

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc - misc (St. Arnold)
X-552 X-1080 X-1130 X-1131 X-6469-A
SYNOPSIS AND DATES X-6469-B

misc filed
V

NEW CLASSIFICATION 293 Misc - St. Arnold X-552

RECLASSIFICATION SHEET

AIRMAIL

273 Unknown Graves (missing) (St. Avold)
Per [unclear] [unclear]

QMGMT 293
GRS European

10 February 1950

SUBJECT: Identification of World War II Deceased

TO: Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to Transmittal Letter No. 4583 dated 12 December 1949, forwarding Certificates of Unidentifiability of Remains.
2. This Office approves the classification of the following Unknowns interred in United States Military Cemetery St. Avold, France as Unidentifiable:

| <u>UNKNOWN</u> | <u>PLOT</u> | <u>ROW</u> | <u>GRAVE</u> |
|----------------|-------------|------------|--------------|
| X- 552 | EE | 7 | 161 |
| X-1088 | TTT | 6 | 71 |
| X-1120 | PP | 12 | 136 |
| X-1121 | PP | 12 | 134 |
| X-6469A | EEEE | 5 | 49 |
| X-6469B | XXX | 4 | 43 |
| X-6564A | FFFF | 2 | 23 |

FOR THE QUARTERMASTER GENERAL:

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

JMN

TEC

Holden:cam
Clements
REB

AIRMAIL

X 2 93 Unknown Graves X-1120 (St. Avold)

169

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

RRE 293

8 December 1949
(Date)

293 Unknown France X-1120 (St Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1120, Plot PP,
Row 12, Grave 136, 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. 2397, dated
13-8-47.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. Henry O-12589 QMC
Capt. Edward F. Price, Jr. O-1588236 QMC
CWO LEodore Goudreau, 2113434 USA

Received 25 Jan 50 **QOMG**
Not identifiable from
information presently
available

File
25 Jan 50
NOT
Bentley
JLB

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

RRE 293

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(Date)

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H. P. Henry
Col. H. P. HENRY, O-12589 JMC Lt. Col. E. D. MULVANY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC Maj. Gerald SWANTHOUT, 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 GIER, W-2102925 USA Capt. Jack C. HAYES, O-1577297 JMC

Leodore Goudreau
CWO Leodore GOUDREAU, 2113434, USA

Incl #3

UNKNOWN NO. 1120

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains of Unknown X-1120 (USMC Saint Avold) were recovered from an isolated grave along with those of X-1121. The grave was located in the vicinity of Wayersheim, France. Adjacent to the grave from which these remains were recovered was a light tank bearing the name "The Jerry Grasher" and also the number USA 4052769. All attempts to identify the organization and crew members of this tank has met with no success. As the physical characteristics of this Unknown are limited identification of this Unknown through the use of a Form 371 is not possible. Marking "L-2375" found on ~~helmet~~ helmet, over grave from which these remains were recovered, not listed in AG Casualty Laundry listing. In view of the aforementioned factors these remains are being declared
U N I D E N T I F I A B L E.

L. Pierpoint
6 December 1949

[Handwritten signature]

USMC St. Avold
 Plot: D Row: 10 Gr: 11
 Date of Burial: APR 21 1950
 Verified by GRS Officer
Jesse Harrell

DISINTERMENT DIRECTIVE

| | | | |
|-----------------------------|---|---|------------------------------------|
| 1 | SECTION A NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER 3574 00000 | DATE 15 01 48 DAY MONTH YEAR |
| | NAME | SERIAL NUMBER UNKNOWN X-001120 | ARM 1 |
| CEMETERY ST AVOLD - METZ | CAUSE OF DEATH 6 | DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT. | DATE OF DEATH DAY MONTH YEAR |
| PLOT PP 12 | GRAVE 136 | COUNTRY FRANCE | |

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 These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-19 Dec 49) <i>SD</i> |
|---|---|

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|-------------------------|----------|---|--------------------------------|
| NAME UNKNOWN X-001120 | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED 7 July 48 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS. | ORGANIZATION UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY GEO W LOWRY, EMBALMER NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|--|--|
| NATURE OF BURIAL MATTRESS COVER | CONDITION OF REMAINS SKULL & MANDIBLE MISSING. ALL OTHER MAIN BONES FRACTURED AND/OR MISSING. |
| OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND WITH REMAINS | |
| MINOR DISCREPANCIES REPORT OF BURIAL NOT LEGIBLE. | |

REMAINS PREPARED AND PLACED IN CASKET

| | |
|---|--|
| DATE 9 July 48 | BY GEO W LOWRY, EMBALMER |
| CASKET SEALED BY GEO W LOWRY, EMBALMER | EMBALMER (Signature) <i>GEO W LOWRY</i> GEO W LOWRY, |
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY ALL MARKINGS plates & tags verified by: <i>Jesse Harrell</i> JESSE C HARRELL, 1st Lt CAC. |

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

Jesse Harrell
JESSE C HARRELL, 1st Lt CAC.

Jesse Harrell
JESSE C HARRELL, 1st Lt CAC, 7857 AGRC ZONE 3 HQ

SIGNATURE OF GRS INSPECTOR

FILE

RECORDS NUMBER 04925312

DATE 17 May 50

NAME *Jane*

BR. MEM. DIV.

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

Grave D-10-11 USMC St Avold formerly occupied by: Jim H.
 Disinterred: 20 January 1950

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|--|--------------------------|---|------|
| FROM USMC ST AVOLD, FRANCE | | TO OIC NEUVILLE, BELGIUM | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER CPL WILLIAM H BRYANT RA 33270418 | |
| SIGNATURE OF SHIPPER <i>Frank B Callaghan</i> | DATE 28 Oct 49 | SIGNATURE OF RECEIVER E. E. STOUT, 1ST LT, CE | DATE |

2. SHIPPED

| | | | |
|--|------|---|----------------------------|
| FROM LIDO REMAINS STORAGE AREA | | TO CEMETERY SUPERINTENDENT USMC ST. AVOLD, FRANCE | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER E. N. HEISEY, 1ST LT, QMC | DATE | SIGNATURE OF RECEIVER <i>Frank B Killian</i> FRANK B. KILLIAN, Sup't | DATE 19 Apr 1950 |

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 (BY ADMINISTRATIVE ORDER) | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER ST AVOLD, FRANCE | 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 |

UNIT PROCESSING POINT
535 Quartermaster Group
THIRD FIELD COMMAND.

29 March 1946.

To : Commanding Officer, 3060 GR Det.
Attention: Sgt. Hawley.

Subject : Case 113x and 113A (Buried as Unknown X-1120 and X-1121)
s/RWS.

1_ The remains of these two cases were received at the Unit Processing Point as one unknown. Upon processing it was determined to be the remains of two men.

2- As both were recovered at the same location the UPP made out identical papers with exception of the reverse of the 1042 and the "Check List of Unknowns".

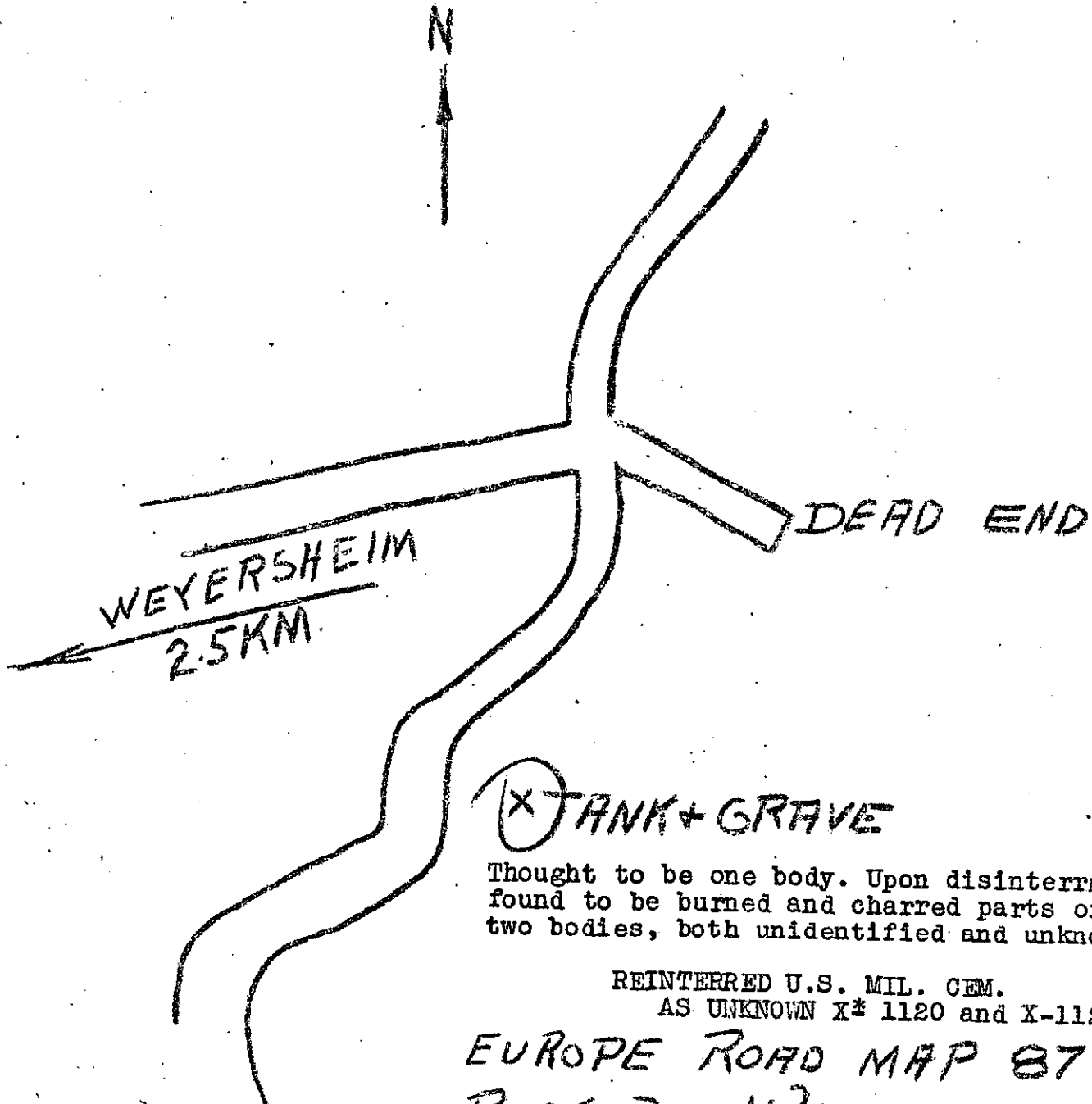
3- The numbers assigned all cases at this point is only for convenience in handling cases and has nothing to do with the original papers.

s/ William D. Lawson III
WILLIAM D. LAWSON III
2ND. LT. INF.

ema/

CERTIFIED.
A true copy.

Ralph W. Sleator
RALPH W. SLEATOR.
MAJ. INF.



WEYERSHEIM
2.5KM

DEAD END

(X) TANK + GRAVE

Thought to be one body. Upon disinterment found to be burned and charred parts of two bodies, both unidentified and unknown.

REINTERRED U.S. MIL. CEM.
AS UNKNOWN X# 1120 and X-1121.

EUROPE ROAD MAP 87
R-0613 1:200,000

in PP - 12 - 136, PP - 12 - 134
respectively.

REPORT OF INVESTIGATION AREA SEARCH

29 March 1946
DATE

NAME X - 1120.
Unk ~~X-1120~~ RANK Unk ASN Unk
ORGANIZATION Unk

MEANS OF IDENTIFICATION _____

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

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

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

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

2. Was partial identification established? _____ If so, state the facts as to whom you believe the deceased to be:

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

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 30 March 45 Common Graves? No

4. Deleted _____

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

6. Map Coordinates of the Cemetery _____
a. Town _____ Country _____

7. Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____
b. Is sketch attached? _____

8. If remains are not located in a cemetery, give exact location.
a. Town Weyersheim Coordinates Europe, Ro. Map. R-0613
Sht. 87, Sc. 1-200.000
b. Is sketch attached? Yes
c. Is area mined? No

9. How is the grave marked? With cross made from two branches and helmet.

10. If grave is marked with cross, give the 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)

- a. What information was obtained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____

12. What is the date of death? Est. February 1945

- a. Give basis Counter attack by Germans

13. What is the cause of death? Explosion of tank.

- a. Give basis _____

14. What is the date of burial? Est. 30 March 1945

- a. Give basis _____

15. What is the place of death? See 8a Coords _____

- Give basis _____

16. Where were the remains found? See 8a Coords _____

- a. By whom? Michel Huss- Weversheim 225
- 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? Civilian
(Civilian, American Mil. or German Mil.)

- a. What are the names and addresses? _____

Michel Huss

- b. Are certificates and statements attached? _____

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

19. Were remains found in the plane wreckage? _____

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

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

- b. Near wreckage? _____

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

- a. Type of plane _____

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

21. How did crash occur? _____ Anti-aircraft _____
Enemy planes? _____ Collision? _____
22. Did plane explode in the air? _____ On the ground? _____
23. Did plane burn in the air? _____ On the ground? _____
24. What was the direction of the flight? _____

25. What was the civilian opinion regarding the destination of the plane? _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with the date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night?, Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? NO
a. Give specific position in tank from which deceased was removed _____
(Radio man, driver, asst driver or...front, side, or back)
- b. Near wreckage? Yes
32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank Light tank
- b. Markings and/or name of tank The Jerry Crusher" USA 4052769
- c. Numbers on motors, machine guns, ammunition, instruments, etc. _____
33. What was the type of enemy action that resulted in the tank's disablement? Unknown
34. Did tank explode? Yes Burn? Yes
35. Number of tanks in immediate vicinity at time of disablement Unk.
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 Unknown
(Night?, Day?)
38. Did any of the crew members escape? Unk. Prisoners Unk.

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) _____

If so, give complete and thorough results of the investigation's 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. _____

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 Did not have any.

- a. Were identification tags found at the time of death? No
Where? _____ By whom? _____

Present disposition _____

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.

- b. Were personal effects found at the time of death? No
Where? _____ By whom? _____

Present disposition _____

- c. Was deceased identified by living members of the crew at the time of death? No

- d. Did Cemetery register or cross indicate the immunization shot? No

42. Was deceased given first aid? Unknown If so, where? Unknown
By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German hospital? No
Where? _____ Names of the people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Decapitated
(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 _____

Michel Huss - Weyersheim 225

Joseph Velten " 25

49. Are all positive statements regarding identification and particulars surrounding death attached? No

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation proceeded by advanced publicity? Yes
(If special investigation, give case number) _____

52. Give brief narrative Civilians found only parts of legs, arms, hands and buried these remains.

(Use attached sheets, if necessary)



De Gouberville

Signature of interpreter

Interpreter

Rank ASN

535 QM CO AGRC

Organization



Henry Hicks

Signature of Investigator

Pfc 38687735

Rank ASN

535 QM CO AGRC

Organization

IDENTIFICATION CHECK LIST

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

Unknown X -1120

Cemetery St Avold, France

Plot PP Row 12 Grave 136

Date reprocessed: **29 July 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~~ disinterred by Mobile Team, AGRC EA
(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 _____ | 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**

Leggings, wool **None**

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

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: **All major bones fractured and or missing**

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

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

Jaw **UTD** Circumference of head in inches **skull 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, 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 **UTD**
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **UTD**
(Size of navel, appendectomy, amount, quantity, and color of hair)

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

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

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

Feet **UTD** Toes **UTD**
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**
(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)

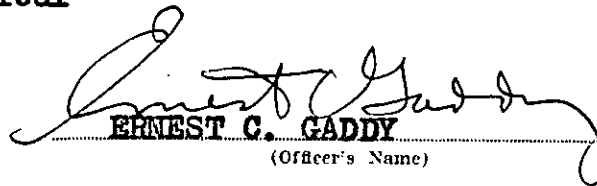
If not, explain **Fingers missing**

8. Has tooth chart been prepared? **No** (Yes-no) If not, explain **No teeth recovered**

9. Remarks: **Remains received in skeletal form wrapped in mattress cover in U.K. box.**
No clothing found.
All major bones fractured and or missing.
Unable to estimate height.
Report of burial found states no valuable information.
Estimated weight of remains: 11 lbs.
No teeth recovered.
Remains badly burned. Fluoroscopic report: negative.

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.

Nothing found to warrant Chemical Laboratory Examination.


ERNEST C. GADDY
(Officer's Name)

CWO Rank **USA** Service

CENTRAL IDENTIFICATION POINT
(Organization)

Unknown X-1120

SKELETAL CHART

St Avoild, France
Plot PP Row 12 Grave 136

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

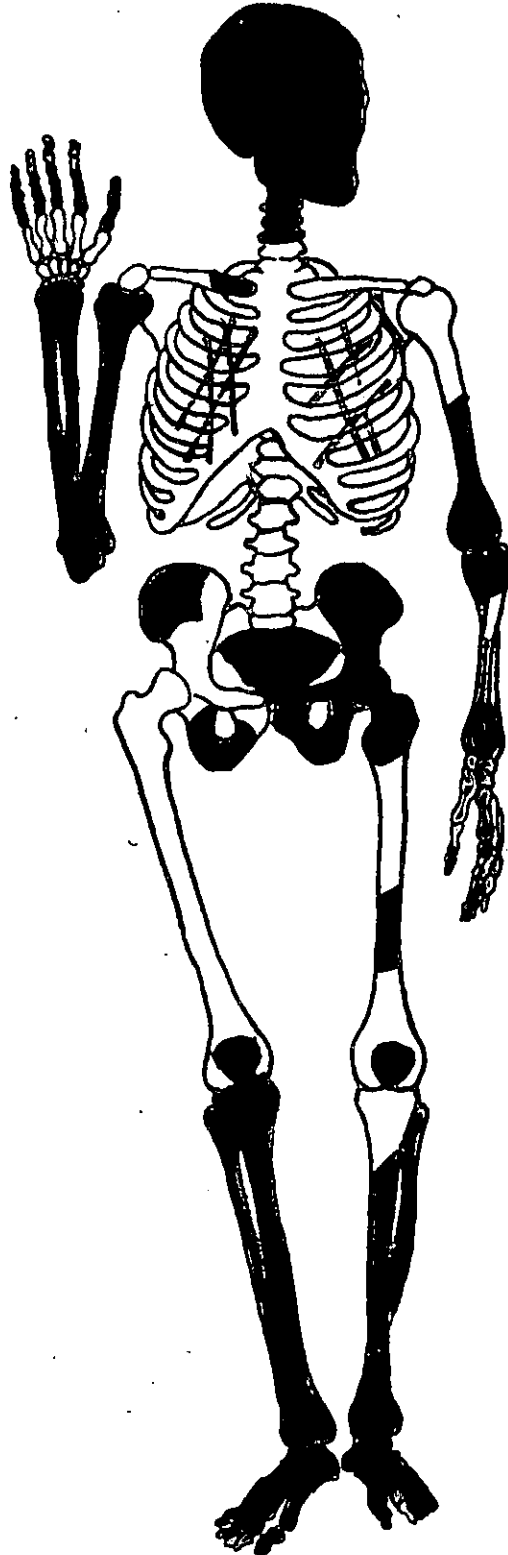


CHART "A"

CHECK LIST OF UNKNOWNNS

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

Unknown X X - 1120.
 Cemetery St. Avold, U. S. MIL. CEM.
 Plot PP Row 12 Grave 136.

1. Arrived at cemetery 15.30. 29 March 1946.
(hour) (date)
2. Place of death Weyersheim (Bas-Rhin) France (B-0018)
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 2nd MBU 3049 QM Co. Co
(name and organization)
4. Evacuated to Cemetery by QFP 835th Quartermaster Group
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Clothing Markings Indicate unusual markings
 Sizes Color wear, tear, repairs, etc.

Item _____

*Headgear Steel Helmet (L -2375): Marking on side of helmet.
(type)

| | | |
|--------------------|------|-----|
| Raincoat | None | UTD |
| Overcoat | None | UTD |
| Jacket, Field | None | UTD |
| Jacket, Combat | None | UTD |
| Mackinaw | None | UTD |
| Sweater | None | UTD |
| Jacket, HBT | None | UTD |
| *Shirt, Wool OD | None | UTD |
| Undershirt, Wool | None | UTD |
| Undershirt, Cotton | None | UTD |
| Trousers HBT | None | UTD |
| *Trousers, Wool OD | None | UTD |

Belt, Web **Remnants** **No markings.**

Drawers, Wool **None.**

Drawers, Cotton **Remnants** **No markings.**

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

Socks, Cotton **None.**

*Shoes **None.** (type) **W**

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. **Presumed**
Member of Armoured Unit (Tank)

8. Description of Remains

Age **UTD** Height **5'8"** Weight **UTD** Description of wounds **Burnt and charred remains.**

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, clone, 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)

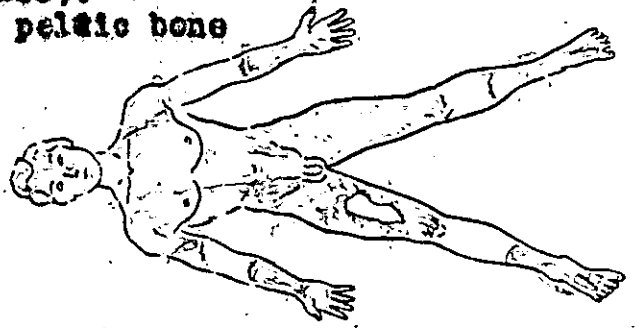
Legs UTD.
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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 : **All ribs Attached to Vert. Column and Sternum (Vertebra present 7-33). Remains: Left Femur and part of pelvic bone medial end of right tibia medial end of left tibia Middle Sect of right Femur, Left Humerus-(charred) Parts of right hand(Charred)**



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

If not, explain Parts only and decomposed.

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

12. Remarks : About 8 lbs of bones were recovered which had been burned (charred).

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.

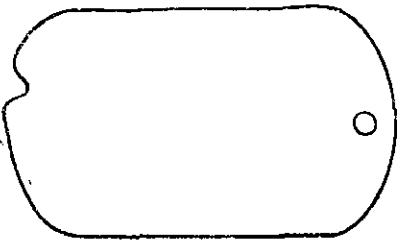
William Dawson III
Officer's Name

2nd Lt. Inf.
Rank Service

535 Quartermaster Group
Organization

Remains of two men Trans letter no. 14871

RESTRICTED

| | | | | | | |
|--|--|--|--|---|------------------------------------|------------------|
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | DATE OF REPORT 30 March 1946 | |
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | |
| | | NAME (Last, first, middle initial) Unknown X-1120 | | | SERIAL No. Unknown | |
| | | GRADE Unknown | ORGANIZATION Unknown | BRANCH OF SERVICE Armoured Forces | | |
| | | RACE Unknown | RELIGION Unknown | IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY | | |
| PLACE OF DEATH Weyersheim (Bas-Rhin) France | | CAUSE OF DEATH Multiple Wounds | | | DATE OF DEATH EST Feb. 1945. | |
| 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 | | | | | | |
| 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 Avoild, France | | | | | | |
| DATE OF BURIAL 30 March 1946 | HOUR 1400 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER Temp. wooden pp Cross | PLOT No. 12 | ROW No. 136 | GRAVE No. |
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Weyersheim (Bas-Rhin) France - Eu. Rd. Map Sht 87 1,200.000 (R-0613) | | | PLOT No. Isolated | ROW No. grave | GRAVE No. |
| TYPE OF RELIGIOUS CEREMONY General Service | PERSON CONDUCTING BURIAL RITES Ch. Lynn Wendland, Capt. | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 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) No Embossed plate | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-1122 | | | RANK Unknown | SERIAL No. Unknown | ORGANIZATION Unknown | GRAVE No. 135 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-1119 | | | RANK Unknown | SERIAL No. Unknown | ORGANIZATION Unknown | GRAVE No. 137 |
| SIGNATURE OF PERSON PREPARING REPORT <i>William D. Lawson III</i> William D. Lawson III, 2nd Lt. Inf 535 Quartermaster Group | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Slaefor</i> Ralph W. Slaefor, Maj. Inf Third Field Command (AGRC) | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. | | | | | | |

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


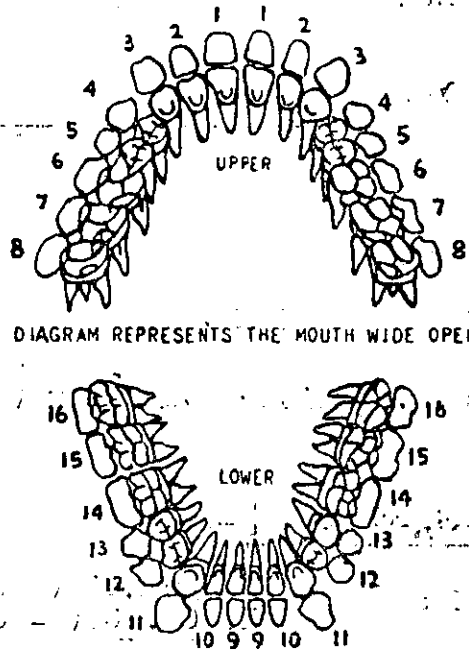





INSTRUCTIONS:

(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 EST 5'8" | WEIGHT UTD | COLOR OF EYES UTD | COLOR OF HAIR UTD | BIRTHMARKS, SCARS, OR TATTOOS UTD |
| WEAPON AND SERIAL No. None | | LAUNDRY MARKS None | WHERE BODY WAS BURIED OR FOUND Weyersheim (Bas-Rhin) France | |

OTHER IDENTIFICATION CLUES

| | | |
|----------------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> | |

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



REMARKS:

Attached: Form No 11 Check List of Unknowns
 All ribs attached to Vert. Column and Sternum (Vert Prt 7-33)
 Remains: Left Femur and part of pelvic bone, medial end of right tibia, medial end of left tibia, Middle Sect of right Femur, Left Humerus, Parts of right Hand.
 Estimated weight of remains: 8 lbs.