

887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6049 MB

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 - 6049 St Avold

(POC) ST AVOLD

*File
St Avold
26 Feb 51*

REPORT OF INVESTIGATION AREA SEARCH
16th April, 1946

NAME	RANK	ASN	Date
Unknown X 6049	Unknown	Unknown	Unknown
ORGANIZATION <u>Unknown</u>			
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 Unk. RANK Unk. ASN Unk.

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

All unknown

(Use reverse side for listing of crew members from M&CR)

A. Date of above burials Remains unburied Common Graves? _____

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 Reipertswiller Coordinates Eu. Ro. Map 9-8037 Sht. 87- Sc/1-200.000

b. Is sketch attached? Yes

c. Is area mined? Yes (dangerous without guide)

9. How is the grave marked? Remains unburied

20 APR 1946

If grave is marked with cross, give the exact markings thereon

- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By whom? _____

11. Where are the cemetery records? _____ *16069*
(Town hall, cemetery, burgermeister's office)

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

12. What is the date of death? _____ **Unknown**

- a. Give basis _____

13. What is the cause of death? _____ **Unknown**

- a. Give basis _____

14. What is the date of burial? _____

- a. Give basis _____

15. What is the place of death? **Forêt domaniale**
Reipertswiller Coords **Same as #8**

- a. Give basis _____

16. Where were the remains found? **See #15** Coords **Same as #8**

- a. By whom? **Charles Ernwein**

- b. Is sketch attached? **Yes**

17. Was a casket used? _____ Who furnished the casket? _____

- Type of casket _____ How marked? _____

18. Who made the burial? **Remains unburied**
(Civilian, American M.I. or German M.I.)

- a. What are the names and addresses? _____

- b. Are certificates and statements attached? _____

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

19. Were remains found in the plane wreckage? _____

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

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

- b. Near wreckage? _____

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

- a. Type of plane _____

- b. Markings a 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) _____

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? _____

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 investigating team No

If not, state reason May have been taken by Germans

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

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? Unk.

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? _____

42. Was deceased given first aid? No 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

Charles Ernwein & Lichtenberg- Hotel du Boeuf Noir

Or Schiltigheim - 11 Rue de la Mairie

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

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

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) _____

52. Give brief narrative Charles Ernwein found the body while clearing mines from the forest.

(Use attached sheets, if necessary)

De Gouberville

Signature of Interpreter

Civilian

Rank

ASN

535 Q.M G roup A.G.R.C.

Organization

Henry Hicks

Signature of Investigator

Pfc

38687235

Rank

ASN

535 Q.M.Group A.G.R.C.

Organization

Belt, web **None**

Drawers, Wool **None**

Drawers, Cotton **Remnants** **OB**

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

Socks, Cotton **Yes** **OB**

*Shoes (Type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **One Silk Scarf,**

(Other item) **Combat Trousers.**

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

6. Chevrons or Insignia **U.S.D.**
(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. **Ground Forces**

8. Description of Remains:
AGENT **Herbert H. W. [unclear]** Description of wounds **WTD**

Bandages or dressings **None** Scars **WTD** (Length, width, location)

Tattoos **WTD**
(Number, location-illustrate on sep. page)

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

Sunburn or tan, other than hands & face **WTD**

Complexion **WTD**
(Light, med, dark, clear, pimples, poeks, freckles)

Build **WTD**
(Large, fat, thin, muscular)

Hair **Dark Brown** **Fin.** **Straight**
(Color, length, quantity, wavy, straight, whorls, or definite parting).

Bandages or dressings None Scars UTD
length, width

UTD
(location) Tattoos _____
(number, location-illustrate on separate page)

Outstanding moles, warts or birthmarks UTD
(yes-no) (description)

location UTD

Sunburn or tan, other than hands and face UTD

Tobacco stain on fingers or teeth UTD
(designate where, extent)

Complexion UTD
(light, med, dark, clear, pimples, pocks, freckles)

Build UTD
(large, fat, thin, muscular)

Hair UTD Dark Brown 2in Straight
(color, length, quantity, curly, wavy, straight, whorles, or
definite parting, baldness, widows peak, other characteristics)

Sideburns UTD Eyebrows UTD
(color, setting, shape) (color, bushiness,)

UTD Mustache UTD Beard or goatee UTD
across nose (color, size, shape) (length, heavy, light,
UTD Eyes UTD
color, extent) (color, setting, shape)

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

30" Forehead UTD Mouth UTD Lips UTD
head) (high, wide, wrinkled) (large, med, small) sm, lge

Teeth See Attached Teeth Chart
(white, size, unevenness, spacing, noticeable crown, fillings, miss'g)

Chin Prominent Cheekbones UTD
(prominent, receding, pointed, double) (high, normal)

Jaw UTD Circumference of head in inches 30"
(large, small, normal) (hat band)

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

Shoulders UTD Arms 30" UTD
(broad, straight, small, rounded) (length, muscular, color)

UTD UTD
Extent & quantity of hair (vaccination scar, size of wrists)

Hands UTD
(large, small, normal, calloused noticeably) (marks on fingers
UTD
indicating that rings were worn)

Fingers ^{UTD}
(short ^{UTD} thick, long, slender; size of knuckles) (missing
fingers or joints) ^{UTD} (unusual characteristics of fingernails)

Chest
(size at nipples; color, quantity & extent of hair; large, small,
Back ^{UTD} (quantity & extent of hair) Waist ^{UTD} (size at naval, appendectomy
normal) ^{UTD} (quantity & extent of hair) ^{UTD} (size at naval, appendectomy
amount & color of hair) ^{UTD} Circumcized ^{UTD} (yes-no) Pubic hair ^{UTD} (color)

Hernioplasty ^{UTD} (yes-no) (location) ^{UTD} Legs ^{UTD} (inseam) (muscular; knock-
kneed, bowed, normal) ^{UTD} (quantity, color & extent of hair)

Feet ^{UTD} (size; corns; callouses; flat) Toes ^{UTD} (Slender, straight, crooked, etc.)
Evidence of healed fractures ^{UTD} (nose, arms, legs, etc.)

Black out parts of body not
receives at cemetery



Have photographs been made and attached ^{UTD} **No** If not, explain ^{UTD}
All flesh completely decomposed (yes-no)

Have fingerprints been placed on GRS #1 ^{UTD} **No** If not, explain ^{UTD}
All flesh completely decomposed (yes-no)

Has tooth chart been prepared ^{UTD} **Yes** If not, explain ^{UTD}
(yes-no)

Remarks: **All flesh completely decomposed. All bones recovered. Not No. 17 12a.**

William D. Lawson
William D. Lawson 2nd Lt Inf
538th Quartermaster Group
Signature of GRO and Organization

TOOTH CHART

15049

13 April 1946

Unknown

Unknown

Unknown

Unknown

Last Name Unknown

First

Initial

Rank

Serial No.

Unknown

Reipertswiller Bas Rhin France

Organization

Unknown

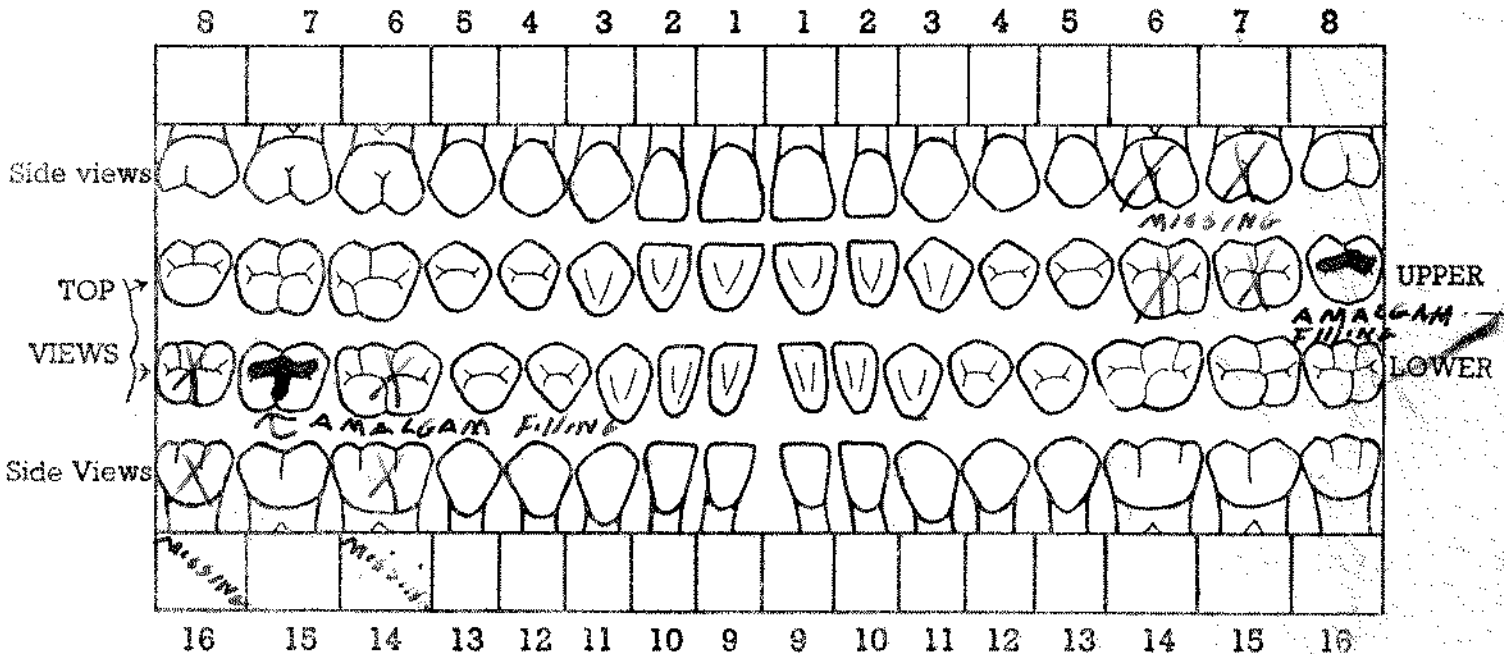
Place of Death

Date of Death

Cause of Death

Right

Left



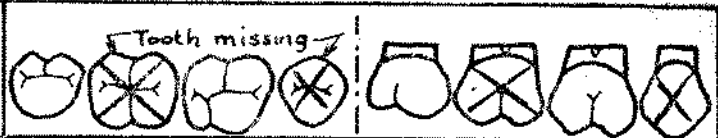
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

William D. Lawson III
 Signature of Officer or other person who prepared Tooth chart
 William D. Lawson III 2nd Lt Inf 535 GI Group

Verified by G. R. S. Officer

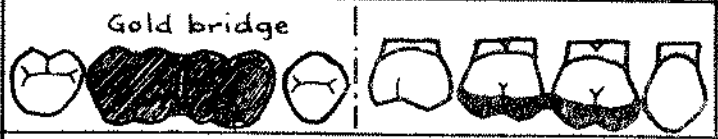
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



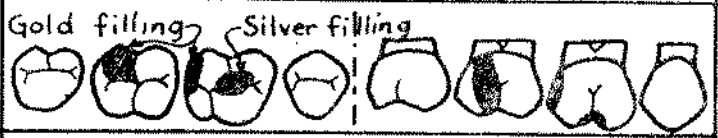
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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."

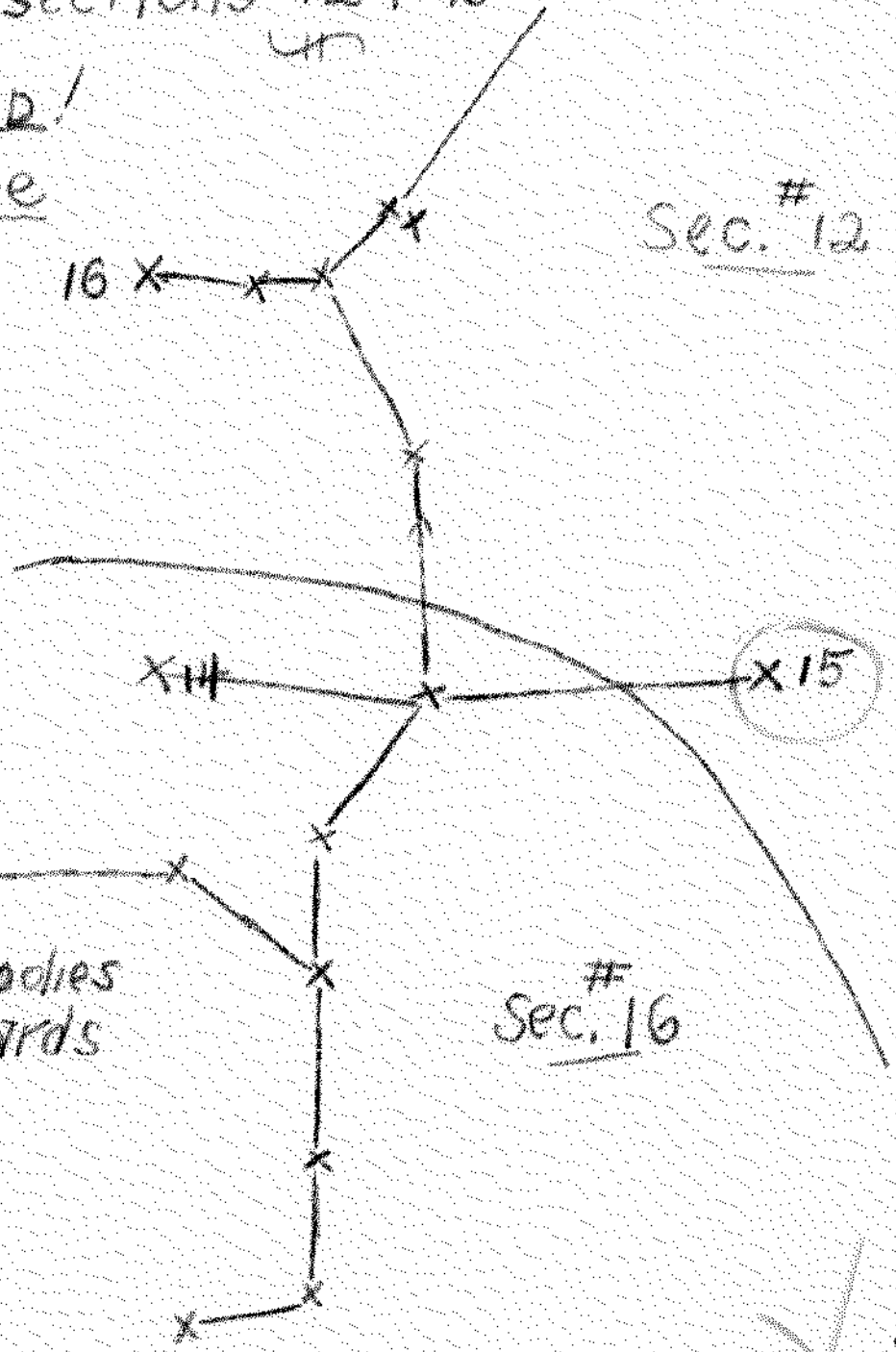
ADDITIONAL SPACE FOR FURTHER REMARKS

1-17 and 18 previously extracted and granulated in.
 2-18 erupting
 3-16 previously extracted and granulated in.
 4-18 granulated in.
 5-Teeth even, full arch.

Reipertswiller - E.R.M. - Sec. 87 - 1:200,000
(Q-8037)

sketch showing Location of the 16 unburted
remains in sections 12 + 16

Area mined!
USE GUIDE



Sec. # 12

Sec. # 16

Between Bodies
indicate yards
- Bodies

IDENTIFICATION CHECK LIST

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

Proc. by: *C. O. Prie*
R. J. Miller
 Clerk: *A. S. Richardson*

E.O. # 707

Unknown X *6049*
 Cemetery *St. Amand, France*
 Plot *00* Row *12* Grave *140*

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.
<input checked="" type="checkbox"/> * Headgear	<i>Ocean seas cap,</i>	<i>remnants of</i>	
	(Type)		
<input type="checkbox"/> Raincoat	<i>None</i>		
<input checked="" type="checkbox"/> Overcoat			
<input type="checkbox"/> Jacket, Field	<i>Rem. of</i>	<i>(Type M-43)</i>	
<input type="checkbox"/> Jacket, Combat	<i>None</i>		
<input type="checkbox"/> Mackinaw			
<input checked="" type="checkbox"/> Sweater, <i>Wool</i>	<i>Rem. of</i>		
<input type="checkbox"/> Jacket, HBT	<i>None</i>		
<input checked="" type="checkbox"/> * Shirt, Wool OD	<i>Rem. of</i>		
<input checked="" type="checkbox"/> Undershirt, Wool	<i>Rem. of</i>		
<input type="checkbox"/> Undershirt, Cotton	<i>None</i>		
<input type="checkbox"/> Trousers, HBT			
<input checked="" type="checkbox"/> * Trousers, Wool OD	<i>Rem. of</i>		

Belt, web _____

Drawers, wool _____ *None*

Drawers, cotton _____

Leggings, wool _____

Socks, ~~wool~~ *One pair*

* Shoes _____ (type) _____ *None*

Overshoes _____

Web Equipment _____ (type) _____

(Other item) *Rem. of wool mitten*

(Other item) _____

* 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 _____

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

6. Description of Remains: *L. Humerus 35.2 L. Femur 45.7*
L. Radius 26.2 L. Tibia 37.4
L. Ulna 28.3 L. Fibula 37.6

Age *UTD* Height *Est. 5'9 1/4"* Weight *UTD* Description of wounds *UTD*

Bandages or dressings _____ *None* Scars _____ (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, pocks, freckles)

Build _____ (Large, fat, thin, muscular) *UTD*

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 _____ (Length, heavy)

UTD

X

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) *(No inch tape measurement available)*

Jaw (Large, small, normal) Circumference of head in *C.M.* ~~inches~~ *50 cm.*
(Hat band)

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

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

Hands *UTD*

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)
UTD
(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 (Yes-no) Pubic Hair *UTD*
(Color)

Hernioplasty (Yes-no; location)

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

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

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

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



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

If not, explain Fingers missing and/or too decomposed

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

9. Remarks: Remains ~~not~~ received in skeletal form, no flesh; ~~no~~ clothing, unmarked, found on remains; teeth intact in skull; skull fractured and disarticulated; Report at Burial found; no GRS tags found; Est. wt. of reprocessed remains: 15 lbs. Est. Ht. 5'9 1/4"; no evidence of old, healed fractures or amputations

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.

ROBERT J. MILLER
(Officer's Name)

SMALL CALIBRE BULLET SP6 AGRC
Rank Service

HOPE APPEARS ON
RIGHT TEMPORAL BONE. MOBIL
NO APPARENT POINT OF EXIT.
(Organization)

Albert L. Guichardson

SKELETAL CHART

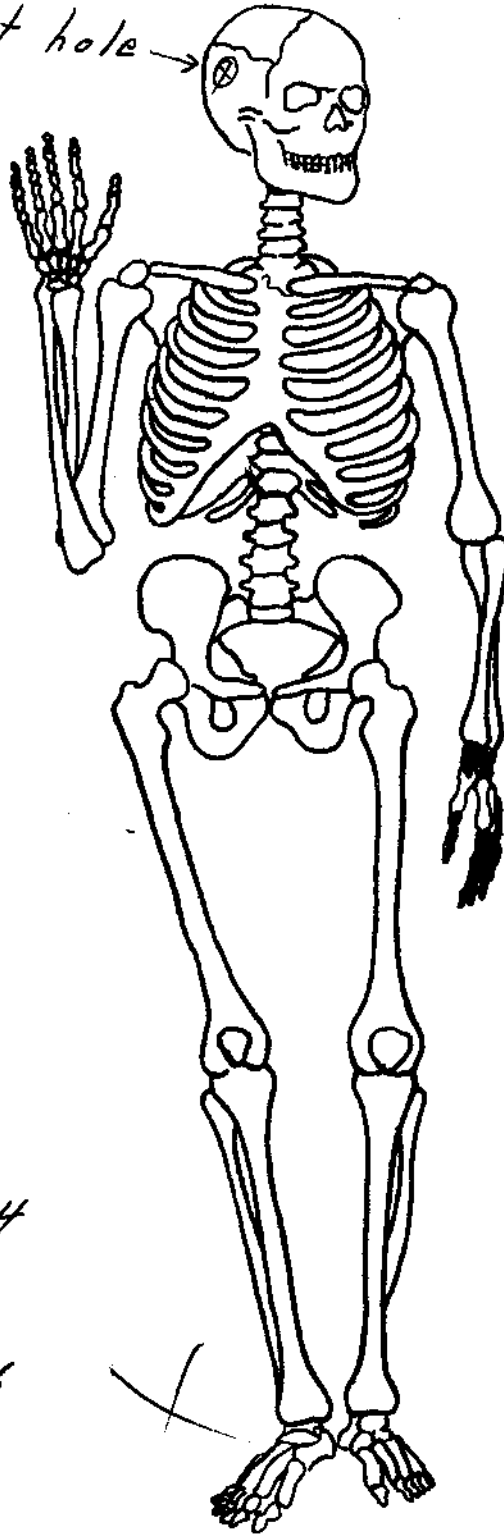
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6049
lot 00
Row 12
Grave 140

St. Avoold Cem.

13 April 1948

bullet hole →



Humerus 35.2

Radius 26.2

ulna 28.3

Femur 45.9

Tibia 37.4

Fibula 37.6

CHART "A"

Est. Height 5'9 1/4"

~~C.O.R.~~

TOOTH CHART

00
2
G.A.E. 140

E.O. # 707

USMC - ST. AVOLD

13-APRIL-48

Date

UNK

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

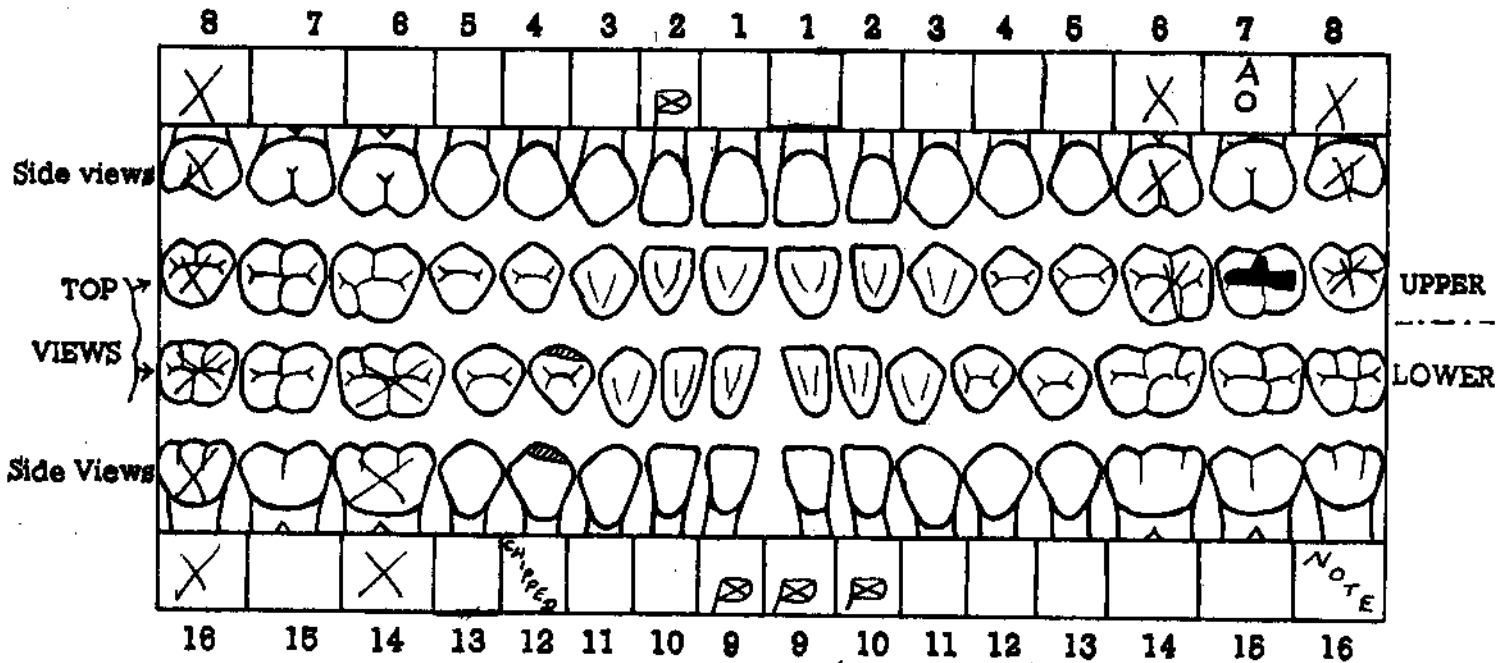
Place of Death

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 DAC

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

\textcircled{X} = POSTHUMOUSLY MISSING

$\textcircled{\text{||||}}$ = BROKEN OR CHIPPED

SPACE: R-13-15 = $5\frac{1}{2}$ MM.

L-5-7 = 6 MM.

COLOR = DULL IVORY

SIZE = AVERAGE

ALIGNMENT = Good

MAXILLA

R-3 = SLIGHTLY MALPOSED LINGUALLY.

L-3 = SLIGHTLY MALPOSED LINGUALLY.

L-5 = SLIGHT DISTAL ROTATION

MANDIBLE

R-15 = LINGUAL VERSION

R-11 = DISTAL VERSION.

R-10 = SLIGHT FACIAL VERSION.

L-12 = LINGUAL VERSION (VERY NOTICEABLE)

L-11 = OVERLAP L-12.

L-16 = UNERUPTED BEFORE DEATH

1. FILE UNDER NO. 293 - Unk. France X- 6049 (St. Avoild)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 5 Aug 49

4. FROM: OAM, Field Service Division

5. TO: CO, Quartermaster Activities, Kansas City Records Center (AGO)
Kansas City, Missouri Attn: Effects Quartermaster

6. SUBJECT: Request the personal effects of the following named
Unknowns interred in USMC, St. Avoild, France be forwarded
to this Office for examination as an aid to establishing
identification:

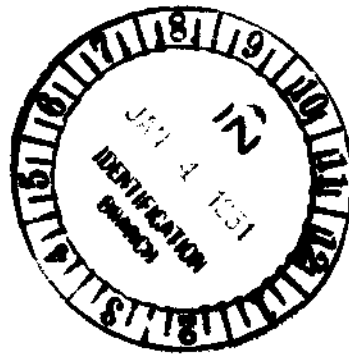
X-826 Plot RR Row 11 Grave 129
.....

7. DOCUMENT FILED UNDER NO. 332.3 - Kansas City

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "fst ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

8 July 1949
Date

100-100000-100000
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-6049, Plot 00, Row 12, Grave 140, USMC St Avold, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2850, dated 4 June 1948. No further information is available.

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned Members of the Board of Review:

Roger Berger
ROGER BERGER, Maj, Ord

/s/ E. D. Mulvanity
/t/ E. B. MULVANITY Lt Col, QMC

Edward E. Stout
EDWARD E. STOUT
1/Lt CE

Received *24 Aug 49*
Not identifiable from
information presently
available **QMG**

100-100000-100000
24 Aug 49
QMG

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

JUL 1949
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6049, Plot 00
Row 12, Grave 140, 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. 2850, dated 4 June 1948.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

QMC

Roger Berger
Major E. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

Edward E. Stout
1/Lt. Edward E. STOUT, O-1594512

CE

Received 24 Aug 48 QOMG
Not identifiable from
information presently
available

Incl # 10

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

Date 2 JUN. 1948

RRE 200.2

SUBJECT: Reprocessing of Remains

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

The remains of I-6049
interred in Plot 00, Row 12, Grave 140, USMC St-Avoid
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Headgear : Overseas cap; remnants of

Jacket Field : Remnants of (Type M-43)

Sweater wool : Remnants of

Shirt, wool OD : Remnants of

Undershirt, wool : Remnants of

Trousers, wool OD : Remnants of


Remnants of wool mitten

Est. height : 5' 9 $\frac{1}{4}$ "

Small calibre bullet hole appears on right temporal bone. No apparent point
of exit.

FOR THE COMMANDING GENERAL :

2 Incls : 1. Skeletal Chart
1. Tooth Chart


BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen.

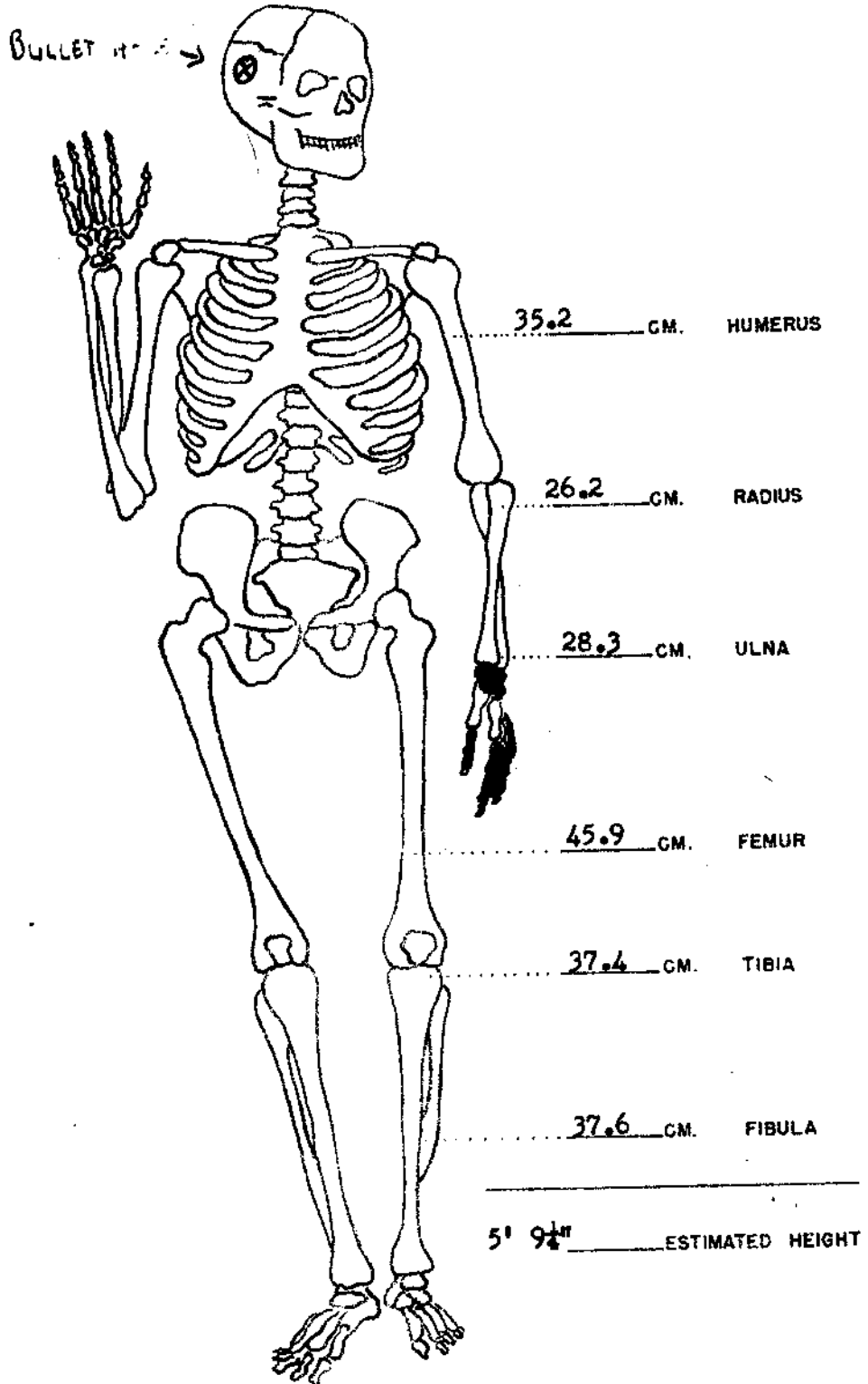
X-6049

Box 00
Row 12
Grave 140

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED) St-Avoid Cem.

13 April 1948



PROCESSED BY: _____

Plot 00
 Row 12 E.#707
 Grave 140

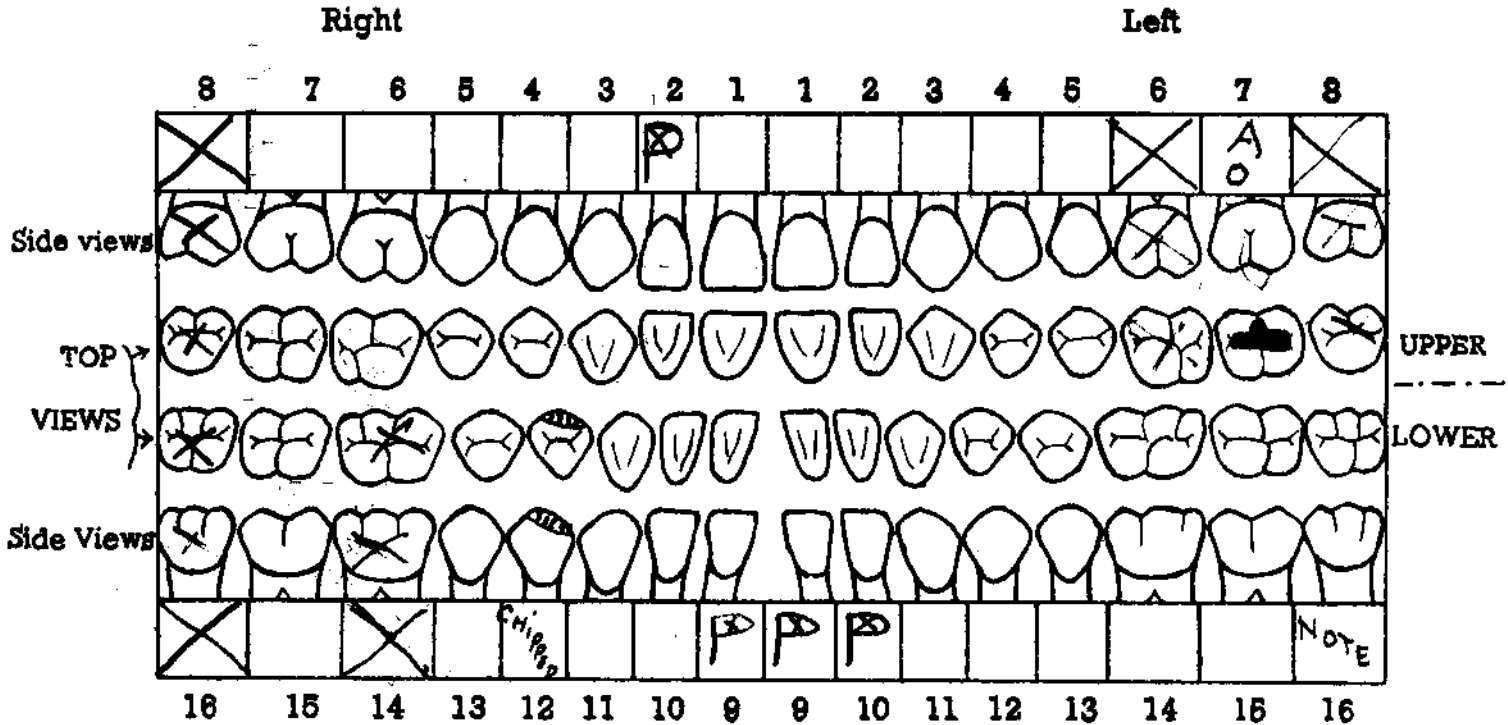
TOOTH CHART

USMC St-Avoid

13 April 48

I-6049			Unk	Date Unk
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death Date of Death 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.

Certified True Copy:
Bernard E. Carroll
 BERNARD E. CARROLL
 WOJG AUS

/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing
 Broken or chipped
 Space R-13-15 5mm
 L-5-7 6mm

Color Dull Ivory
 Size Average
 Alignment Good

Maxilla

R-3 slightly malposed lingually
 L-3 slightly malposed lingually
 L-5 slight distal rotation

Mandible

R-15 Lingual version
 R-11 distal version
 R10 slight facial version
 L-12 lingual version (very noticeable)
 L-11 overlaps L-12
 L-16 unerupted before death

1

This Grave formerly occupied by: LECN, Adrian Z
USMC ST-AVOLD, FRANCE DISINTERMENT DIRECTIVE 0-549361 CAPT
Plot A, Row 23, Grave 33 Date disinterred: 21 July 49
Date reburied: 21 July 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED *R. SWART* DIRECTIVE NUMBER 3574 00000 DATE 15 01 48
CAPT QMC DAY MONTH YEAR

NAME *Unknown France* SERIAL NUMBER UNKNOWNX-006049 RANK *(Straw)* ARM *8* DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 3503 80
PLOT ROW GRAVE COUNTRY CAUSE OF DEATH CODE DIST. PT. 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 UNKNOWN X- 006049 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 6 Jul 48
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN Forrest L Brown, Embalmer
 MARKER GRS NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL With remnants of Unable to determine Uniform CONDITION OF REMAINS Fractured skull. Skeletal form.

OTHER MEANS OF IDENTIFICATION Report of Burial, 16 Apr 46, found with remains

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN CASKET DATE 12 Jul 48 BY Forrest L Brown, Embalmer

CASKET SEALED BY Forrest L Brown, Embalmer EMBALMER (Signature) Forrest L Brown

CASKET BOXED AND MARKED 12 Jul 48 Forrest L Brown, Embalmer BY DATE DATE BY All markings, plates & tags verified by 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, 7857 AGRC Zone 3 Hq
SIGNATURE OF GRS INSPECTOR *Donald H Tackett*

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. FILE RECORDS ANNOTATED DATE 25 Aug 49 NAME *Bill*

Belt, Web ~~None~~

Drawers, Wool ~~None~~

Drawers, Cotton ~~None~~

02

Leggings, Wool ~~None~~

(Note unusual lacing)

Socks, Cotton ~~Two~~

02

*Shoes (Type) ~~None~~

Overshoes ~~None~~

Web Equipment (Type) ~~None~~

(Other item) ~~One Silk Scarf.~~

(Other item) ~~Combat Trousers~~

*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

~~None~~

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 ~~31 1/2~~ Weight ~~UTD~~ Description of wounds ~~UTD~~

Bandages or dressings

~~None~~

Scars

~~UTD~~

(Length, width, location)

Tattoos

~~UTD~~

(Number, location-illustrate on sep. page)

Outstanding moles, warts or birthmarks

~~UTD~~

(Yes-no; description, location)

Sunburn or tan, other than hands & face

~~UTD~~

Complexion

~~UTD~~

(Light, med, dark, clear, pimples, pox, freckles)

Build

~~UTD~~
(Large, fat, thin, muscular)

Hair ~~Dark Brown~~

~~3 1/2~~

~~Straight~~

(Color, length, quantity, wavy, straight, whorls, or definite parting).

ANNEX #11

Bandages or dressings None Scars UTD
 length, width
UTD
 (location) Tattoos (number, location-illustrate on sperate page)
 Outstanding moles, warts or birthmarks UTD
 (yes-no) (description)
 location UTD
 Sunburn or tan, other than hands and face UTD
 Tobacco stain on fingers or teeth UTD
 (designate where, extent)
 Complexion UTD
 (light, med, dark, clear, pimples, pocks, freckles)
 Build UTD
 (large, fat, thin, muscular)
 Hair UTD Dark Browa 2in Straight
 (color, length, quantity, curly, wavy, straight, whorles, or
 definite parting, baldness, widows peak, other characteristics)
 Sideburns UTD Eyebrows UTD
 (color, setting, shape) (color, bushiness,
 Mustache UTD Beard or goatee UTD
 across nose (color, size, shape) (length, heavy, light,
 color, extent) Eyes UTD
 (color, setting, shape)
 Nose UTD Ears UTD
 (size, shape, straight) (size, set close or far from
 20" Forehead UTD Mouth UTD Lips UTD
 head) (high, wide, wrinkled) (large, med, small) sm, lge
 Teeth See Attached Teeth Chart
 (white, size, unevenness, spacing, noticeable crown, fillings, miss'g)
 Chin Prominent Cheekbones UTD
 (prominent, receding, pointed, demple, double) (high, normal)
 Jaw UTD Circumference of head in inches 20"
 (large, small, normal) (hat band)
 Neck UTD Larynx UTD
 (size, long, short, normal, wrinkled) (prominent, normal)
 Shoulders UTD Arms 30" UTD
 (broad, straight, small, rounded) (length, muscular, color)
UTD UTD
 Extent & quantity of hair (vaccination scar, size of wrists)
 Hands UTD
 (large, small, normal, calloused noticeably) (marks on fingers
UTD
 indicating that rings were worn)

Fingers UTD

(short, thick, long, slender; size of knuckles) (missing
UTD UTD

fingers or joints) (unusual characteristics of fingernails)
UTD

Chest UTD

(size at nipples; color, quantity & extent of hair; large, small,
Back UTD

normal) (quantity & extent of hair) Waist UTD
(size at naval, appendectomy

amount & color of hair) UTD Circumcized UTD Pubic hair UTD
(yes-no) (color)

Hernioplasty UTD

(yes-no) (location) UTD Legs UTD (inseam) (muscular; knock-

UTD
kneed, bowed, normal) (quantity, color & extent of hair)

Feet UTD

(size; corns; callouses; flat) UTD Toes UTD
(Slender, straight, crooked, etc.)

Evidence of healed fractures UTD

(nose, arms, legs, etc.)

Black out parts of body not
receives at cemetery



Have photographs been made and attached No If not, explain
All flesh completely decomposed (yes-no)

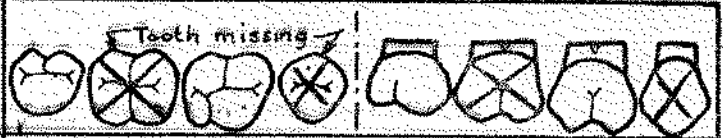
Have fingerprints been placed on GRS #1 No If not, explain
All flesh completely decomposed (yes-no)

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

Remarks: All flesh completely decomposed. All bones recovered. Net Wt 17 lbs.

William D. Lawson
William D. Lawson 2nd Lt Inf
535th Quartermaster Group
Signature of GRO and Organization

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

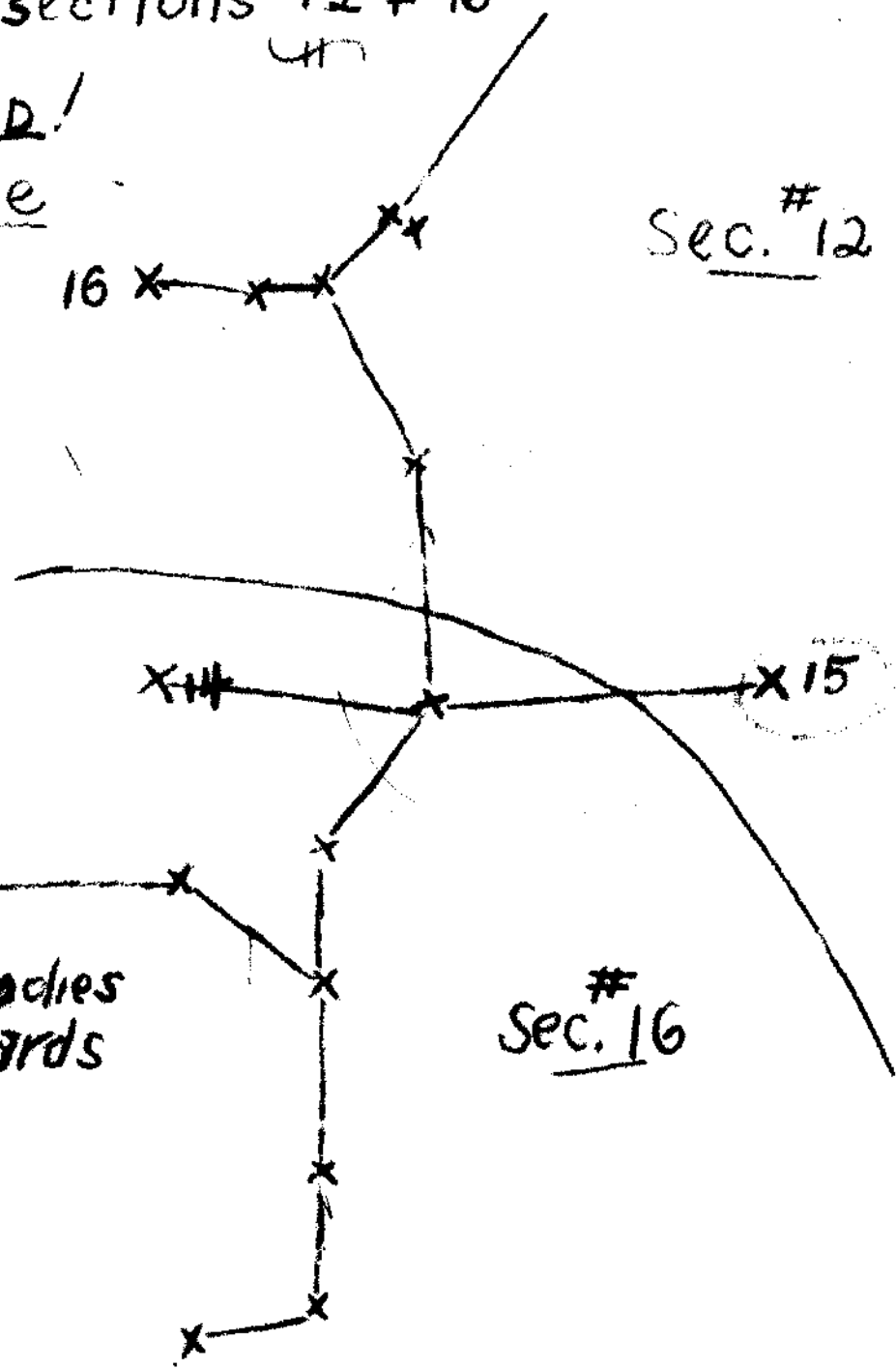
1-17 and 18 previously extracted and granulated in
 1-18 missing
 1-19 previously extracted and granulated in
 1-20 granulated in
 1-21 both over, dull stone.

Reipertswiller - E.R.M. - Sec. 87 - 1:200,000
(Q-8037)

sketch showing Location of the 16 unburied
remains in sections 12 + 16

Area mined!

USE GUIDE




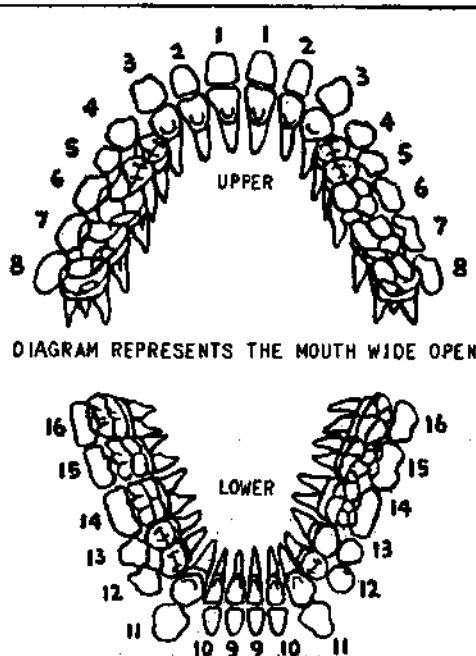




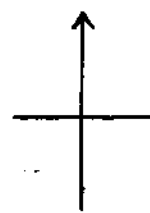
#'P Between Bodies
indicate yards

X - Bodies

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 16 April 1946	
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; border-radius: 50%;"></div>		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN-X-6049			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 Reipertswiller (Bas-Rhin) France		CAUSE OF DEATH Unknown			DATE OF DEATH Est. Jan. 1945	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. Military Cemetery (Q926058,) St. Avold, France						
DATE OF BURIAL 16 April 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. Wdn. Cross	PLOT No. 00	ROW No. 12	GRAVE No. 140
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE Isolated grave near Reipertswiller, (Bas-Rhin), France Europe Road Map Sheet 87 1:200,000 (Q-8037)			PLOT No. Isolated Grave	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Cn. ORLOW A. RUSHER, Cap't.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of 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) BURNS, WILBERT Y.			RANK UNK	SERIAL No. 35760402	ORGANIZATION UNK	GRAVE No. 139
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN-X-6050			RANK UNK	SERIAL No. UNK	ORGANIZATION UNK	GRAVE No. 141
SIGNATURE OF PERSON PREPARING REPORT F. O. KOCHENDORFER, 2ND LT - INF 535 QUARTERMASTER GROUP			SIGNATURE OF OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND.			
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

LEFT LITTLE FINGER	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.		
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS
	Est 5'4"	UTD	UTD
	COLOR OF EYES	COLOR OF HAIR	
	UTD	Dark Brown	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	None	None	Reipertswiller, Bas Rhin France
	OTHER IDENTIFICATION CLUES		
	One cap, wool OD with blue piping, was found with remains and has "Chandler-36976013" written inside.		
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
LEFT THUMB	CAVITIES  CAVITY DECAYED		
RIGHT THUMB	MISSING TEETH  TOOTH MISSING		
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
	BRIDGE WORK  GOLD BRIDGE		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
RIGHT RING FINGER			
RIGHT LITTLE FINGER	REMARKS: Attached: Form 11 "Check List of Unknowns" and Form 1-A "Tooth Chart". Too badly decomposed for fingerprints. Est. Wt. of remains, 17 lbs.		