

7887 GRAVES DETACHMENT

243 unk <sup>APO 757</sup> St. Avold X-6018 *ms*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-6018 St Avold

(POC) ST LAURENT

*File  
14 March 57  
H. Norton*

AGRC Form #10 (Revised)  
1 January 1946

-1-

REPORT OF INVESTIGATION MESA SEARCH

SAV

5 April 1946

Date

X 6018

NAME Unknown RANK Unknown ASN Unknown

ORGANIZATION Unknown

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

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? No 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 \_\_\_\_\_

Sergt. Herbert R. BAYE R

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

A. Date of above burials About Dec. 17, 1944 Common Graves? No

4. Deleted \_\_\_\_\_

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

6. Map Coordinator 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.

Europe Sheet No87 1/200,000

a. Town Bennwihl Coordinates V-695-4,90

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Cross

10. If grave is marked with cross give the exact markings thereon

Boy of U.S.A. No 1

a. From what source was this information obtained? Unknown  
(Identification tags, personal effects)

b. By whom? Service of Colmar

11. Where are the cemetery records? Mayor's office  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? None

b. Where was the information obtained? \_\_\_\_\_

c. By whom? \_\_\_\_\_

12. What is the date of death? Unknown

a. Give basis \_\_\_\_\_

13. What is the cause of death? Unknown

a. Give basis \_\_\_\_\_

14. What is the date of burial? April 1945

a. Give basis Sheriff

15. What is the place of death? 500yds outside of Bennwihr Europe Sheet 87  
Coords V-6,95-4,90

a. Give basis Body found there

16. Where were the remains found? 500 yds outside of Bennwihr Europe Sheet 87  
Coords V-6,95-4,90

a. By whom? Service of Colmar

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? \_\_\_\_\_

Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_

18. Who made the burial? Service of Colmar, Sheriff, P.O.W.s  
(Civilian, American Mil or German Mil)

a. What are the names and addresses? \_\_\_\_\_

Colmar

b. Are certificates and statements attached? Yes

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 \_\_\_\_\_

b. Markings on, or name 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? \_\_\_\_\_

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) Unknown

If so, give complete and thorough results of the interrogation.

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

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

None

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

41. Were personal effects recovered by investigating team No

If not, state reason None available

a. Were identification tags found at the time of death? Unknown

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? \_\_\_\_\_ 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? \_\_\_\_\_

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? Yes

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

46. Do facts surrounding death show any evidence that it might be an atrocity case? \_\_\_\_\_

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has high r headquarters been notified? \_\_\_\_\_

47. Was case previously investigated? No By whom? \_\_\_\_\_

When? \_\_\_\_\_

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

See Statements

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 preceded by advanced publicity? Yes

(If special investigation, give case number) \_\_\_\_\_

52. Give brief narrative \_\_\_\_\_

See Statements

(Use attached sheets, if necessary)

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Rank ASN

\_\_\_\_\_  
Organization

*Jerom Szanger*  
\_\_\_\_\_  
Signature of Investigator

Pfc. 42188456  
Rank ASN

3049 QM Gr. Reg. Co.  
\_\_\_\_\_  
Organization

UNKNOWN  
REINTERRED  
ST. AVOLD 00 9 97

STATEMENT

The population of BENSBAUGH has been evacuated during the battle. The city was completely destroyed. After this hill was regained, the body of this unknown American was found. He was buried in a field jacket and sweater. Possibility identity still to be on body. He was buried by the service of Colonel,

Wm. H. [unclear]  
SERGEANT [unclear]  
Pfc. [unclear]  
3043 G.M. Grave Reg.

ATTESTATION.

Je soussigne Secrétaire de Mairie certifie que c'est bien un  
soldat américain inconnu qui a été enterre au lieu dit Waldele dans une tombe non  
immatriculée.  
Nous ne possédons aucun autre renseignement a son sujet.

FINK.

STATEMENT.

I the undersigned Secretary of the Mairie-certify that it  
is well known unknown American soldier who has been buried at a place called  
Waldele in a grave that has not been registered.

We have no other information on his  
subject.

FINK.

True Copy

John P. Gillespie

1st Lt. Inf

3rd. 4th. 7th. 9th.



A T T E S T A T I O N .

Je soussigne BECKER Maire de BENNWIRE certifie que c'est bien un soldat americain qui a ete entere au lieu dit Waldele dans une tombe non immatriculee.

Nous ne possedons aucun autre renseignement a son sujet.

Le Maire BECKER.

S T A T E M E N T .

I the undersigned Ch. BECKER Mayor of BENNWIRE certify that it is well an unknown american soldier who has been buried at a place called Waldele in a grave that has not been registered.

We have no other information on his subject.

The Mayor: BECKER.

TRUE COPY.

*John P. Gillespie*  
*1st Lt. Inf.*  
*3rd Reg. R. C.*

# TOOTH CHART

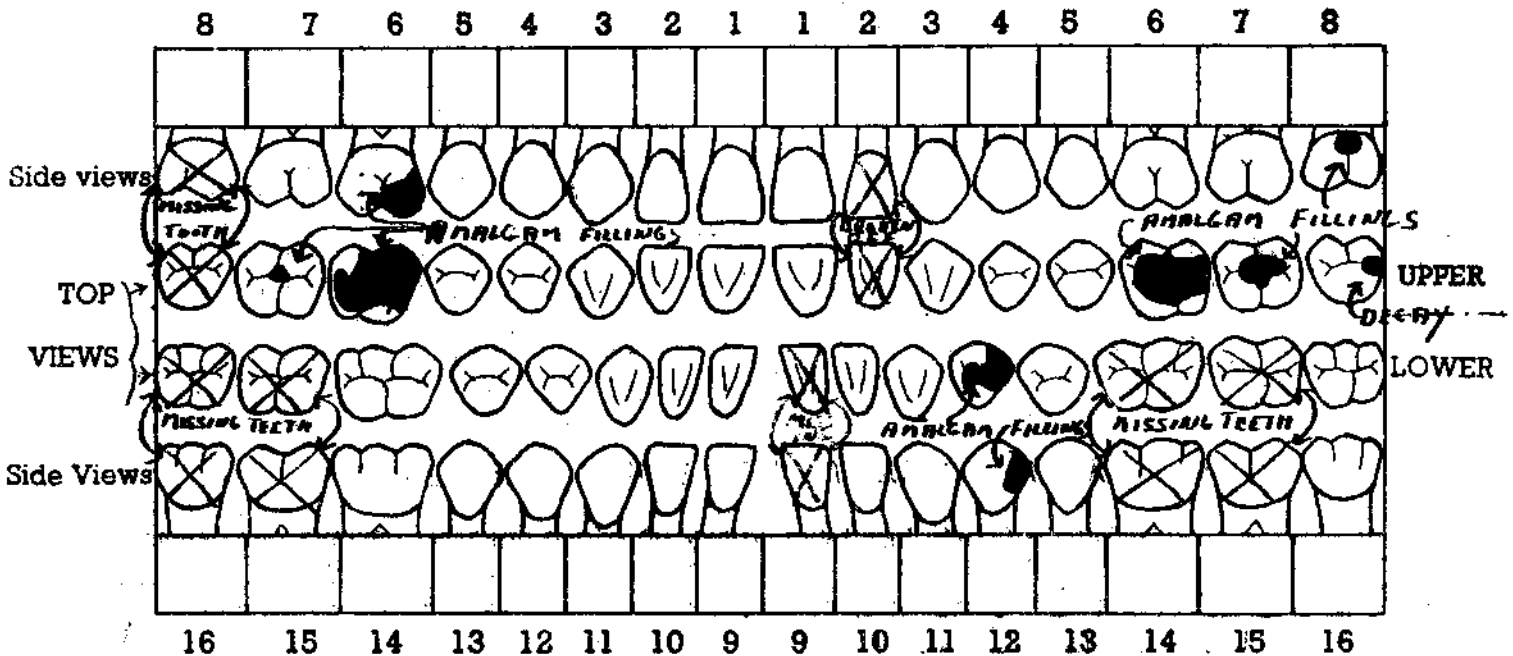
X 6028

5 April 1946  
 Date

Unknown	Unknown	Unknown	Unknown	Unknown
Last Name	First	Initial	Rank	Serial No.
Unknown			Unknown	Unknown
Unit			Organization	Cause of Death
Bennwihr, Haut-Rhin, France			Est. Dec. 1944	Unknown
Place of Death			Date of Death	

Right

Left



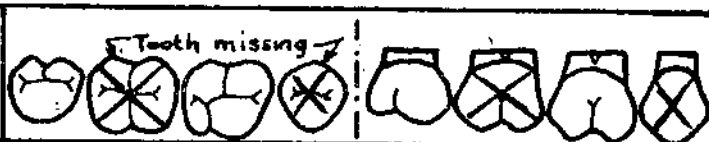
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Signature of Officer, or other person who prepared Tooth chart

William D. Lawson III  
 William D. Lawson III 2nd Lt., Inf.  
 Verified by G. R. S. Officer

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



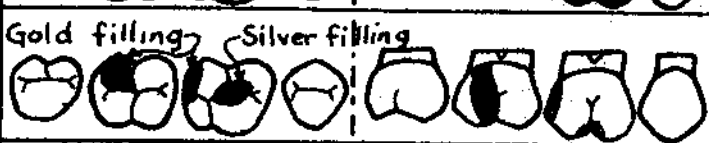
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



**FILLINGS..** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

1. I9 a displaced teeth which has not been recovered with the remains.
2. I 14 and I 15 previously extracted and granulated in, I 15 roughly.
3. R 16 just beginning to erupt where R 15 was previously located.
4. R 8 Previously extracted and roughly granulated in.
5. R 2 broke off at the gingival line.
6. R 4 Twisted out of occlusion having its mesial surface facing toward the buccal.
7. Teeth even.

N

AMERICAN UNK.

FIELD

ROAD

HILL

PENNVAHR

COLMAR

EUR. RD. M.P. 97.  
1:200,000 (V-645, 4.79)

UNKNOWN X6018  
REPRODUCED U.S. MIL. GEN.  
ST. AVOLD 00 -- 9 -- 97

433

# IDENTIFICATION CHECK LIST

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

Processor: *R. A. Feindt*

Clerk: *H. S. Richardson*

*E. O. # 707*

Unknown X *6018*  
Cemetery *St. Amand France*  
Plot *00* Row *9* Grave *97*

1. *Date reprocessed: 13 Apr. '48*  
~~\_\_\_\_\_~~ (Hour) (Date)


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

(Sheet, scale and serials used)

3. Remains ~~reprocessed~~ by *Mobile Team #1, I.S.*  
(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	<i>One Helmet liner with insignia:</i> (Type)		 <i>Blue stripes</i> and <i>White stripes</i>
<del>_____</del>	<i>Camouflage net for liner</i>		
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater		<i>None</i>	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* ~~Boat~~ ~~Remnants of~~ (type) Combat

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) None

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

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

Chevrons or Insignia \_\_\_\_\_ See page #1  
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_ None

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

6. Description of Remains: L. Humerus 35.1      L. Femur 46.2  
L. Radius 25.6      L. Tibia 39.4  
L. Ulna 27.5      L. Fibula 39.3

Age UTD Height Est. 5'10 1/4" Weight UTD Description of wounds UTD

Bandages or dressings \_\_\_\_\_ None Scars \_\_\_\_\_ UTD  
 (Length, width, location)

Tattoos \_\_\_\_\_  
 (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_  
 (Light, medium, dark, clear, pimples, poeks, freckles)

Build \_\_\_\_\_ UTD  
 (Large, fat, thin, muscular)

Hair \_\_\_\_\_  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair \_\_\_\_\_  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache \_\_\_\_\_ Beard or UTD  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee \_\_\_\_\_ (Light, color, extent)

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

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

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

Teeth \_\_\_\_\_ *See Tooth Chart* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin \_\_\_\_\_ (Prominent, receding, pointed, dimples, double)

Jaw \_\_\_\_\_ (Large, small, normal) Circumference of head in inches \_\_\_\_\_ *Skull fractured*  
(flat band)

Neck \_\_\_\_\_ (Size, length, short, normal, wrinkled) Larynx \_\_\_\_\_ (Prominent, normal)

Shoulders \_\_\_\_\_ (Broad, straight, small, rounded) Arms \_\_\_\_\_ (Length, muscular, color, extent and quantity of hair)

Hands \_\_\_\_\_

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

\_\_\_\_\_ (Unusual characteristics of fingernails)

Chest \_\_\_\_\_ (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist \_\_\_\_\_ (Size of navel, appendectomy, amount, quantity, and color of hair)

Back \_\_\_\_\_ (Quantity and extent of hair) Circumcision *UTD* Pubic Hair \_\_\_\_\_ (Color)

Hernioplasty \_\_\_\_\_ (Yes-no; location)

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

Feet \_\_\_\_\_ (Size, corns, callouses, flat) Toes \_\_\_\_\_ (Slender, straight, crooked, overlap)

Evidence of healed fractures \_\_\_\_\_ *None* (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

X-6018

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

If not, explain Fingers decomposed and/or missing

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

9. Remarks: Remains received in skeletal form; small amt. of ~~meat~~ flesh in last stage of decomposition; clothing, unmarked, found in debris, teeth found intact in mandible and in disarticulated, <sup>fractured</sup> skull; Report of Burial found; no GRS tag; est. wt. of reprocessed remains: 16 lbs, Est ht. 5' 10 1/4"

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.

No evidence of old, healed fractures or amputations found.

LAURENCE R. FEINDT  
(Officer's Name)

SP6 AGPC  
Rank Service

MOBILE TEAM #1, I.S.  
(Organization)

Albert S. Richardson



3

X-6018

# SKELETAL CHART

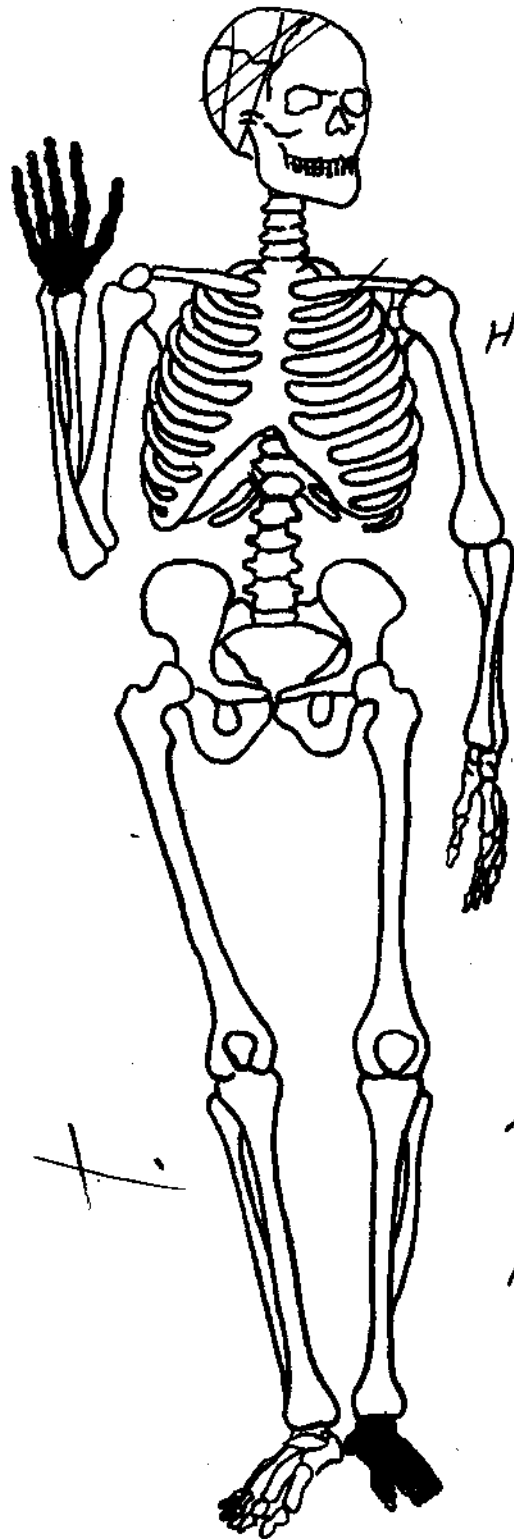
plot-00 Row-9 Grave-11  
St. AVOID Cem.

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

April 13, 1948

RIGHT

LEFT



Humerus 36.1

Radius 25.6

Ulna 27.5

Femur 46.2

Tibia 39.4

Fibula 39.3

CHART "A"

Est. Height 5'10 1/4"

C.O.R.

# TOOTH CHART

ST: 00  
 Row: '9  
 GRAVE: 97  
 E.O. # 707  
 USMC - ST. AVOLD

13-APRIL-48

X-6018

Last Name

First

Initial

UNK  
 Grade

UNK  
 Social No.

Unit

Organization

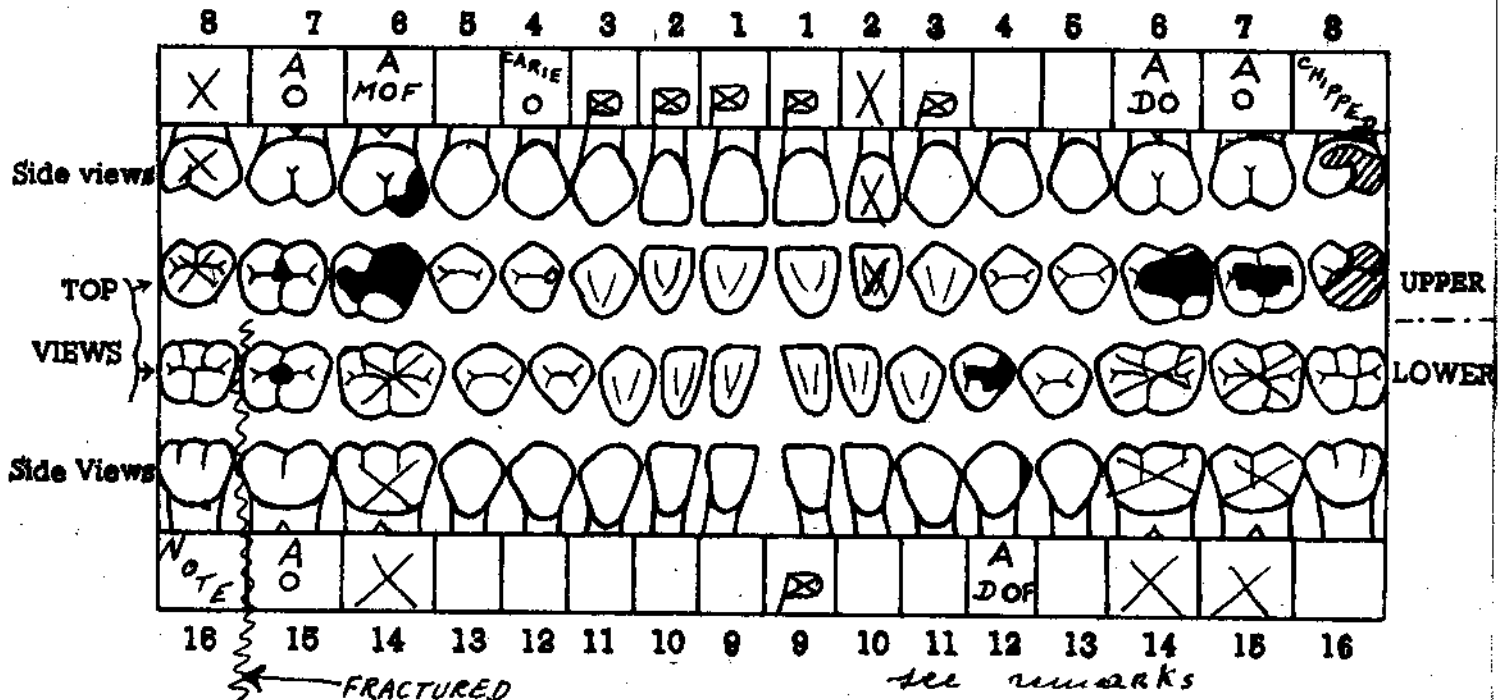
Place of Death

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.

*Insufficient space for remarks*

*[Signature]*  
 SP-7 *[Signature]*

Signature of Officer or other person who prepared Tooth chart

*See Reverse*

Verified by G. R. C. Officer

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



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



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



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

= POSTHUMOUSLY MISSING

= BROKEN OR CHIPPED

SPACES: L-1-3 = NO SPACE (ESTIMATED)  
 R-13-15 = NO SPACE (TOUCHING)  
 L-13-16 = 13 MM

Color = DULL IVORY

SIZE = AVERAGE

ALIGNMENT = Good

MAXILLA

R-5 = LINGUAL VERSION } NOT TOO NOTICEABLE  
 R-4 = LINGUAL VERSION }

Pit of L-3 = ROTATED  $\frac{1}{8}$  of a TURN DISTALLY.

L-4 = ROTATED NEARLY  $\frac{1}{4}$  of a TURN DISTALLY

MANDIBLE

R-16 = UNERUPTED BEFORE DEATH.

L-12 = ROTATED  $\frac{1}{8}$  of a TURN MESIALLY.

USMC St. Laurent

Plot J Row 23 Grave 35

Date of Burial: 22 June 1950

Verified by GRS Officer:

*Raymond J. Rodriguez*  
 RAYMOND T. RODRIGUEZ, OWO, USA

DISINTERMENT DIRECTIVE

*9pp*  
*7/2/50*

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
 3574 00000

DATE  
 15 01 48  
 DAY MONTH YEAR

NAME: UNKNOWNX-006018 SERIAL NUMBER: UNKNOWNX-006018 RANK: ARM: 8- DATE OF DEATH: DAY MONTH YEAR

CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 0 350 35 80 CODE DIST. PT.

PLOT: 00 ROW: 9 GRAVE: 97 COUNTRY: FRANCE CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST AVOLD, FRANCE (BY ADMINISTRATIVE ORDER) ST LAURENT, FRANCE  
 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: UNKNOWN X-006018 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 6 July 48  
 IDENTIFICATION TAG ON:  REMAINS  MARKER GRS ORGANIZATION: UNKNOWN RELIGION: UNK IDENTIFICATION VERIFIED BY: CHARLES W FREDRICKS, EMBALMER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVER CONDITION OF REMAINS: FRACTURED SKULL, MAXILLA, MANDIBLE, L/SLAVICLE & SCAPULA. SKELETON FORM.

OTHER MEANS OF IDENTIFICATION: REPORT OF BURIAL DATED 6 APR 46 FOUND WITH REMAINS  
 NAT FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME R. T. Johns

MINOR DISCREPANCIES: NONE  
 REMAINS PREPARED AND PLACED IN CASKET: 12 July 48 BY CHARLES W FREDRICKS, EMBALMER

CASKET SEALED BY: CHARLES W FREDRICKS, EMBALMER EMBALMER (Signature): *C. W. Fredricks* CHARLES W FREDRICKS

CASKET BOXED AND MARKED: DATE 12 July 48y CHARLES W FREDRICKS, EMBALMER ALL markings plates & tags verified by: D. H. TACKETT, 1st Lt OMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 FINAL CASNETING BY: *D. H. Tackett* D. H. TACKETT, 1st Lt OMC  
*D. H. Tackett* D. H. TACKETT, 1st Lt OMC, 7857 AGRC ZONE 3 HQ SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
 Consignee changed by Reg Div.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avoild, France</b>		TO <b>OIC Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Vincent P Matozzo, 32707218</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>FRANK P GALLAGHAN, 1st Lt PA</b>	DATE <b>2 Nov 49</b>	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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM <b>(BY YOUHIL21VILLAE OF DEK)</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>21 VAGD FRANCE</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>00 21 VAGD</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>0 22 03</b>

## (UNCLASSIFIED) SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>00000 12 31 49</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

AIRMAIL

FORM 314.6

1st Ind

US European

(St. Avold) France

SUBJECT: Certificates of Unidentifiability of ~~Remains~~  
Transmittal Letter #4735

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

TO: Chief, Registration Division, 7007 Graves Registration Detachment,  
APO 50, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on  
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

6 India:  
w/d

F. H. WITZ  
Lt. Colonel, QMC  
Memorial Division

Holden:cam  
Clements  
RBB

X-1093  
JUN 25 1950  
TIC  
File X-6018  
A-10000

AIRMAIL  
2

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

RRE 293

23 January 1950  
(Date)

293 Unknown-France X-6018 (St. Avoird) *24*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6018 , Plot 00 ,  
Row 9 , Grave 97 , USMC St. Avoird, 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. 1883 , dated  
2-8-46 .

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. Henry, O-12589  
Lt. Col E.D. Mulvanity O-359598  
Leodore Goudreau W-2113434

FILE #3 FEB 1950  
Received  
Not identifiable from  
information presently  
available

*File  
787  
3 Feb 50  
B. G. ...  
24/11*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

RRE 293

23 January 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6018, Plot 00, Row 9, Grave 97, 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 1883, dated 3-5-46.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

*E. D. Mulvanity*  
Lt Col. E.D. MULVANITY, O-35999 QMC

Capt. Edward F. PRICE, Jr., O-158236 QMC

1st Lt. Gaylord E. LUTZ, O-1595665 QMC

*Lacore Goureau*  
CWO Lacore GOUREAU, W-2113434 USA

FILE 3 FEB 1950  
99MG

Unidentifiable from  
information presently  
available

Incl #6



X-6018 was recovered from the vicinity of Bennwihr, Haut-Rhin, France, from ~~in~~ an isolated grave.

No Identification Tags were found with the deceased. Reprocessing revealed a tooth chart and height estimation. A helmet liner with the insignia believed to be that of the 3rd Infantry Division was recovered with the remains. Tooth chart for X-6018 has been compared with tooth charts available for all unresolved casualties from the 3rd Infantry Division with negative results.

Tooth chart for X-6018 has also been compared with tooth charts for casualties from Haut-Rhin and Bas-Rhin, France with negative results.

In view of the lack of any association between X-6018 and the casualties recovered from the above mentioned areas, X-6018 is being declared unidentifiable.

(The name "Sergt, Herbert R. Bayer" listed on the Report of Investigation Area Search as a deceased buried in immediate vicinity is not listed ~~in~~ as a casualty on records of this headquarters.)

"Sgt. Herbert R. Bayer" should be Sgt. Herbert R. Baker, 34890640, 143rd Inf Regt. Previously I-6015  
St Avold, recovered from Hill 351, Bennwihr, identified by T/C, marker over grave.

Binkerd, Identification Branch  
22 May 1950

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 25 MAY 1948

SUBJECT: Reprocessing of Remains

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


The remains of X-6018  
interred in Plot 00, Row 9, Grave 97, USMC St-Avoid  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

Headgear : One helmet liner with insignia  
Camouflage net for liner

Est. height : 5' 10  $\frac{1}{4}$ "

FOR THE COMMANDING GENERAL :

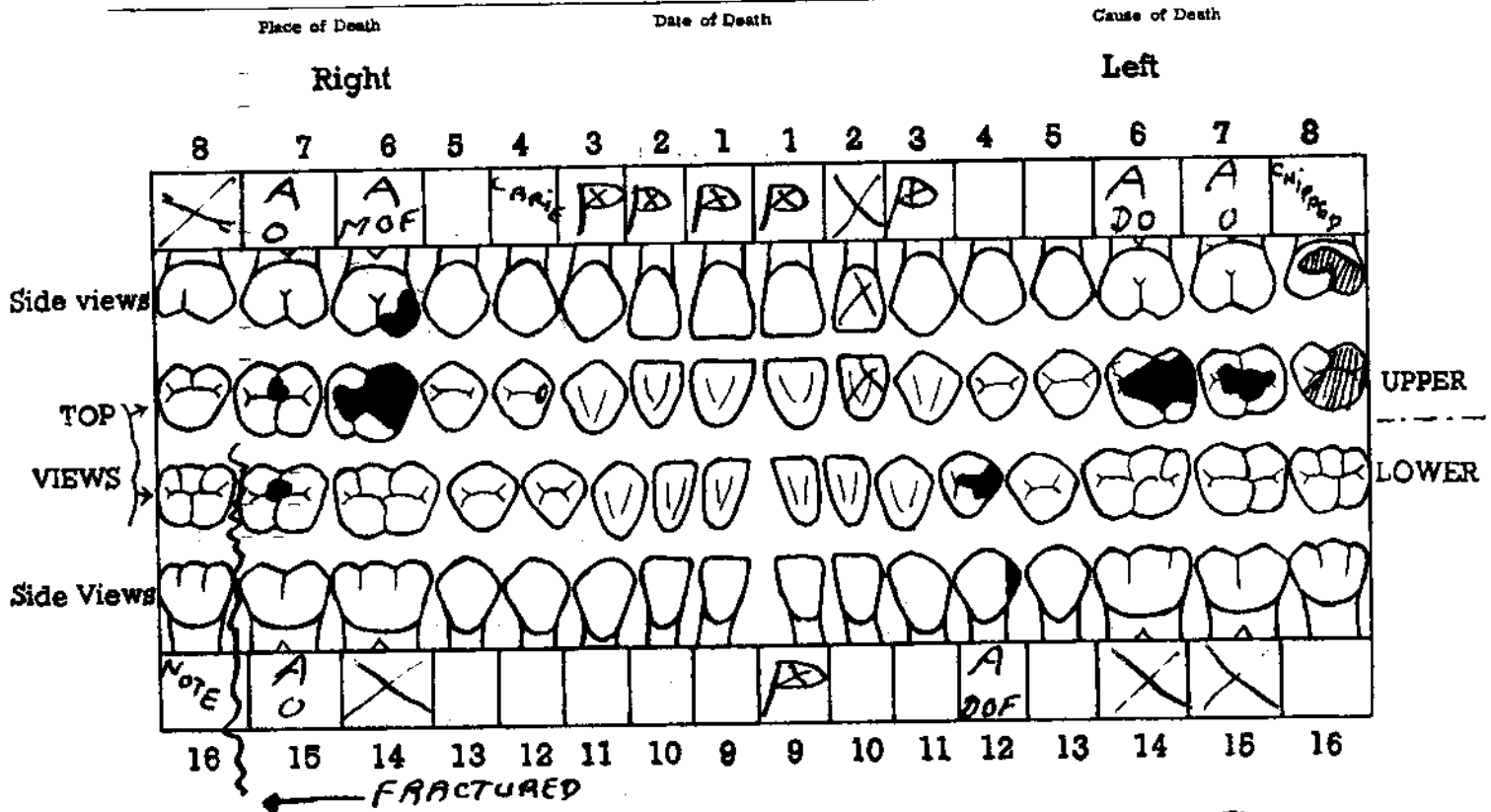
2 Incls : 1. Tooth chart  
1. Skeletal Chart

  
BERNARD E. CARROLL  
WOJG AUS  
Actg Asst Adj Gen.

Plot : 00  
 Row : 9 E.O#707  
 Grave : 97  
 St-Avoid, France  
 April 13, 1948

# TOOTH CHART

X-6018			Unk	Date Unk
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions : Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Certified True Copy:  
*Bernard W. Carroll*  
 BERNARD W. CARROLL /S/ Ivor J. Fosmo  
 WJG AUS

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer



X-6018  
Plot 00 Row 9 Grave 97  
St-Avoid Cem. France

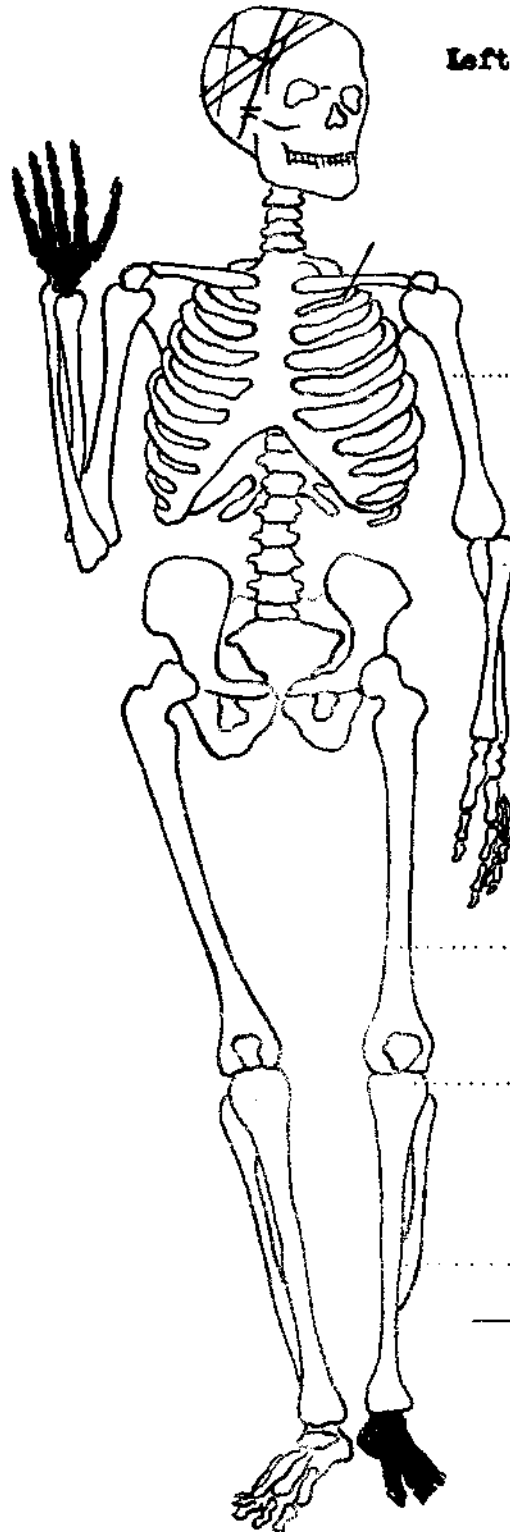
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)

April 13, 1948

Right

Left



35.1 CM. HUMERUS

25.6 CM. RADIUS

27.5 CM. ULNA

46.2 CM. FEMUR

39.4 CM. TIBIA

39.3 CM. FIBULA

5' 10  $\frac{1}{2}$ " ESTIMATED HEIGHT

PROCESSED BY: \_\_\_\_\_

6

DISINTERMENT DIRECTIVE

243 Blvd # 6018 France (St Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3574 00000		DATE 15 07 40		
NAME UNKNOWN X-006010				SERIAL NUMBER	RANK	ARM	DATE OF DEATH	
CEMETERY ST AVOLD - METZ							DISPOSITION OF REMAINS 0 1503 00	
PLOT 00	ROW 9	GRAVE	COUNTRY 97 FRANCE			CAUSE OF DEATH 0		

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 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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		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.

Revised 5 January 1946

## CHECK LIST OF UNKNOWN

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

Unknown X 6018

Cemetery ST. AV OLDPlot 00 Row 9 Grave 97

1. Arrived at cemetery 153 0 6 April 1946  
(Hour) (date)
2. Place of death Bonnwihr, Haut-Rhin, France (Y. 695190)  
(Name of closest town) (Coordinates and letter  
Prefix, maps)  
Europe Rd. Map Sheet No. 67, 1:200,000  
Sheet, scale and serials used.
3. Remains recovered or disinterred by 3049th Co. Co. Co.  
(name and organization)
4. Evacuated to Cemetery by USP 535th Co. Group  
(name and organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
Headgear	<u>Helmet and liner</u> (Type) (No markings)			
Raincoat	<u>None</u>			<u>Est. Med.</u>
Overcoat	<u>None</u>			<u>Est. 38</u>
Jacket, Field	<u>None</u>			<u>Est. 38</u>
Jacket, Combat	<u>Remnants</u>			<u>Est. 36 Utd</u>
Mackinaw	<u>None</u>			<u>Est 38</u>
Sweater	<u>Remnants</u>			<u>Est. Med.</u>
Jacket, HBT	<u>None</u>			<u>Est. 38</u>
Shirt, Wool, OD	<u>One</u>			<u>Est. 15-32</u>
Undershirt, Wool	<u>Remnants</u>			<u>Est. 36 Utd</u>
Undershirt, Cotton	<u>Utd</u>			<u>Est. 36</u>
Trousers, HBT	<u>None</u>			<u>Est. 33-32</u>
Trousers, Wool OD	<u>Remnants</u>			<u>Est. 32-31 Utd</u>

Belt, Web None Est. 31

Drawers, Wool None Est. 32

Drawers, Cotton None Est. 32

Leggings, Wool None (Note unusual lacing)

Socks, Cotton One Pr. Est. 10 1/2

\*Shoes (Type) None

Overshoes None

Web Equipment (Type) None

(Other item) None

(Other item)

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

6. Chevrons or Insignia Utd  
(Type & location; shirt, jacket, coat, helmet)
- Shoulder Patch Utd
7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces. Ground Forces
8. Description of Remains:  
Age Utd Height 5' 9" Weight Utd Description of wounds Utd
- Bandages or dressings Utd Scars Utd  
(Length, width, location)
- Utd Tattoos Utd  
(Number, location-illustrate on sep. page)
- Outstanding moles, warts or birthmarks Utd  
(Yes-no; description, location)
- Utd
- Sunburn or tan, other than hands & face Utd
- Complexion Utd  
(Light, med. dark, clear, pimples, pocks, freckels)
- Build Utd  
(Large, fat, thin, muscular)
- Hair Light Brown 2 in. Mbd. Straight 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 Goatee  
 (color, setting, shape) (color, size, (length, heavy,  
 shape) Ears Utd  
Utd Nose Utd (size, shape, straight) (size, set close to  
 light, color, extent) (size, set close to or far from head)

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

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

Teeth See Attached Teeth Chart  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extrac  
 Pointed Est.

Chin  
 (Prominent, receding, pointed, dimple, double)

Jaw Normal Circumference of head in inches Est. 22½  
 (large, small, normal) (hat band)

Neck Utd Larynx Utd  
 (size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Utd Arms 32" Utd 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  
Utd  
 joints). (unusual characteristics of fingernails)

Chest Utd  
 (size of nipples, color, quantity & extent of hair, large, small, norm

Back Utd Waist Utd  
 (quantity & extent of hair) (size of navel, appendectomy, amount  
 quantity & color of hair Circumcision yes-no Pubic hair (color)

Hernioplasty Utd  
 (Yes - no; location)

Legs 32" Utd Utd  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent  
 of hair).  
Utd

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

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

9. Black outparts 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 If not, explain \_\_\_\_\_  
Yes - no

12. Remarks All flesh completely decomposed. Est. 50 lbs. bones recovered.  
Fracture complete, occipital; Parietal bones, maxillary ethmoid and  
sphenoid bones fractured segments recovered. All bones recovered.

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

*William D. Lawson III*  
William D. Lawson III

Officer name

2nd Lt. Inf.

Rank Service

535th Quartermaster Group  
Organization.

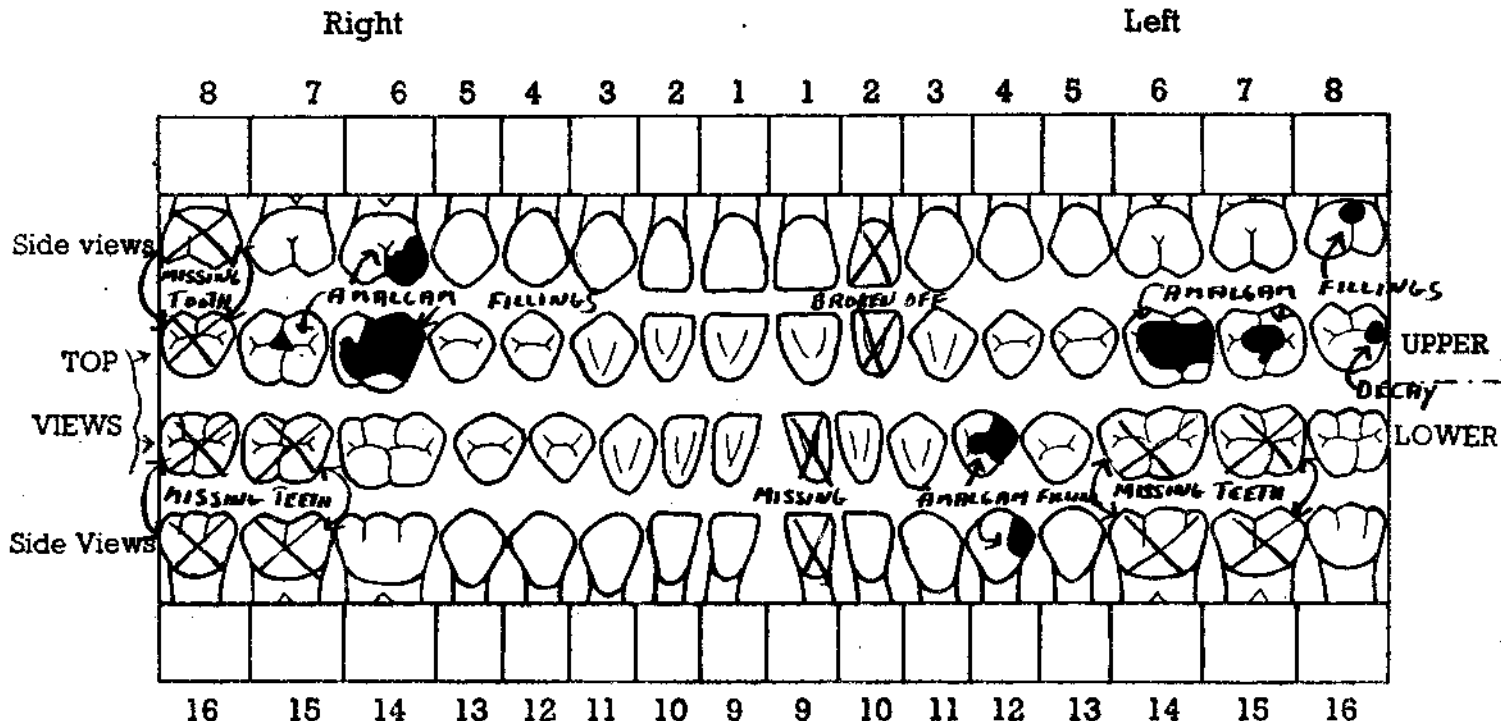
G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
H.Q. COM. ZONE, EPOUSA

# TOOTH CHART

X 6018

5 April 1946

Unknown	Unknown	Unknown	Unknown	Unknown
Last Name	First	Initial	Rank	Serial No.
Bennwhr, Haut-Rhin, France		Est. Dec. 1944	Unknown	Unknown
Place of Death		Date of Death	Organization	Cause of Death

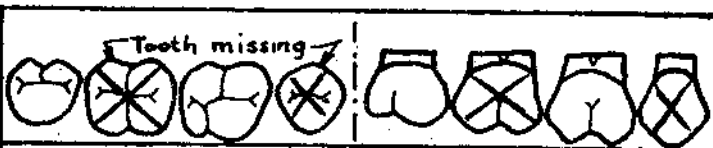


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*John A. Trent*

John A. Trent  
Signature of Officer or other person who prepared Tooth chart  
*William D. Lawson III*  
William D. Lawson III 2nd Lt. Inf.  
Verified by G. R. S. Officer

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



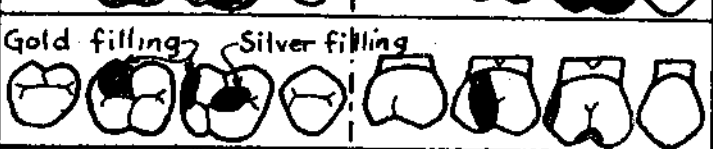
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



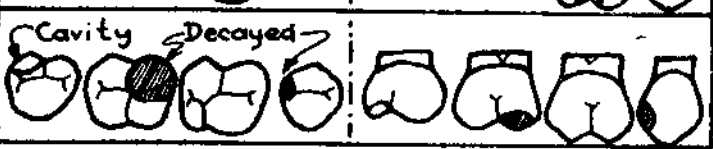
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

1. L9 a displaced teeth which has not been recovered with the remains.
2. L 14 and L 15 previously extracted and granulated in, L 15 roughly.
3. R 16 just beginning to erupt where R 15 was previously located.
4. R 8 previously extracted and roughly granulated in.
5. R 2 broke off at the gingival line.
6. R4 twisted out of occlusion having its mesial surface facing toward the buccal.
7. Teeth even.

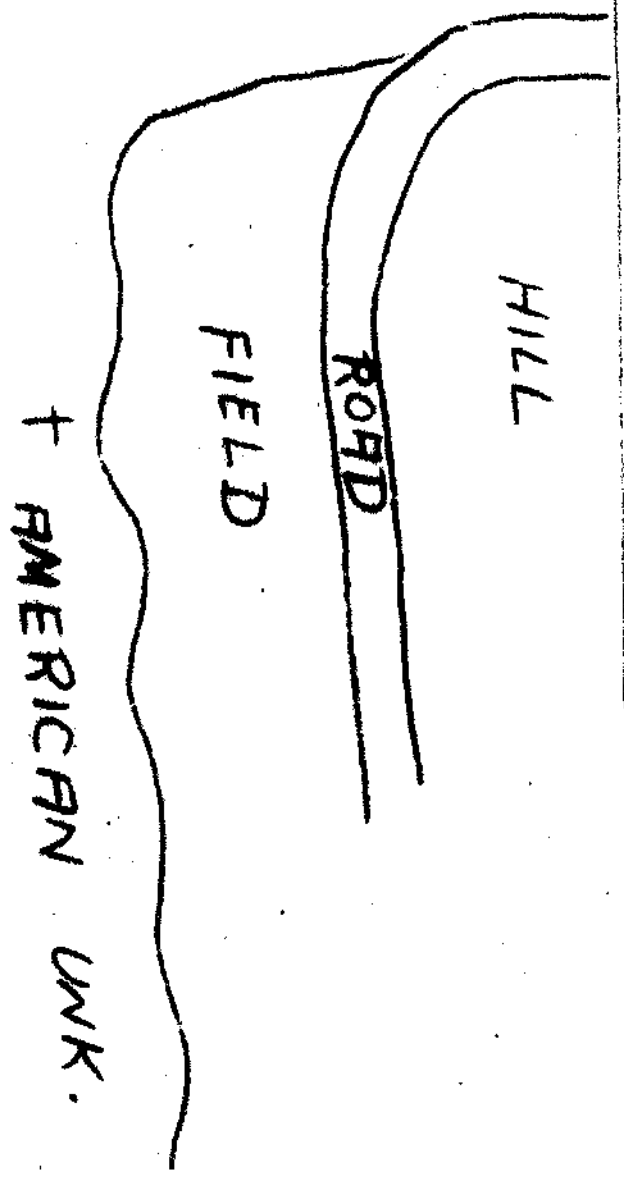
433

UNKNOWN X6018  
REENTERED U.S. MIL. CEM.  
ST. AVOLD 00 - 9 - 97

EUR. RD. M.P. 07.  
1:200.000 (V-695, 4.99)

COLMAR

BENNWIHR



UNKNOWN X 603  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD CO - 9 - 97

S T A T E M E N T.

The population of BENNWIHR has been evacuated during the battle. The city was completely destroyed. After this hill 35I was demined the body of this unknown American was found. He was buried in a field jacket and sweater. Possibly identity still has on body. He was buried by the service of Colmar.

*Jerome Szanger*  
Jerome SZANGER  
Pfc 42188416  
3049 Q.M. Grave Reg.

ATTESTATION

Je soussigné GHELL garde champêtre certifie  
que c'est bien un soldat américain inconnu qui a été enterré au lieu dit Walders  
dans une tombe non inscrite.

J'ai en possession aucun renseignement sur son sujet.

GHELL Au verso.

STATE DEPT.

I the undersigned GHELL garde champêtre  
certify that it is well an American soldier unknown & who has been buried  
at a place called Walders in a grave ~~marked~~ that has not been inscribed.  
We have no information on his subject.

GHELL Au verso.

True Copy

John P. Hillis

1st Lt. Inf.

3rd G. T. G.

ATTESTATION

Je soussigne BECKER Maire de BENNWIRN certifie que c'est bien un soldat americain qui a ete entere au lieu dit Waldele dans une tombe non immatriculee.

Nous ne possedons aucun autre renseignement a son sujet.

Le Maire BECKER,

STATEMENT,

I the undersigned Ch. BECKER Mayor of BENNWIRN certify that it is well an unknown american soldier who has been buried at a place called Waldele in a grave that has not been registered.

We have no other information on his subject.

The Mayor, BECKER,

TRUE COPY.

*John P. Gillipie*  
*1st Lt. Inf.*  
*3rd. U.S. U.*



A T T E S T A T I O N.

Je soussigne Secrétaire de Mairie certifie que c'est bien un soldat américain inconnu qui a été enterre au lieu dit Waldele dans une tombe non immatriculée.  
Nous ne possédons aucun autre renseignement a son sujet.

FINK.

S T A T E M E N T.

I the undersigned Secretary of the Mairie certify that it is well known unknown American soldier who has been buried at a place called Waldele in a grave that has not been registered.  
We have no other information on his subject.

FINK.

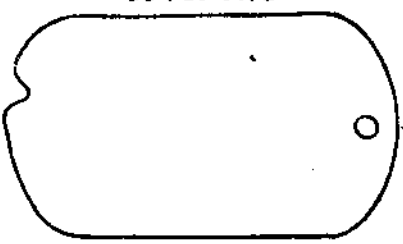

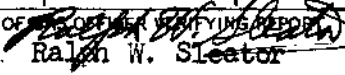
*True Copy*

*John P. Gillespie*

*1st Lt. Inf.*

*3rd. W.R. Co.*

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 6 April 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) Unknown X-6018			SERIAL No. Unknown			
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Bennwihr, Haut-Rhin, France		CAUSE OF DEATH Unknown				DATE OF DEATH Est. Dec. 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown								
IDENTIFICATION TAGS FOUND ON BODY (I, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 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. Aved, France								
DATE OF BURIAL 6 April 1946		HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp. wooden Cross	PLOT No. 00	ROW No. 9	GRAVE No. 97
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Hill 351 Outside of Bennwihr, Haut-Rhin, France Bar. Rd. Mp. Sh. 87 1:200,000 (V-695490)						
					PLOT No. Isolated Grave	ROW No.	GRAVE No.	
TYPE OF RELIGIOUS CEREMONY General Service		PERSON CONDUCTING BURIAL RITES Ch. Lynn Woodland, Capt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 placed 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) Beginning of Row				RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Brecht, Henry				RANK Pfc.	SERIAL No. 33501425	ORGANIZATION Co F. 222nd Inf. Regt.	GRAVE No. 98	
SIGNATURE OF PERSON PREPARING REPORT  535th Quartermaster Group				SIGNATURE OF THEATER AUTHORITY (SEE INSTRUCTIONS)  Ralph W. Sletor Major Inf.				
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**

**RESTRICTED**

**Section - UNIDENTIFIED REMAINS.**






**INSTRUCTIONS:**

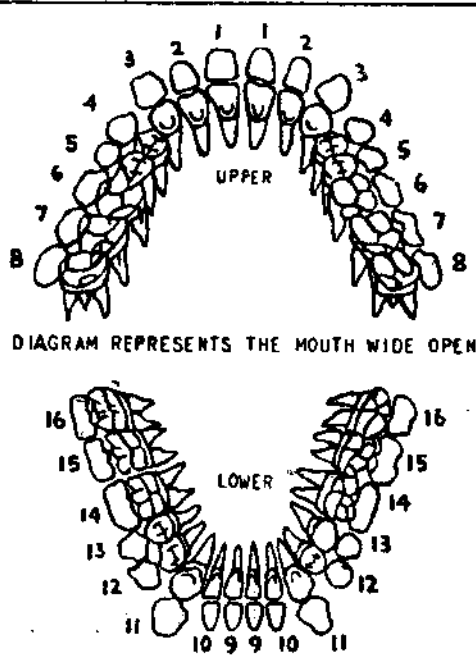
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

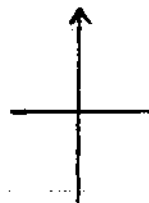
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5' 9"	Utd.	Utd	Light Brown	Utd
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	
None		Utd.	Benwihr, Haut-Rhin, France	

**OTHER IDENTIFICATION CLUES**

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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



**REMARKS:**

Attached; Form 11 "Check List of Unknowns" and form 1A "Teeth Chart." Too badly decomposed for fingerprints. Estimated wgt. of remains. 50 lbs.