5 Oct 1944	
Emergency addresses (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		None <i>miss M</i>				
List personal effects found on body and disposition of same None						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and location of cemetery U.S. Military Cemetery St. Amand, France (S 260576)						
Date of burial 31 May 1946	Hour 1630	Buried in (Shroud, Blanket, or name of other) casket	Type of grave marker wooden cross	Plot no. BBB	Row no. 8	Grave no. 90
Was this a re-burial (Yes or No) Yes	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location Ajoncourt, Moselle, France, Army Air Dep Chalons-Lancy, Svt 9 960280 1730.00			Plot no.	Row no.	Grave no.
Type of religious ceremony General Services	Person conducting burial rites Ch. J. E. JOHNSON, 1st Lt		If identification tags not used, describe identification data and containers buried with body One copy of WD GMC Form 1042 - report of Interment - placed in burial bottle and buried with remains.			
Identification tag buried with body (Yes or No) No	Identification tag attached to marker (Yes or No) Yes, embossed plate					
Body buried on deceased left, Name (Last, First, Middle Initial) Crites, Charles A.	Rank S/sgt	Serial number 35976042	Organization 179th Inf. Bsgt.	Grave No. 89		
Body buried on deceased right, Name (Last, First, Middle Initial) Sigismundi, Stephen R.	Rank Pvt.	Serial number 33586027	Organization 142 Inf. Bsgt.	Grave No. 91		
Signature of person preparing report <i>Elizabeth T. McGuire</i> ELIZABETH T. MCGUIRE, Capt, GRC, G.I.P.			Signature of GRS officer verifying report <i>Walter C. Edwards</i> WALTER C. EDWARDS, 2nd Lt, Inf, G.I.P.			
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.						

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints 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 number	Laundry marks	Where body was buried or found
None	None	Ajoncourt, Moselle, France

For tooth chart see attached Form I-A.

REMARKS

Previously buried as a Mass Burial with Unknown X-6224. Bodies reprocessed at C.I.P. on 5 October 1946 and segregation was made.

Furnish sketch and map reference and coordinates for burial in other than established cemetery



Remarks

Form # 11 checklist of Unknowns accomplished.
 No Tooth Chart because of missing teeth.
 Estimated weight of remains recovered: 3 lb.