

7887 GRAVES DETACHMENT

943 unk St. Avold APO 757 X-1123

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-1123 St Avold

(POC) ST LAURENT

REPORT OF INVESTIGATION AREA SEARCH

(S. Avold)

30 March 1946.
DATE

NAME Unk X-1123. 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? _____ If so, state the following information:

a. NAME Unknown RANK Unknown ASN Unknown

b. ORGANIZATION Unknown

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

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

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

A. Date of above burials Unknown 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 Gambheim Coordinates Europe Road Map R-1211 Sht. 87 Sc/1-200.000

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? By cross and steel helmet (One helmet with # K-0698, another one without any marking)

6. Give number 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? _____

a. Give specific position in tank from which deceased was removed _____
(Radio man; driver, asst driver or... front, side, or back)

b. Near wreckage? _____

32. Location of destroyed tank 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) _____

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? Unknown

Where? _____² By whom? _____

Present disposition _____

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

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

42. Was deceased given first aid? Unknown If so, where? _____

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? No
(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 _____

Simon Seiler, Rhine Str.# 50 Gamsheim (Bas-Rhin) France

49. Are all positive statements regarding identification and particulars surrounding death attached? YES

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 _____

(Use attached sheets, if necessary)

De Gouberville

De Gouberville

Signature of interpreter

Civilian

Rank

ASN

535 QM CO, AGRC

Organization

Manuel Fonseca

Manuel Fonseca

Signature of Investigator

Pfc

39595650

Rank

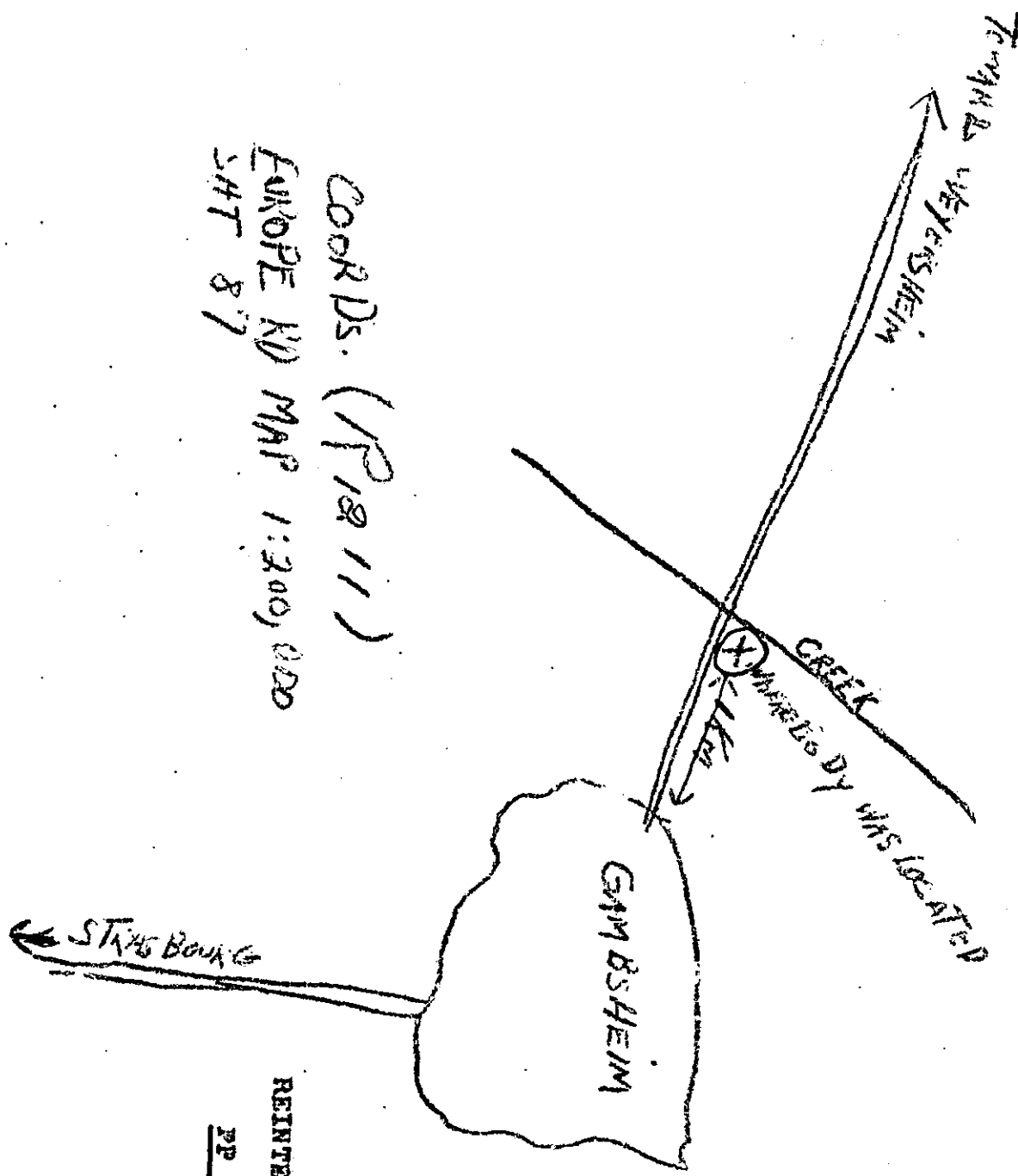
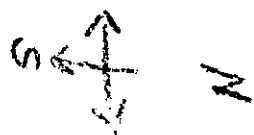
ASN

535 QM CO, AGRC

Organization

UNKNOWN

~~EST. NO. 1000~~



COORDS. (P 18 11)
 EUROPE RD MAP 1:200,000
 SHT 87

UNKNOWN REG
 X-1123.
 REINTERRED U.S. MIL. CEM
 ST. AVOLD.
 PP - 12 - 143.

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-1123.**
Cemetery **U.S. MIL. CEM. ST. AVOLD.**
Plot **PP** Row **12** Grave **143.**

1. Arrived at cemetery _____
2. Place of death **Gambenheim (Bas-Rhin) France, N. 54, E. 10, Map Sht 87 1-200.000**
(name of closest town) (coordinates and letter Prefex, maps)
(R-1211)

3. Remains recovered or disinterred by **2nd INF 3040 QM. Gr. Co**
(name and organization)
4. Evacuated to Cemetery by **UPP 585 Quartermaster Group**
(name and organization)

5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Item	Clothing Markings	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear None (type)	S&T	21 1/2 inches
Raincoat None		Med
Overcoat None		36
Jacket, Field Remnants of (M 1943)		34
Jacket, Combat None		34
Mackinaw None		36
Sweater Remnants		Med
Jacket, HBT None		30
*Shirt, Wool OD Remnants		14 1/2
Undershirt, Wool Remnants		30
Undershirt, Cotton Remnants		30
Trousers HBT None		30-32
*Trousers, Wool OD Remnants		30-32

Belt, Web **Remnants** **Size 34**

Drawers, Wool **Remnants** **30**

Drawers, Cotton **Remnants** **30**

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

Socks, Cotton **None**

Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **Remnants of tank coveralls zipper type**

(Other item)

*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.

8. Description of Remains: **EST**

Age **UTD** Height **5'6"** Weight **149**

Description of wounds **Small Arms Fire Penetration left side frontal bone**

Bandages or dressings **None** **ranging down Exit left proximal end of mandible**
 Scars **None** (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 **EST thin**
 (large, fat, thin, muscular)

Hair **UTD**
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair U20 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns U20 (color, setting, shape) Mustache U20 (color, size, shape) Beard or U20 (length, heavy)

Goatee U20 (light, color, extent)

Eyes U20 (color, setting, shape) Eyebrows U20 (color, bushiness, extent across nose)

Nose U20 (size, shape, straight) Ears U20 (size, set close to or far from head)

Mouth Medium (large, medium, small) Lips U20 (small, large, full)

Teeth No tooth-crest attached (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin U20 (prominent, receding, pointed, dimple, double)

Jaw U20 (large, small, normal) Circumference of head in inches 21 1/2 (hat band)

Neck U20 (size, length, short, normal, wrinkled) Larynx U20 (prominent, normal)

Shoulders U20 (broad, straight, small, rounded) Arms U20 (length, muscular, color)

(extent and quantity of hair)

Hands U20

Fingers U20 (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest U20 (size of nipples, color, quantity & extent of hair, large, small normal)

Back U20 (quantity & extent of hair) Navel U20 (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision U20 (yes/no) Pubic hair U20 (color)

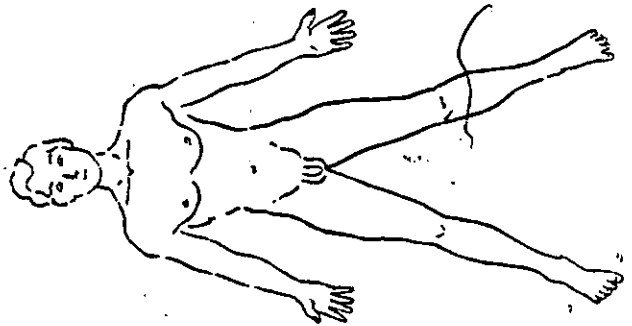
Hernioplasty U20 (yes-no; location)

Legs U20 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UD (size, corns, callouses, flat) Toes UD (slender, straight, crooked, overlap)

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

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



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

If not, explain UD

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

12. Remarks : **E.I.A. Small Arms Fire Left side Frontal Bone, badly decomposed and state. Approx 60 lbs of Remains.**

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 D. Lawson III
William D. Lawson III
Officer's Name

2nd Lt **Inf**
Rank Service

538 Quartermaster Group
Organization

TOOTH CHART

30 March 1946.
 Date

Unk X-1123. Unk Unk Unk
 Last Name First Initial Rank Serial No.

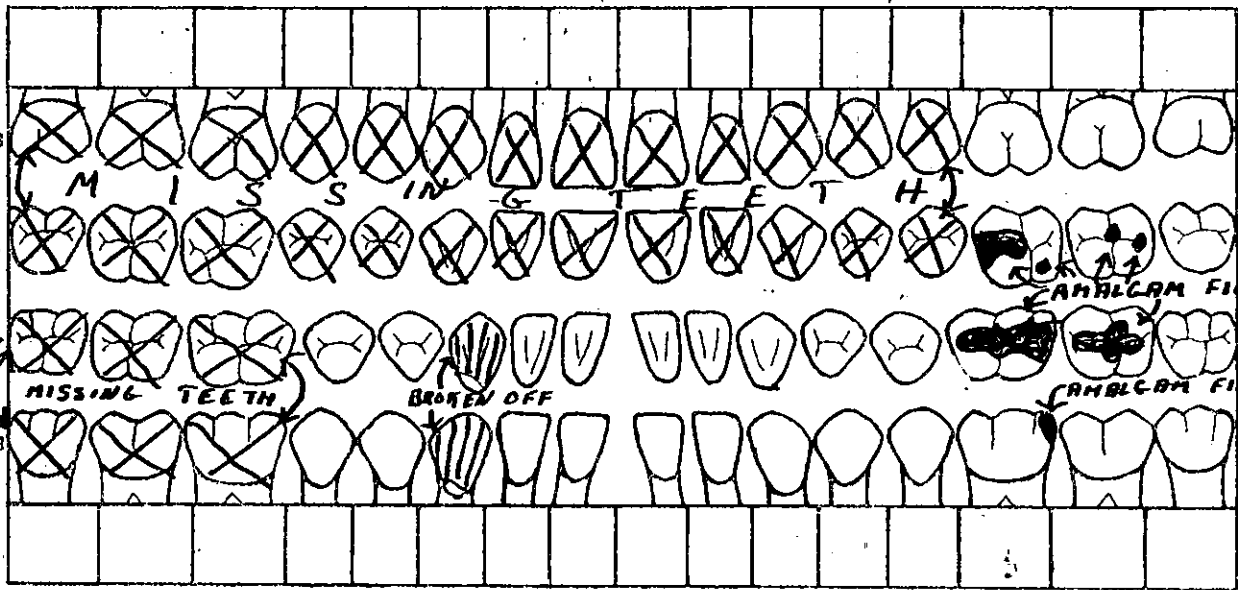
Unk Unk
 Unit Organization

Gambshelm (Bas-Rhin) France Unk GSW (Small Arms Fire)
 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



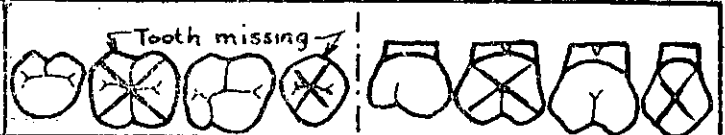
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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.

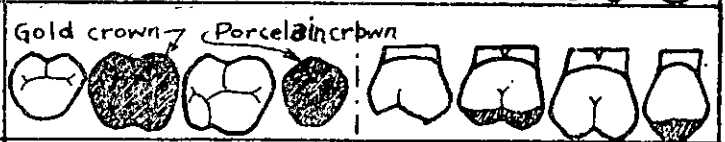
John A. Dent
 John A. Dent Officer or other person who prepared Tooth chart

William D. Lawson III
 William D. Lawson III G. R. S. Officer
 2nd. LT. INF.

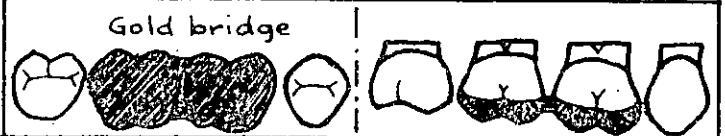
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



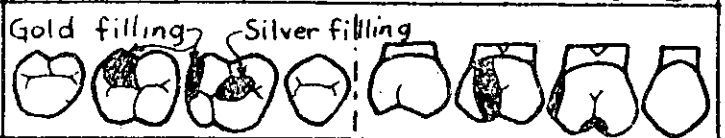
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Believed to be missing:

- 1) 114, 115, 116 and 117 portion of maxillary arch not recovered with the remains
- 2) 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000
- 3) The distal cusps of 116 were not beginning to erupt
- 4) 116 was damaged, and not seen at all
- 5) All were broken off near the "fingers" 116 a prior to death.

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-001123

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

43 unk St Avold X1123

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

PP 12 143 ST AVOLD FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

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 DISINTERRED

UNKNOWN X-001123

7 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS GRS
 MARKER GRS

Unk

Charles W. Fredricks
Embalmer

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS **Fractured Skull & Mandible, fractured L/Humerus, Clavicle, Scapula, fractured R/Radius & Ulna, Skeleton form.**

Mattress/cover

OTHER MEANS OF IDENTIFICATION

Embossed plate with remains. Report of Burial dated 1 April 46 with remains.

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE **9 July 48**

BY

Charles W. Fredricks, Embalmer

CASKET SEALED BY

EMBALMER (Signature)

Charles W. Fredricks, Embalmer

Charles W. Fredricks

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY **All markings plates & tags**

DATE **9 July 48** BY **Charles W. Fredricks**

DONALD H. TACKETT 1st Lt. QMC

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:

DONALD H. TACKETT, 1st Lt. QMC

DONALD H. TACKETT, 1st Lt. CAC. 7857 AGRC

Zone 3 Hq

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NAT

FILE

RECORDS ANNOTATED

DATE **3 August 50**

NAME

Report BR. MEM. DTG.

Incl 102

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

USMC St. Laurent
 Plot: I, Row: 21, Gr: 34
 Date of Burial: 23/6/50
 Verified by GRS Officer:
 R. J. Rodriguez
 R.I. RODRIGUEZ, CWO USA

DISINTERMENT DIRECTIVE

*9/10/50
 6/2/50*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15 05 48 DAY MONTH YEAR
NAME <i>RJB</i>	SERIAL NUMBER UNKNOWNX-001123	RANK	ARM 0
CEMETERY ST AVOLD - METZ		DATE OF DEATH DAY MONTH YEAR 0 350 15 80 CODE DIST. PT.	
PLOT PF 12	GRAVE 143	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN ST LAURENT, FRANCE
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 DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION SEE ATCHD WORK SHT	
MINOR DISCREPANCIES	NAT FILE RECORDS ANNOTATED DATE 27 Jul 50 NAME A.T. Johns A+B BR. MEM. DIV.
REMAINS PREPARED AND PLACED IN CASKET	

DATE CASKET SEALED BY Millard H Mc Whorter, Embalmer	BY EMBALMER (Signature) Millard H Mc Whorter
CASKET BOXED AND MARKED 16 Sept 48, Millard H Mc Whorter, DATE BY Embalmer	SHIPMENTS ADDRESS VERIFIED BY All markings, tags & plates verified by Franklin J St Clair, 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.

Franklin J. St Clair
 Franklin J St Clair, 1st Lt Inf, 7857 AGRC Zone
 SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div. *9/10*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST AVOLD FRANCE		TO OIC NEVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER Cpl Adolph J. Civello 36757585	
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	DATE 29 Oct 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

AIRMAIL

293 unk France X-1123 (St Avold)

~~QMGMT 295~~ 1st Ind

~~GRS European~~

~~SUBJECT:~~ Certificate of Unidentifiability of Remains
Transmittal Letter #4492

Dept. of the Army, OQMG, Washington 25, D. C., 7 February 1950

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

This Office approves the classification of Unknown X-1123, interred
in USMC St. Avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

1 Incl
w/d

T. H. METZ
Lt Colonel, QMG
Memorial Division

JHN

TEC

ST-0
mac
Parker:cdt
Clements
REB
8

✓ X-1123 GRS Europe
✓ X-1146 GRS Europe (TL 4492)

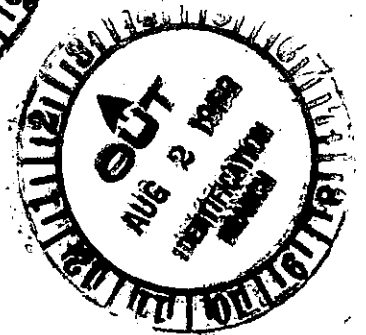
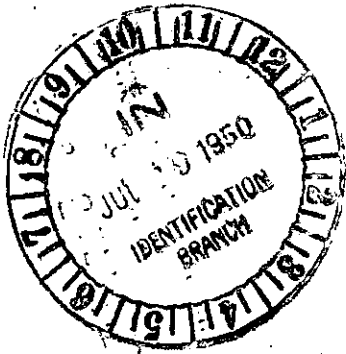
RECEIVED
5 17 PM '50
O. B. H. ...
STANLEY ...

RECEIVED
JAN 21 1950
FEB 8 1950

RECEIVED
JAN 21 1950
TEC
JHN

AIRMAIL

VIEWER



MEM
STEWART
BELKEL 1950

LEG

PH

IDENTIFICATION

C O P Y

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

RRE 200.2 (UDB)

15 November 1949

SUBJECT: Certificate of Unidentifiability of Remains
Transmittal Letter # 4492

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

In compliance with letter, your office, QMGMT 293, GRS European, Subject: Final Resolution of Unknown Deceased, dated 29 July 1948, forwarded herewith is one (1) certificate pertaining to the remains designated as Unknown X-1123, U S Military Cemetery at St Avoild, France, Plot PP, Row 12, Grave 143.

FOR THE COMMANDING GENERAL:

1 Incl
Certificate of
Unidentifiability

s/ Gaylord E. Lutz
GAYLORD E. LUTZ
1st Lt, QMC
Actg Asst Adj Gen

1950

1950

1950

1950

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1950

1950



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

RRE 200.2 (UDB)

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In compliance with letter, your office, OCMGT 293, GRS Euro-
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ignated as Unknown X-1123, U S Military Cemetery at St Avold, France,
Plot PP, Row 12, Grave 143.

FOR THE COMMANDING GENERAL:

1 Incl
Certificate of
Unidentifiability

GAYLORD E. LUTZ
1st Lt, OMC
Actg Asst Adj Gen



*P.E. found with X 6133⁷ - St Avold
with Edward L. Hardy, 38584068 also. That unknown*

*File - NAT
Hd Branch
6 Feb 50*

293 Unknown X-1123 St. Avold



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

RRE 293

11 October 1949
(Date)

293 unk France X-1123 Havalch

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X-1123, Plot PP,
Row 12, Grave 143, 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. 2648, dated
5 February 1948.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. Henry O-12589

Major R. Berger O-251736

Capt. Edward F. Price O-1588236

Received 6 FEB 1950 OQMG
Not identifiable from
information presently
available

File - NAT
J.P. Parker
Id. Branch
6 Feb 50

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

11 October 1949

(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 1123, Plot PP
Row 12, Grave 143, USMC St Avold, France,

have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 2648, dated 5 Feb 1948.

3. Remarks: The remains of Unknown X-1123 were recovered from Gamsheim, France. A check of unresolved casualties in this area with physical characteristics and tooth chart obtained for X-1123 revealed that Pfc Hardy had similar characteristics. Dental data indicating type of filling was requested from OQMG but the information was not available. These remains are believed to be those of: HARDY, Edward L., Pfc, 38584048 but as there is limited identifying data, these remains are being declared Unidentifiable.

Case reviewed by undersigned Members of the Board of Review:


Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANY, O-359598

QMC


Major R. BAELER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Received 6 FEB 1950 OQMG

Not identifiable from
information presently

available


Capt. E.F. PRICE, Jr., O-1588236

QMC

1st Lt Gaylord E. LUTZ, O1595665 QMC

Parker

Incl

fw
QMGOD 352.5
Kansas City

11 January 1949

SUBJECT: Report on Certain Unknown Decedents

**TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster**

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-3735, Neuville-en-Condroz, Belgium
" X-1476, "
" X-4745, St. Avoird, France
" X-5987, Neuville-en-Condroz, Belgium
" X-1123, St. Avoird, France
" X-6024, "
" X-3102, "
" X-6015, "
" X-6180, "
" X-605, Bleville, France
" X-716, St. Andre, France
" X-5323, 6829 & 5830, Neuville-en-Condroz, Belgium

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Inc'l:
Corres

GUY D. HOLEY
Major, GSC
Field Service Division

QMGOD 293, UNKNOWN X-1123, ST. AVOIRD, FRANCE

file
QMGOD 332.5
Kansas City

11 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-2733, Neuville-en-Candros, Belgium
" X-1478, "
" X-4745, St. Avoird, France
" X-5957, Neuville-en-Candros, Belgium
" X-1123, St. Avoird, France
~~" X-6024, "~~
" X-3102, "
" X-6015, "
" X-6180, "
" X-405, Bloville, France
" X-716, St. Andre, France
" X-5825, 5829 & 5850, Neuville-en-Candros, Belgium

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY ORDER OF MAJOR GENERAL LARKIN:

1 Incl:
Corres

GUY B. KEGLEY
Major, QMC
Field Service Division

QMGOD 293, UNKNOWN X-1123, ST. AVOIRD, FRANCE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	FIELD SERVICE DIV EXEC OFF	REC SEC MEMORIAL DIV ATT: CAPT SNEDIGAR	5 JAN 49	<p>For information upon which to base a reply.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"><i>[Signature]</i> MUNSTER 5473</p> <p>1 Att: AEB Ltr dtd 29 Dec 28</p> <p style="text-align: right;">Kegley 3821</p>
2	Chief Records Section R/R Br Mem Div	Field Service Division Exec Off	6 Jan 1949	<p>Records this office show that Unknown X - 1123 has not been identified.</p> <p>1 Att: AEB Ltr dtd 29 Dec 48</p> <p style="text-align: right;"><i>[Signature]</i> SNEDIGAR 5198</p> <p style="text-align: right;"><i>[Signature]</i> CARRICK 74397</p>

Unknown

REPAIRS
RECORDS BRANCH
JUN 7 10 35 AM '49
MEMORIAL DIVISION
JUN 5 9 56 AM '49

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

IN REPLY REFER TO QMDKG 886192

HOC/ELW/ns

29 December 1948
DATE

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 -1123

Plot pp, Row 12, Grave 143, USMC St. Avold,

France have been held at this Bureau as of 12 May 1948

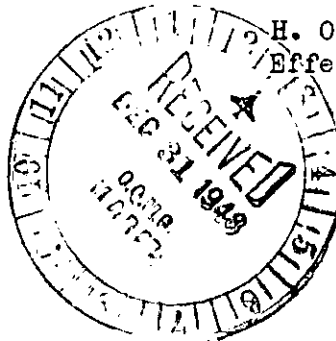
2. Bureau inspection of the effects has been made and the following description furnished for reference:

One pocket knife, 1 Waterman's ivory colored fountain pen, 1 yellow metal Evans cigarette lighter

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:

Pocket knife with "Model French" "Aubidon" - no identification data.



H. O. CALDWELL
Effects Quartermaster

8
1193
Wm
1123
- St. Avold
France

RECEIVED
JAN 8 1949
FIELD SERVICE DIV.
O Q M B

RECEIVED
JAN 2 1949
FIELD SERVICE DIV.
O Q M B

CMB

6

DISINTERMENT DIRECTIVE

2193 Unk. France X-1123 (St. Anne)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15 05 48 DAY MONTH YEAR
NAME UNKNOWNX-001123		SERIAL NUMBER	RANK
CEMETERY ST AVOLD - METZ		ARM	DATE OF DEATH DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY
PP	12	143	FRANCE
DISPOSITION OF REMAINS 3503 00			CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	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 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

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

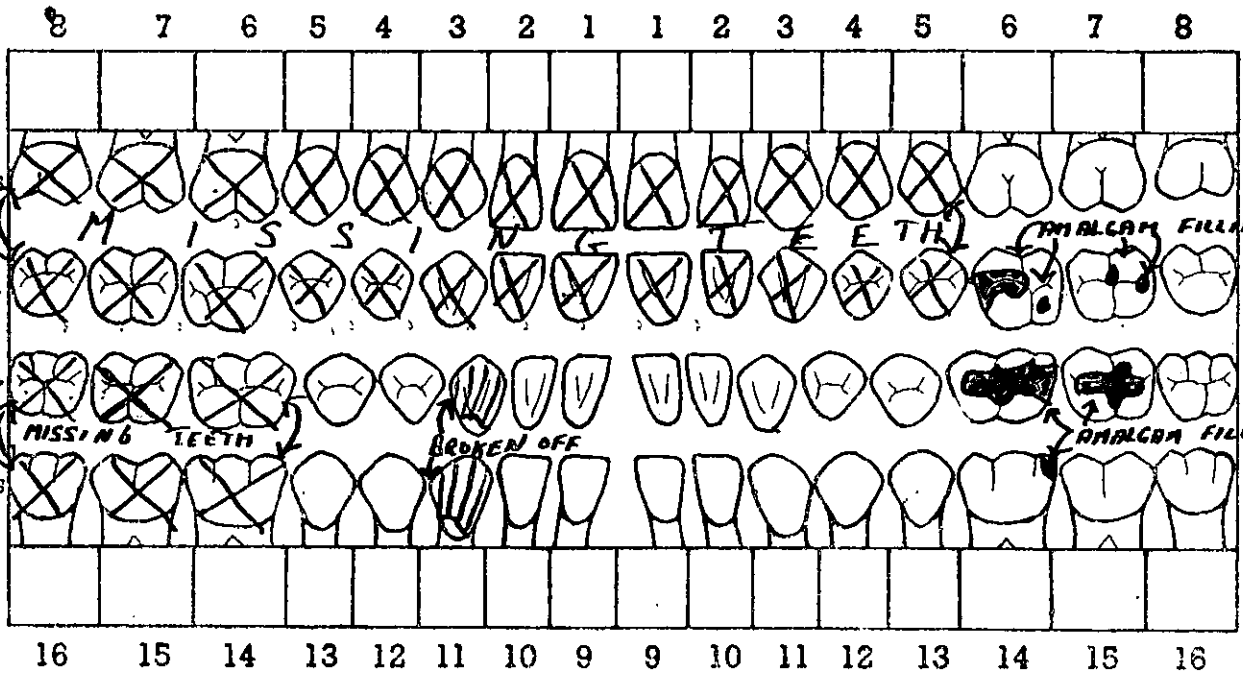
TOOTH CHART

30 March 1946.
 Date

Unk X-1123. Unk Unk Unk
 Last Name First Initial Rank Serial No.
 Unk Unk
 Unit Organization
 Gamsheim (Bas-Rhin) France Unk GSW (Small Arms Fire)
 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), 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.

John A. Trent
 John A. Trent
 Signature of Officer or other person who prepared Tooth chart
William D. Lawson III
 William D. Lawson, III
 Verified by G. R. S. Officer
 2nd. LT: INF.

<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."

ADDITIONAL SPACE FOR FURTHER REMARKS

Believed to be: Unknown

- 1) L14, L15, L16 and that portion of mandible were not recovered with the remains
- 2) R1, R2, R3, R4, R5, R6, R7, R8, L1, L2, L3, L4, L5, and that portion of the maxillary were not recovered with remains.
- 3) The distal cusps of L16 were just beginning to erupt
- 4) L8 was dormant, had not begun to erupt
- 5) R11 was broken off near the gingival line prior to death.

UNKNOWN

~~ETC. NO. 1428~~

TOWARDS WEYERSHEIM



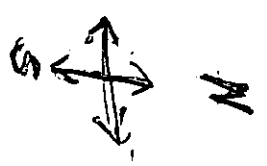
DRECK
X WHERE BODY WAS LOCATED



BAMBSHEIM

COORD. (R 1211)
EUROPE RD MAP 1:200,000
SHT 87

← STRASBOURG



UNKNOWN ~~REF~~

X-1123.

REENTERED U.S. MIL. CEM

ST. AVOLD.

PP - 12 - 143.

[Signature]

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-1123.
 Cemetery U.S.MIL.CEM.ST.AVOLD:
 Plot PP Row 12 Grave 143.

1. Arrived at cemetery _____
(hour) (date)
 2. Place of death Gambshelm (Bas-Rhin) France, Eu, Rd, Map Sht 87 1-200.000
(name of closest town) (coordinates and letter Prefex, maps) (R-1211)

(Sheet, scale and serials used)
 3. Remains recovered or disinterred by 2nd MBU 3049 QM.Gr.Co
(name and organization)

4. Evacuated to Cemetery by UPP 535 Quartermaster Group
(name and organization)

5. **Description of clothing and equipment : (If clothes do not fit, obtain size from body measurements).**

Item	Clothing Markings	Sizes	EST	Indicate unusual markings
				Color wear, tear, repairs, etc.
*Headgear	None		21½ Inches	
	<small>(type)</small>			
Raincoat	None		Med	
Overcoat	None		36	
Jacket, Field	Remnants of (M 1943)		34	
Jacket, Combat	None		34	
Mackinaw	None		36	
Sweater	Remnants		Med	
Jacket, HBT	None		30	
*Shirt, Wool OD	Remnants		14½	
Undershirt, Wool	Remnants		30	
Undershirt, Cotton	Remnants		30	
Trousers HBT	None		30-32	
*Trousers, Wool OD	Remnants		30-32	

Belt, Web Remnants Size 34

Drawers, Wool Remnants 30

Drawers, Cotton Remnants 30

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

*Shoes None (type)

Overshoes None

Web Equipment None (Type)

(Other item Remnants of Tank coveralls Zipper Type

(Other item)

*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

8. Description of Remains : EST EST

Age UTD Height 5'6" Weight 149 Description of wounds Small Arms Fire

Bandages or dressings ranging down Exit left Proximal end of mandible
None Scars: None (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 EST thin
(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 (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD
(light, color, extent)

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

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

Mouth Medium (large, medium, small) Lips UTD (small large, full)

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

Chin UTD
(prominent, receding, pointed, dimple, double)

Jaw UTD (large, small, normal) Circumference of head in inches 21 1/2 (hat band)

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (prominent, normal)

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

(extent and quantity of hair)

Hands UTD

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

(Unusual characteristics of fingernails)

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

Back UTD (quantity & extent of hair) Waist UTD (size of navel, appendectomy, amount)

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

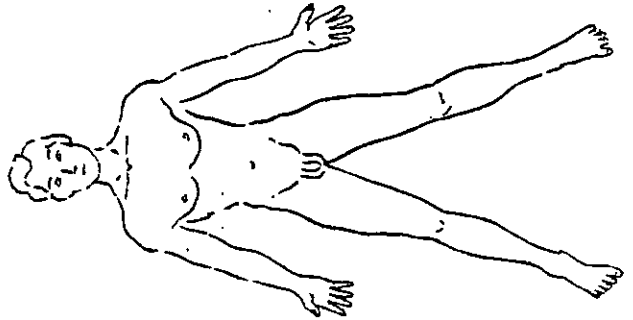
Hernioplasty UTD
(yes-no; location)

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

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed factures 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 UTD

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

12. Remarks : K.I.A. Small Arms Fire Left side Frontal Bone, badly decomposed and state. Approx 80 lbs of Remains.

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 D. Lawson III
William D. Lawson III
Officer's Name

2nd Lt Rank Inf Service

535 Quartermaster Group
Organization

IDENTIFICATION CHECK LIST

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

D.D.#247, dated 19 March 1947

Unknown X 1123

Cemetery St Avoild, France

Plot PP Row 12 Grave 143

Date reprocessed

1. ~~Arrived at Cemetery~~ 5 December 1947
 (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered and~~ disinterred ~~in~~ and reprocessed by Mobile Team #1, 1st Zone
 (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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>Remnants of</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of wool O.D.</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>Remnants of winter Fatigues</u>		
* Trousers, Wool OD	<u>Remnants of Suntan pants</u>		

FEB 20 1948

+

Belt, web None

Drawers, wool Remnants of (10pg)

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) Remnants of OD Blanket

(Other item) Remnants of Belt Buckle

* 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 ~~Army~~ Ground ~~or~~ Naval Force?

6. Description of Remains: L- Ulna 27.1 L-Fibula 38.7
 L- Radius 25.1 L-Tibia 38.5
 L- Femur 48.1

Age UTD Est Height 5'10" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD (Large, fat, thin, muscular)

Hair Pubic Red (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 See tooth chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches 21 1/4"
(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)

UTD

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 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 RED
(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 UTD
(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 Too decomposed

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

9. Remarks Received remains in an advanced stage of decomposition, wrapped in a mattress cover. Clothes found on remains, with burial bottle, in UK Box. No GRS Tag. No clothing marks. Fluoroscopic examination 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.

Woodrow E Wolf
WOODROW E. WOLF
(Officer's Name)

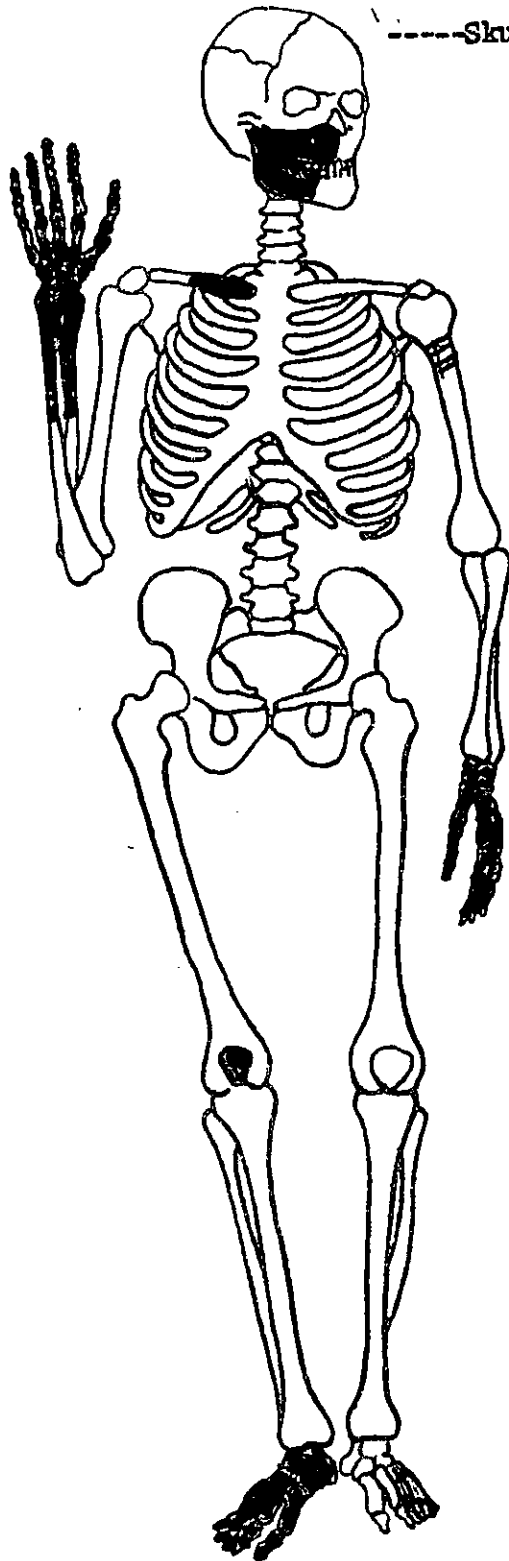
CAPTAIN
Rank

QMC
Service

OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



-----Skull - 21 1/4"
L E F T

R&D IUS .25.1.....cm

U L N A ...27.1.....cm

F E M U R...48.1.....cm

T I B I A .38.5.....cm

F I B U L A .38.7.....cm

Est HEIGHT5'10"

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.O. COM. ZONE, ETCUSA

TOOTH CHART

5 December 1947

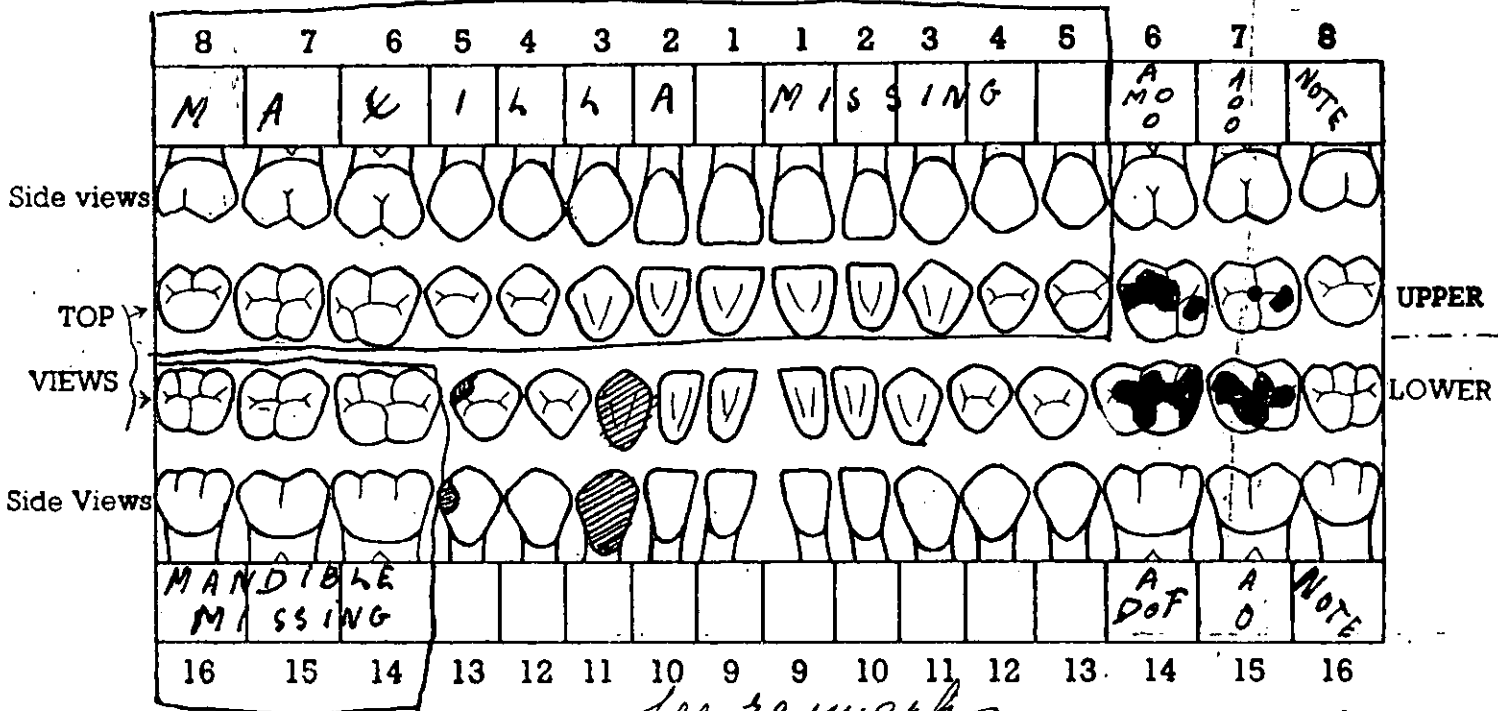
Date

<u>Unk X-1123</u>	<u>Unk</u>	<u>Unk</u>
Last Name	Rank	Serial No.
<u>Unk</u>	<u>Unk</u>	<u>Unk</u>
First	Initial	Organization
Unit	Organization	

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), 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.

IVOR J. FOSMO
2nd Lt INF

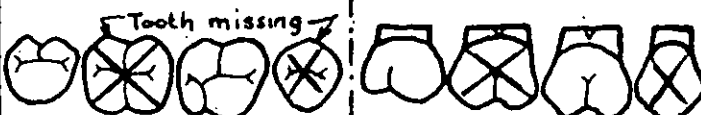


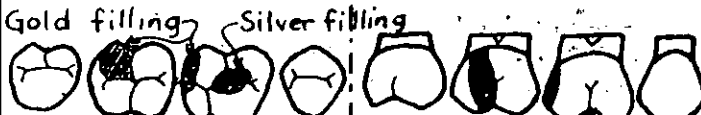

/s/ Ivor J Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW U. WOLF
CAPT. QMC. OPER. OFF.

Woodrow U. Wolf

Verified by G. R. S. 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."

ADDITIONAL SPACE FOR FURTHER REMARKS

L-8 and L-16 : unerupted before death

R-11 and L-11 have rotated 1/8 (nearly 1/4 of a turn) Distally

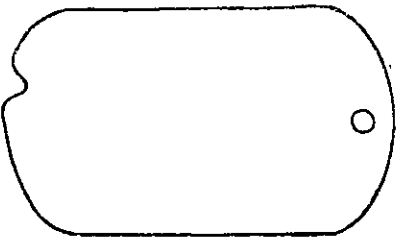
L-10 has a lingual version (Not too noticeable) .

Lower incisors have a lingual version

Color : White ivory

Size : Large

Alignment : Good

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 1 April 1946			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) Unknown X-1123			SERIAL No. Unknown				
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Ground Forces			
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY			
PLACE OF DEATH Gamsheim (Bas-Rhin) France		CAUSE OF DEATH GSW (Small Arms Fire)			DATE OF DEATH EST Dec 1944.				
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown									
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME One pocket-knife (One blade, wooden handle) One fountain-pen (Waterman pearl color, clip missing) One evans cigarette lighter silver color, plunger type (Forwarded to Effects Depots)									
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. Avold, France									
DATE OF BURIAL 1 April 1946		HOUR 1030		BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp wooden Cross	PLOT No. PP	ROW No. 12	GRAVE No. 143
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Gamsheim (Bas-Rhin) France Eu. Rd. Map. Sht 87 1:200,000 (R-1211) Isolated.					PLOT No. -	ROW No. -	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-1126				RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE No. 142		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Grave open at time of burial				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 144		
SIGNATURE OF PERSON PREPARING REPORT William D. Lawson III 2nd Lt Inf 535th Quartermaster Group				SIGNATURE OF GRS OFFICER VERIFYING REPORT Ralph W. SLEATOR 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.									

