

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unc (misc) St. Arnold  
X- 6121    X- 6107    X- 7352    X-8057  
SYNOPSIS AND DATES

*misc filed*  
NEW CLASSIFICATION 293 Unc - St. Arnold X-6121

# RECLASSIFICATION SHEET

1		USMC HAMM		Date of Burial: 29 June 50 Verified by GRS Officer Robert W. GANSEL, 1st Lt QMC		DISINTERMENT DIRECTIVE		9pp 28/2/50		
		SECTION A - Robert W. Gansel								DIRECTIVE NUMBER 3574 00000
NAME		SERIAL NUMBER		RANK		ARM		DATE OF DEATH		
UNKNOWN		X-008057				8		DAY MONTH YEAR		
CEMETERY ST AVOLD - METZ							DISPOSITION OF REMAINS			
							0		3503 80 CODE DIST. PT.	
PLOT		ROW		GRAVE		COUNTRY		CAUSE OF DEATH		
40		2		49		FRANCE		6		
SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT										
NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE HAMM, LUXEMBOURG (BY ADMINISTRATIVE ORDER)					NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Reg. Div. - 8 Feb 50)					
SECTION C - DISINTERMENT AND IDENTIFICATION										
NAME		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED		
UNKNOWN X-008057				Unk		Between Dec 44 & Jan 45		19 Feb 48		
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY			
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER EMB.		USAGF			Unk		Eldo J. Henry, Embalmer NAME AND TITLE			
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT										
NATURE OF BURIAL Uniform.					CONDITION OF REMAINS Remains & skeleton form consists of the following: Mandible, sternum, two ribs, three vertebrae, three finger bones, right & left Tibia, right fibula & patella.					
OTHER MEANS OF IDENTIFICATION Report of Burial and Medical Form #52b found with remains. FILE										
MINOR DISCREPANCIES I None					RECORDS ANNOTATED DATE 27 JUL 50 NAME R.T. Johns B + R BR. MEM. DIV.					
REMAINS PREPARED AND PLACED IN CASKET										
DATE		BY								
25 Mar 48		Eldo J. Henry, Embalmer								
CASKET SEALED BY Eldo J. Henry, Embalmer.				EMBALMER (Signature) <i>Eldo J. Henry</i> Eldo J. Henry, Embalmer.						
CASKET BOXED AND MARKED				SPECIALLY MARKED All markings, tags and plates verified by <i>Bruce E. Blair</i> Bruce E. Blair, 1st Lt QMC.						
DATE 25 Mar 48 BY Eldo J. Henry, Embalmer										
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.										
<i>Bruce E. Blair</i> BRUCE E. BLAIR, 1st Lt QMC, 2nd QM Bn. SIGNATURE OF GRS INSPECTOR										
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. CONSIGNEE CORRECTED - REG. DIV.										

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC St. Amand France		TO OIC, Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl William H Bryant, 33720148	
SIGNATURE OF SHIPPER <i>Frank G. Callaghan</i> Frank G. Callaghan, 1st Lt, FA	DATE 2 Nov 48	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 (OR ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER Cpl. A. J. ...	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

**AIRMAIL**

*JS*

MSGMT 293  
Unknown I-8057  
USMC St Avoild, France

28 February 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to transmittal letter #4761, dated 7 February 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of Unknown I-8057, interred in USMC St. Avoild, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Rice/id  
Foy  
REB  
Cy furnished: Adm Sect

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

*JMN*  
JMN  
TEC

RECEIVED  
MAR 5 1950  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

**AIRMAIL**

**AIRMAIL**

*993 unk. (MIA) (at 0000)*  
*X-6121 X-6107 X-7352 X-8057*  
OQMG 314.6 1st Ind  
~~GRS - European~~

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4761

Dept. of the Army, OQMG, Washington 25, D. C., 24 February 1950

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

1. This Office approves the classification of Unknown X-6107, listed on basic communication, as Unidentifiable.
2. Unknown X-6121 was previously approved as Unidentifiable and your headquarters notified by letter dated 4 August 1949.
3. It is recommended that all action in connection with Unknowns X-7352 and X-8057 be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

4 Incls:  
w/d

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

JMN

TEC

Holden: cam  
Clements  
REB

*unk. 993 X-8057 at 0000*

**AIRMAIL**

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

RRE 314.6

3 February 1950

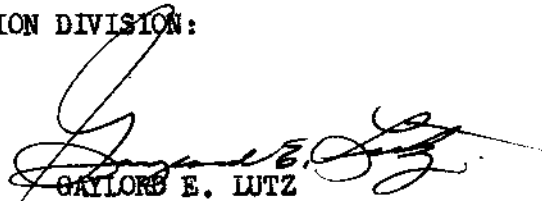
SUBJECT: Identification Check List  
Transmittal Letter # 4758

*293 Unknown-France X-8057 (St. Avold) dl*

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

Forwarded herewith for your files is one (1) copy of  
Identification Check List, pertaining to Unknown X-8057, USMC St  
Avold, Plot 0000, Row 2, Grave 49.

FOR CHIEF, REGISTRATION DIVISION:



GAYLORE E. LUTZ  
1st Lt, QMC  
Registration Division

1 Incl  
Ident Check  
List

*293 Unknown-France*

*X-8057 St. Avold*

*File  
Appl Rec  
dl  
15 Feb 50*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

RRE 293

2 February 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 8057, Plot 0000, Row 2, Grave 49, 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 4758, dated 2-2-50.

3. Remarks :

See Case Histort attached.

Case reviewed by undersigned Members of the Board of Review :

Col. H. P. HENRY, O-12589 QMC

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

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-158223 QMC

1st Lt. Gaylord E. LUTZ, O-1595465 QMC

*Robert Gaudreau*  
CWO Leaders GOUDEAU, W-2113434 USA

Received *Ed Price* OQMG  
Not identifiable from 27 Feb 50  
information presently  
available

Incl #4 T.L. #4761, 7 Feb 50

CASE HISTORY

UNKNOWN No. X-8057

U.S. MILITARY CEMETERY St. Avold, France

X-8057 was recovered, unburied in a foxhole in the Forest of Soufflenheim, France. No means of identification were found on or near the deceased during the investigation and disinterment. Date of death has been estimated as being Dec 1944 and Jan 1945.

Later reprocessing of X-8057 revealed only a partial tooth chart and a height estimation. Partial tooth chart for X-8057 has been checked against all tooth charts for casualties in the area with negative results. Due to lack of any other conclusive identifying data, Unknown X-8057 is being determined as Unidentifiable.

H. Lederstein



RMC 1994

916

### DISINTERMENT DIRECTIVE

293 Tank France 7-8057 Staveland

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 2374 00000		DATE 15 01 49		
NAME UNKNOWN * 000007				SERIAL NUMBER		RANK		ARM
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 3003 00		DAY		MONTH
PLOT 40				ROW 2	GRAVE 40	COUNTRY FRANCE		YEAR
CAUSE OF DEATH				CODE		DIST. PT.		

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

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED 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.

# TOOTH CHART

29 Oct. 1948

Date

Unknown X - 8057

Unknown Unknown

Last Name: Unknown  
 First: Unknown

Initial

Rank

Serial No.

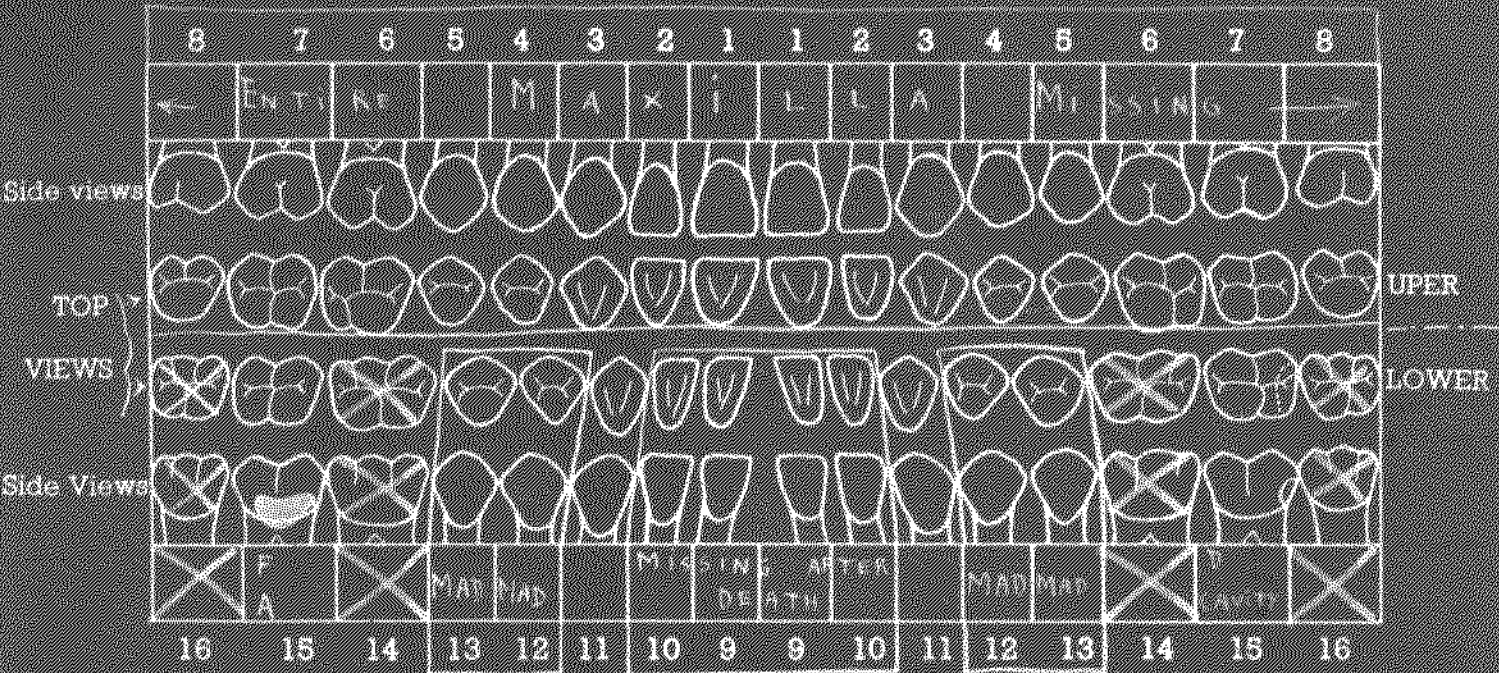
Place of Death: France  
 Date of Death: Est. between Dec. 44 and Jan. 45

Organization: P.M. A.G.F.

Cause of Death: Unknown

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.

23

Donald R. Steele, Bureau 50

Signature of Officer or other person who prepared Tooth chart

Ellsworth T. MacIntyre  
 Verified by G. R. & E. Officer  
 ELLESWORTH T. MACINTYRE  
 Captain C/MC. C.I.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:



**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**

Missing before death: R-13, R-14  
L-13, L-14

Missing since death: R-13, R-12, R-10, S-8  
L-13, L-12, L-10, S-8

R-13 occlusal surface worn down flat  
large cavity in distal surface of L-13.

Average sized teeth.  
Gleamed white.

3 1 8 2 4 3 3 1 1 3 2 8 2 0 3 8

RIGHT

LEFT

DATE OF EXAM

DATE OF EXAM

DATE OF EXAM

TIME

CENTRUM

EXAMINER

DATE

EXAM

DATE

EXAMINER

DATE

**JOSE CHVEL**

125 DOWE ROAD, LINDSEY

CASES OF THE GREAT ORTHODONTISTS  
D. W. F. D. S.

SEP. 4-45/59M/77222

IDENTIFICATION DATA

1. REMAINS IF UNKNOWN <i>X 8057</i>				2. DATE OF REPORT <i>19 Sept 1949</i>	
3. NAME OF CEMETERY <i>St AVARD.</i>		4. PLOT <i>0000</i>	5. ROW <i>2</i>	6. GRAVE <i>49</i>	7. DATE OF DISINTERMENT / REINTERMENT <i>/</i>

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>age</i> <i>Vict. D</i>	9. ESTIMATED HEIGHT <i>5-9 1/2</i>	10. COLOR OF HAIR <i>Wavy brown</i>	11. RACE <i>U. S. D.</i>
--	---------------------------------------	--	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
*None*

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
*None*

14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES  NO

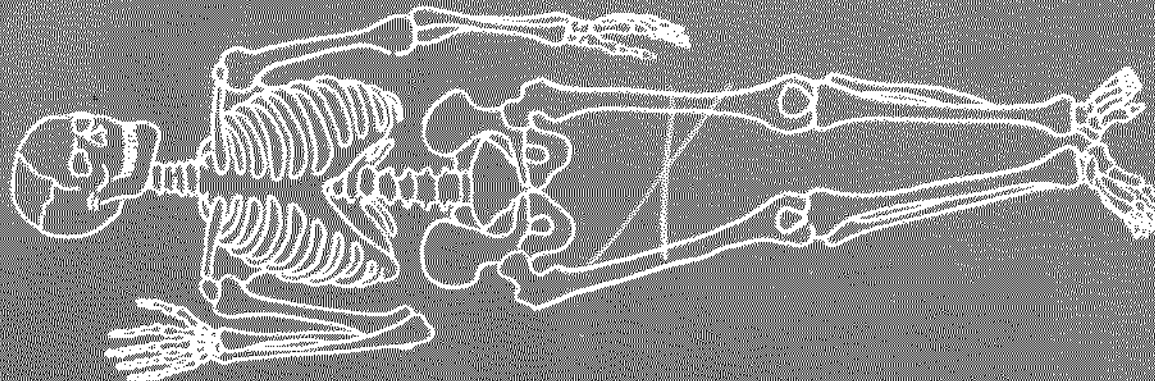
15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO *in skeletal chest*

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-8957

19. SELECTED PARTS OF BODY NOT RECORDED



20.

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

*See skeletal chest attached*

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 received disarticulated w/o flesh.  
Teeth found intact with mandible (see tooth chest)  
one (1) embossed plate bearing X-8957 recovered,  
disruption of plate referred to blank containing  
remains.*

*Ct. height 5-9 1/2*

*Ct. age 47.0*

*Reprocessed by  
Deposs  
Bergon  
Miller  
MPP*

2

*Chas. Strupis*

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

*John E. Byrd*

X-8057  
 ST. AVOLD 0000-2-49  
 E.O. - 2326

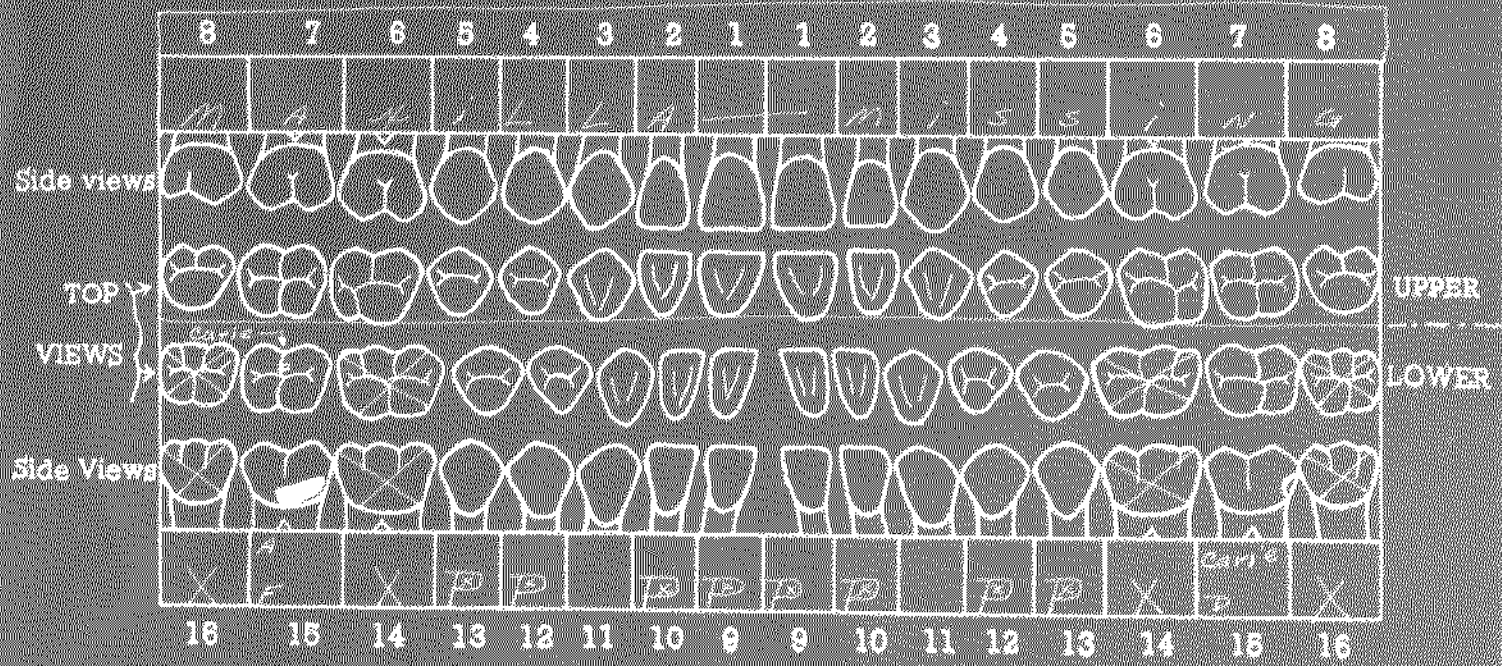
# TOOTH CHART

19 Sept 49  
 Date

Test Name	First	Initial	Grade	Serial No.
Unit		Organization		
Place of Death	Date of Death	Cause of Death		

Right

Left



*See Remarks*  
 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.

*H. Harold M. Wheeler*

Signature of Officer or other person who prepared Teeth chart

Verified by G. I. C. Officer

**SKELETAL CHART**  
(BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

X-8057  
Sept. 49  
58 00/4

STERNUM

HUMERUS

HUMERUS

ULNA

RADIUS

ULNA

RADIUS

FEMUR

FEMUR

TIBIA

FIBULA

TIBIA

FIBULA

38

38

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

3

COLOR OF HAIR \_\_\_\_\_  
 ESTIMATED AGE 67 Yrs  
 ESTIMATED HEIGHT 5 Ft 9 1/4 IN  
 ESTIMATED WEIGHT \_\_\_\_\_ LBS

Signature 

CHART "A"

**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**

Size - large overage  
 Color - ivory  
 Position manually arranged. R 12, 13, 10, 9; L 9, 10, 12, 13  
 Spaces - R 14, est. 7mm; L 14, est. 7mm.  
 L 11 slightly inclined facially  
 R 15; L 15 slightly inclined lingually  
 Chew - moderate

5



AGRC  
FORM No. 11  
Revised 5 January 1946

## CHECK LIST OF UNKNOWNNS

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

Unknown X - **8057**  
Cemetery **St. Avold - France**  
Plot..... Row..... Grave.....

1. Arrived at cemetery  
(hour) (date)
2. Place of death : **SOUFFLENHEIM, France**  
(name of closest town) (coordinates and letter Prefix, maps)  
**K-49 / Q-12**  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **4444th M Serv. Co.**  
(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	<b>none</b> (type)	
Raincoat	<b>none</b>	
Overcoat	<b>none</b>	
Jacket, Field	<b>none</b>	
Jacket, Combat	<b>yes</b>	
Mackinaw	<b>none</b>	
Sweater	<b>none</b>	
Jacket, HBT	<b>none</b>	
*Shirt, Wool OD	<b>none</b>	
Undershirt, Wool	<b>yes</b>	
Undershirt, Cotton	<b>none</b>	
Trousers HBT	<b>none</b>	
*Trousers, Wool OD	<b>none</b>	

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)...

Socks, Cotton **none**

\*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **wool glove remnants**

(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 <sup>**Est.**</sup> **5'9"** Weight **UTD** Description of wounds **none found**

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 **none found**  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair ..... **none found**  
(baldness, widows peak, distinctive cutting or other characteristics).

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

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

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

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

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

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

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

Jaw ..... **normal** ..... Circumference of head in inches ..... **missing**  
(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 ..... **none found**  
(quantity & color of hair) ..... (yes-no) ..... (color)

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

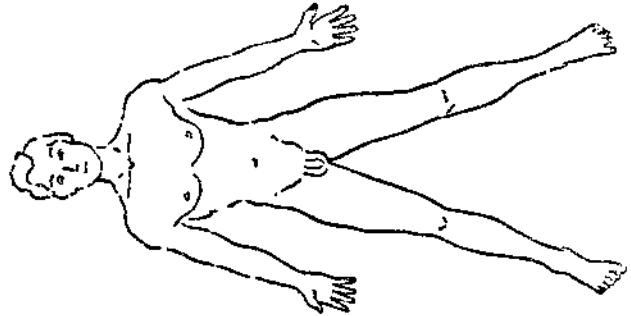
Legs ..... **Utd**  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet missing (size, corns, callouses, flat)      Toes only two dry bones remains (slender, straight, crooked, overlap)

Evidence of healed fractures none found (nose, arms, legs, etc.)

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

See attached chart.



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

If not, explain only one bone remains

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

12. Remarks : Fluoroscopic examination not needed. Remains consist of only 13 bones no other findings. Chem. Lab. examination unnecessary.

Est. weight of remains recovered 2 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.

*R G Johnson*

Officer's Name

**R. G. JOHNSON**

**2nd Lt. Inf. Lab. Off.**

Rank      Service

**Central Identification Point**

Organization



MRG 100 164  
u  
REPORT OF INVESTIGATION  
AREA SEARCH

REPORT OF INVESTIGATION  
AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946

29 October 1946

Date

NAME Unknown X-8057 RANK Unknown ASN Unknown

ORGANIZATION BTB.: A.G.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~~ <sup>ascertained</sup> for the deceased through the surface investigation? Not appl. If so, state the following information:

a. NAME Not appl. RANK Not appl. ASN Not appl.

b. ORGANIZATION Not appl.

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

a. NAME Not appl. RANK Not appl. ASN Not appl.

b. ORGANIZATION Not appl.

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 Not appl. Common Graves? Not appl.

4. Name and Type of Cemetery Not buried in cemetery  
(Military or Civilian)
5. Map Coordinates of the Cemetery Not appl.  
a. Town Not appl. Country Not appl.
6. Give exact location in cemetery of the remains.  
a. Section Not appl. Row Not appl. Grave Not appl.  
b. Is sketch attached? Not appl.
7. If remains are not located in a cemetery, give exact location.  
a. Town Forest of Coordinates K49/Q12  
Scufleheim  
b. Is sketch attached? Yes  
c. Is area mined? No
8. How is the grave marked? No markings
9. If grave is marked with cross, give exact markings thereon.  
Not appl.
- a. From what source was this information obtained? Not appl.  
(Identification tags, personal effects)
- b. By Whom Mr. ROYER, Demineur, Drusenheim (Sect. 105).
10. Where are the cemetery records? Not appl.  
(Town Hall, Cemetery, burgermeister's office)
- a. What information was contained thereon? Not appl.
- b. Where was the information obtained? Not appl.
- c. By whom? Not appl.
11. What is the date of death? Unk.  
a. Give basis Not appl.
12. What is the cause of death? Unk.  
a. Give basis Not appl.
13. What is the date of burial? Not appl., Body was found in foxhole.

- a. Give basis Not appl.
14. What was the place of death? Forest of Soufleheim Coords K49/Q12
- a. Give basis See statement
15. Where were the remains found? Forest of Soufleheim Coords K49/Q12
- a. By Whom? Mr. ROYER, Drusenheim
- b. Is sketch attached? Yes
16. Was a casket used? Not appl. Who furnished the casket? Not appl.
- Type of casket Not appl. How marked Not appl.
17. Who made the burial Not appl.  
(Civilian, American Mil. or German Mil).
- a. What are the names and addresses? Not appl.
- b. Are certificates and statements attached? Not appl.

**SECTION B- AIR CORPS DECEASED (To be completed only if Deceased is believed to be member of AAF).**  
**NOT APPLICABLE**

18. Were remains found in the plane wreckage? \_\_\_\_\_
- a. Give location in plane from which bodies were removed  
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? \_\_\_\_\_
19. 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 on plane \_\_\_\_\_
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_
20. How did crash occur? Anti-aircraft
- Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_



21. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
22. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. What was the direction of the flight? \_\_\_\_\_
24. What was the civilian opinion regarding destination of plane? \_\_\_\_\_
25. Had bombs been released prior to the crash? \_\_\_\_\_
26. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_
27. Number of planes in formation prior to crash \_\_\_\_\_
28. State precise time and date of plane crash \_\_\_\_\_  
(night? day/)
29. 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).

**NOT APPLICABLE**

30. 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, back.
  - b. Near wreckage? \_\_\_\_\_
31. 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. \_\_\_\_\_
32. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_
33. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

34. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_
35. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_
36. Precise time and date of destruction of tank \_\_\_\_\_  
(night? day?)
37. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D --OTHER BRANCH (To be filled out if B & C are not applicable)

38. Did death occur from any other means? (i.e. truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_
- If so, give complete and thorough results of interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

40. Were personal effects recovered by the investigating team  
No. If not, state reason None found
- a. Were identification tags found at the time of death? Unk.  
Where? Not appl. By Whom? Not appl.  
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? Unk.  
Where? Not appl. By whom? Not appl.  
Present disposition Unknown

- c. Was deceased identified by living members of the crew at the time of death? Not appl.
- d. Did Cemetery register or cross indicate the immunization shot? Not appl.
41. Was Deceased given first aid? Unk. If so, where? Not appl.  
By whom? Not appl. Are statements from the medical people attached? Not appl.
42. Was deceased evacuated to a German civilian hospital? No  
Where? Not appl. Names of people concerned Not appl.
43. Is it possible on surface investigation to obtain from civilian sources a physical description of deceased? No
44. Is it possible on surface investigation to obtain from civilian sources the condition of remains? Decomposed  
(Burnt? Decapitated? etc)
45. Do facts surrounding death show any evidence that it might be an atrocity case? No  
a. If so, give basis for positive assumption Not appl.  
b. If so, has higher headquarters been notified? Not appl.
46. Was case previously investigated? No By whom? Not appl.  
When? Not appl.
47. Give full names, addresses, and information obtained from each person interviewed Mr. ROYER, Demineur, Drusenheim  
(Bas-Rhin)
48. Are all positive statements regarding identification and particulars surrounding death attached? Yes

49. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
50. Was investigation preceded by advanced publicity? Yes  
(If special investigation, give case number) Not appl.
51. Give Brief Narrative See attached narrative

(Use attached sheets if necessary)

*A. Tonnelier*  
**A. TONNELIER**  
 Signature of Interpreter

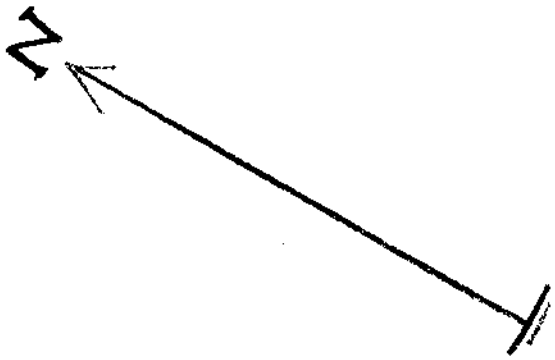
Ind.	Civ.
Rank	ASN

**4444 QM Serv. Co.**  
 Organization

*Nick Bast*  
**NICK BAST**  
 Signature of Investigator

Dutch WD Civ.	10269
Rank	ASN

**4444 QM Ser. Co.**  
 Organization



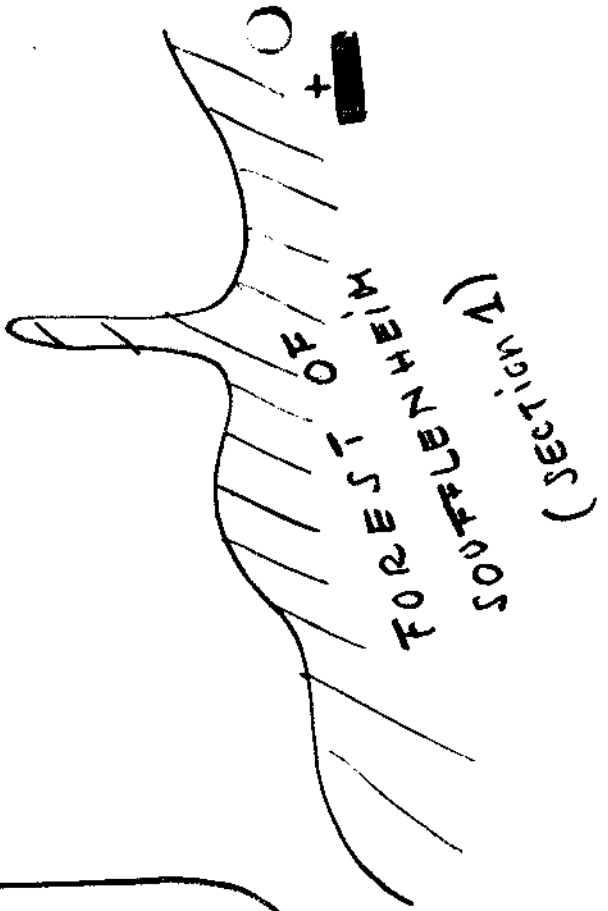
TO SOUPPENHEIM

TO SCHIRRHOFEN

TO Sassenheim

TO DRUSENHEIM

FOREST OF  
SOUPPENHEIM  
(SECTION 1)



STATEMENT

I, the undersigned, Mr. ROYER Joseph, of the demining-team 105 of DRUSENHEIM, certify that I have found in the forest of Skufleheim (Section # 1) some bones in a fox-hole. The bones of the hands were still in the gloves and the objects found on the ground were of American origin. I suppose that this soldier was an American. I have not found any identification-tags nor personal effects.

/s/ Royer

CERTIFIED A TRUE TRANSLATION:


  
GERDA C. FRUYS  
Translator

NARRATIVE

The discovery in the Soufleheim Forest near the village of DRUSENHEIM of the remains of an American deceased was reported by Mr. Joseph ROYER, who had come upon them in the course of demining activities.

As the remains were found unburied in a foxhole it is presumed that this was the place where deceased concerned was killed in action.

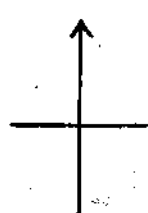
No means of identification were found on or near body during investigation and disinterment.

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT 30 October 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				
NAME (Last, first, middle initial) Unknown X - 8057		SERIAL NO. Unknown				
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE BTB: A.G.F.		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Forest of SOUFFLEN- HEIM, France		CAUSE OF DEATH UNKNOWN		DATE OF DEATH Est. between Dec. 44-Jan. 45		
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) none				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) yes		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME none						
<b>Section 2.—BURIAL.</b> 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. Avoird - France - Q 260584 -						
DATE OF BURIAL 30 October 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER wooden cross	PLOT No. 0000	ROW No. 14	GRAVE No. 49
WAS THIS A REBURIAL? (Yes or no) no	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Forest of SOUFFLENHEIM, France, K-49 / Q-12 (Body found in foxhole)					
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES CH. Ch.R. Williams, 1st Lt. CH. Herve M, Trebaol, Capt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC 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) Marine, Gerald		RANK Sgt	SERIAL NO. 35632851	ORGANIZATION A.A.F.	GRAVE No. 48	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Unknown-X-8035		RANK Unk	SERIAL NO. Unknown	ORGANIZATION A.A.F.	GRAVE No. 50	
SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC INTYRE Captain QMC. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Captain T.C. C.I.P.			
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.						

19-2-49



**RESTRICTED**

	<b>Section UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT Est. 5'9"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. none		LAUNDRY MARKS none	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	WEAPON AND SERIAL No. (continued) none			
LEFT THUMB	WHERE BODY WAS BURIED OR FOUND Forest of SOUFFLEN-HEIM, France			
RIGHT THUMB	<b>OTHER IDENTIFICATION CLUES</b>  According to attached narrative the remains were found unburied in a foxhole and it is presumed that this was the place where deceased was killed in action. No means of identification were found on or near the body during investigation and disinterment. Processing at Central Identification Point revealed no identification clues, therefore this case remains "Unknown".			
RIGHT INDEX FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align: right; margin-right: 50px;">  </div>			
RIGHT MIDDLE FINGER	<b>REMARKS:</b> Form 11 Checklist of Unknowns accomplished. Unable to obtain fingerprints because of missing portions. Est. weight of remains recovered 2 Lbs.			
RIGHT RING FINGER				
RIGHT LITTLE FINGER				

**RESTRICTED**