

7887 GRAVES DETACHMENT

943 unk. St. Avold APO 757 X-6445 *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-6445 St Avold

(POC) EPINAL

*file 2 mar 51
Kirkland
Ident.*

Notes: ... Cas Cl Sec

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
U. S. MIL. CEM. ST-AVOED
PLOT ~~EEEE~~ ROW 10 GRAVE 115

AGRC Form # 10 (Revised)

1 January 1946.

6 June 1946

Date

NAME Unknown **X-6445** RANK Unkn. ASN Unknown

ORGANIZATION A.A.F.

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?
If so, state the following information: **No.**

a. NAME Unknown RANK Unkn. ASN Unkn.

b. ORGANIZATION A.A.F.

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

a. NAME Unknown RANK Unkn. ASN Unknown

b. ORGANIZATION AAF

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

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

a. Date of above burials _____ Common Graves? _____

MILITARY CEMETERY

5. Name and Type of Cemetery _____
(Military or Civilian)
6. Map Coordinates of the Cemetery **BY 8159**
- a. Town **MUNICHEN** Country **GERMANY**
7. Give exact location in cemetery of the remains.
- a. Section **20** Row **4** Grave **51**
- b. Is Sketch attached? **YES**
8. If remains are not located in a cemetery, give exact location.
- a. Town _____ Coordinates _____
- b. Is sketch attached? _____
- c. Is area mined? _____
9. How is the grave marked? _____
10. If grave is marked with cross, give exact markings thereon _____
NO MARKINGS
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
BURGERMEISTERS OFFICE AND CARETAKERS OFFICE
- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By Whom? _____
12. What is the date of death? **EST SEPT 1944**
- a. Give basis **BODIES BURIED AROUND THAT TIME**
13. What is the cause of death? **UNKNOWN**
- b. Give basis _____
14. What is the date of burial? **EST SEPT 1944**
- a. Give basis **CARETAKERS STATEMENT**

15. Where was the place of death? UNKNOWN Coords _____
 Give basis _____
16. Where were the remains found? UNKNOWN Coords _____
 a. By Whom? _____
 b. Is sketch attached? NO
17. Was a casket used? NO Who furnished the casket? _____
 Type of casket _____ How marked? _____
18. Who made the burial? GERMAN SOLDIERS (Civilian, American Mil. or German Mil).
 a. What are the names and addresses? UNKNOWN

 b. Are certificates and statements attached? NO

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? UNKNOWN
 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? NO WRECKAGE LOCATED
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
 a. Type of Plane UNKNOWN
 b. Markings and/or name on plane _____
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? UNKNOWN Anti-aircraft _____
 Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? UNKNOWN On ground? _____
23. Did plane burn in the air? UNKNOWN On ground? _____
24. What was the direction of the flight? UNKNOWN
25. What was the civilian opinion regarding destination of plane?

NONE
26. Had bombs been released prior to the crash? UNKNOWN
27. Does specific time and date of crash correspond with date of death of above named deceased?

UNK KNOWN
28. Number of planes in formation prior to crash UNKNOWN
29. State precise time and date of plane crash UNKNOWN (Night? Day?)
30. Were parachutists seen? UNKNOWN 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) _____

It so, give, complete and thorough results of the interrogation. /

a. Are all certificates and statements of people who possessed knowledge of the case attached ?

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

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 _____ **ALL PERSONAL EFFECTS REMOVED BY GERMAN PERSONNEL** _____

a. Were identification tags found at the time of death ? _____ **UNKNOWN** _____

Where? _____ By Whom? _____

Present disposition _____ **UNKNOWN** _____

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 ? _____ **UNKNOWN** _____

Where? _____ By Whom? _____

Present disposition _____

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

d. Did Cemetery register or cross indicate the immunization shot? _____

42. Was Deceased given first aid? UNKNOW If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? UNKNOW

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?

(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 _____

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 NO INFORMATION COULD BE FOUND AS WHERE THESE BODIES

CAME FROM OR WHERE THEY DIED.

(Use attached sheets, if necessary)

[Handwritten Signature]
Signature of Interpreter

Rank _____ ASN _____

Organization _____

[Handwritten Signature]
DAVID A. BURNIS JR.
Signature of Investigator

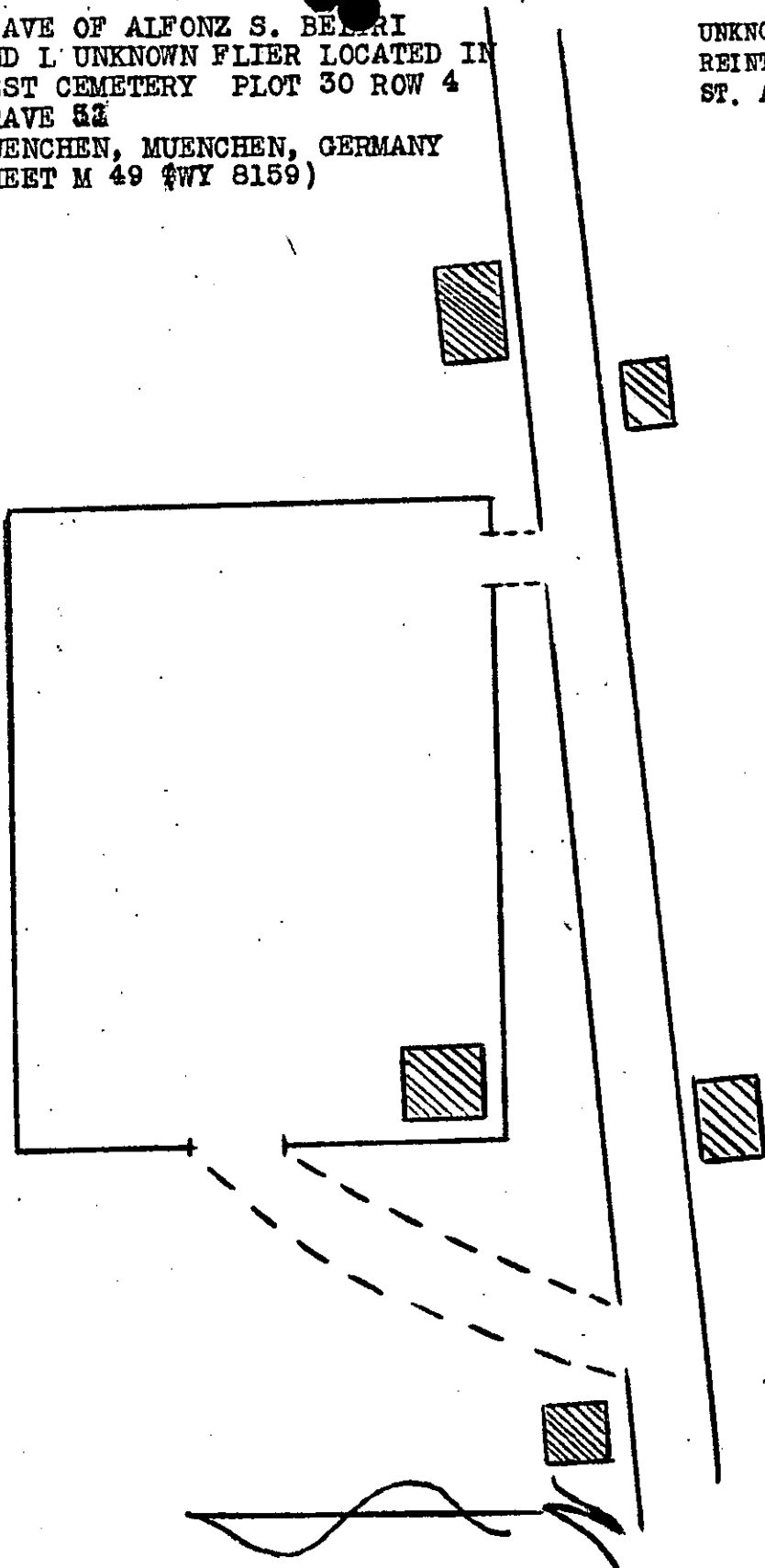
Sgt. Rank 98570525 ASN

606 CH. O. R. CO.
Organization

GRAVE OF ALFONZ S. BEBRI
AND I. UNKNOWN FLIER LOCATED IN
WEST CEMETERY PLOT 30 ROW 4
GRAVE 52
MUENCHEN, MUENCHEN, GERMANY
SHEET M 49 (WY 8159)

UNKNOWN X-3445
REINTERRED U.S. MIL. CEM.
ST. AVOLD, EEEE-10-115

GRAVE



UNKNOWN X-6445
REINTERRED U. S. MIL. CEM.
ST. AVOLD, BEER-10-115

STATEMENT

I, the undersigned certify that I have given all information on my records of the Deceased. I do not know of any one who would know of any other information.

DER OBERBÜRGERMEISTER

I. A.

gez. Wachter

stadt. Verw. Insp.

Kath. Bestattungsdienst

This is a True Copy:

Walter I. Martine
WALTER I MARTINE 2nd. Lt. Inf.

606th. Q.M. G.R. Co.

X-6445
 St. AVOLD

IDENTIFICATION CHECK LIST

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

E.O. 785



Unknown X 6445
 Cemetery St. AVOLD
 Plot EEEE Row 10 Grave 115

1. REPROCESSED
 Arrived-at-cemetery 72 Nov 48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered-or-disinterred-by REPROCESSED BY MARINE TEAM #7
(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 _____ <small>(Type)</small>			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
X Undershirt, Wool <u>REMNANTS OF</u>			
Undershirt, Cotton _____			
Trousers, HBT _____			
X * Trousers, Wool OD _____			

NONE

NONE

Belt, web

Drawers, wool

Drawers, cotton

X Leggings, wool PARACHUTE, REMNANTS OF

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

X (Other item) COVERALLS, GARRADINE, REMNANTS OF

X (Other item) SUIT, FLYING, ELECTRICALLY HEATED, REMNANTS OF

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

X Chevrons or Insignia CREW MEMBER'S INSIGNS FOUND IN DEBRIS
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NO ONE

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

6. Description of Remains:

Age U/D Height EST 5'4 1/2" Weight U/D Description of wounds U/D

Bandages or dressings U/D Scars (Length, width, location) U/D

Tattoos (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face

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

Build (Large, fat, thin, muscular)

Hair NO HAIR FOUND
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns (Color, setting, shape) Mustache U/D Beard or U/D
(Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

Teeth *SEE TOOTH CHART* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double) *FRACTURED AND*

Jaw (Large, small, *normal*) Circumference of head in inches *PARTS 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 *HTD*

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

..... (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 *HTD* (Yes-no) Pubic Hair *NONE FOUND* (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes *HTD* (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 TO IDENTIFIED HANDS MISSING

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

CASE REFERRED AS DLR E.C. 785

9. Remarks REMAINS RECOVERED IN SKELETAL FORM. CLOTHING FOUND
IN DEBRIS BORE NO MARKINGS. GREEN METALLIC WINGS FOUND ^{with the}

REMAINS ^{and} SENT IN AS PERSONAL EFFECTS. NO EVIDENCE OF HEALED
FRACTURES OR AMPUTATIONS. TEETH FOUND ^{with the remains} ESTIMATED
WEIGHT OF REPRESENTED REMAINS TORTS.

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.

Mr. Junker
Air. Force
M. Det. Pass

Thomas Junker
(Officer's Name)

Rank Service

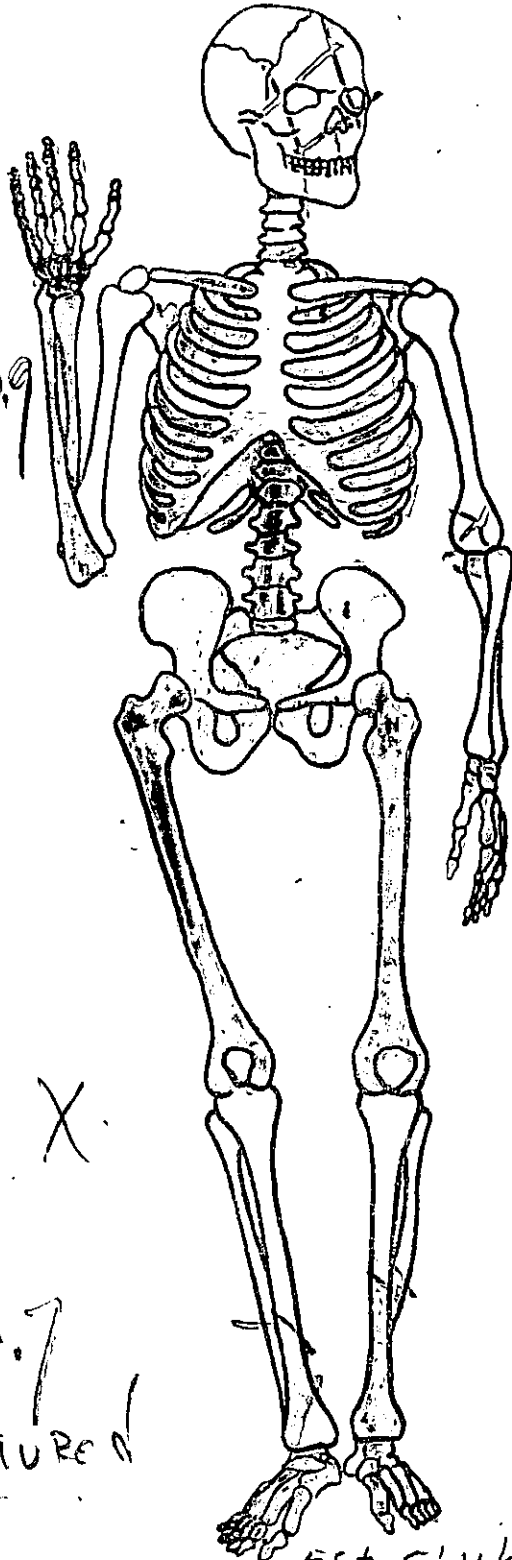
(Organization)

X-6445

SKELETAL CHART STARD. 12 20648

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

EST. 10-150



Age years 30.9

RADIUS = 24.6

X

Height 36.7
Scoliosis FRACTURED

EST 5' 2 1/2"

E.O. #785

TOOTH CHART

Plot - EEEE
Row - 10
GRAVE 115

ST. AVOLD

12 AUG 48

Date

X-6445

Last Name	First	Initial	Grade	Serial No.
Unit		Organisation		

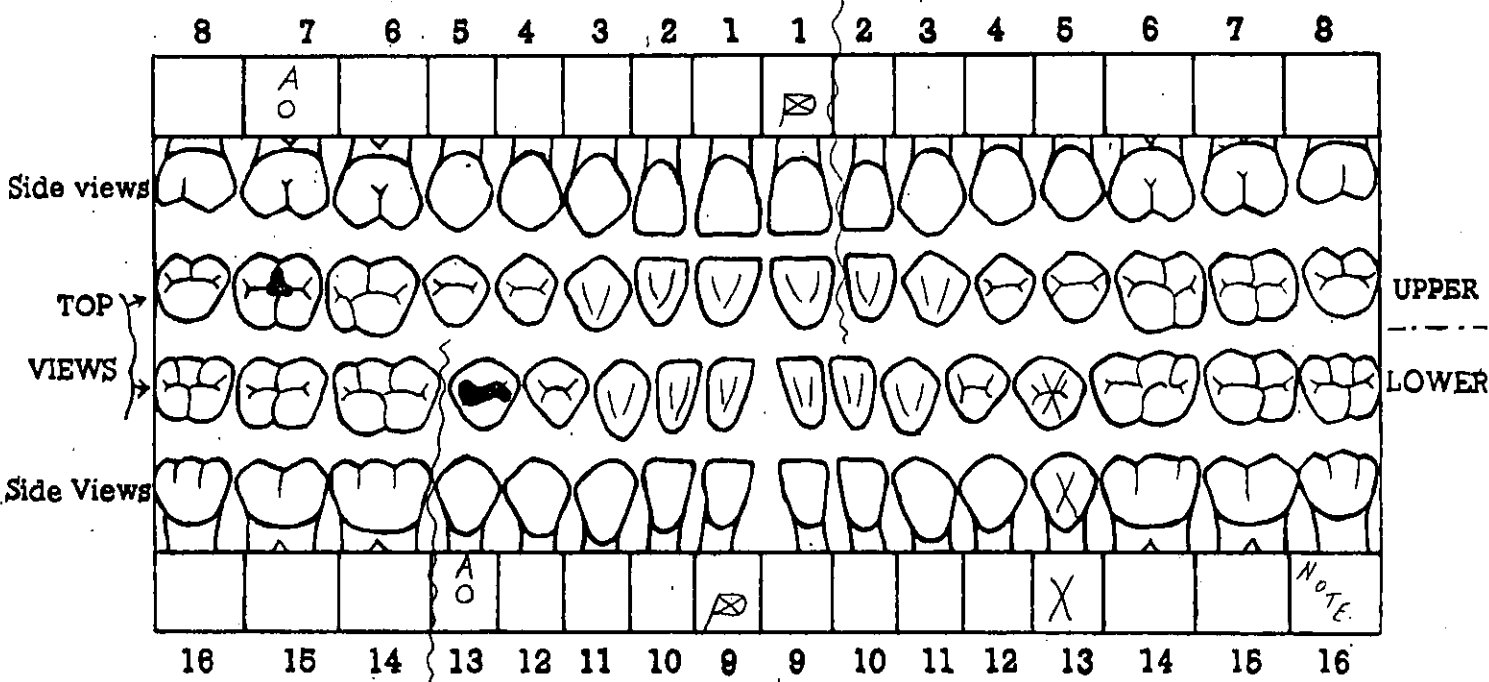
Place of Death

Date of Death

Cause of Death

Right

Left



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

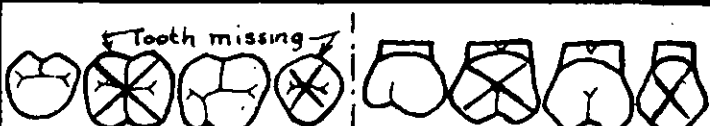


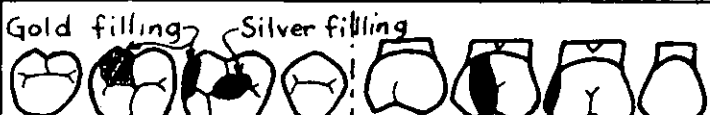

See Reverse

5' 4 1/2"

Wm J. F...
SP# 7 *Doc*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

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

X

ADDITIONAL SPACE FOR FURTHER REMARKS

⊗ = POSTHUMOUSLY MISSING

SPACE: L-12-14 = 5 MM.

Color = White Ivory with cloudy effects

SIZE = AVERAGE

ALIGNMENT = Good

MAXILLA

R-4 = SLIGHT DISTAL ROTATION.

R-2 = LINGUAL VERSION.

L-4 = ROTATED 1/16 TURN DISTALLY AND ALSO A DISTAL VERSION

MANDIBLE

R-16 = MESIAL VERSION

R-13 = SLIGHT DISTAL ROTATION

L-16 = UNERUPTED AND IS IMPACTED AGAINST L-15

USMC EPINAL

Plot: B Row: 50 : 9

Date of Burial: 30 June 50 **DISINTERMENT DIRECTIVE**

Verified by GRS-Officer

Allen L. LAWSON 1st LT INF.

*App
2/2/50*

1

SECTION A - *Allen L. Lawson*
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM
UNKNOWN X-006445 1

CEMETERY ST AVOLD - METZ
DISPOSITION OF REMAINS
0 35000 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY
4E 10 115 FRANCE

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT
NAME AND ADDRESS OF CONSIGNEE: ~~SACINXAYOIX, FRANCE EPINAL, FRANCE~~
(BY ADMINISTRATION ORDER)
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION
NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X- 006445 4 Aug 48
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS **EM** MARKER **GRS** **USAAF** **Elijah H Fields, Embalmer**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL: **Mattress cover**
CONDITION OF REMAINS: **Remains consist of : six cervicle vetebrae , R/L scapula, R/L humerus, skull and mandible, L/uina and radius, fragments of five ribs, R/L tibia and fibula. All major bones fractured. Body in skeletal form.**
OTHER MEANS OF IDENTIFICATION: **Report of Burial found with remains. Also Embossed plate found with remains.**
MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET
DATE: **12 Aug 48** BY: **Elijah H Fields, Embalmer**

CASKET SEALED BY: **Elijah H Fields, Embalmer**
EMBALMER (Signature): *Elijah H Fields*

CASKET BOXED AND MARKED: **12 Aug 48 Elijah H Fields, Embalmer**
ALL markings, tags & plates verified by: **Ito Kanemitsu, 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.
Final casketing by: *[Signature]*
Ito Kanemitsu, 1st Lt Inf, 7857 AGRC Zone 3 Hq
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Consignee corrected - Reg. Div.

met ed

007

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

3. SHIPPED

FROM OIC		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 CF TO AIR LUNGE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

CONFIDENTIAL

293 Unknown X-538 (St Avoild)

FORM 293
GHS European

7 February 1950

SUBJECT: Identification of World War II Deceased

TO: Chief, Registration Division
7887 Graves Registration Detachment
APO 94, c/o Postmaster
New York, New York

1. Reference is made to Transmittal Letter No. 4609, dated 15 December 1949, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of Unknowns X-538 and X-645, interred in United States Military Cemetery St. Avoild, France as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

F. H. MITE
Lt. Colonel, QMG
Memorial Division

Parker:cam
Clements
REB

293 Unknown X-538
GHS European
JMN
TEC

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293 Unk-France X-6445 (St. Avoild) 13 December 1949
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6445, Plot EEEE,
Row 10, Grave 115, USMC St. Avoild, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 3157, dated 21-10-48. No
further information is available.

FOR THE COMMANDING GENERAL:

Signed:

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

Capt. Edward F. Price, Jr. O-1588236

CWO Leodore Goudreau W-2113434

Received 26 JAN 1950 **CGMG**
Not identifiable from
information presently
available

File - NAT
J. Parker
Id. Branch
26 Jan. 1950

7.2.119609

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

RRE 293

13 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6445, Plot EEEE, Row 10, Grave 115, 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. 3157, dated 21-10-48.

3. Remarks:

See Case History attached.

Received 26 JAN 1950 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

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

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr., O-1588236

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GEER, W-2102925

USA

Leodore Goudreau
Capt. Jack C. HAYES, O-1577297

JMC

Parker

CWO Leodore GOUDREAU, W-2113434, USA

CASE HISTORY

Unknown X-6445

United States Military Cemetery St Avold

1. The remains of Unknown X-6445, USMC St Avold, were recovered from the west cemetery at MUNICH, Germany. All efforts to associate this case with any of the unresolved casualties within the Germany M-49 area and other adjoining areas have been unsuccessful.

2. The tooth chart contained in the case on Unknown X-6445 was compared with all available dental data on unresolved casualties within the M-49 area and other adjoining areas with negative results.

3. In view of the foregoing and due to a lack of conclusive identifying data, it is recommended that this case be declared UNIDENTIFIABLE.

ZLB
hcb

9/6/50

AIRMAIL

5142
QRTT 273
GRS European

1st Inc

SUBJECT: Classification of Unidentifiable
Transmittal letter #4309
4609

Dept. of the Army, GSA, Washington 25, D. C., 25 January 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,
APO 88, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown X-6362, listed on basic communication, as Unidentifiable.
2. Unknown X-6716 was suspended to your headquarters by letter dated 19 December 1949.
3. Unknowns X-638 and X-6449 are under investigation. It is recommended that all action in connection with these cases be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

4 Incls:
w/a

T. B. WYB
Lt Colonel, GEC
Memorial Division

Holden:sdh
Clements
REB

X 293
Lute
Frank
REB
TEC
2-64491 (H. Conroy)

AIRMAIL

QMGOD 382.5
Kansas City

27 October 1949

SUBJECT: Report on Certain Unknowns

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

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that identification has not yet been established:

X-7479 and X-7480	Neuville-en-Condros, Belgium
X-7845	" " " "
X-6445	St. Avoild, France

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Inol:
Correspondence

WILLIAM F. CONLON
Major, QMC
Field Service Division

X QMGOD 293, UNKNOWN X-6445 FRANCE (ST. AVOLD)

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

S-26 Nov 49
HOC/AID/hml

26 September 1949

DATE

IN REPLY REFER TO: QMDKG 888507

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X - 6445
Plot 4E, Row 10, Grave 115, USMC St. Avold, France
_____ have been held at this Bureau as of 27 January 1949.

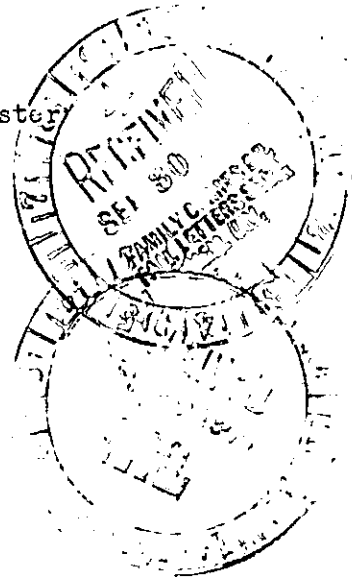
2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Pr. Wings

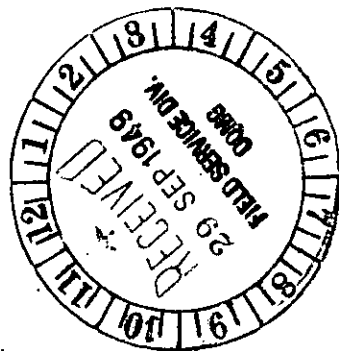
3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



98
293
Unknown
X-6445
France, St Avold



GROUP 582.3
Kansas City

15 March 1960

SUBJECT: Identification Status of Unknown Decedents

TO: Commanding Officer
Quartermaster Activities
Kansas City Records Center (AGC)
Kansas City 1, Missouri
ATTENTION: Effects Quartermaster

1. Reference is made to recent correspondence, your Bureau, regarding the following listed Unknowns, interred in WSC, St. Avoird, France:

X-9164	X-8048
X-5161	X-7110
X-5214	X-7259
X-6445	X-7510
	X-9550.

2. Records of the office show the above listed decedents have not been identified and are carried as Unknowns.

BY COMMAND OF NAME (SERIAL NUMBER):

1 Incl:
Corros re 8 Unknowns a/s

WILLIAM P. CONLON
Major, USA
Field Service Division

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

HOC/ELW/hls

10 February 1949

DATE

IN REPLY REFER TO QMDKG 888507

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X 6445

Plot Unk, Row _____, Grave _____, USMC St. Avoild, France

_____ have been held at this Bureau as of _____.

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

1 Pr. Wings

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

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 21 OCT 1948

SUBJECT: Reprocessing of Remains

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

The remains of Y 6/15
interred in Plot EEEE, Row 10, Grave 115, USMC St. Avoird
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.


Undershirt, Wool : Remnants of
Parachute : Remnants of
Coveralls, Gabardine : Remnants of
Suit, Flying, Electrically heated : Remnants of
Insignia, Crew member's wings Found in Debris and sent in as Personal
Effects
Height, Estimated 5' 4 $\frac{1}{2}$ "

Teeth found with the remains.

No Evidence of healed fractures or Amputations.

FOR THE COMMANDING GENERAL :

2. Incls.
1) Skeletal Chart
2) Dental Chart

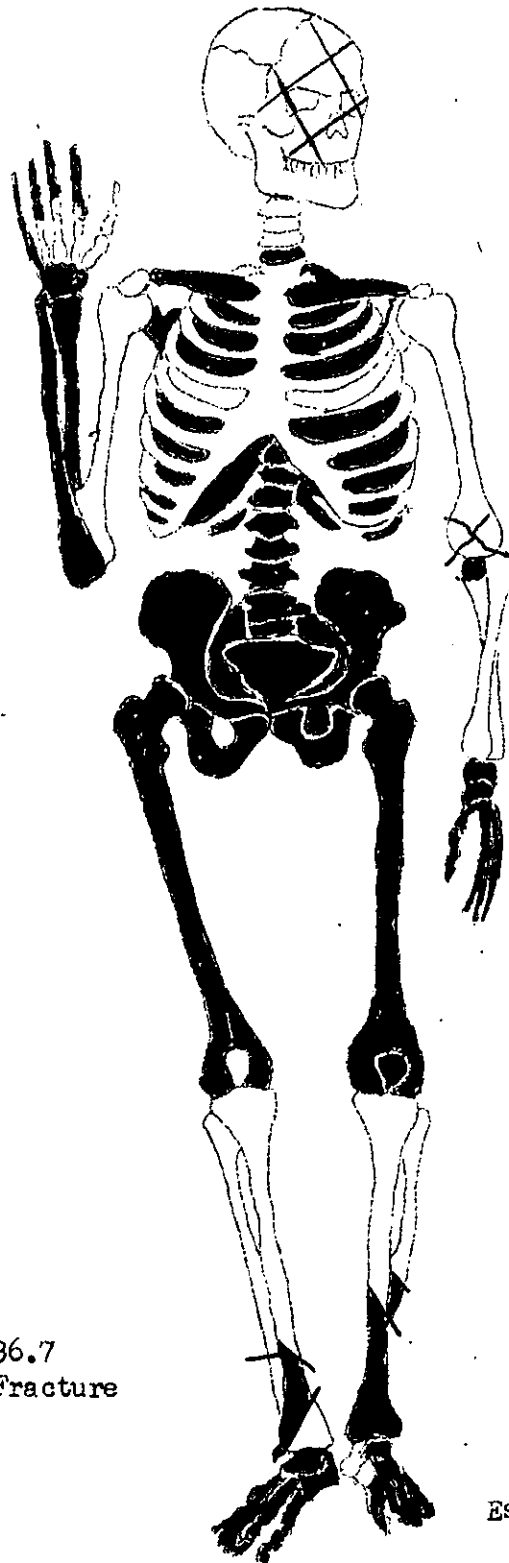

GEORGE L. FREEMAN
1st Lt. QMC
Actg Asst Adj Gen.

SKELETAL CHART

12 August, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X - 6445
USMC St. Avoird
EEEE : 10 : 150



HUMERUS 30.9

RADIUS 24.6

TIBULA 36.7
Smooth Fracture

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

E. O. # 785
St. Avold

12 August 1948

TOOTH CHART

PLOT - EEEB
ROW - 10
GRAVE - 115

12 August 1948
Date

X-6115

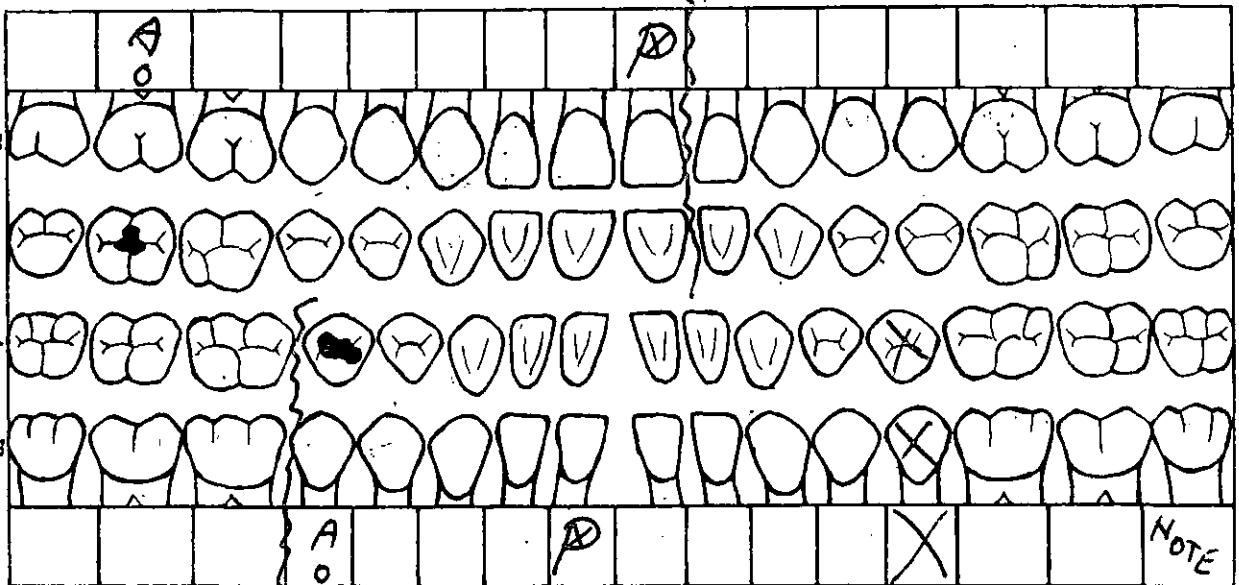
Last Name	First	Initial	Grade	Serial No.
Unit		Organization		

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Right

Left

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



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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.

CERTIFIED TRUE COPY

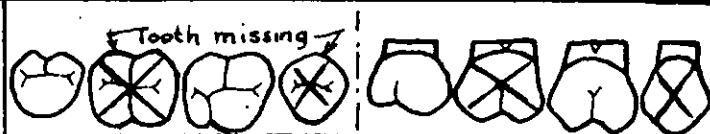
George L. Freeman
 GEORGE L. FREEMAN
 1st Lt. QMC

Ivor J. FORMO

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

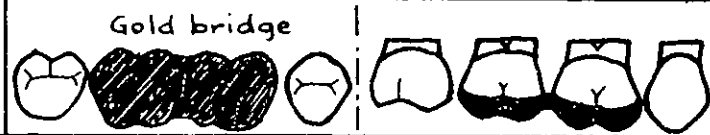
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



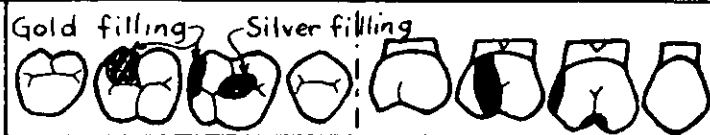
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



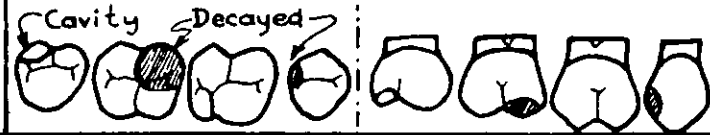
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Ⓧ : Posthumously missing

SPACE : L-12 - 14 = 5mm.

COLOR : White Ivory with cloudy effect

SIZE : Average

ALIGNMENT : Good

MAXILLA

R.4 : Slight Distal Rotation

R.2 : Slight Lingual Version

L.4 : Rotated 1/16 turn distally and also a distal version.

MANDIBLE

R.16 : Mesial version

R.13 : Slight distal Rotation

L.16 : Unerupted and is impacted against L.15

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 15 01 48 DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNANNUNNA - 000443				1	
CEMETERY 293 Unk France 4 6445 (St. Leval)					DISPOSITION OF REMAINS
ST AVOLD - METE					350.3 80
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
4E	10	115	FRANCE		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
SAINT 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	USAAF			
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES 1

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.

CHECK LIST OF UNKNOWNNS

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

Unknown X 6445
Cemetery Q-260584 St Avold
Plot EEEE Row 10 Grave 115

1. Arrived at cemetery 1530 28 June 1946
(hour) (date)
2. Place of death Muenchen, 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 Major Wm. J. PELTON HQ. Third 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	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	None		
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) Remnants of summer flying suit, burned parachute, unopened

(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

AIR FORCE

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)

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

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

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

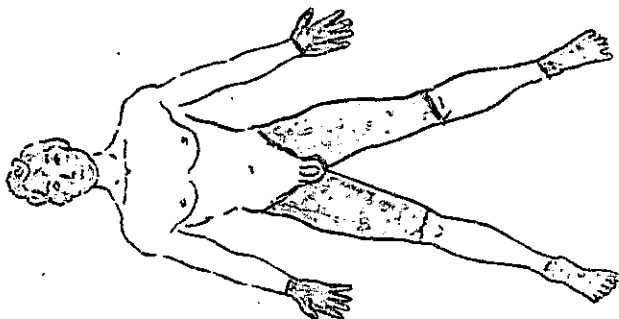
Legs **UTD**
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD
(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 :



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 Headless
(yes-no)

12. Remarks : Body burnt, Weight of Remains processed 50 Lbs, practically all bones broken.

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 QMC.
Rank Service

Hq. Third Field Command AGRC.
Organization

RESTRICTED

#1

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 <p style="text-align: center;">28 June 1946</p>					
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> RX MR </div>	Section 1.—IDENTIFICATION.						
	NAME (Last, first, middle initial)	SERIAL No.					
	Unknown X-6445	Unknown					
	GRADE	ORGANIZATION	BRANCH OF SERVICE				
Unknown	Unknown	A.A.F.					
RACE	RELIGION	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY					
Unknown	Unknown						
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH Est.					
Muenchen, Germany	Unknown	Sept. 1944					
EMERGENCY ADDRESSEE (Name, relationship, and address)							
Unknown							
IDENTIFICATION TAGS FOUND ON BODY (Y, N, 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	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							
US. Military Cemetery (Q-260584) St. Avold, France.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
28 June 1946	1600	Casket	Temp. Wooden Cross	3333	10	115	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE				PLOT No.	ROW No.	GRAVE No.
Yes	Muenchen, Germany, West Cemetery. M-49. 1/250.000 (WY 8159)				30	4	51
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
General service	Ch. J.B. JOHNSON, 1st Lt	One copy of W.D. QMC. Form 1042- Report of Interment—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-6435	UNK	UNK	AAF	114			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-6450	UNK	UNK	AAF	116			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
Max M. SCHIFF HQ. Third Field Command AGRC <i>Max M. Schiff</i>			<i>Ralph W. Sleator</i> RALPH W. SLEATOR Major, Inf. 3rd Field Command				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and 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

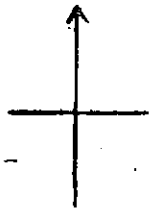
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	None	Munich, Germany

OTHER IDENTIFICATION CLUES

None

LEFT LITTLE FINGER	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
LEFT INDEX FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p>	
LEFT THUMB	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT THUMB	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>	
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

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



REMARKS: Attached:
 Form 11 Check List of Unknowns.
 Impossible to obtain Tooth Chart or Fingerprints because of missing portions.
 Est. Weight of Remains received: 50 Lbs.

NOIS: 1711
 AUG 20 3 15 PM '46