

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6083 *ms*

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

UNKNOWN X - 6083 St Avold

(POC) ST AVOLD

*File  
G7/10/10  
J. B. V.  
26 Feb 57*

UNKNOWN X- 609  
Cemetery St. Amand  
PLOT 28 ROW 10 GRAVE 112

Arrived at cemetery 1500 22 April 1946 From \_\_\_\_\_  
(hour) (date) (collecting point)  
Place of death Reipertswiller (Bas-Rhin) France (..8037)  
(name) (coordinates & landmarks)  
Eur. Rd. Map, Sheet 87, 1:200,000

Remains recovered by 535 M Group, 3rd Field Command  
(name and organization)

Evacuated to cemetery by G.P.P.-535 Quartermaster Group  
(name and organization)

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

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

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

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

parts of Unknown yes  
(yes-no)

If remains come from vehicle, plane, etc: not applicable  
(type of vehicle or plane)

nickname \_\_\_\_\_ serial number, organization or symbols)

Crew list not applicable  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use not applicable

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 None  
(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 <del>None</del> (type)				
Raincoat <del>None</del>				
Overcoat <del>None</del>				
Jacket, Field (1)	UTD	UTD	UTD	type : M-1945
Jacket, Combat <del>None</del>				
Mackinaw <del>None</del>				
Sweater (1)	UTD	UTD	UTD	
Jacket, HBT <del>None</del>				
*Shirt, Wool OD (2)	UTD	UTD	UTD	
Undershirt, Wool (1)	UTD	UTD	UTD	
Undershirt, <del>None</del> <del>Cotton</del>				
Trousers, HBT <del>None</del>				
<del>Combat</del> *Trousers, <del>Wool</del> <del>PTD</del>	UTD	UTD	UTD	
Belt, Web (1)	UTD	UTD	UTD	
Drawers, Wool (1)	UTD	UTD	UTD	
Drawers, <del>None</del> Cotton				
Leggins <del>None</del> Wool				(unusual lacing)
Socks Cotton <del>None</del>				
*Shoes 1 pr <del>Combat</del> (type)	UTD	UTD	UTD	
Overshoes <del>None</del> Web				
Equipment <del>None</del> (type)				
Other item <del>None</del>				

\*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 UTD Height 5'8" est Weight UTD Description of wounds UTD  
(yrs) (ft-in) (lbs)



Fingers

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

UTD

fingers or joints) (unusual characteristics of fingernails)

UTD

Chest

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

Back

UTD

Waist

UTD

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

Circumcized

UTD

Pubic hair

UTD

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

Hernioplasty

UTD

Legs

UTD

(yes-no) (location) (insecum) (muscular; knock-

UTD

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

Feet

UTD

Toes

UTD

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

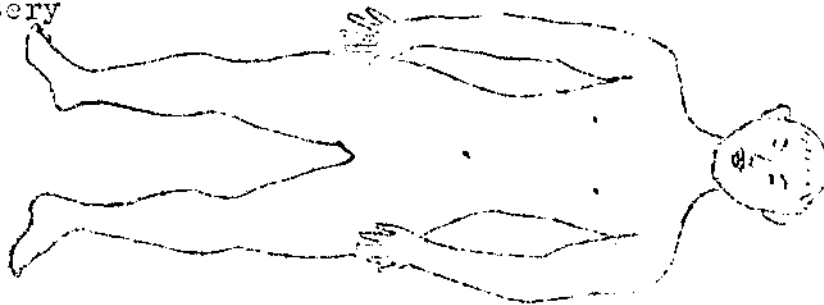
Evidence of healed fractures

UTD

(nose, arms, legs, etc.)

Black out parts of body not receives at cemetery

See Remarks



Have photographs been made and attached **No** If not, explain

UTO

(yes-no)

Have fingerprints been placed on GHS #1 **No** If not, explain

UTO

(yes-no)

Has tooth chart been prepared **No** If not, explain

UTO

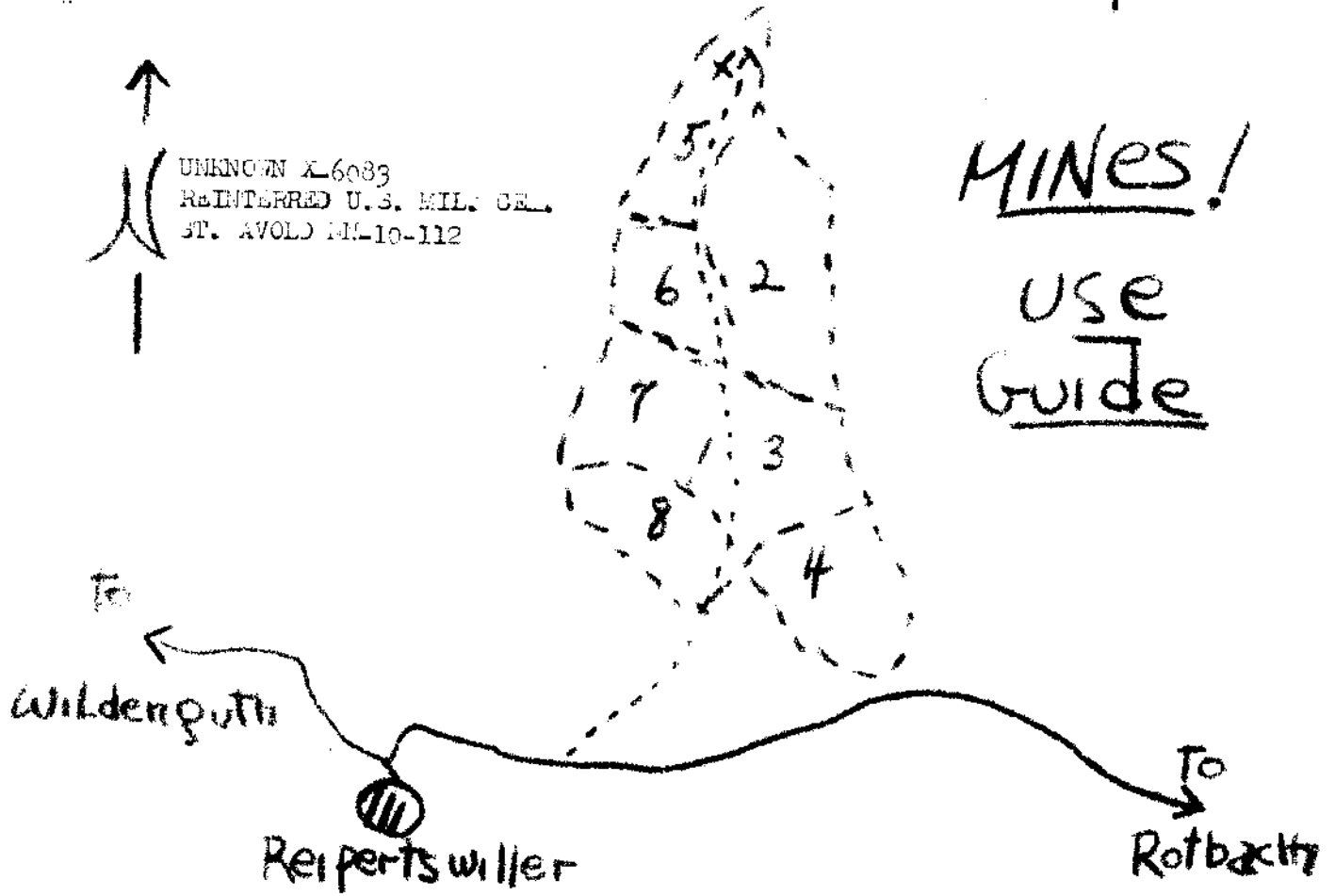
(yes-no)

Remarks: All bones of skull and upper and lower jaw missing; left tibia, fibula and foot not recover. All flesh decomposed, Fracture complete distal 3rd femur left. Fracture complete middle fibula (3rd) fibula and tibia. Estimated weight of remains: 17 pounds.

F.C. KOCHENDORFER, 2ND LT - INF

Signature of GRO and Organization  
535 QUARTERMASTER GROUP, AGRO

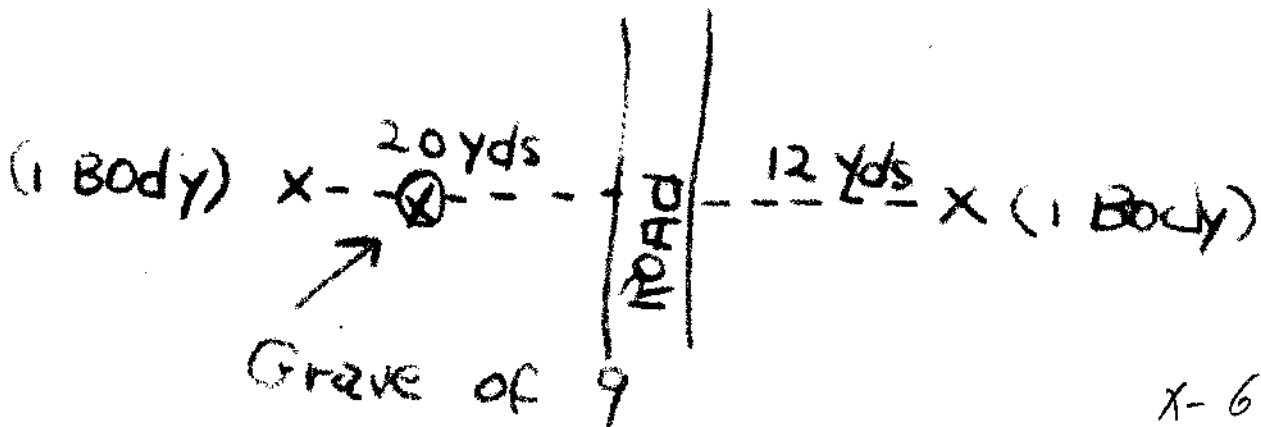
Reipertswiller - E.R.M. - Sc. 87 - (Q-8037)



Location of the remains of two unknowns  
UNBURIED

XX Graves  
--- Path

Close up



U. S. MIL. CEM.  
PLOT N/ ROW 10 GRAVE 112

REPORT OF INVESTIGATION AREA SEARCH

22 April 1946

Date

NAME Unknown X-6083 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 \_\_\_\_\_

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

A. Date of above burials \_\_\_\_\_ Common Graves? No

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

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

6. Map Coordinates of the Cemetery \_\_\_\_\_

a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

b. Is sketch attached? \_\_\_\_\_

8. If remains are not located in a cemetery, give exact location.

a. Town Reipertswiller. Coordinates Eur.Rd.Mp.Sh.87 Sc.1:200,000  
(Q-8037)

b. Is sketch attached? Yes

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

9. How is the grave marked? Not buried

10. 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? 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? Unknown

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

13. What is the cause of death? Unknown

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

14. What is the date of burial? Not buried

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

15. What is the place of death? Forest Sect, 5  
Reipertswiller Coords \_\_\_\_\_

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

16. Where were the remains found? See 15. Coords \_\_\_\_\_

a. By whom? Searching team

b. Is sketch attached? Yes

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

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

18. Who made the burial? Not buried  
(Civilian, American Mil or German Mil)

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

b. Are certificates and statements attached? No

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 \_\_\_\_\_ /or name of plane \_\_\_\_\_



o. Give number on motors, machine guns, instruments, radios or other equipment. \_\_\_\_\_

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
Enemy planes? \_\_\_\_\_ Collision? \_\_\_\_\_

22. Did plane explode in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

23. Did plane burn in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

24. What was the direction of the flight? \_\_\_\_\_

25. What was the civilian opinion regarding the destination of the plane? \_\_\_\_\_

26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with the date of death of above named deceased? \_\_\_\_\_

28. Number of planes in formation prior to crash \_\_\_\_\_

29. State precise time and date of plane crash \_\_\_\_\_  
(Night?, Day?)

30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

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

31. Were remains found in wreckage of a tank? \_\_\_\_\_

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

b. Near wreckage? \_\_\_\_\_

32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank \_\_\_\_\_

b. Markings and/or name of tank \_\_\_\_\_

c. Numbers on motors, machine guns, ammunition, instruments, etc.. \_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?, Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_

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

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

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

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

41. Were personal effects recovered by the investigating team No

If not, state reason May have been taken by Germans

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

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition \_\_\_\_\_

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

b. Were personal effects found at the time of death? Unknown

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition \_\_\_\_\_

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

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

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

By whom? \_\_\_\_\_ Are statements from the medical people attached? No

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? \_\_\_\_\_ By whom? \_\_\_\_\_

Where? \_\_\_\_\_

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

No One

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 Searching team found two bodies close to grave of nine bodies.

(Use attached sheets, if necessary)

De Gouberville  
Signature of Interpreter  
Civilian  
Rank ASN  
535th QM Group AGRC.  
Organization

Henry Hicks  
Signature of Investigator  
Pfc/ 38687235  
Rank ASN  
535th QM Group AGRC.  
Organization

AGRC  
FORM No. 11  
Revised 5 January 1946

## CHECK LIST OF UNKNOWNNS

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

Unknown X 6083  
Cemetery St. Avoild  
Plot NN Row 10 Grave 112

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

..... Item **None**

\*Headgear **None**  
(type)

Raincoat **None**

Overcoat **None**

Jacket, Field **remnants of size 36 R**

Jacket, Combat **remnants of**

Mackinaw **None**

Sweater **remnants of wool knit O.D. sweater**

Jacket, HBT **None**

\*Shirt, Wool OD **Remnants of**

Undershirt, Wool **Remnants of**

Undershirt, Cotton **None**

Trousers ~~HBT~~ **khaki trousers with wool O.D. lining**

\*Trousers, Wool OD **None**

Belt, Web Remnants of

Drawers, Wool remnants of

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, ~~Cotton~~ One (1) pair wool socks

\*Shoes 1 shoe (type) combat size 7 EE

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.

### GROUND FORCES

8. Description of Remains :

Age UTD Height Est. 5'4" Weight Est. 115 lbs Description of wounds

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 light brown slightly wavy 3 in.  
(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 UTD  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw ..... UTD Circumference of head in inches **no head**  
 (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)

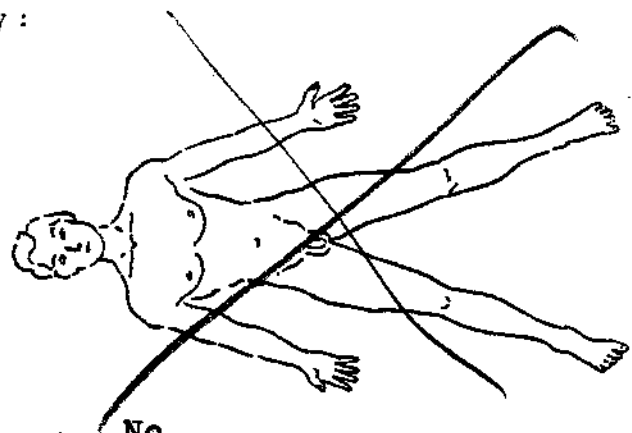
Legs ..... UTD  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

Evidence of healed 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 no hands

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

12. Remarks : Est weight of remains 10 lbs. Body in final stage of decomposition. Fluoroscopic examination: negative.

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

*Robert A. Salvador*  
ROBERT A. SALVADOR

Officer's Name

Capt. Inf.

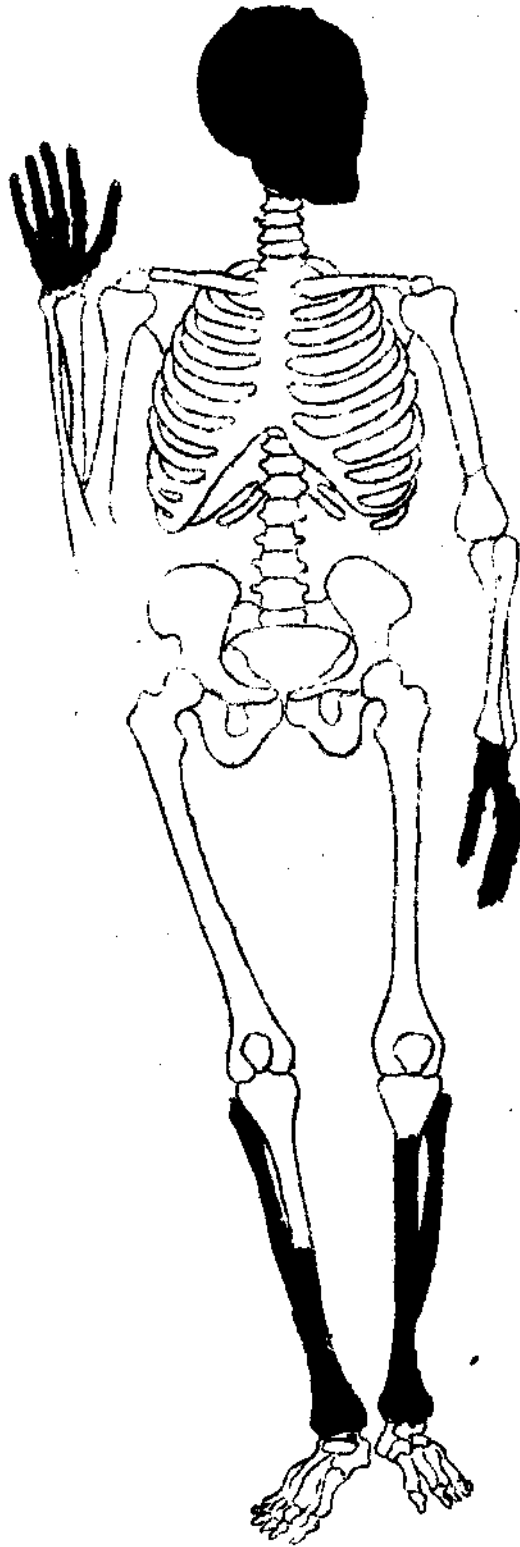
Rank Service

Central Identification Point

Organization



+6089  
St. Arnold.



X



1. FILE UNDER NO. 293 -- Unk. Francs X-6083 ( 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 (AGC)  
Kansas City, Missouri Attn: Effects Quartermaster  
6. SUBJECT:

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

X-626 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," "1st 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

4 August 1949

Date

*243 111 112 6083*  
*(Y. Mulvanity)*

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6083, Plot NN, Row 10, Grave 112, USMC St. Avoild, 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. 4187, dated 4-8-49. No further information is available.

FOR THE COMMANDING GENERAL:

/s/  
/t/  
Case reviewed by undersigned Members of the Board of Review:

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

QMC

Roger Berger  
Major R. BERGER, O-251736      ORD

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

CE

Received 31 AUG 1949 OQMG  
Not identifiable from  
information presently  
available

*File 111  
31 AUG 49  
H. Mulvanity*

T.J.H. 4188  
51

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

4 August 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6083, Plot NM  
Row 10, Grave 112, 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. 4187, dated 4-8-49.

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. MULVANY, O-359598 QMC

Major R. BERGER, O-251736 ORD Capt. Jack C. HAYES, O-1577297 QMC

Capt. E.F. PRICE, Jr. O-1588236 QMC 1/Lt. Edward E. STOUT, O-1594512 CE

31 AUG 1949 OQMG

not identifiable from  
information presently  
available

Incl # 18

1. FILE UNDER NO. 293 Unknown X6083 (France) St. Avold  
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### SYNOPSIS

2. TYPE OF DOCUMENT: **Ltr.**

3. DATE: **22 April 1949**

4. FROM: **OQMG**

5. TO: **CG, AGRC, European Area**

6. SUBJECT: **Unidentifiable Remains**

7. DOCUMENT FILED

UNDER NO. **293 GRS European (Transmittal Ltr. #3333)**

**ec**

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," "1st 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.

QANT 293  
GIS European

Int 4 3333

22 April 1949

SUBJECT: Unidentifiable Remains

TO : Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal Letter No. 3333, dated 23 December 1948, your Headquarters, forwarding Certificates of Unidentifiability for the following Unknown deceased interred in IAWC, St. Avold, France:

Unknown X-6036 Plot 00 Row 4 Grave 47  
" X-6037 Plot 00 Row 10 Grave 112

2. Reports of Burial on file in this Office indicate remains of Unknowns X-6036, X-6035 AB and X-6037 were recovered from a common grave in the civilian cemetery at Barnebach, France. Five (5) remains recovered from the same grave have been identified as those of five (5) crew members of B-24 A/C 42-95390 which crashed in the vicinity of Barnebach, 10 September 1944. The following four (4) crew members are unaccounted for: 2/Lt. Clarence B. Lloyd, Jr., O-217809; S/Sgt. George B. Mollott, 33733002; T/Sgt. Gerald J. Miller, 33764585 and T/Sgt. Gunter W. Schilling, 32856310.

3. Reprocessing of Unknown X-6035 AB is requested for possible segregation which was not possible earlier due to the condition of the remains. It is noted that Original Report of Interment for Unknown X-6035 stated that photographs of fingerprints were obtained. Information concerning any investigation relating to these fingerprints is requested.

4. In view of the associations indicated above, it is requested that the cases of Unknowns listed in paragraph 2 be re-investigated for possible establishment of a group identification for the remaining crew members and that, if warranted, the findings be presented to a Field Board of Officers and the Reports thereof forwarded to this Office.

293 M... X-6036  
F...  
(S...)

QMMT 293

QMS European

SUBJECT: Unidentifiable Remains.

Ltr 22 April 1949

5. OQMS Forms 371 for the four (4) crew members named above have been sent previously to your Headquarters.

6. Records indicate remains of Unknown X-6083 have not been reprocessed. It is requested that reprocessing be accomplished and the reports thereof forwarded.

7. Returned herewith are Certificates of Unidentifiability for Unknowns X-6036 and X-6083 pending results of the investigation.

FOR THE QUARTERMASTER GENERAL:

2 Incls:

1- Certif of Unident. for X-6036  
2 - " " " " X-6083

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

REB

NJS

Holden:cam  
Clements  
REB

SLG

1  
 USMC ST. AVOLD, FRANCE Buried at deceased Le  
 Plot A, Row 32, Grave 31  
 Date reburied: 22 Jan 49  
**DISINTERMENT DIRECTIVE**  
 Right: G. GROLL, SAM  
 31304497 PFC

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
 THOMAS R. BILL  
 1st Lt, GAV  
 DIRECTIVE NUMBER  
**3574 00000**  
 DATE  
 15 01 48  
 DAY MONTH YEAR

NAME  
 UNKNOWNX-006083  
 SERIAL NUMBER  
 RANK  
 ARM  
 DATE OF DEATH  
 1  
 DAY MONTH YEAR  
 CEMETERY  
 ST AVOLD - METZ  
 DISPOSITION OF REMAINS  
 0 3503 80  
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
 NN 10 112 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  
 UNKNOWN X-006083  
 SERIAL NUMBER  
 RANK  
 DATE OF DEATH  
 DATE DISTINTERRED  
 30 June 48  
 IDENTIFICATION TAG ON  
 REMAINS  
 MARKER GRS  
 ORGANIZATION  
 UNKNOWN  
 RELIGION  
 Unk  
 IDENTIFICATION VERIFIED BY  
 Forrest L Brown  
 Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL  
 Mattress cover  
 CONDITION OF REMAINS  
 Missing Skull Mandible,  
 Fractured R/L/Tibia - Missing R/L/Fi-  
 bula - Disarticulated

OTHER MEANS OF IDENTIFICATION  
 Report of Burial dtd 23 Apr 46 found with remains

MINOR DISCREPANCIES  
 None

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 7 July 48 BY Forrest L Brown, Embalmer

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

CASKET BOXED AND MARKED  
 DATE 7 July 48 BY Forrest L Brown  
 SHIPPING BOXES VERIFIED BY all markings, plates,  
 & tags verified by  
 HENRY F ALZMANN 1st Lt Inf

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 Final casketing by:  
 HENRY F ALZMANN  
 1st Lt Inf  
 HENRY F ALZMANN 1st Lt Inf, 7857 AGRC,  
 Zone 3 Hq. SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6083				2. DATE OF REPORT 28 July, 1949	
3. NAME OF CEMETERY USMC St. Avold	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	NN	10	112	DISINTERMENT	REINTERMENT
				-	-

PHYSICAL DESCRIPTION

8. ESTIMATED <del>WEIGHT</del> age 30-35	9. ESTIMATED HEIGHT 5' 2 1/2"	10. COLOR OF HAIR None found	11. RACE U.T.D.
---	----------------------------------	---------------------------------	--------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

3 Mortuary Plates

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO See Item # 19

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE NOTED

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE FOUND

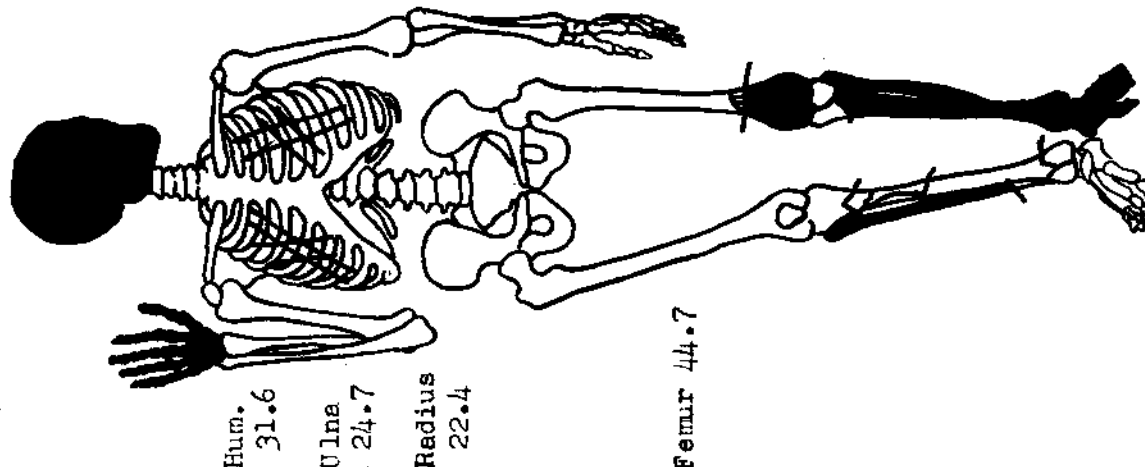
Incl #5



19. BLACK OUT PARTS OF BODY NOT RECORDED

X-6083 USMC St Avold

20. Vertebrae Present



Est. Height : 5' 2 1/2"

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF None DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Case previously processed by repatriation team. Remains thoroughly searched. No teeth, no hair recovered. Reprocessed remains consists of seven (7) pounds of disarticulated skeletal portions. No clothing. No healed fractures.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

C.J. Missigman  
 US DA Civilian

UNKNOWN X- 608  
CEMETERY ST. AVOLD  
PLOT NN ROW 10 GRAVE 112

Arrived at cemetery 1500 22 April 1946 From \_\_\_\_\_  
(hour) (date) (collecting point)  
Place of death Reipertswiller (Bas-Rhin) France (8037)  
(name) (coordinates & landmarks)  
Eur. Rd. Map, Sheet 87, 1:200,000

Remains recovered by 535 QM Group, 3rd Field Command  
(name and organization)

Evacuated to cemetery by G.P.P.-535 Quartermaster Group  
(name and organization)

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

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

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

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

parts of Unknown yes  
(yes-no)

If remains come from vehicle, plane, etc: not applicable  
(type of vehicle or plane)

nickname \_\_\_\_\_ serial number, organization or symbols)

Crew list not applicable  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use \_\_\_\_\_  
not applicable

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 None  
(Indicate exact pocket

or part of body where found)

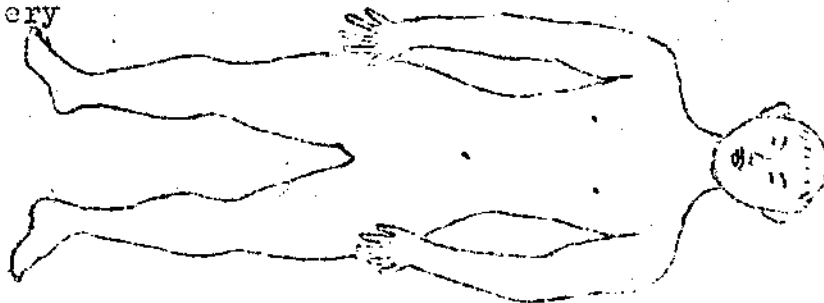
Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear <b>None</b> (type)				
Raincoat <b>None</b>				
Overcoat <b>None</b>				
Jacket, Field (1)	UTD	UTD	UTD	type : M-1945
Jacket, Combat <b>None</b>				
Mackinaw <b>None</b>				
Sweater (1)	UTD	UTD	UTD	
Jacket, HBT <b>None</b>				
*Shirt, Wool OD (2)	UTD	UTD	UTD	
Undershirt, Wool (1)	UTD	UTD	UTD	
Undershirt, <del>Cotton</del> <b>None</b>				
Trousers, HBT <b>None</b>				
Combat 1 pr. *Trousers, <del>Wool</del> <b>None</b>	UTD	UTD	UTD	
Belt, Web (1)	UTD	UTD	UTD	
Drawers, Wool (1)	UTD	UTD	UTD	
Drawers, <b>None</b> Cotton				
Leggins <b>None</b>				(unusual lacing)
Socks Wool <b>None</b> Cotton				
*Shoes 1 pr <b>None</b> Combat (type)	UTD	UTD	UTD	
Overshoes <b>None</b>				
Web <b>None</b> Equipment (type)				
Other item <b>None</b>				
*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or <b>None</b>				
Shoulder Patch <b>None</b> .(type & location; shirt, jacket, coat, helmet)				
Description of Remains:				
Age <b>UTD</b> (yrs)	Height <b>5'8"</b> (ft-in)	Weight <b>UTD</b> (lbs)	Description of wounds <b>UTD</b>	

Bandages or dressings UTD Scars length width  
 (location) UTD Tattoos UTD  
 (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 light brown  
 (color, length, quantity, curly, wavy, straight, whorles, or  
UTD  
 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,  
UTD Eyes UTD  
 (color, setting, shape)  
 color, extent)  
 Nose UTD Ears UTD  
 (size, shape, straight) (size, set close or far from  
 head) Forehead UTD Mouth UTD Lips UTD  
 (high, wide, wrinkled) (large, med, small) sm, lge  
 Teeth UTD  
 (white, size, unevenness, spacing, noticeable crown, fillings, miss'g)  
 Chin UTD Cheekbones UTD  
 (prominent, receding, pointed, demple, 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,  
Back UTD Waist UTD  
 normal) (quantity & extent of hair) (size at naval, appendectomy  
Circumcized UTD Pubic hair UTD  
 amount & color of hair) (yes-no) (color)  
 Hernioplasty UTD Legs UTD  
 (yes-no) (location) (inseam) (muscular; knock-  
UTD  
 kneed, 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  
 receives at cemetery

See Remarks

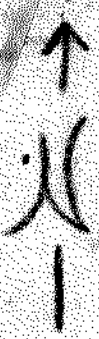


Have photographs been made and attached No If not, explain  
UTO (yes-no)  
 Have fingerprints been placed on GRS #1 No If not, explain  
UTO (yes-no)  
 Has tooth chart been prepared No If not, explain  
 (yes-no)

Remarks: All bones of skull and upper and lower jaw missing; left  
 tibia, fibula and foot not recovered. All flesh decomposed. Fracture  
 complete distal 3rd femur left. Fracture complete middle fibula (3rd)  
 fibula and tibia. Estimated weight of remains: 17 pounds.

*F.C. Kochendorfer*  
 F.C. KOCHENDORFER, 2ND LT - INF  
 Signature of GPO and Organization  
 535 QUARTERMASTER GROUP, AGRC

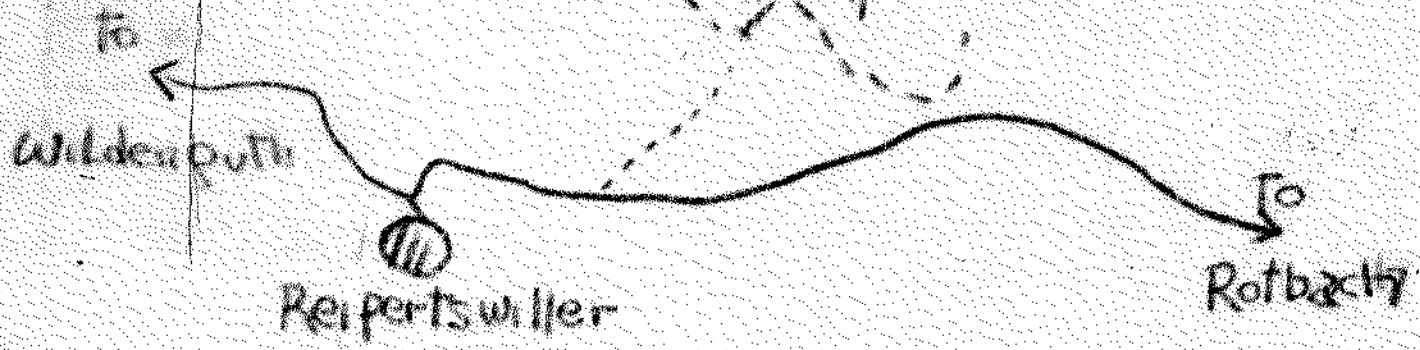
Reipertswiller - E.R.M. - Sec 87 - (4-8037)



UNKNOWN L. 6083  
REINFORCED U.S. MIL. GRM.  
ST. AVOLD MEL-10-112

MINES!

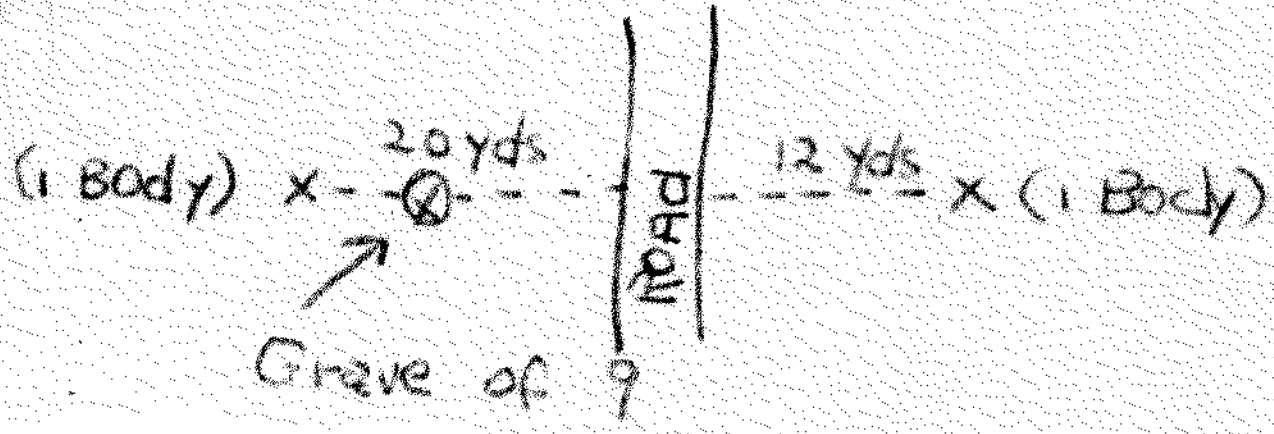
USE  
GUIDE




Location of the remains of two unknowns  
UNBURIED

xx Graves  
--- PATH

Close up


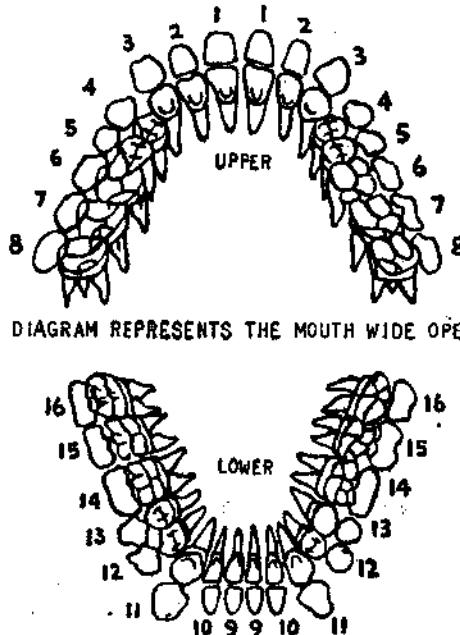





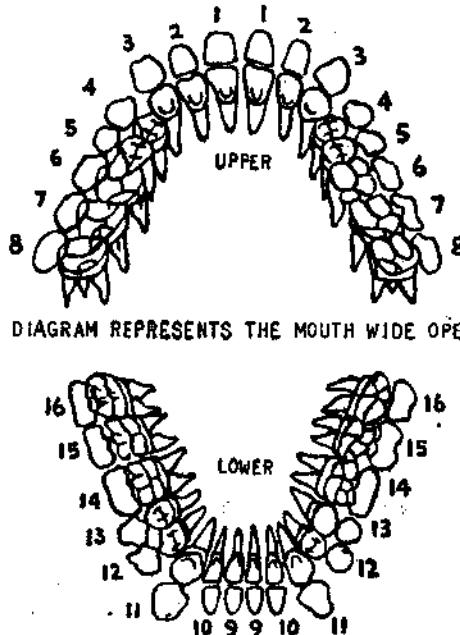





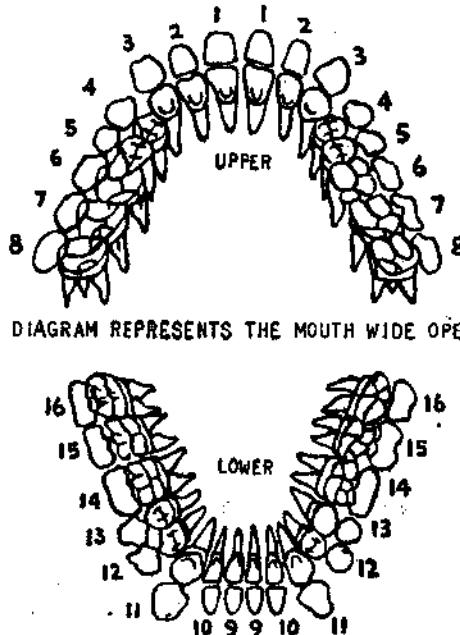




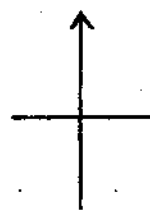


**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>23 Apr 11 1946</b>
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) <b>UNKNOWN-X-6083</b>			SERIAL NO. <b>Unknown</b>		
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Ground Forces</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Forest Section 5, Reipertswiller (Bas-Rhin) France</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Est: Jan. 1945</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		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) <b>Yes</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>U.S. Military Cemetery (Q-260584) St. Avold, France</b>						
DATE OF BURIAL <b>23 April 1946</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Temp. Wdn. Cross</b>	PLOT NO. <b>NN</b>	ROW NO. <b>10</b>	GRAVE NO. <b>112</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Near Reipertswiller (Bas-Rhin) France                  Eur. Rd. Map, Sht. 87, 1:200,000 (Q-8037)</b>			PLOT No. <b>isolated</b>	ROW No. <b>grave</b>	GRAVE No.
TYPE OF RELIGIOUS SERVICE <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>Ch. O. A. Rusher Capt.</b>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy of WD QMC Form 1042 placed in burial bottle and buried with remains</b>			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No Embossed Plate</b>				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>HOFBERG, ERNEST E.</b>			RANK <b>CPL</b>	SERIAL No. <b>38740004</b>	ORGANIZATION <b>10th Supply Co</b>	GRAVE No. <b>111</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>MITCHELL, KENNETH C.</b>			RANK <b>PVT</b>	SERIAL No. <b>37632754</b>	ORGANIZATION <b>141st Inf Regt.</b>	GRAVE No. <b>113</b>
SIGNATURE OF PERSON PREPARING REPORT <b>F.C. KOCHENDORFER, 2ND LT - INF                  535 QUARTERMASTER GROUP, AGRC</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>RALPH W. SLEATOR, MAJOR, INT.                  THIRD FIELD COMMAND</b>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>															
	<b>INSTRUCTIONS:</b> (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 <b>est:</b> 5'8"	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>													
			COLOR OF HAIR <b>light brown</b>													
			BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>													
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. <b>None</b>		LAUNDRY MARKS <b>None</b>													
	WHERE BODY WAS BURIED OR FOUND <b>Reipertswiller (Bas-Rhin) France</b>															
	OTHER IDENTIFICATION CLUES															
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE		
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN														
CAVITIES	 CAVITY DECAYED															
MISSING TEETH	 TOOTH MISSING															
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN															
BRIDGE WORK	 GOLD BRIDGE															
LEFT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY															
RIGHT THUMB																
RIGHT INDEX FINGER	REMARKS: Attached: Form 11, "Check List of Unknowns". Unable to obtain fingerprints and form 1-A, "Tooth Chart" because of decomposition of remains and missing portions of remains, Estimated weight of remains: 1.7 pounds.															
RIGHT MIDDLE FINGER																
RIGHT RING FINGER																
RIGHT LITTLE FINGER																