

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

23 December 1948  
Date

SUBJECT: Unidentifiable Remains

*293-Unit-France X-6435 (St. Avold)*

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

1. The records pertaining to Unknown X- 6435, Plot EEEE, Row 10, Grave 114, 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. 2544, dated 10/11/47. 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 29 NOV 1949 QOMA  
Not identifiable from  
information presently  
available

✓  
File - NAT  
J. H. Parker  
Hd. Branch  
29 Nov 49

Address  
Name  
Room  
Building

0000



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

23 DEC 1948

(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 6435, Plot EEEE  
Row 10, Grave 114, 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. 2544, dated 10/11/47.  
No further information is available.

FOR THE COMMANDING GENERAL:

Received 29 NOV 1949 00MG  
Not identifiable from  
information presently  
available

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt CMC  
Actg Asst Adj Gen

*Incl #46*

Parker

USMC ST. AVOLD, FRANCE Buried at deceased Left ZISSI, LAZAR  
Plot F, Row 6, Grave 23 31374402 PFC  
Date reburied: 22 Jan 49 **DISINTERMENT DIRECTIVE** Right: RABINOWITZ, LEO  
*W.R. Bell* 01296742 1 LT

1 ✓

SECTION A — NAME AND BURIAL LOCATION OF DECEASED DEWEY R. BELL 1st Lt, CAV DIRECTIVE NUMBER 3574 00000 DATE 15 01 48  
DAY MONTH YEAR

NAME UNKNOWNX-006435 SERIAL NUMBER RANK ARM 1 DATE OF DEATH

CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0 3503 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
4E 10 114 FRANCE 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN  
*293-4th France X-0, 43 ✓ (St. Avold)*

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006435 SERIAL NUMBER RANK DATE OF DEATH 4 Aug 48 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION USAAF RELIGION IDENTIFICATION VERIFIED BY Anthony J Martin Embalmer NAME AND TITLE  
 REMAINS  
 MARKER GRS

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover CONDITION OF REMAINS All major bones fractured and/or missing except R/L/Pelvic, Scapula - Disarticulated - Small amount of decomposed flesh -

OTHER MEANS OF IDENTIFICATION Report of Burial dtd 28 June 46 found with remains

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN CASKET DATE 10 Aug 48 BY Anthony J Martin, Embalmer

CASKET SEALED BY Anthony J Martin, Embalmer EMBALMER (Signature) *Anthony J Martin* Anthony J Martin

CASKET BOXED AND MARKED DATE 10 Aug 48 BY Anthony J Martin All markings, tags & plates verified by: *H Mead* 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* 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.

76 MAY 1949

MEM. DIV.

# 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

# CHECK LIST OF UNKNOWNNS

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

Unknown X-6435  
Cemetery (Q-260584) St. Aold France  
Plot EEEE Row 10 Grave 114

1. Arrived at cemetery 1030 28 June 1946  
(hour) (date)
  2. Place of death Luenchon, Germany (WY 8159) M-49 1/250,000  
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by 535th Q.M. Group  
(name and organization)
  4. Evacuated to Cemetery by Mj. Wm. J. Pelton HQ. Third Field Command A.G.R.C.  
(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	None		(type)
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 **None** (Note unusual lacing)

Socks, Cotton **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **None**

(Other item) **None**

\*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  
**No**

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 **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)

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

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

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

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

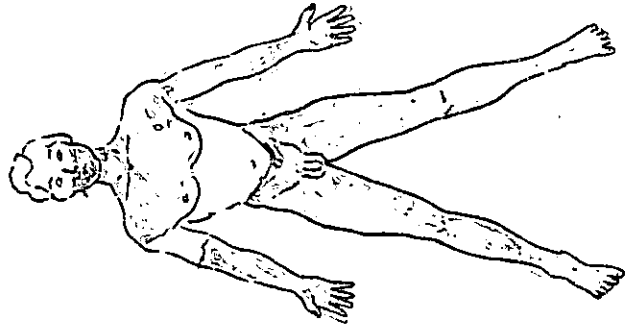


Feet UD  
(size, corns, callouses, flat)

Toes UD  
(slender, straight, crooked, overlap)

Evidence of healed factures UD  
(nose, arms, legs, etc.)

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



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

If not, explain No hands

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

12. Remarks : Body completely decomposed. Net. weight of remains processed 30 lbs.

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.

*Wm. J. Pelton (ms)*  
**Wm. J. Pelton**  
Officer's Name

**Major** **A.M.C.**  
Rank Service

**Hq. Third Field Command A.G.R.C.**  
Organization

## IDENTIFICATION CHECK LIST

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

Unknown X -6435

Cemetery St Avoide, Franco

Plot EEEE Row 10 Grave 114

Date reprocessed: 24 September 1947

1. ~~Arrived at cemetery~~ \_\_\_\_\_  
(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, Central Identification Point,  
(Name and organization) ACRC, EA
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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>Remnants of one (1) burned</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web ..... Remnants of one (1) burned  
 Drawers, wool ..... Remnants of one pair burned  
 Drawers, cotton ..... Remnants of one pair  
 Leggings, wool ..... None  
 Socks, cotton ..... None  
 \* Shoes ..... None (type)  
 Overshoes ..... None  
 Web Equipment ..... None (type)  
 (Other item) ..... "Report of burial" in bottle- found in debris  
 (Other item) ..... None

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

Chevrons or  
 Insignia ..... None  
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

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

6. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

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

**UTD** Tattoos  
 (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face **UTD**

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

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

Hair **None**  
 (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 ..... **None**  
 (Light, color, extent)

Eyes ..... **None** ..... Eyebrows ..... **None**  
 (Color, setting, shape) (Color, fullness, extent across nose)

Nose ..... **None** ..... Ears ..... **None**  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth ..... **None** ..... Lips ..... **None**  
 (Large, medium, small) (Small, large, full)

Teeth ..... **None found**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... **None**  
 (Prominent, receding, pointed, dimples, double)

Jaw ..... **None** ..... Circumference of head in inches ..... **crushed**  
 (Large, small, normal) (Hat band)

Neck ..... **None** ..... Larynx ..... **None**  
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders ..... **None** ..... Arms ..... **None**  
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands ..... **Missing**

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

(Unusual characteristics of fingernails)

Chest ..... **None**  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... **None**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... **None** ..... Circumcision ..... **YPP** ..... Pubic Hair ..... **None**  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty ..... **None**  
 (Yes-no; location)

Legs ..... **None**  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... **None** ..... Toes ..... **None**  
 (Size, corns, callouses, flat) (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.

**See chart**

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

If not, explain Hands missing

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

9. Remarks Remains received in advanced stage of decomposition wrapped in mattress cover in UK casket.  
Clothing found in debris. No markings.  
Fluoroscopic Examination: negative  
Burial report found but no GAO tag.  
Estimated weight of processed remains: 7 lbs.  
No teeth recovered.  
Nothing found to warrant Chemical Laboratory Examination.  
Case remains Unknown.

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.

*Ernest C. Gaddy*  
ERNEST C. GADDY  
(Officer's Name)

G-3  
Rank

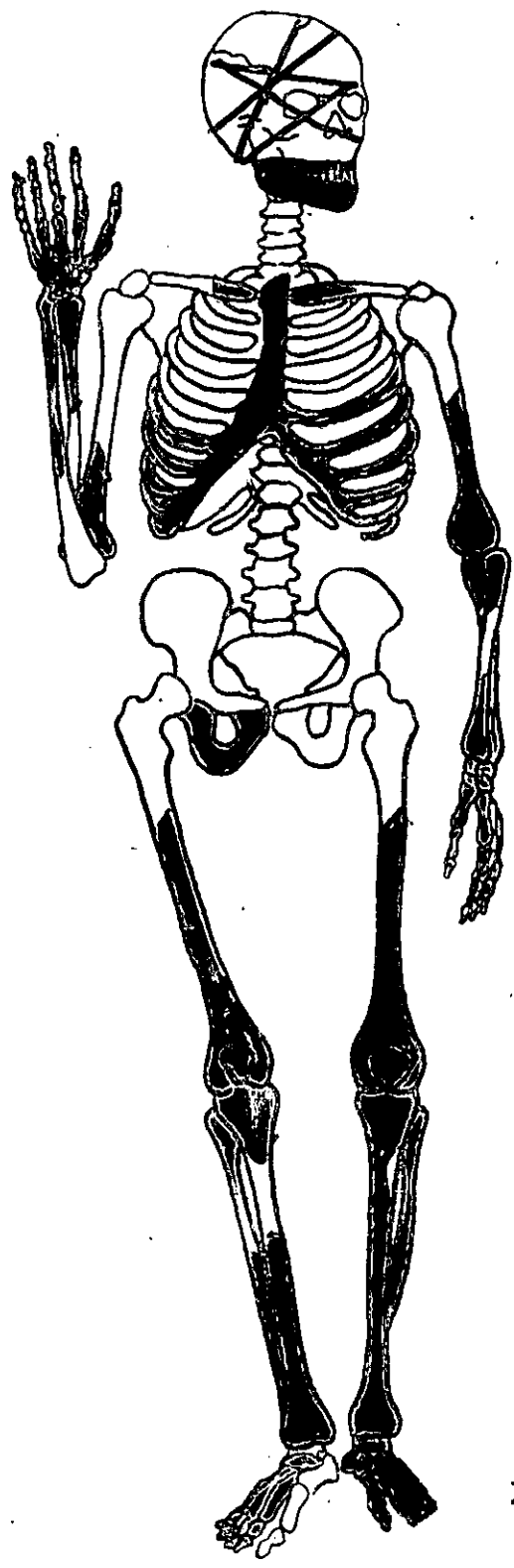
USA  
Service

CENTRAL IDENTIFICATION POINT  
(Organization)

Unknown X-0435  
St Avoird, France  
Plot EEEE Row 10 Grave  
114

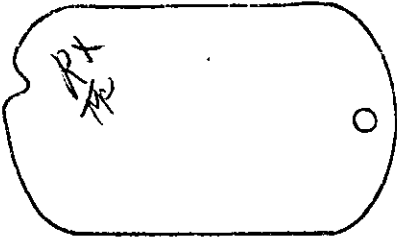
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Estimated height: UTD

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 28 June 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X-6435					
		GRADE Unknown		ORGANIZATION Unknown		SERIAL NO. Unknown	
		RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE A.A.F.	
						IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Muenchen, Germany		CAUSE OF DEATH Plane Crash				DATE OF DEATH Est. Sept. 1944	
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		None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY. U.S. Military Cemetery (Q-260584) St. Avoird, France							
DATE OF BURIAL 28 June 1946	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp Wooden Cross	PLOT NO. EEEE	ROW NO. 10	GRAVE NO. 114	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Muenchen, Germany West Cemetery M-49 (WY 8159) 1250,000			PLOT NO. 30	ROW NO. 3	GRAVE NO. 50	
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. J.B. JOHNSON, 1st Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy W.D. Q.M.C. 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) UNKNOWN X-6439			RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE NO. 113	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6445			RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE NO. 115	
SIGNATURE OF PERSON PREPARING REPORT Max M. Schiff HQ. Third Field Command A.G.R.C.				SIGNATURE OF GRS OFFICER VERIFYING REPORT 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 allied dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

**RESTRICTED**

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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


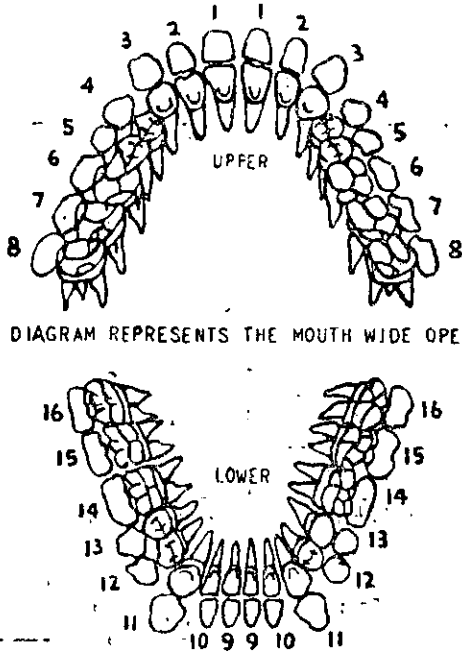




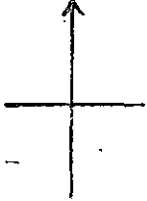
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT <b>UTD</b>	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>UTD</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>
----------------------	----------------------	-----------------------------	-----------------------------	---

WEAPON AND SERIAL No. <b>None</b>	LAUNDRY MARKS <b>None</b>	WHERE BODY WAS BURIED OR FOUND <b>Muenchen, Germany</b>
--------------------------------------	------------------------------	--

**OTHER IDENTIFICATION CLUES**

**None**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>	<p><b>None</b></p> 	

**REMARKS:**

Attached: Form 11 Check List of Unknowns. Unable to obtain Form 1A Tooth Chart or finger prints due to missing portions.

Est. weight of remains received 30 lbs.

AUG 20 3 14 PM '46

RECORDS BRANCH