

7887 GRAVES DETACHMENT

APO 757

243 und St. Avoild X-6067 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 I- 6067 St Avoild

(POC) ST LAURENT

CHECK LIST FOR UNKNOWN

UNKNOWN X- 1083
CEMETERY ST. AVOLD
PLOT 44 ROW 9 GRAVE 141

Arrived at cemetery 1500 15 April 1946 from UPP 535th Q Co GROUP
(hour) (date) (collecting point)
Place of death Foves (Meselle), France (U-785670)
(name) (coordinates & landmarks)
Eur. Rd. Map Sh. No. 57, 1:200,000

Remains recovered by 3049th QMGR Co.
(name and organization)

Evacuated to cemetery by UPP 535th QM Co
(name and organization)

Is load list attached _____ Are names of deceased found in same
(yes-no) area as this Unknown starred _____ Are circumstances described
(yes-no) which may indicate organization of the deceased _____ If only
(yes-no) part of a body was received, was a careful search made for other
parts of Unknown _____
(yes-no)

If remains come from vehicle, plane, etc: _____
(type of vehicle or plane,
Unknown Unknown
nickname serial number, organization or symbols)

Crew list _____
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use _____

If organization to which vehicle or plane was assigned or if names
of all other deceased are not known, give detailed information con-
cerning vehicle or plane _____
(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects _____
(Indicate exact pocket
or part of body where found)

*Dale
10 Mar 57
H. Martin*

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

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear <u>helmet (Steel with liner)</u> (type)	See attached sheet for markings on helmet.			
Raincoat <u>None</u>				
Overcoat <u>None</u>				
Jacket, Field <u>None</u>				
Jacket, Combat <u>None</u>				
Mackinaw <u>None</u>				
Sweater <u>None</u>				
Jacket, HBT <u>None</u>				
*Shirt, Wool OD <u>None</u>				
Undershirt, Wool <u>None</u>				
Undershirt, Cotton <u>None</u>				
Trousers, HBT <u>None</u>				
*Trousers, Wool OD <u>None</u>				
Belt, Web <u>None</u>				
Drawers, Wool <u>None</u>				
Drawers, Cotton <u>None</u>				
Leggins <u>None</u> Wool				(unusual lacing)
Socks Cotton <u>None</u>				
*Shoes (type) <u>None</u>				
Overshoes <u>None</u>				
Web Equipment (type) <u>None</u>				
Other item <u>None</u>				

*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or None
Shoulder Patch None. (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age 17 Height 5'7" Weight 147 lbs Description of wounds 1771
(yrs) (ft-in) (lbs)

Banddages or dressings UFD Scars UFD length, width

(location) Tattooes UFD (number, location-illustrate on sperate page)

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

location UFD

Sunburn or tan UFD other than hands and face UFD

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

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

Build UFD (large, UFD thin, muscular)

Hair UFD (color, length, quantity, curly, wavy UFD straight, whorles, or

definite parting, UFD baldness, widows peak, other UFD characteristics)

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

Mustache UFD Beard or goatee UFD (length, heavy, light, across nose UFD (color, size, shape)

Eyes UFD (color, setting, shape) UFD color, extent)

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

Forehead UFD Mouth UFD Lips UFD (large, med, small) UFD sm, lge

Teeth UFD (white, UFD unevenness, spacing, noticeable crown, fillings, miss'g) UFD

Chin UFD (prominent, receding, pointed, double) UFD Cheekbones UFD (high, normal)

Jaw UFD (large, small, normal) UFD Circumference of head in inches UFD (hat band)

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

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

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

Hands UFD (large, small, normal, calloused noticeably) (marks on fingers

indicating that rings were worn)

UFD

UFD

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

fingers or joints (unusual characteristics of fingernails)

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

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

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

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

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

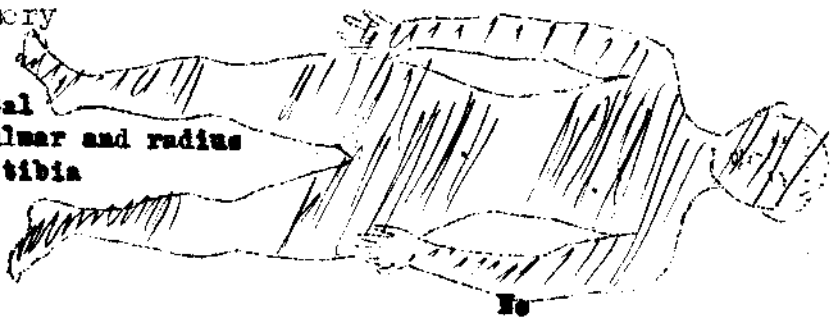
Feet (size; corns; callouses; flat) Toes (slender, straight, crooked, etc.)

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

Black out parts of body not

Bones recovered 16 vertebrae with multiple fractures.

7 lumbar and Thoracic vertebra and sacrum distal 3rd left humerus. Left ulnar and radius and femur. Portions of tibia and fibula. Proximal end of rt femur. Rt. and left pelvis. See Remarks.



Have photographs been prepared and attached (yes-no) If not, explain

Have fingerprints been placed on GRS #1 (yes-no) If not, explain

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

Remarks: Fractured complete distal third Femur left fractured complete transverse distal third Humerus left proximal fragment missing. Fracture complete transverse Femur distal fragment missing fracture complete transverse proximal 3rd tibia left distal fragment missing Fracture complete distal 3rd fibula left distal segment missing - only bones listed above recovered. All flesh decomposed.

Signature of GPO and Organization

F. G. Kuchelberger 2nd Lt Inf

535th Quartermaster Group

CHECK LIST OF UNKNOWNNS

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

Unknown X-6067
Cemetery St, Avold, France
Plot XX Row 9 Grave 101

1. Arrived at cemetery.....
(hour) (date)
2. Place of death.....
(name of closest town) (coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by.....
(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 ^(type) Helmet w/ Liner on front-T- (which means "Texas Okla. Division") 90th Inf. Div.			
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
*Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers HBT	None		
*Trousers, Wool OD	None		

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

*Shoes (type) None

Overshoes None

Web Equipment (Type) None

(Other item) None

(Other item) None

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

6. Chevrons or Insignia None
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.....

Helmet of helmet liner indicates AGF

8. Description of Remains :

Age UTD Est. Height 5'7" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

Complexion UTD (light, med. dark, clear, pimples, poeks, freckles)

Build UTD (large, fat, thin, muscular)

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

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

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

Goatee UTD
(light, color, extent)

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

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

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

Teeth UTD
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

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

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

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

Hernioplasty UTD
(yes-no; location)

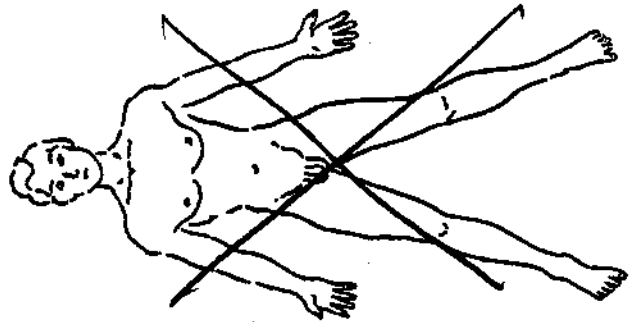
Legs UTD
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

Evidence of healed factures UTD (nose, arms, legs, etc.)

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

see attached chart



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

If not, explain hands missing

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

12. Remarks : Remains recovered in skeleton form with greater part missing. No clothing except for helmet. Est. weight of remains 8 lbs. Many fractures.

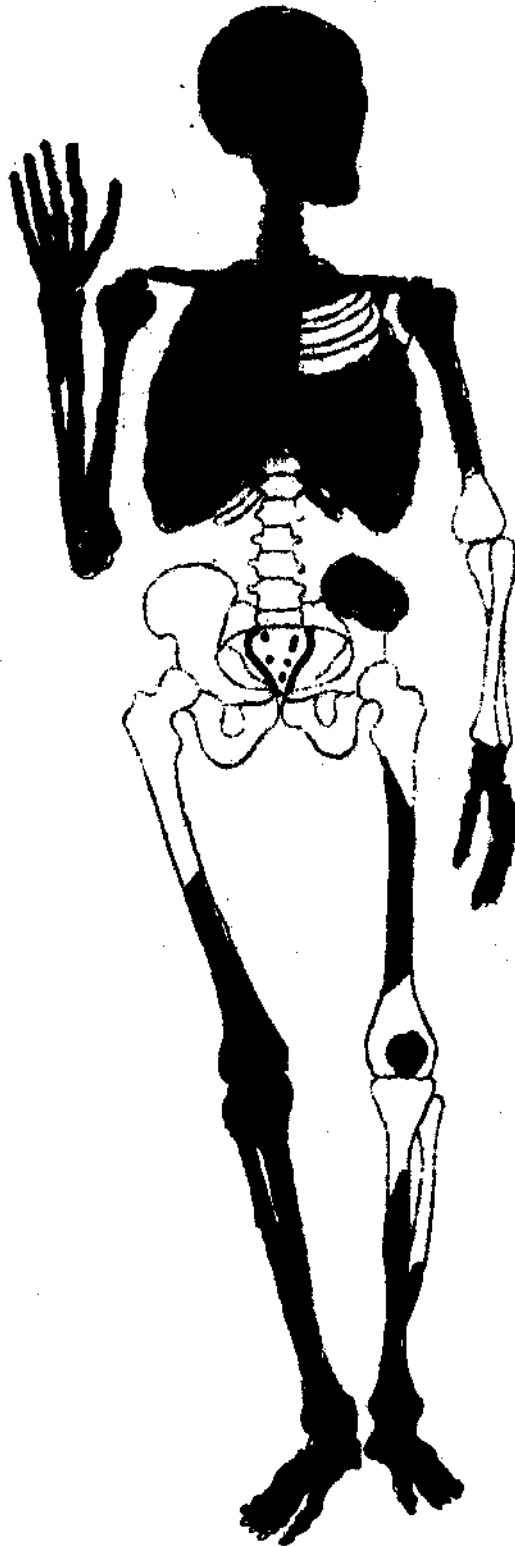
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Robert A. Salvador
Robert A. SALVADOR
Officer's Name

Capt. Inf.
Rank Service

Central Identification Point.
Organisation

x-6067
St. Arnold.



AGRC Form #10 (revised)
1 January 1946

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REPORT OF INVESTIGATION AREA SEARCH

17th April, 1946
Date

NAME Unknown X 0067 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
NONE

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

A. Date of above burials _____ Common Graves? _____

4. Deleted _____

5. Name and type of cemetery Not in a 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 FIVES Coordinates Map of Europe 1:200,000 Sheet 57 U - 785670

b. Is sketch attached? YES

c. Is area lined? NO

9. How is the grave marked? with wooden cross

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

No markings - Helmet with 90th. Division --insignia on cross

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

b. By whom? _____

11. Where are the cemetery records? **None**
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? _____

b. Where was the information obtained? _____

c. By whom? _____

12. What is the date of death? **EST . Sept. 1944**

a. Give basis **Date of fighting in area**

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

a. Give basis _____

14. What is the date of burial? **EST Sept . 1944**

a. Give basis **Date of fighting in area**

15. What is the place of death? **F E V E S** Coords **U - 785670**

a. Give basis **Grave found there**

16. Where were the remains found? **F E V E S** Coords **U - 785670**

a. By whom? **Mr. DAVID AST . FEVES (Mcselle)**

b. Is sketch attached? **YES**

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

_____ Type of casket _____ How marked? _____

18. Who made the burial? **Unknown**

(Civilian, American kil or German kil)

a. What are the names and addresses? _____

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. Marking and/or name of plane _____

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

21. How did crash occur? _____ Anti-aircraft _____
Enemy plane? _____ 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 ATTACHED

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? UNK
- Where? _____ by whom? _____
- Present disposition _____
- If deceased is not identified, personal effects will not be forwarded to FE 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? UNK
- d. Did Cemetery register or cross indicate the immunization shot? NO
42. Was deceased given first aid? UNK 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 DAVID AST. Auguste BEGUE, Mayor of FEVES (Moselle)
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? NO

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

52. Give brief narrative See below

(Use attached sheets, if necessary)

Jean Renouart
Signature of Interpreter
Jean RENOUART

Rank _____ ASN _____
3049 th G.R. Co
Organization

W.A. Kohute
Signature of Investigator
T/5 W.A. KOHUTE 33877018

Rank _____ ASN _____
3049 th G.R. Co.
Organization

Narrative Report

When the fighting in FEVES and vicinity began in Sept, 1944, the Germans evacuated the towns. The people came back after the fighting was over they found this one grave marked with an American helmet but know nothing more about it. This is all the information that would be obtained and this was the only isolated grave in the Commune.

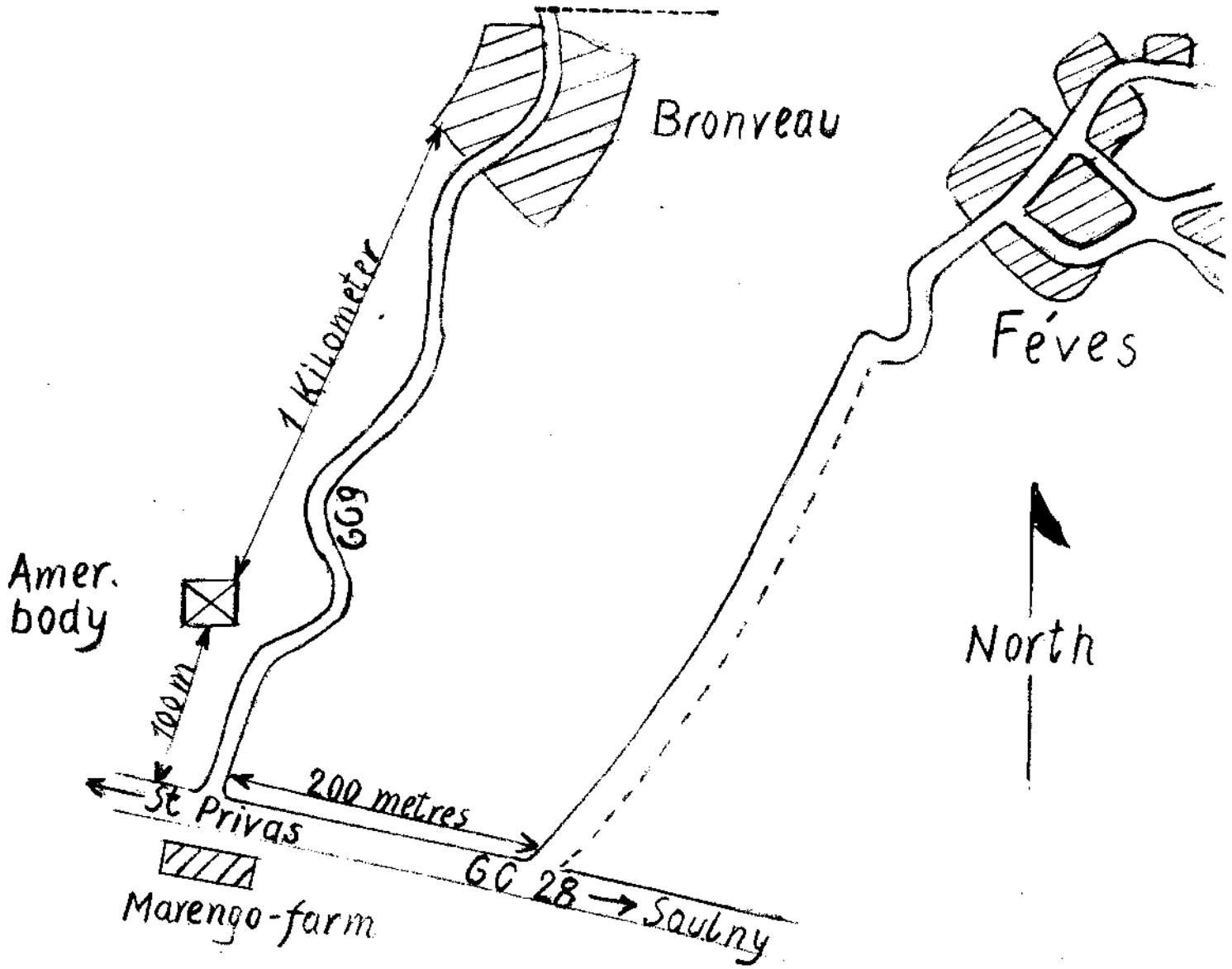
W.A. Kohute
T/5 W.A. KOHUTE
3049 th. G.R. Co.

F E V E S

MAP of EUROPE 1:200,000

VERDUN - WISSEMBOURG

Sheet 57 U-785670



UNKNOWN I 6067
REINTERRED U.S. MIL. CREW.
ST. AVOLD NM - 9 - 191

Je soussigne, BERNE Auguste, Maire de la Commune de FEVES, declare ce qui suit:

Le 4 Septembre 1944 la population du village de FEVES a ete entierement evacuee par ordre des autorites allemandes.

A notre retour apres la liberation du village, en decembre 1944, nous n'avons pas eu connaissance de l'existence d'une tombe americain sur le sol de la Commune.

Le village et ses environs etaient mines et nous ne pouvions sans danger nous eloigner de notre demeure. C'est pourquoi aucun habitant de FEVES n'avait jamais vu la tombe d'un soldat americain qui se trouve a la limite de notre commune et au sujet de laquelle il ne serait pas possible de donner aucune information.

Feves, le 8 Avril 1946

Signe: Chandellier
Garde-Champetre

Signe: Aug. Berne

S T A T E M E N T

I undersigned, BERNE Auguste, Mayor of the village of FEVES, declare what follows:

On the 4th of September 1944, the population of the village has been evacuated on the order of the German authorities.

When we came back and after the village has been liberated we didn't learn that there was a tomb on the community.

It was too dangerous for us to walk around (Mines) and it is why we never saw the tomb of an american soldier situated at the outside of the limits of the town.

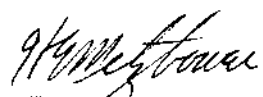
I cannot give any information about that tomb.

Feves 8th of April 1946

Signed: Chandellier
Police

Signed: Aug. Berne

CERTIFIED A TRUE COPY


H.E. Matzbower
2d Lt, Inf

(2)

UN. FORM X 6067
REINTEGRATED U.S. MIL. CEM.
ST. AVOLD NN - 9 - 101

Déclaration

Je, soussigné BERNE Auguste Maire
de la commune de Fèves déclare ce qui suit:

Le 4 Septembre 1944 la population
du village de FÈVES a été entièrement
évacuée par ordre des autorités allemandes.

À notre retour en après la libération
du village, en décembre 1944 nous n'avons
pas eu connaissance de l'existence d'une tombe
américaine sur le sol de la commune.

Le village et ses environs étaient
minés et nous ne pouvions ~~pas~~ sans
danger nous éloigner de notre demeure. C'est
pourquoi aucun habitant de FÈVES n'avait
pensé ni la tombe d'un soldat américain
qui se trouve à la limite de notre commune
et au sujet de laquelle il ne m'est pas
possible de donner aucune information.

Chandellier



FÈVES le 8 Août 1946

Auguste Berne

TRUE COPY

DECLARATION

Je soussigné, AST David, cultivateur a la ferme de MARENGO declare ce qui suit:

Lorsque je suis revenu dans ma maison apres la fin des combats qui ont eu lieu autour de Marengo (le 10 Decembre 1944) j'ai trouve dans mapropriete la tombe d'un soldat americain.

Je ne saurais donner aucune information concernant la mort qu'y repose et les circonstances de sa mort.

Personne de ma connaissance ne sait qui a fait cette tombe.

Le 8 Avril 1946

Signe: Ast

S T A T E M E N T

I undersigned, AST David, living on the farm called "MARENGO" declare what follows:

When the fights in the vicinity of my farm stopped I went back home (it was on the 10 December 1944) I found buried on my farm, an American soldier.


It is impossible for me to give an information about the deceased and about the circumstances of this death. *THIS*

Nobody of my knowledge knows anything about their tomb.

8th of April 1946

Signed: Ast

CERTIFIED A TRUE COPY


H.E. METZBOWER
2d Lt. INF

UNKNOWN X 6067
REINTERRED U.S. MIL. GR.
ST. AVOLA NH - 9 - 10A

(1)

Declaration.

Je, soussigné, FST David, cultivateur
à la ferme de MARENGO déclare ce qui suit.

Lorsque je suis revenu dans ma
maison après la fin des combats qui
ont eu lieu autour de Marengo ~~le~~ (le
10 Décembre 1944) j'ai trouvé dans ma
propriété la tombe d'un soldat américain.

Je ne saurais donner aucune infor-
mation concernant le mort qui y repose
et les circonstances de sa mort.

Personne de ma connaissance ne sait
qui a fait cette tombe.



le 8 - Avril 1946

AGRC Form #10 (revised)
1 January 1946

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ATT. 1276 DIV.
FOR USE IN CASE CASSET

REPORT OF INVESTIGATION AREA SEARCH

17th April, 1946
Date

NAME Unknown X 6067 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? If so, state the following

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

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

a. NAME _____ 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 _____ Common Graves? _____

4. Deleted _____

5. Name and type of cemetery Not in a 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 WYTHAM Coordinates Map of Europe 1:250,000 Sheet 17 U - 765070

b. Is sketch attached? Yes

c. Is area lined? No

9. How is the grave marked? with wooden cross

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

~~No markings - Buried with 20th. Division - marked with an cross~~

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

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

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

12. What is the date of death? _____ 222 Sept. 1944

a. Give basis _____ Date of fighting in area

13. What is the cause of death? _____ Unknown

a. Give basis _____

14. What is the date of burial? _____ 222 Sept. 1944

a. Give basis _____ Date of fighting in area

15. What is the place of death? _____ P 17 2 2 Coords N - 700070

a. Give basis _____ Remains found there

16. Where were the remains found? _____ P 17 2 2 Coords N - 700070

a. By whom? _____ Mr. DAVID A. HINES (Navy)

b. Is sketch attached? _____ Yes

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

_____ Type of casket _____ How marked? _____

18. Who made the burial? _____ Unknown

(Civilian, American Mil or German Mil)

a. What are the names and addresses? _____

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. Marking and/or name of plane _____

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

21. How did crash occur? _____ Anti-aircraft _____
Enemy plane? _____ 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 ATTACHED

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

41. Were personal effects recovered by investigating team NO

If not, state reason SOME AVAILABLE

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? UNK

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

42. Was deceased given first aid? UNK 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? _____
(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? _____ By whom? _____

When? _____

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

DAVID ASH, Adjutant General, Mayor of FAYET (Moselle)

FRANCE

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

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

51. Was investigation preceded by advanced publicity? _____

(If special investigation, give case number) _____

52. Give brief narrative _____

See below

(Use attached sheets, if necessary)

Jean Renaudet
Signature of Interpreter

WA Kohute
Signature of Investigator

Jean RENAUDET
Rank ASN

W/S W.A. KOHUTE 3377018
Rank ASN

3040 th. C.B. Co.
Organization

3040 th. C.B. Co.
Organization

Narrative Report

When the fighting in FAYET and vicinity began in Sept, 1944, the Germans evacuated the town. The people came back after the fighting was over they found this one grave marked with an American helmet but know nothing more about it. This is all the information that would be obtained and this was the only isolated grave in the Commune.

WA Kohute
W/S W.A. KOHUTE
3040 th. C.B. Co.

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Misc - J. Arnold

X-6010

X-6067

X-6080

SYNOPSIS AND DATES

NEW CLASSIFICATION

Misc filed

293 Misc - J. Arnold X-6121

RECLASSIFICATION SHEET

USMC St. Laurent

Plbt J Row 26 Grave 35
Date of Burial: June 1950

Verified by GRS Officer: **DISINTERMENT DIRECTIVE**

R. J. Rodriguez
R. T. RODRIGUEZ, CWO, USA

QRP
7/2/50

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
---	---------------------------------------	---

NAME	SERIAL NUMBER UNKNOWNX-006067	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
------	---	------	-----------------	---------------------------------

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

PLOT NN 9 101	ROW	GRAVE	COUNTRY FRANCE	CAUSE OF DEATH 6
-------------------------	-----	-------	--------------------------	----------------------------

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE ST LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50)
--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006067	SERIAL NUMBER	RANK	DATE OF DEATH Est Sept 44	DATE DISTINTERRED 30 June 48
---------------------------------	---------------	------	-------------------------------------	--

IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY GEO W LOWRY, EMBALMER NAME AND TITLE
---	--------------------------------	------------------------	--

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATRESS COVER	CONDITION OF REMAINS SKULL & MANDIBLE MISSING. ALL OTHER MAIN BONES FRACTURED AND/OR MISSING. DECOMPOSITION COMPLETE.
--	---

OTHER MEANS OF IDENTIFICATION NONE	NAT FILE
--	-----------------

MINOR DISCREPANCIES 1 REPORT OF BURIAL FOUND WITH REMAINS (UNREADABLE)	RECORDS ANNOTATED DATE <u>27 Jul 50</u> NAME <u>R. T. Johns</u> <u>R. R.</u> BR. MEM. DIV.
--	--

REMAINS PREPARED AND PLACED IN CASKET DATE 7 July 48 BY GEO W LOWRY, EMBALMER
--

CASKET SEALED BY GEO W LOWRY, EMBALMER	EMBALMER (Signature) <i>GEO W Lowry</i> GEO W LOWRY
--	--

CASKET BOXED AND MARKED DATE 7 July 48 BY GEO W LOWRY, EMBALMER	VERIFYING MARKINGS AND FINDINGS All markings, tags & plates verified by: <i>Jesse C Harrell</i> JESSE C HARRELL, 1st Lt CAC
--	--

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

FINAL CASKETING BY: *Jesse C Harrell*
JESSE C HARRELL, 1st Lt CAC
7857 AGRC ZONE 3 Hq.

Jesse C Harrell
JESSE C HARRELL, 1st Lt CAC,
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Consignee changed by Reg Div. *87*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St. Avold France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P Matozzo, RA-32707218	
SIGNATURE OF SHIPPER <i>Frank B. [Signature]</i>	DATE 25 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 (RA VONNITZVILLE QUER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CL VAOLD FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM WA 2 101 [unclear]		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

MEMO 314.6

1st Ind

1st Group

(S. J. J. J.)

Subject: ~~Classification of Unknowns with Unknown
Transmittal Letter #4071~~

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

To: Chief, Registration Division, 7837 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on
basic communication as Unidentifiable with the exception of Unknown
2-6010, which was suspended to your headquarters by radio 2 February 1950.

FOR THE DEPARTMENT CHIEF:

7 Incl: w/d

T. R. M. J.
Lt. Colonel, USA
Memorial Division

Holden
Clement
HNS

JUN 1950
TCO

AIRMAIL

293 W. Frank (misc) St. Paul
X-6010 X-6067 X-6080

QUARTERMASTER DEPT OF ARMY WASH DC
CHIEF REGISTRATION DIV
7007 QUINN BLDG
PARIS FRANCE

UNCLASSIFIED

DEFERRED

X

WOL 33218

FROM QUARTERMASTER DEPT OF ARMY WASH DC
TO: QUINN BLDG
PARIS FRANCE

CIL REFERENCE REPORT OF RECORD THIS OFFICE CASE NUMBER
PENDING FOR THE ARMY

V. Jeffrey
Clement
MEM

cc: Administrative Section

FEB

THU

UNCLASSIFIED

171100Z

020000Z

QUARTERMASTER DEPT OF ARMY WASH DC

JAN 50

D. J. BROWN
CAPT, QUO, REG DIV

293 - (ST AVOLD) FRANCE

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

RRE 293

30 December 1949

(Date)

293 rank 4 name X-6067 (St. Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6067, Plot NN,
Row 9, Grave 101, 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. 1890, dated
7-5-46.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Lt. Col. E. D. Mulvanity
Capt. Edward F. Price, Jr.
CWO Leodore Goudreau

Received 3 FEB 1950 OQMG
Not identifiable from
information presently
available

File

3 FEB 1950

Li Jeffrey
Identification Branch

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

RRE 293

30 December 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6067, Plot NH, Row 9, Grave 101, 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. 1890, dated 7-5-46.

3. Remarks:

See Case History attached.

FILE 3 FEB 1950
not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

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

JMC

Maj. Charles REYNOLDS, C-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr., O-1588236

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GERR, W-2102925

USA

Jack C. Hayes
Capt. Jack C. HAYES, O-1577297

JMC

Incl #6

Leodore Goudreua
CWO Leodore GOUDREUA, W-2113434, USA

CASE HISTORY

UNKNOWN NO. X-6067

U.S. MILITARY CEMETERY

St Avold, France

(Location)

Unknown X-6067 was recovered from an isolated grave in the vicinity of Feves, (Moselle) France. Estimated date of death is September 1944. This estimation was determined because of the action in the area at the time. Cause of death is undetermined, however because of the condition of the remains it is evident that death was caused by a mine explosion. There was no clothing on the remains. A helmet with markings of the Texas-Oklahoma Division was the only equipment recovered with the remains indicating a ground force casualty.

As there is no teeth or other identifying characteristics, identification is impossible. Therefore X-6067 is declared: **UNIDENTIFIABLE.**

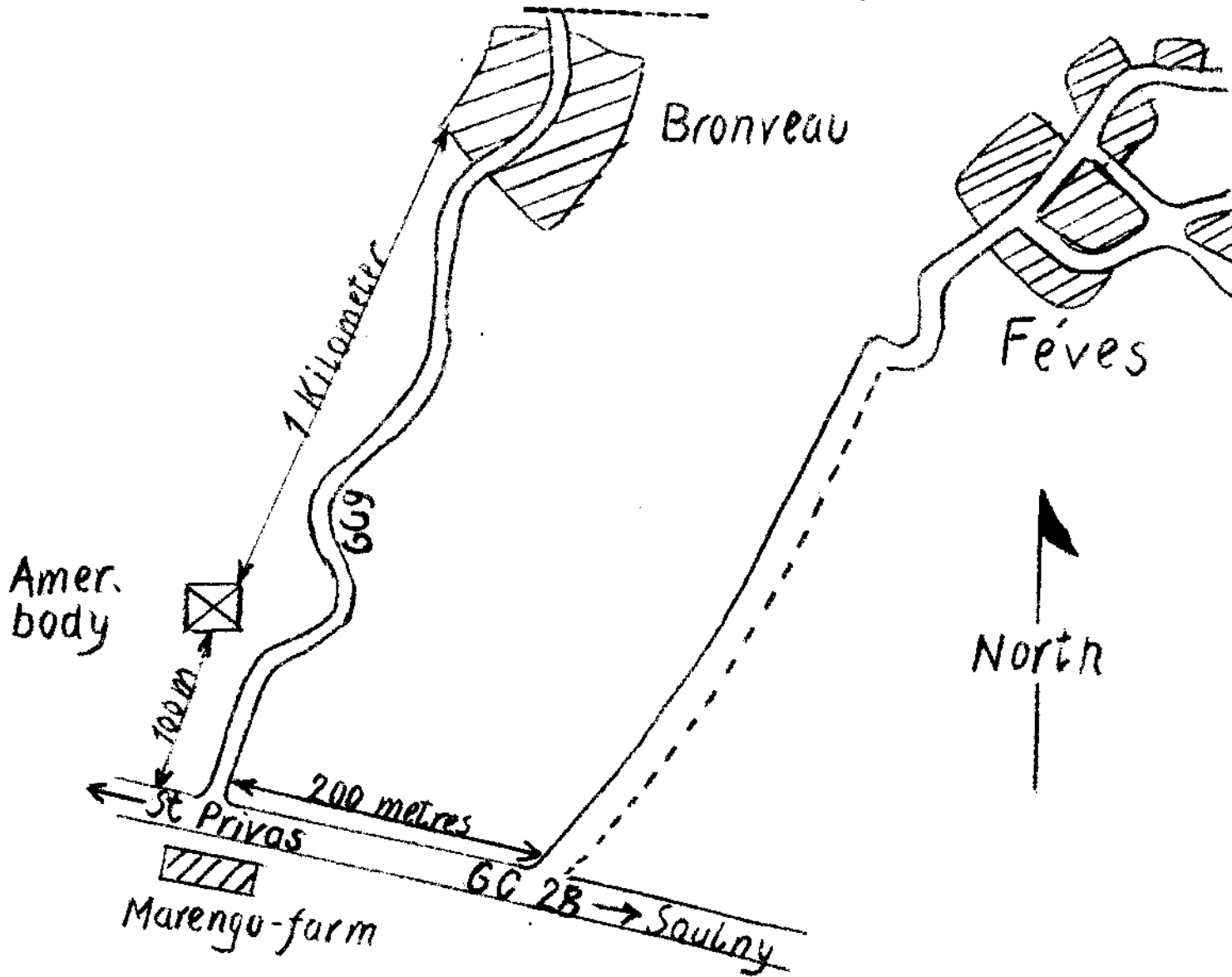
M. H. KAMONS.

F 2 V 2 8

MAP of EUROPE 1:200,000

VERDUN - WISSEMBOURG

Sheet 57 U-785670



UNKNOWN X 6367
REINTERRED U.S. MIL. CEM.
ST. AVOLD NN - 9 - 101

1947 OCT 18 02 49

FROM AGRC PARIS
 MSG NO AGRC 4146
 D.T.G. 171614Z
 ACTION QMC
 MC IN NO 57627

FROM : HQ AGRC APO 58 17/1614Z

TO : THE QUARTERMASTER GENERAL WASHINGTON 25, D.C. GRC

REF NR AGRC FOUR ONE FOUR SIX

REFERENCE WOL-28699, S/SGT FRANCIS L. RAUB BTPOOQPM STATUS OF FIELD INVESTIGATION WAS FORWARDED TO YOUR OFFICE 27 MAU 1947 BY FIRST INDORSEMENT TO LETTER YOUR OFFICE QMGR 298, SUBJECT DECEASED. TWO INVESTIGATIONS HAVE BEEN CONDUCTED WITH NEGATIVE RESULTS. UNKNOWN FROM THAT AREA HAVE BEEN CHECKED WITH NO POSITIVE RESULTS. UNKNOWN X-6067 ST AVOLD RECOVERED FROM ISOLATED GRAVE AT FEVES, FRANCE WHICH IS THREE KILOMETERS FROM PIERRE-VILLERS, MAY HAVE ASSOCIATION. THE ONLY IDENTIFICATION FACT WAS THAT THE DECEASED BELONGED TO 90TH INFANTRY DIVISION AND DATE OF DEATH IS ESTIMATED SEPTEMBER 1944. NO TOOTH CHART WAS MADE BECAUSE OF THE LACK OF SKULL. IDENTIFICATION THEREFOR IS IMPOSSIBLE AND UNLESS FURTHER INFORMATION IS AVAILABLE, IT IS BELIEVED THAT FURTHER SEARCH IS UNWARRANTED IN THE AREAS PREVIOUSLY SEARCHED. END AGRC PECKHAM 17/52

*File chgd.
 memo (Congr Unit)
 7-22-47
 La... papers in file*

*nam
 file
 10/22/47
 Bluff*

X-6067 M5000 St Avold

1-11 BL

6

DISINTERMENT DIRECTIVE

293 Unk - 6007 France (H. H. H. H.)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3574 00000	DATE 15 01 40
NAME UNKNOWN X - 006067		SERIAL NUMBER X - 006067	RANK	ARM	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ					DISPOSITION OF REMAINS 3501 00
PLOT NN	ROW 9	GRAVE 101	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
---	---------------------------------

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 1	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
DATE	BY	SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED		

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.

CHECK LIST OF UNKNOWNNS

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

Unknown ~~X-6067~~
Cemetery **St. Avold, France**
Plot Row 9 Grave 101

1. Arrived at cemetery
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)
.....
(Sheet, scale and serials used)
3. Remains recovered or disinterred by
(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).**

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

Item

*Headgear Helmet w/Liner on front-~~g~~ (which means "Texas Okla. Division")
(type)
90th Inf. Div.

Raincoat **None**

Overcoat **None**

Jacket, Field **None**

Jacket, Combat **None**

Mackinaw **None**

Sweater **None**

Jacket, HBT **None**

*Shirt, Wool OD **None**

Undershirt, Wool **None**

Undershirt, Cotton **None**

Trousers HBT **None**

*Trousers, Wool OD **None**

Incl # 2

Belt, Web ~~None~~

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **None**

(Other item) **None**

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

6. Chevrons or Insignia **None**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Helmet of helmet liner indicates AGF

8. Description of Remains :

Age **UTD** Height **Est. 5'7"** 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)

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

Complexion **UTD**
(light, med. dark, clone, pimples, poeks, freckles)

Build **UTD**
(large, fat, thin, muscular)

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

Hair **UTD** (baldness, widows peak, distinctive cutting or other characteristics).

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

Goatee **UTD** (height, 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 **UTD** (large, medium, small) Lips **UTD** (small, large, full)

Teeth **UTD** (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 **UTD** (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) Navel **UTD** (size of navel, appendectomy, amount)

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

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

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

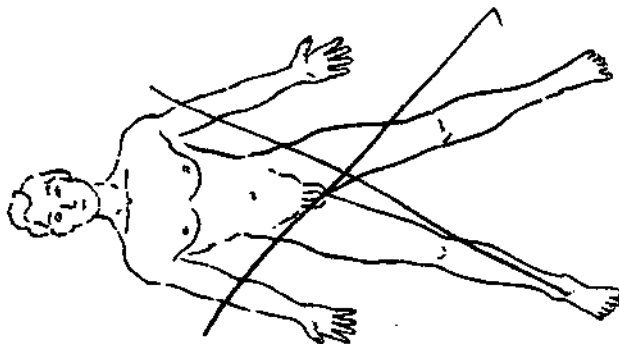
Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

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

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

see attached chart



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

If not, explain hands missing

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

12. Remarks : Remains recovered in skeleton form with greater part missing. No clothing except for helmet. Est. weight of remains 8 lbs. Many fractures.

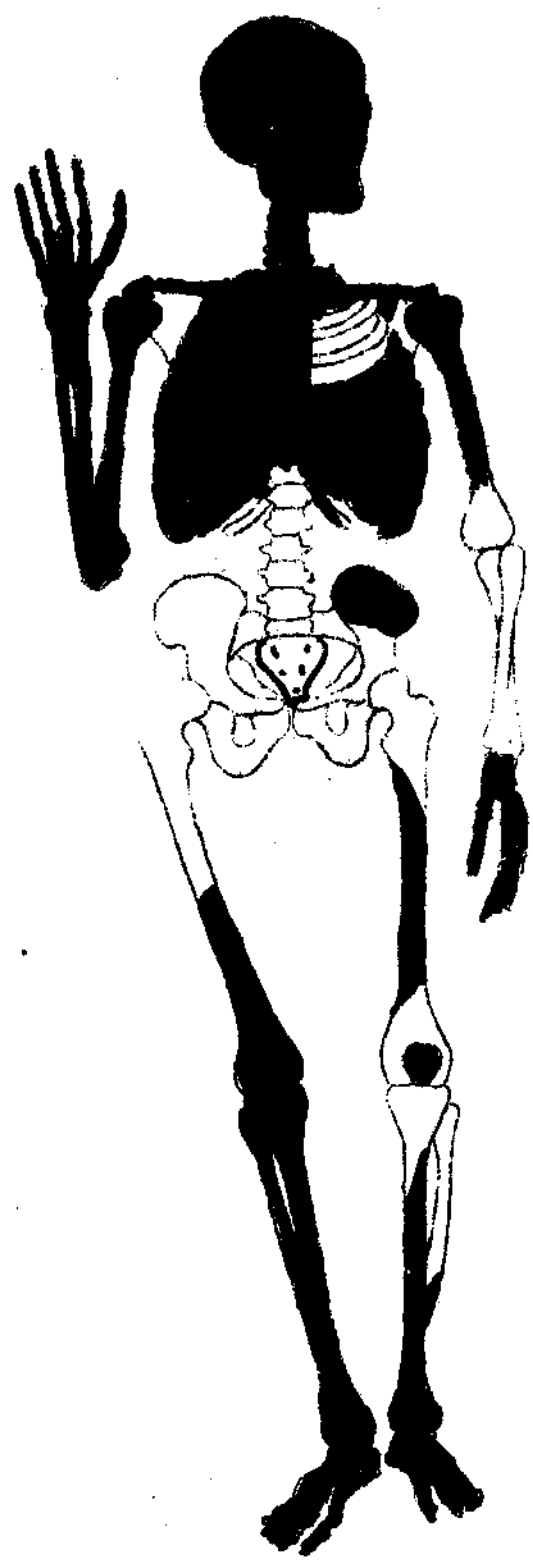
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Robert A. Salvador
Robert A. SALVADOR
Officer's Name

Capt. Inf.
Rank Service

Central Identification Point.
Organization

X-6067
St. Anns



UNKNOWN X- 6061
CEMETERY ST. AVOLD
PLOT nn ROW 9 GRAVE 104

Arrived at cemetery 1500 18 April 1945 From QPP 535th QM. GROUP
(hour) (date) (collecting point)
Place of death Feres (Meselle), France (U-785670)
(name) (coordinates & landmarks)
Eur. Rd. Map Sh. No. 57, 1:200,000

Remains recovered by 3049th QMGR Co.
(name and organization)

Evacuated to cemetery by QPP 535th QM Co
(name and organization)

Is load list attached Are names of deceased found in same
(yes-no)

area as this Unknown starred Are circumstances described
(yes-no)

which may indicate organization of the deceased If only
(yes-no)

part of a body was received, was a careful search made for other

parts of Unknown
(yes-no)

If remains come from vehicle, plane, etc:
(type of vehicle or plane,

Unknown Unknown
nickname serial number, organization or symbols)

Crew list
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use

If organization to which vehicle or plane was assigned or if names
of all other deceased are not known, give detailed information con-
cerning vehicle or plane

(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects
(Indicate exact pocket

or part of body where found)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear helmet (Steel with liner) (type)	See attached sheet for markings on helmet.			
Raincoat None				
Overcoat None				
Jacket, Field None				
Jacket, Combat None				
Mackinaw None				
Sweater None				
Jacket, HBT None				
*Shirt, Wool OD None				
Undershirt, Wool None				
Undershirt, Cotton None				
Trousers, HBT None				
*Trousers, Wool OD None				
Belt, Web None				
Drawers, Wool None				
Drawers, Cotton None				
Leggins None				(unusual lacing)
Wool				
Socks Cotton None				
*Shoes				
(type) None				
Overshoes None				
Web				
Equipment (type) None				
Other item None				

*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or ~~None~~
Shoulder Patch ~~None~~. (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age WT Height WT Weight at 7 lbs Description of wounds 1113
(yrs) (ft-in) (lbs)

Bandages or dressings UTD Scars UTD
 length, width,
UTD
 location) 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 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
 (color, length, quantity, curly, wavy, straight, whorls, or
UTD
 definite parting, baldness, widows peak, other characteristics)
 Sideburns UTD Eyebrows UTD
 (color, setting, shape) (color, bushiness, across nose)
 Mustache UTD Beard or goatee UTD
 (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 head)
 Forehead UTD Mouth UTD Lips UTD
 (high, wide, wrinkled) (large, medium, small) (small large)
 Teeth UTD
 (white, size, unevenness, spacing, noticeable crowns, fillings, missing)
 Chin UTD Cheekbones UTD
 (prominent, receding, pointed, dimple, double) (high, normal)
 Jaw UTD Circumference of head in inches UTD
 (large, small, normal) (hat band)
 Neck UTD Larynx UTD
 (size, long, short, normal, wrinkled) (prominent, normal)
 Shoulders UTD Arms UTD
 (broad, straight, small, rounded) (length) (muscular, color,
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
fingers or joints)(unusual characteristics of fingernails)

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

Back UTD Waist UTD
(quantity and extent of hair) (size at naval, appendectomy,
UTD Circumcized UTD Pubic hair UTD
amount & color of hair) (yes-no) (color)

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

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

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

Evidence of healed fractures UTD
(nose, arms, legs, etc)

Black out parts of body not
received at cemetery:

Bones Recovered: 10 ribs
with multiple fractures.

7 lumbar and Thoracic
vertebra and sacrum distal

3rd left humerus. Left ulnar and radius
and femur. Portions of tibia

and fibula. Proximal
end of rt femur.

Rt. and left pelvis.

See Remarks.

photographs been made and attached No If not, explain
(yes-no)

Too badly decomposed

Have fingerprints been placed on GRS #1 No If not explain
(yes-no)

Hands missing

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

Head Missing

Remarks: Fractured complete distal third Femur left fractured complete transverse
distal third Humerus left proximal fragment missing. Fracture complete transverse Femur
distal fragment missing fracture complete transverse proximal 3rd tibia left distal frag-
ment missing Fracture complete distal 3rd fibula left distal segment missing clay
bones listed above recovered. All
flesh decomposed.

F. C. Kochenderfer 2nd Lt Inf

Signature of GRO and Organization
635th Quartermaster Group

Je soussigne, BERNE Auguste, Maire de la Commune de FEVES, declare ce qui suit:

Le 4 Septembre 1944 la population du village de FEVES a ete entierement evacuee par ordre des autorites allemandes.

A notre retour apres la liberation du village, en decembre 1944, nous n'avons pas eu connaissance de l'existence d'une tombe americain sur le sol de la Commune.

Le village et ses environs etaient mines et nous ne pouvions sans danger nous eloigner de notre demeure. C'est pourquoi aucun habitant de FEVES n'avait jamais vu la tombe d'un soldat americain qui se trouve a la limite de notre commune et au sujet de laquelle il ne serait pas possible de donner aucune information.

Feves, le 8 Avril 1946

Signe: Chandellier
Garde-Champetre

Signe: Aug. Berne

S T A T E M E N T

I undersigned, BERNE Auguste, Mayor of the village of FEVES, declare what follows:

On the 4th of September 1944, the population of the village has been evacuated on the order of the German authorities.

When we came back and after the village has been liberated we did't learn that there was a tomb on the community.

It was too dangerous for us to walk around (Mines) and it is why we never saw the tomb of an american soldier situated at the outside of the limits of the town.

I cannot give any information about that tomb.

Feves 8th of April 1946

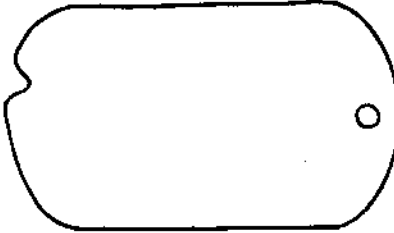
Signed: Chandellier
Police

Signed: Aug. Berne

CERTIFIED A TRUE COPY


H.E. Metzger
2d Lt, Inf

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 18 April 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN-X-6067						
		GRADE Unknown		ORGANIZATION Unknown		SERIAL No. Unknown		
		RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Unknown		
						IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Foves (Meselle) France		CAUSE OF DEATH Unknown				DATE OF DEATH Est Sept 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>								
IDENTIFICATION TAGS FOUND ON BODY (I, S, 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) <p align="center">Yes</p>								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery (Q-260584) St Aved, France								
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
18 April 1946	1530	Casket		Temp Wooden Cross	NN	9	101	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Foves (Meselle), France Eur. Rd. Map Sh. No. 5W, 1:200,000 (U-785670)					PLOT No.	ROW No.	GRAVE No.
						Isolated Grave		
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. O.A. RUSHER, CAP'T.		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) MULLEN, JOHN J.			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
			SGT	32013149	104th INF REGT.	100		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ADLER, MEYER			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
			PVT	36964707	Co "G. 1st Inf. Rest.	102		
SIGNATURE OF PERSON PREPARING REPORT P.C. Kechenderfer 2nd Lt Inf 525th 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

Section - UNIDENTIFIED REMAINS.


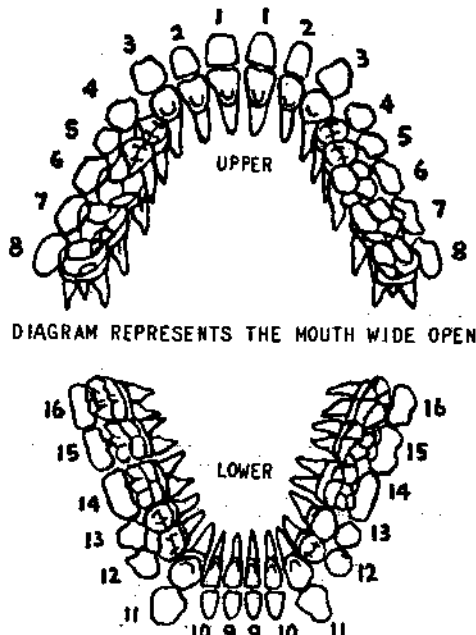




INSTRUCTIONS:

(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.

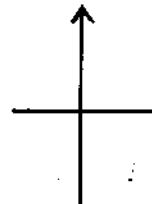
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Attached: Form 11 "Check List" of unknowns. Unable to obtain tooth chart or finger prints due to missing parts of the remains. Est Wt. of remains 7 lbs.