

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Unc- (misc) A. Arnold*  
*X-6121 X-6107 X-7352 X-8057*

**SYNOPSIS AND DATES**

*misc filed*

NEW CLASSIFICATION

*293 Unc- A. Arnold X-6121*

# RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APO 757

243unk St. Avold X-6107

*MB*

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

UNKNOWN X-6107 St Avold

(POC) ST LAURENT

*Disc  
14 March 57  
H. Minton*

REPORT OF INVESTIGATION MIA SEARCH

29 April 1946  
Date

NAME Unknown X-6107 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION None

(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 Unknown X-6107 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 Unknown X-6107 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                       
(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                      Coordinates                     

b. Is sketch attached?                     

c. Is area lined?                     

9. How is the grave marked?

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

NO MARKS

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

b. By whom? \_\_\_\_\_

11. Where are the cemetery records? \_\_\_\_\_  
(Town hall, cemetery, burgemeister's office)

a. What information was obtained thereon? \_\_\_\_\_

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

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

12. What is the date of death? \_\_\_\_\_

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

13. What is the cause of death? \_\_\_\_\_

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

14. What is the date of burial? 2, 1944

a. Give basis civilian statement

15. What is the place of death? near west side of road

a. Give basis Carte Michelin Coords. 17000.000(515-53-00) sheet 52

16. Where were the remains found? near west side of road

a. By whom? 2, 1944 former of in Newville

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

17. Was a casket used? \_\_\_\_\_ Who furnished the casket? \_\_\_\_\_

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

18. Who made the burial? \_\_\_\_\_

(Civilian, American kil or German kil)

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

b. Are certificates and statements attached? \_\_\_\_\_

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

19. Were remains found in the plane wreckage? \_\_\_\_\_

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

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

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

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

a. Type of plane \_\_\_\_\_

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

c. Give numbers 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) \_\_\_\_\_

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

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

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

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

41. Were personal effects recovered by investigating team \_\_\_\_\_

If not, state reason \_\_\_\_\_

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

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? \_\_\_\_\_

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? \_\_\_\_\_ If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_

43. Was deceased evacuated to a German hospital? \_\_\_\_\_

Where? \_\_\_\_\_ Names of the people concerned \_\_\_\_\_

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

(Use attached sheets, if necessary)

*Lawrence Baalman*

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

\_\_\_\_\_  
Signature of Investigator

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

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

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Organization

Unknown X-6107  
Reinterred: US MIL CEM  
St. Avold Y-5-53

Etival Clairefontaine  
April 12, 1946

S T A T E M E N T.

I undersigned GERARDIN Georges, certify that in the first week of December 1944 I found on my field 2 kms west of Etival the grave of a soldier which I believed to be the one of an unknown american soldier. The grave was marked with a wooden cross, topped by a GI helmet.

Gerardin  
Mykious  
Idoux, the Mayor.

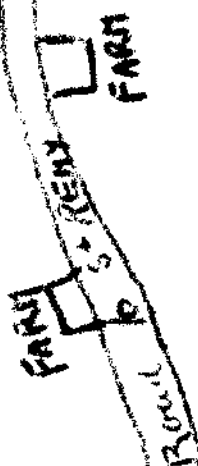
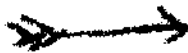
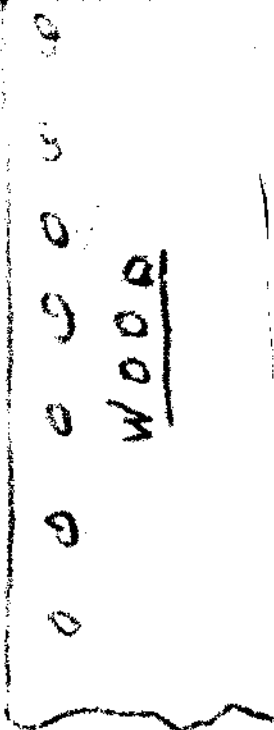
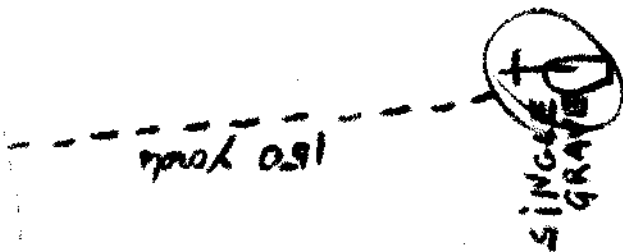
TRUE COPY

*John Gellespi*  
Lt John GELLESPI  
1st Lt Inf .



UNK X-6107  
Reinterred: US MIL CEM  
St. Ivo Id I-5-53

SHT 13  
000000



Carle Michelin  
Speed #62  
1 - 200-1100  
(505-53.68)

ETIVAL  
Clarefontaine

Highway to Rembault

Rte 100 to Rembault

Reinterred: US MIL CEM  
Avald Y-3-53

AGRC Form 10 (revised)  
1 January 1946

-1-

REPORT OF INVESTIGATION AREA SEARCH

28 April 1946  
Date

NAME UNKNOWN 2-6107 RANK UNKNOWN ASN UNKNOWN  
ORGANIZATION UNKNOWN  
MEANS OF IDENTIFICATION None

(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 UNKNOWN X-6107 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 UNKNOWN RANK \_\_\_\_\_ ASN \_\_\_\_\_  
b. ORGANIZATION \_\_\_\_\_

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

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

A. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

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

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

6. Map Coordinates of the Cemetery \_\_\_\_\_  
a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_  
b. Is sketch attached? \_\_\_\_\_

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

a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_  
b. Is sketch attached? \_\_\_\_\_  
c. Is area mined? \_\_\_\_\_

9. How is the grave marked? \_\_\_\_\_

10. If grave is marked with cross, give the exact markings thereon  
 no marks
- 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, burghermeister's office)
- a. What information was obtained thereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? unk
- a. Give basis
13. What is the cause of death? unk
- a. Give basis
14. What is the date of burial? Nov 8, 1944
- a. Give basis Local civilian statement
15. What is the place of death? 2 kms west Etival Carte Michelin  
1/200,000 (505-53:68)  
sheet 62
- a. Give basis Local civilian statement
16. Where were the remains found? 2 kms west Etival Carte Michelin  
1/200,000 (505-53:68)
- a. By whom? RI. Idoux farmer of Le Neuveville
- 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? unk  
 (Civilian, American Mil or German Mil)
- a. What are the names and addresses?
- b. Are certificates and statements attached?

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

19. Were remains found in the plane wreckage?
- a. Give location in plane from which the bodies were removed  
 (Tail gunner, pilot, radio turret, etc., or front, side, of plane)
- b. Near wreckage?
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)
- a. Type of plane
- b. Markings 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 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 to 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) unk  
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  
R. Idoux farmer of La Neuveville found grave.

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

41. Were personal effects recovered by investigating team no  
If not, state reason non available?  
a. Were identification tags found at the time of death?           
Where?          By whom?           
Present disposition           
If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.  
b. Were personal effects found at the time of death? unk  
Where?          By whom?           
Present disposition           
c. Was deceased identified by living members of the crew at the time of death? no  
d. Did Cemetery register or cross indicate the immunization shot? 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 Ge ardin George Etival
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 statement below.

(Use attached sheets, if necessary)

Signature of Interpreter		<u>Laurence Bealman</u> Signature of Investigator	
Rank	ASN	Rank	ASN
			37515285
Organization		3049 OM AGFC Organization	

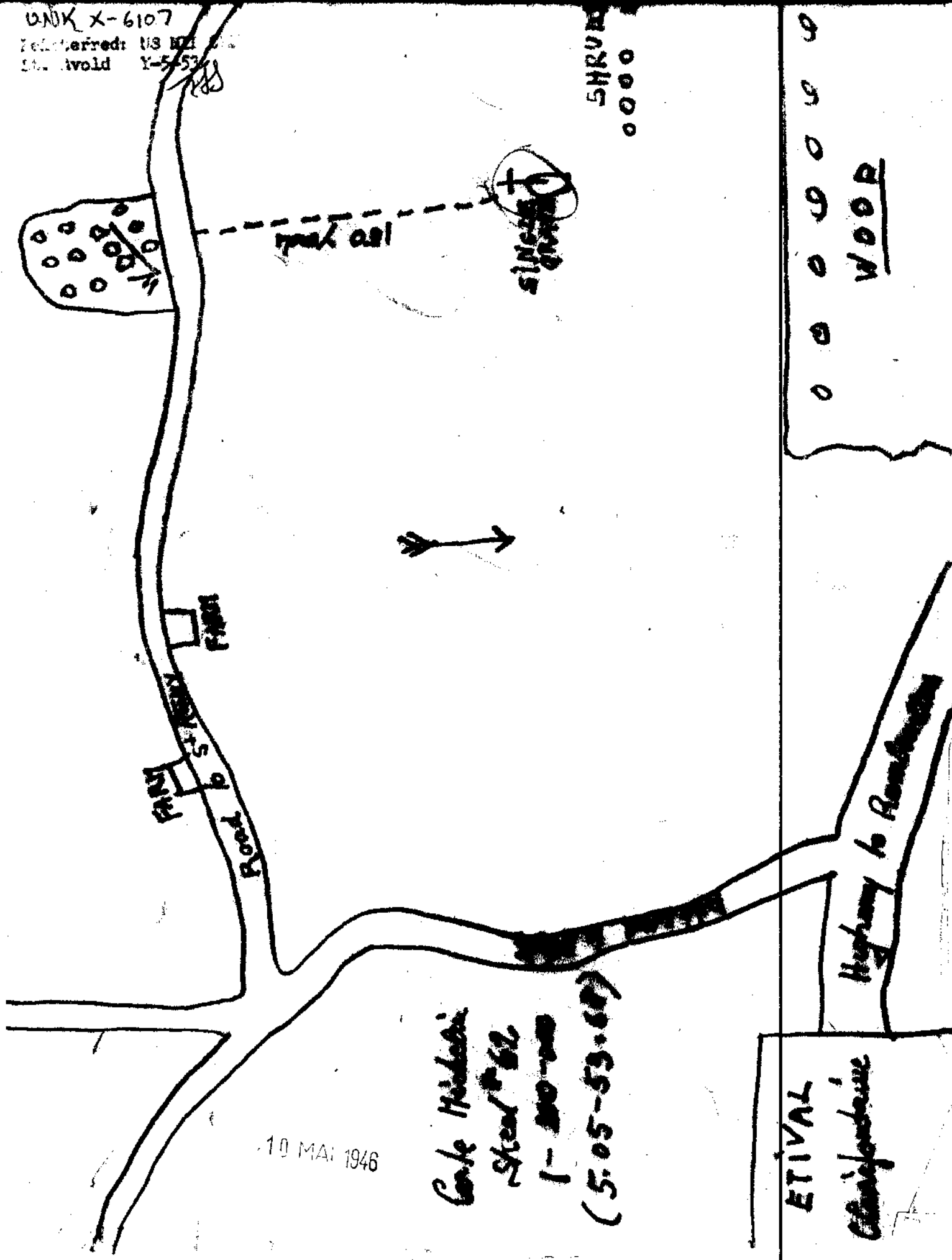
In my interview with the mayor and a farmer of Etival I recieved information that a soldier buried is believed to be an American .They do not know who buried them and have no personel papers.

Laurence Bealman.

UNK X-6107

Registered: US Pat. & Tm. Off.  
St. Avold Y-5-57

SHRUBS  
0000



0 0 0 0 0 0 0 0  
WOOD

Highway to...

ETIVAL  
Chisfordane

Cade M...  
Steel # 62  
1- 200-000  
(5.05-53.60)

10 MAY 1946

Unknown X-6107  
Reinterred: US MIL CRM  
St. Avold Y-5-53



Etival Clairefontaine  
April 12, 1946

S T A T E M E N T.

I undersigned GERARDIN Georges, certify that in the first week of December 1944 I found on my field 2 kms west of Etival the grave of a soldier which I believed to be the one of an unknown american soldier. The grave was marked with a wooden cross, topped by a GI helmet.

Gerardin  
Mylieus  
Idoux, the Mayor.

TRUE COPY



Lt John GELLESPI  
1st Lt Inf .



Etival  
12 April 1946

The American Authorities have my permission to  
exhum the body of an unknown American soldier  
who is buried 2 Km west of Etival

Les autorités américaines ont ma permis-  
sion d'extraire le corps d'un soldat américain  
inconnu qui est enterré à 2 Km à l'ouest d'Etival



Le Maire d'Etival.

P. Douy  
R. Douy

UNK X-6107

REINTERRED  
U. S. MIL. CEM. ST-AVOLD  
PLOT Y ROW 5 GRAVE 53

1946

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 - **6107**  
Cemetery **St. Avoird, France (2-260584)**  
Plot **Y** Row **6** Grave **55**

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered ~~or discovered~~ **and reprocessed** (Sheet, scale and serials used) **Central Identification Point. 10/16/46**  
~~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 .....

\*Headgear **Steel helmet**  
(type)  
**sent to laboratory for examination**

Raincoat **Small remnants of**

Overcoat **Small remnants of**

Jacket, Field **None**

Jacket, Combat **None**

Mackinaw **None**

Sweater **Wool, remnants of**

Jacket, HBT **None**

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

Undershirt, Wool **None**

Undershirt, Cotton **None**

Trousers HBT **None**

\*Trousers, Wool OD **None**

Belt, Web **None**  
 Drawers, Wool **Remnants of**  
 Drawers, Cotton **None**  
 Leggins, Wool **None** (Note unusual lacing)  
 Socks, Cotton **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **None**

(Other item) **None**

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

6. Chevrons or **None**  
 Insignia (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 : **From bone measurements**

Age **Utd** Height **5' 3"** Weight **175** 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, poxes, freckles)

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

Hair **Dark brown, 1" long, straight**  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

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

Goatee **Utd**  
 (light, color, extent)

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

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

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

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

Chin **Utd**  
 (prominent, receding, pointed, dimple, double)

Jaw **Utd** Circumference of head in inches **Skull fractured**  
 (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** Navel **Utd**  
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

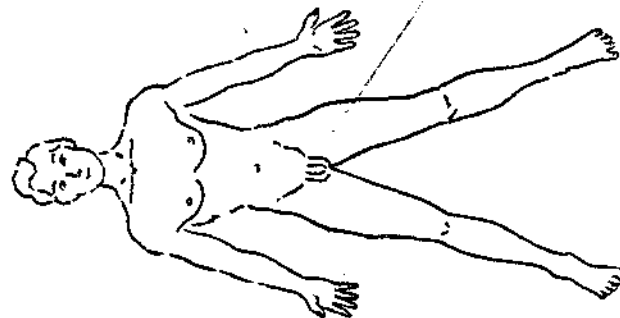
Hernioplasty **Utd**  
 (yes-no; location)

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

Feet Utd Toes Utd  
(size, corns, callouses, flat) (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 sheet**



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

If not, explain No hands

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

12. Remarks : **Remains completely decomposed, only few small remnants of clothing found, very few bones found, appr. 4 lbs. Fluorescopic examination not necessary. Chemical laboratory examination: see reverse side.**

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 C. Salvador*  
Officer's Name **HERBERT A. SALVADOR**

**Capt. Inf.**

Rank Service

**Central Identification Point**

Organization

Laboratory Findings:

One (1) rusty steel helmet with remnants of writing.

Possibilities are at

strongest	-	P-4070	P-4090
next		P-6070 or	P-6090
		P-0070	P-0090
		P-8070	P-8090

Positively	P-7770
	P-7790

Letter P is certain.

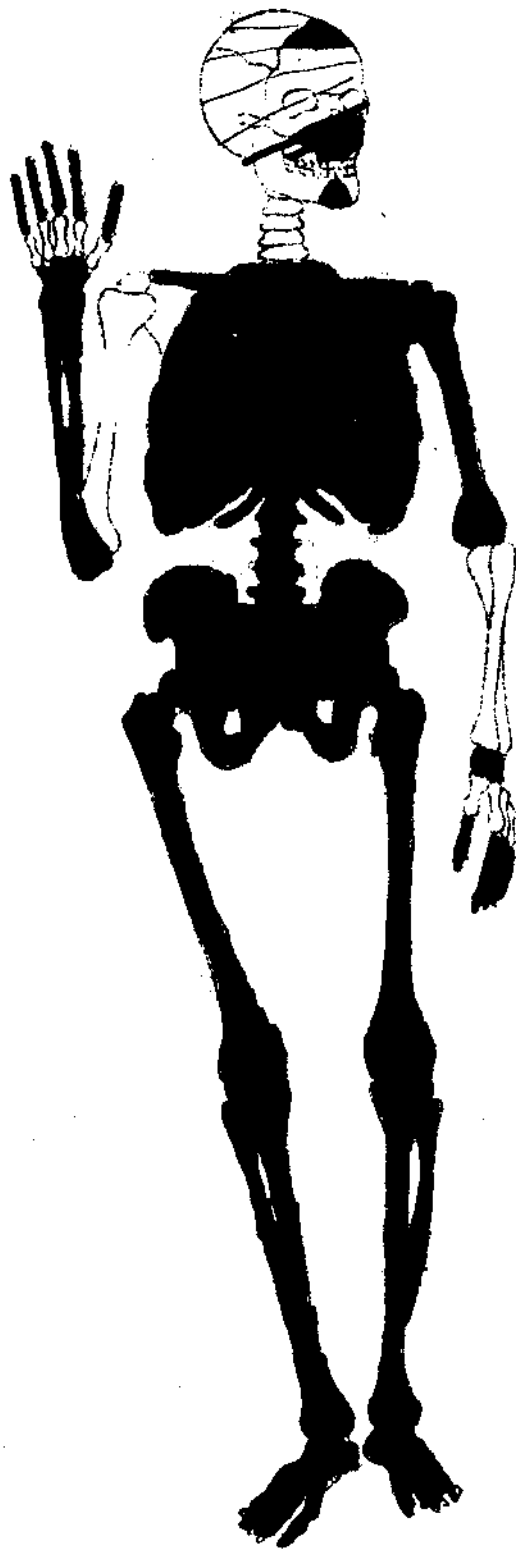
First numeral - white paint worn away. Characteristics point to (4

Second numeral - all appearances point to numeral 0. (6

Third numeral - 7-9. (0

Fourth numeral - 0. (0

X-6107



X-6107

X - 6107

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERS. ARB  
HQ. COM. ZONE, ETOUSA

# TOOTH CHART

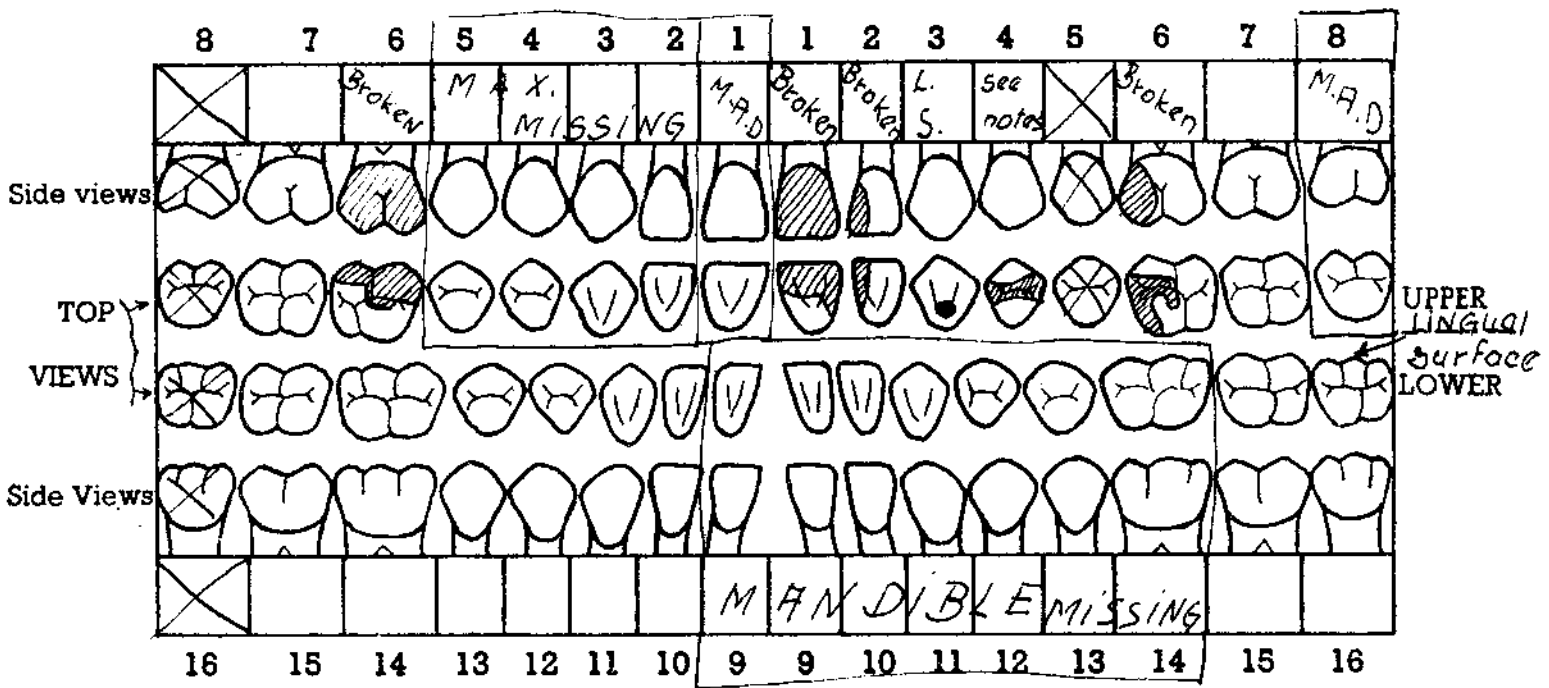
10/16/46  
Date

UNKNOWN X - 6107

Last Name	First	Initial	Rank	Serial No.
<i>H. Arnold</i>		<i>Plot 9</i>	<i>Row 5</i>	<i>Grave 53</i>
Unit			Organization	
Place of Death		Date of Death		Cause of Death

Right

Left



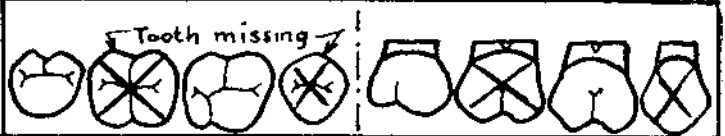
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Harold D. Wheeler*  
Signature of Officer or other person who prepared Tooth chart

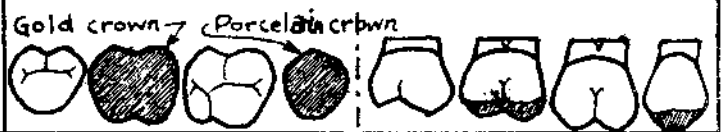
*Robert A. Salvador*  
Verified by G. R. S. Officer  
ROBERT A. SALVADOR  
Capt. Inf. - C.I.P.



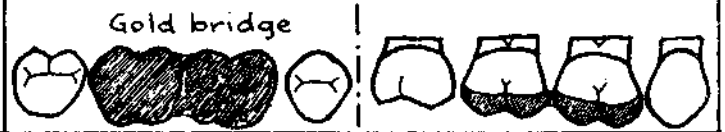
**MISSING TEETH.** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Medium size, white teeth.

R - 8, 16 and L - 5 missing before death.

R - 7 and L - 8 missing after death, sockets present.

Alignment good.

Light brown 'lingua' stains.

L - 4 appears to have lost a M.O.D. filling.

L - 6 and R - 6 could also have had fillings.

Plot I Row 22 G e 35

Date of Burial: 13 June 1950

Verified by GRS Officer: **DISINTERMENT DIRECTIVE**

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

*7/16  
24/2/50*

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**3574 00000**

DATE  
**15 01 48**  
DAY MONTH YEAR

NAME: **UNKNOWNX-006107** SERIAL NUMBER: **UNKNOWNX-006107** RANK: [ ] ARM: **1** DATE OF DEATH: [ ] DAY MONTH YEAR

CEMETERY: **ST AVOLD - METZ** DISPOSITION OF REMAINS: **0 35025 80** CODE DIST. PT.

PLOT: **Y** ROW: **5** GRAVE: **53** COUNTRY: **FRANCE** CAUSE OF DEATH: **6**

SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **ST AVOLD, FRANCE** ST LAURENT, FRANCE  
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Reg.Div.-8 Feb 50)  
(BY ADMINISTRATIVE ORDER)

SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-006107** SERIAL NUMBER: [ ] RANK: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: **27 July 48**  
IDENTIFICATION TAG ON:  REMAINS  MARKER GRS ORGANIZATION: **UNKNOWN** RELIGION: [ ] IDENTIFICATION VERIFIED BY: **Elijah H Fields, Embalmer** NAME AND TITLE

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover** CONDITION OF REMAINS: Remains consist of R/Humerus, R/Ulna, Radius - Five (5) vertebrae fractured - R/Scapula, Skull, Mandible & Maxilla.  
OTHER MEANS OF IDENTIFICATION: **Report of Burial found with remains** NAT FILE  
MINOR DISCREPANCIES: **None** RECORDS ANNOTATED DATE: **27 JUL 50** NAME: **R. T. Johns** **R. T. Johns, GRS DIV.**  
REMAINS PREPARED AND PLACED IN CASKET DATE: **5 Aug 48** BY: **Elijah H Fields, Embalmer**

CASKET SEALED BY: **Elijah H Fields Embalmer** EMBALMER (Signature): *Elijah H Fields*

CASKET BOXED AND MARKED: **EMBALMER AND DISINTERMENT GRS** All markings, plates & tags verified by: **BRUCE E BLAIR, 1st Lt GRC**  
DATE: **5 Aug 48** BY: **Elijah H Fields**


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: *BRUCE E BLAIR*  
**BRUCE E BLAIR, 1st Lt GRC, 7857 AGHC, Zone 3 Hq.** SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Consignee changed by Reg Div. *90*

*Mel 50*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St. Amand, France</b>		TO <b>OIC, Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Vincent F. Matozzo, RA-32707218</b>	
SIGNATURE OF SHIPPER 	DATE <b>2 Nov 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## UNKNOWN SHIPPED

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

AIRMAIL

293 unk France (Misc) (F. Wald)  
Z-6121 Z-6107 Z-7352 + X-8057  
Em

FORM 314.6

1st Ind

ONE European

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4751

Dept. of the Army, CGMI, Washington 25, D. C., 24 February 1950

TO: Commanding Officer, 7537 Graves Registration Detachment,  
APO 757, c/o Postmaster, New York, New York.

1. This Office approves the classification of Unknown Z-6107, listed on basic communication, as Unidentifiable.
2. Unknown Z-6121 was previously approved as Unidentifiable and your headquarters notified by letter dated 4 August 1949.
3. It is recommended that all action in connection with Unknowns Z-7352 and X-8057 be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

4 Incls:  
w/d

T. H. WHITE  
Lt. Colonel, GSC  
Memorial Division

JUN

TSC

Holder:can  
Clements  
REB

WALKER 293 Z-6107 ST. MARYS

AIRMAIL

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

RRE 293

30 January 1950  
(Date)

993 Unknown-France X-6107 (St. Avoird) *sl*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6107, Plot Y,  
Row 5, Grave 53, USMC St. Avoird, France,  
have been reviewed and it is the opinion of the Board of Review, this  
headquarters, that sufficient evidence is not available to establish  
the identity of the deceased concerned, therefore, these remains should  
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office  
of The Quartermaster General by Transmittal Letter No. 4745, dated  
30-1-50.

3. Remarks:

See Case History attached

Case reviewed by undersigned Members of the Board of Review:

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

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

CWO Leodore Goudreau, W-2113434 USA

20  
~~17~~ FEB 1950

QQMG

... from  
information presently  
available

File NAT  
30 Feb 50  
Nelson  
S. M. P.

CASE HISTORY

UNKNOWN X-6107

U. S. MILITARY CEMETERY

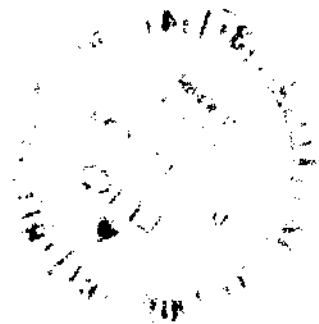
St. Avold, France

Unknown X-6107, St. Avold was recovered from the vicinity of Etival, (Vosges) France. Estimated date of death is determined as November 1944. Actual cause of death could not be determined. Clothing found on the remains indicates a Ground Forces casualty. Laundry markings found on the clothing on the remains cannot be associated with any casualty listed on AG casualty listings.

An attempt to associate this unknown with a casualty has proven negative.

For the above reasons, Unknown X-6107 is considered UNIDENTIFIABLE

M. H. KAMONS.



HEADQUARTERS  
AMERICAN GRAVE REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

T.I. # 4761  
7 Feb 50

RRE 293

30 January 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6107, Plot Y, Row 5, Grave 53, 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 4745, dated 30-1-50.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

Col. H. F. HENRY, O-12589 QMC

*E. D. Mulvanity*  
Lt Col. E. D. MULVANY, O-359598 QMC

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

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

*Leodore Goudeau*  
CWO Leodore GOUDEAU, W-2113434 USA

20 FEB 1950

Received \_\_\_\_\_ OQMG  
Not identifiable from  
information presently  
available

Incl #2

Kelley

## CASE HISTORY

UNKNOWN NO.

X-6107

U.S. MILITARY CEMETERY

St Avoild, France

(Location)

Unknown X-6107, St Avoild was recovered from the vicinity of Etival, (Vosges) France. Estimated date of death is determined as November 1944. Actual cause of death could not be determined. Clothing found on the remains indicates a Ground Forces casualty. Laundry markings found on the clothing on the remains cannot be associated with any casualty listed on AG casualty listings.

An attempt to associate this unknown with a casualty has proven negative.

For the above reasons, Unknown X-6107 is considered UNIDENTIFIABLE.

M.H.KAMONS.



ARMY DEPT OF ARMY WASH DC YOGL X 1652  
CG AGRC PARIS FRANCE

UNCLASSIFIED

PRIORITY

XXXXXXXXXXXX

CHARGE GRAVES W/ II

WCL 45506 AND WCL 37087

FROM GEMET REGRADS WILLIAM CHARLIE LOVE FOUR FIVE FIVE ZERO SIX  
AND ~~XXXXXXXXXX~~ WILLIAM CHARLIE LOVE THREE SEVEN ZERO EIGHT SEVEN

PERTAINING TO CONGRESSIONAL INQUIRY SECOND LT JAMES WILLIAM  
GILBERT JUNIOR ZERO FIVE FIVE FIVE SIX EIGHT SIX NINE PD REPORTS OF  
REPROCESSING FOR UNKNOWN XRAY SIX ONE ZERO SEVEN SAINT AVOLD HAVE BEEN  
RECEIVED THIS OFFICE HOWEVER THIS UNKNOWN CANNOT BE ASSOCIATED WITH  
THIS CASE PD REQUEST THAT UNKNOWNS XRAY SIX ONE ZERO FOUR AND XRAY SIX  
TWO ZERO FIVE SAINT AVOLD BE DISINTERRED AND REPROCESSED WITH ALL  
IDENTIFYING DATA FORWARDED THIS OFFICE FOR POSSIBLE ASSOCIATION WITH  
SUBJECT DECEDENT PD RADIO REPLY

WCL 45506

(21 AUG 47)

WCL 37087

(13 DEC 46)

UNCLASSIFIED

ARMY 293  
GRAVES REGISTRATION EA

(Shunt)

5 19007  
APR 18

D. J. MURRAY  
MAJOR GIC, MEN DIV

*293... 6107... 1019... 1019... 6107*

*(3, 32)*

*189 W  
WCL X-6107  
Found Stricker*

6

DISINTERMENT DIRECTIVE

M3 Ink 8-6107 France (H. Wood)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 3574 00500 DATE 25 01 48

NAME UNKNOWN SERIAL NUMBER 900107 RANK ARM 1 DATE OF DEATH DAY MONTH YEAR

CEMETERY ST AVOLD - METE DISPOSITION OF REMAINS 3503 80 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY FRANCE CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

293 Gilbert James W., Jr. O. 556,869

MEM DIV REP REC BR CAPT FOLAROS EXT 5641  
CG AGRC PARIS FRANCE

UNCLASSIFIED

PRIORITY

HQ EUCOM FRANKFURT GERMANY

WCL 37037  
MULTIPLE ADDRESS

FROM GCMR REOURAD WILLIAM CHARLIE LOVE THREE SEVEN ZERO EIGHT  
SEVEN

ITEM ONE CLN CONGRESSIONAL INQUIRY SECOND LT JAMES WILLIAM  
GILBERT JUNIOR ZERO FIVE FIVE SIX EIGHT SIX NINE INFANTRY MISSING IN  
ACTION SEVEN FEBRUARY ONE NINE FOUR FIVE VICINITY FORBACH SIX MILES  
FROM GETING FRANCE PD SHADOW AND OR ANY OTHER INFORMATION PD FORM  
THREE SEVEN ONE TO FOLLOW PD ITEM TWO CLN REQUEST THAT UNKNOWN XRAY  
SIX ONE ZERO SEVEN UNITED STATES MILITARY CEMETERY SAINT AVOLD BE  
DISINTERRED AND REPROCESSED FOR POSSIBLE ASSOCIATION WITH SUBJECT  
DECEDENT PD RADIO ADVISE

FOR THE QUARTERMASTER GENERAL

WCL 37037

UNCLASSIFIED

21 AUG 47

GCMR 293  
GRAVES REGISTRATION EA

0830 HRS

D. J. MURRAY  
MAJOR, GMC, MEM DIV

293 Unknown (Murray) - 61077 (St. Avold)

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

HRG 314.6

31 January 1950

SUBJECT: Identification Check Lists  
Transmittal Letter # 4745

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

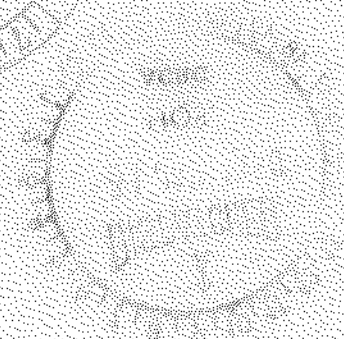
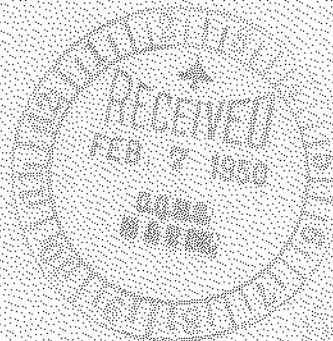
Forwarded herewith for your files are two (2) copies of  
Identification Check Lists, pertaining to the remains indicated below:

<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X- 6107	St Avoild	Y	5	83
X- 2704	Neuville	Q	8	195

*upd*  
FOR THE COMMANDING OFFICER:

2 Incls  
Ident Check  
Lists

GAYLORD S. LITZ  
1st Lt, QMC  
Assistant Adjutant



*2145 AM 2/7/50*

# IDENTIFICATION CHECK LIST

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

Unknown X-6108  
Cemetery St. Avold, France  
Plot Y Row 5 Grave 53

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 ~~by~~ <sup>and reprocessed</sup> ~~by~~ Central Identification Point  
(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	Steel helmet		sent to laboratory for examination
	(Type)		
Raincoat	Small remnants of		
Overcoat	Small remnants of		
Jacket, Field		None	
Jacket, Combat		None	
Mackinaw		None	
Sweater	Wool, remnants of		
Jacket, HBT		None	
* Shirt, Wool OD		Remnants of	
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT		None	
* Trousers, Wool OD		None	

Belt, web ..... None

Drawers, wool ..... Remnants of

Drawers, cotton ..... None

Leggings, wool ..... None

Socks, cotton ..... None

\* Shoes ..... None (type)

Overshoes ..... None

Web Equipment ..... None (type)

(Other item) ..... None

(Other item) ..... None

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

Chevrons or  
Insignia ..... None  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

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

6. Description of Remains :

Age Utd Height 6'3" Weight 176 Description of wounds Utd

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

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

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

Sunburn or tan, other than hand and face Utd

Complexion Utd  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build Utd  
(Large, fat, thin, muscular)

Hair Dark brown, 1" long, straight  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns Utd Mustache Utd Beard or Utd  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee Utd  
(Light, color, extent)

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

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

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

Teeth See tooth chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches Skull fractured  
(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)

Utd  
(Unusual characteristics of fingernails)

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

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

Back Utd Circumcision Utd Pubic Hair Utd  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty Utd  
(Yes-no; location)

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

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

Evidence of healed fractures Utd  
(Nose, arms, legs, etc.)

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

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

If not, explain No Hands

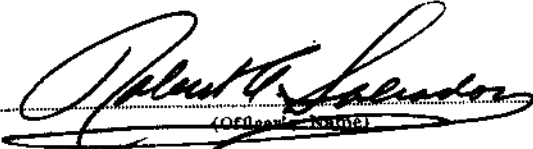
8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks Remains completely decomposed, only few small remnants of clothing found, very few bones found, appr. 4 lbs.

Fluoroscopic examination not necessary.

Chemical laboratory examination: see reverse side.

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.

  
(Official Name)

ROBERT A. SALVADOR

Capt. Inf. Service  
Rank

Central Identification Point  
(Organization)



## Laboratory Findings

One (1) rusty steel helmet with remnants of writing.

Possibilities are

strongest	P-4070	P-4090
next	P-6070	P-6090
	P-0070	P-0090
	P-8070	P-8090

Positively	P-??70
	P-??90

Letter P is certain

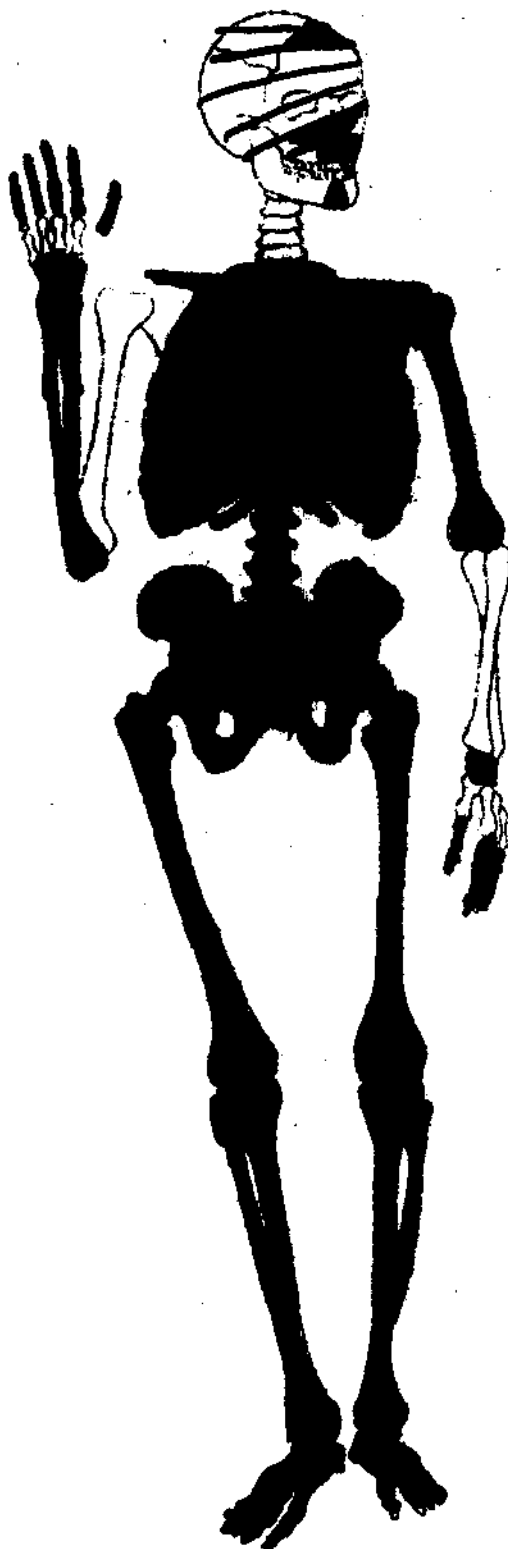
First numeral - white paint worn away. Characteristics point to 4-6-0-8.

Second numeral - all appearances point to numeral 0.

Third numeral - 7-9.

Fourth numeral - 0.

+ - 6107



# TOOTH CHART

16.10.1946

Date

Unknown X - 6107

Last Name	First	Initial	Grade	Serial No.
St. Avold, Plot Y Row 5 Grave 53				
Unit			Organization	

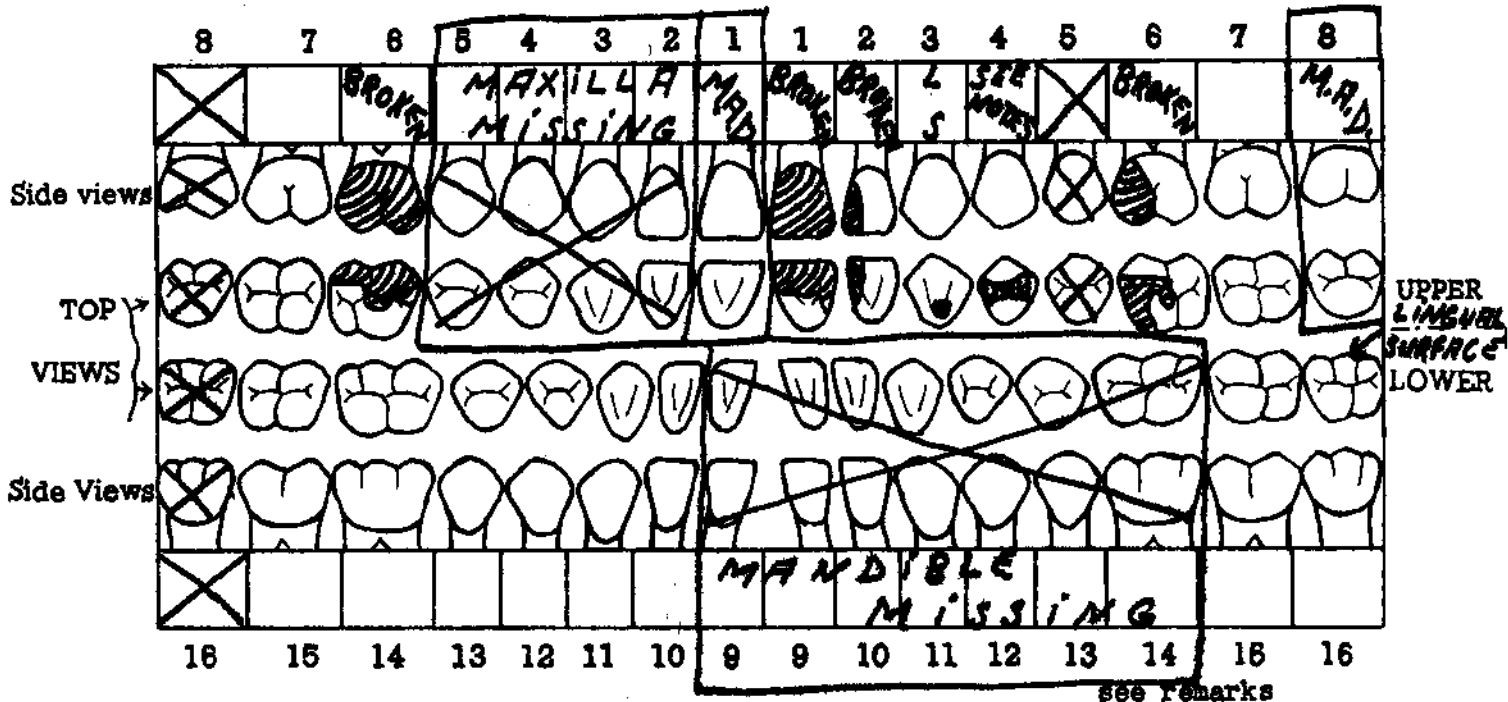
Place of Death

Date of Death

Cause of Death

Right

Left



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

s/ HAROLD D. WHEELER

Signature of Officer or other person who prepared Teeth chart

ROBERT A. SALVADOR, Capt Inf. C.I.P.

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



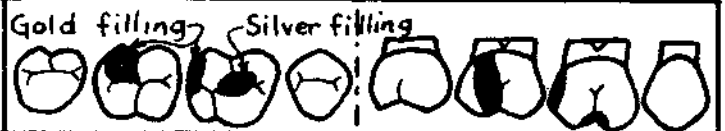
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Medium size, white teeth  
 R 8, 16 and L 5 missing before death  
 R 1 and L 8 missing after death, sockets present  
 Alignment good  
 Light brown lingual stains  
 L 4 appears to have lost a M.O.D. filling  
 L 6 and R 6 could also have had fillings.

UNKNOWN X- 6107  
CEMETERY VIS MIL CEM, STAVOLD  
PLOT Y ROW 5 GRAVE 53

Arrived at cemetery \_\_\_\_\_ From \_\_\_\_\_  
(hour) (date) (collecting point)

Place of death Stival, Vosges, France  
(name) (coordinates & landmarks)  
Carte Michelin 1/200,000 Sh No 62 (505-53-68)

Remains recovered by 3049 QM GP Co  
(name and organization)

Evacuated to cemetery by GPP 535th QM Group  
(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,

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 <b>None</b> (type)				
Raincoat <b>Rem of One</b>				
Overcoat <b>Rem of wool OD</b>				
Jacket, Field <b>Rem M-1941 One</b>				
Jacket, Combat <b>None</b>				
Mackinaw <b>None</b>				
Sweater <b>Rem of One</b>				
Jacket, HBT <b>None</b>				
*Shirt, Wool OD <b>None</b>				
Undershirt, Wool <b>None</b>				
Undershirt, Cotton <b>None</b>				
Trousers, HBT <b>None</b>				
*Trousers, Wool OD <b>None</b>				
Belt, Web <b>None</b>				
Drawers, Wool <b>None</b>				
Drawers, Cotton <b>None</b>				
Leggins <b>None</b> Wool				(unusual lacing)
Socks <b>None</b> Cotton				
*Shoes <b>None</b> (type)				
Overshoes <b>None</b> Web				
Equipment (type) <b>None</b>				
Other item <b>None</b>				

\*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or **Helmet Marked P-4570**

Shoulder Patch **UFD** (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age **UFD** Height **UFD** Weight **UFD** Description of wounds **UFD**  
(yrs) (ft-in) (lbs)

Bandages or dressings UTD Scars UTD  
length, width

UTD  
(location) 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 Brown Est. 2 1/2 in.  
(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,  
UTD Mustache UTD Beard or goatee UTD  
across nose (color, size, shape) (length, heavy, light,  
UTD Eyes UTD  
color, extent) (color, setting, shape)

Nose UTD Ears UTD  
(size, shape, straight) (size, set close or far from  
Forehead UTD Mouth UTD Lips UTD  
head) (high, wide, wrinkled) (large, med, small) sm, lge

Teeth See Teeth Charts  
(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)

UTD

Fingers UTD  
(short, thick, long, slender; size of knuckles) (missing  
UTD 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  
UTD Circumcized UTD Pubic hair UTD  
amount & color of hair) (yes-no) (color)

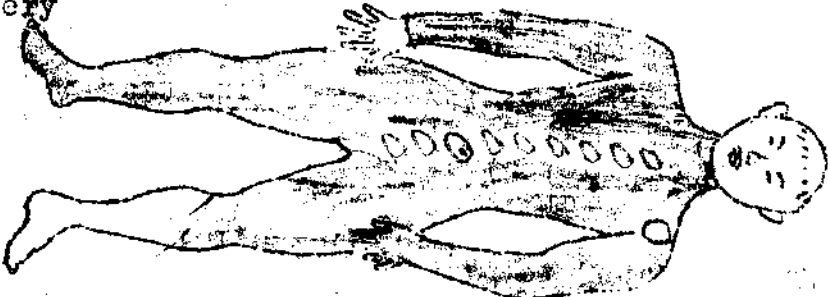
Hernioplasty UTD Legs UTD  
(yes-no) (location) (inseam) (muscular; knock-  
kneed, bowed, normal) (quantity, color & extent of hair)

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 UTD If not, explain  
(yes-no)

Too badly decomposed for fingerprints.  
Have fingerprints been placed on GRS #1 UTD If not, explain  
(yes-no)

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

Remarks: All Flesh completely decomposed.

William J. Lawrence  
Signature of GRO and Organization



# TOOTH CHART

26 April 1946

Date

Unknown X-6107

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

Unit

Organization

Etival, Veoges, France

Est. Nov. 1944

Unknown

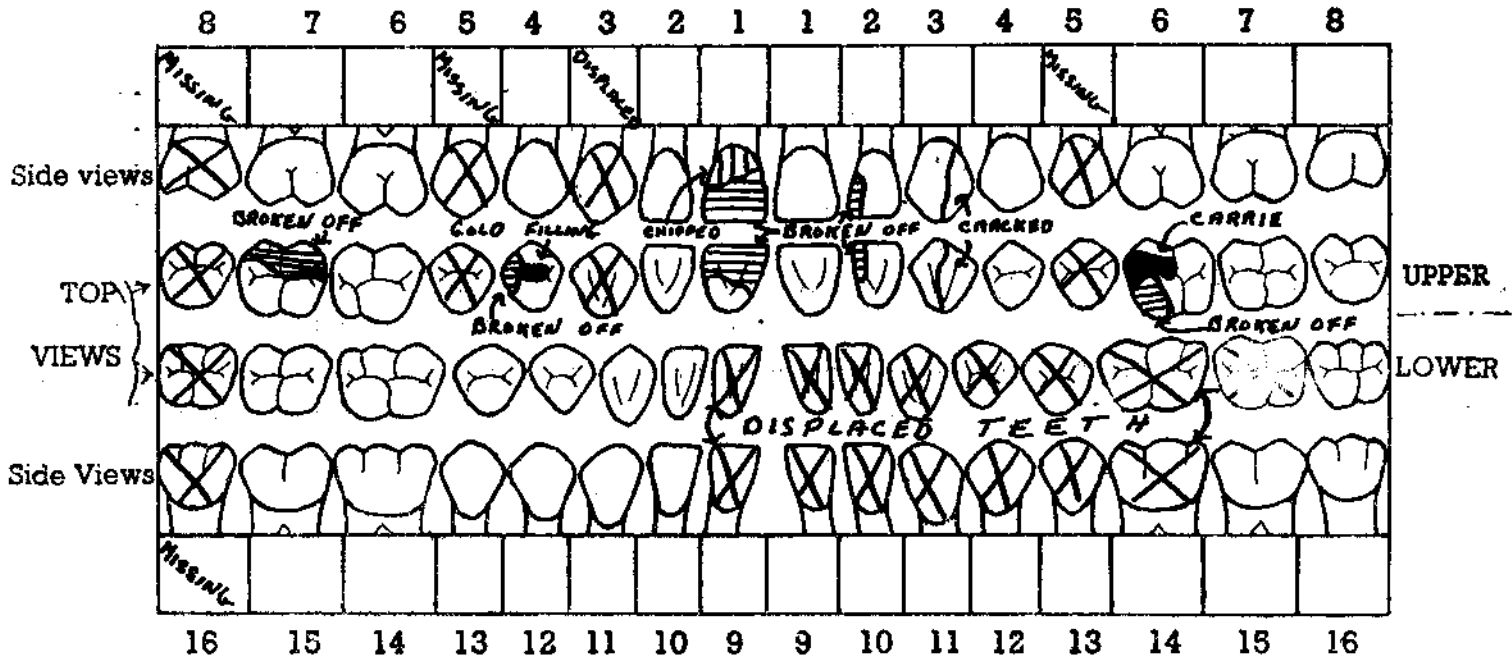
Place of Death

Date of Death

Cause of Death

Right

Left



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

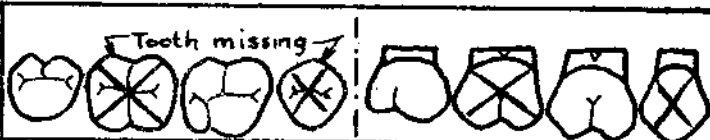
*John A. Trent S.M.*  
 John A. Trent S.M.

Signature of Officer or other person who prepared Tooth chart

*William E. Lawson*  
 William E. Lawson Lt Inf  
 530th Quartermaster Group

Verified by G. R. S. Officer

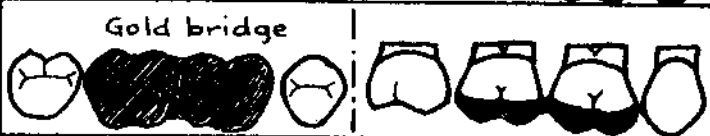
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



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



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



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

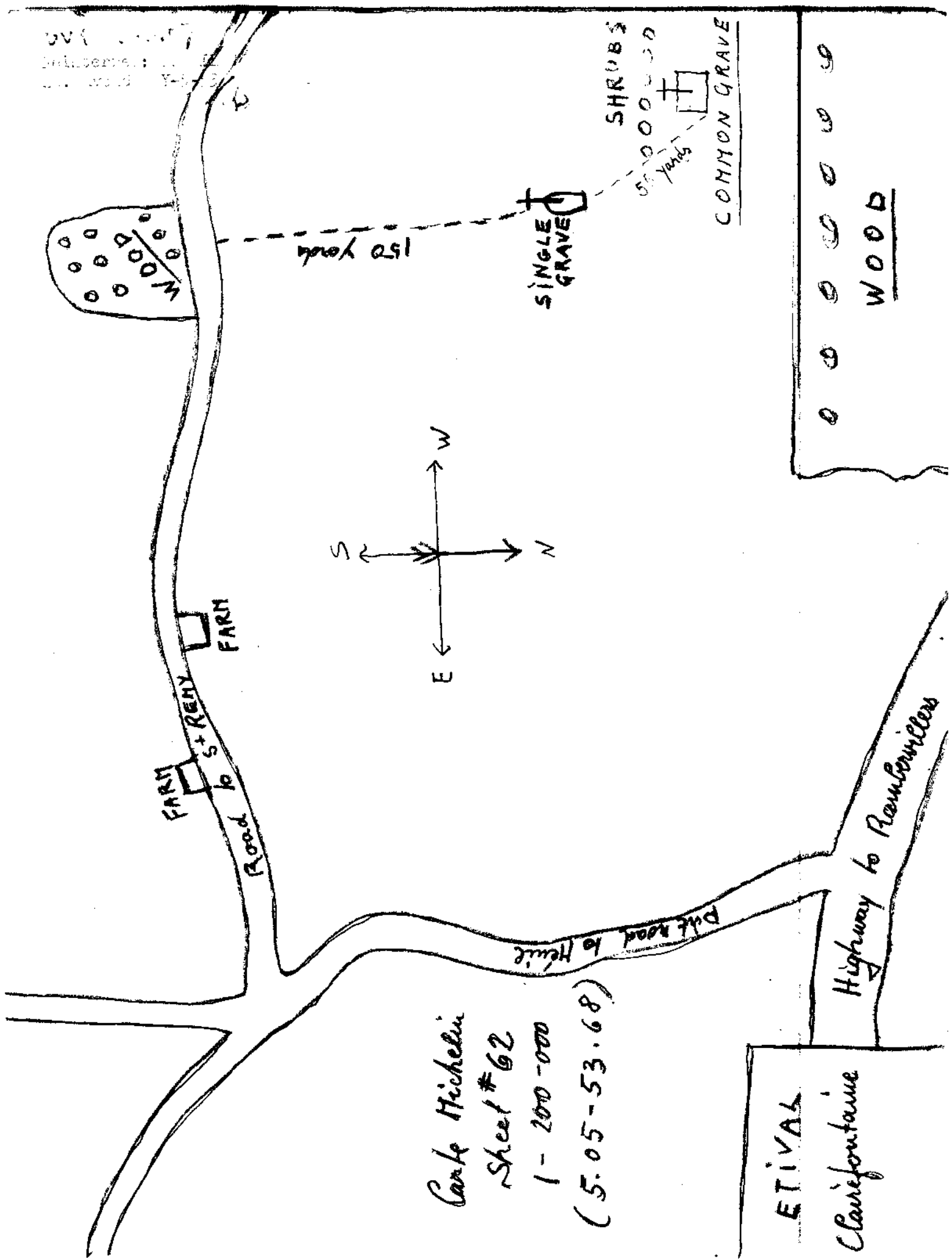


**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

#### ADDITIONAL SPACE FOR FURTHER REMARKS

1. Maxillar completely fractured between R1 and R2, R5 and R6.
2. L8 and R3 are displaced teeth which were not recovered with the remains.
3. L4 has a carrie on its distal surface.
4. The occlusal surface of L4 indicates it was previously filled and has been displaced.
5. L1 and L2 have been broken, chipped after death.
6. Mandible completely fractured between R9 and R10, and L14 and L15
7. L16 erupting and low off the occlusal plane
7. Medium shade of teeth.

UNIVERSITY OF  
MICHIGAN  
ANN ARBOR



Carte Michelin  
 Sheet # 62  
 1- 200-000  
 (5.05-53.68)

ETIVAL  
 Clairfontaine

WOOD

IDENTIFICATION DATA *File # 1490 Priority*

HEADLINE OF DISCOVERY *K-6107*      2. DATE OF REPORT *19 Oct 1947*

1. NAME OF CEMETERY *St Avola*      4. PLOT *Y*      5. ROW *5*      6. GRAVE *53*

7. DATE OF DISINTERMENT *L*      8. DATE OF REINTERMENT *L*

PHYSICAL DESCRIPTION

9. ESTIMATED AGE *U.S.A.*      10. ESTIMATED HEIGHT *4-3 1/2*      11. COLOR OF HAIR *Dark Brown*      12. RACE *U.S.O.*

13. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

*dentary plate*

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

14. WAS BODY BURNED?  YES  NO      15. TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO      16. TO WHAT EXTENT? *see skeletal chart*

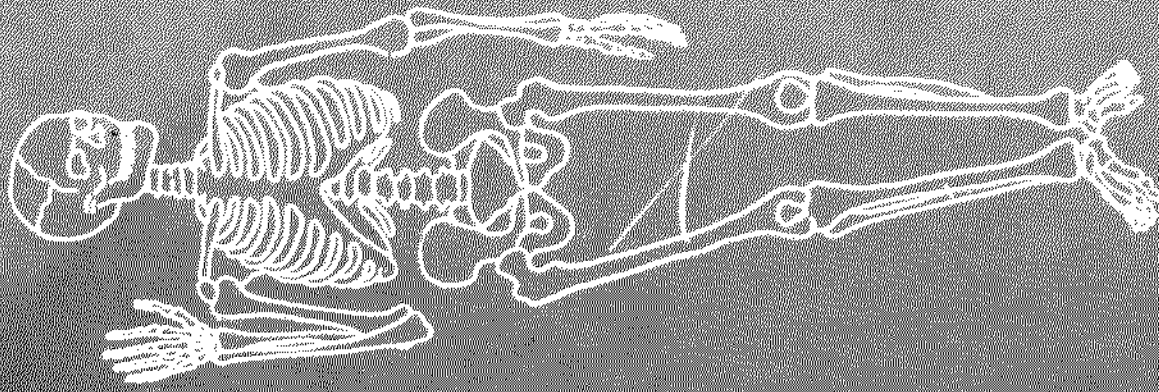
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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*

X-4107

BLACK OUT PARTS OF BODY NOT RECOVERED



*see skeletal chart attached*

20-

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SUNDER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

*Remains previously processed by F.O.S. and received disarticulated skeletal parts.*

*teeth found amongst remains  
(see tooth chart)*

*Est. height 6-3 1/2*

*Est. age U.T.O.*

*Reprocessed by  
Gregory  
Mills  
Kays  
Fields*

*2*

*Elijah K. Fields*

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

*Elijah K. Fields*

**SKELETAL CHART**  
 (BLACK DOT PORTIONS NOT RECEIVED AT CEMETERY)

X 6107  
 ST. ANGELO  
 18 Oct 1949  
 SEE TOOTH CHART

RIGHT

LEFT

STERNUM

HUMERUS

HUMERUS

ULNA

ULNA

RADIUS

RADIUS

FEMUR

FEMUR

TIBIA

TIBIA

FIBULA

FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

COLOR OF HAIR NONE

ESTIMATED AGE 17.0 Yrs

ESTIMATED HEIGHT 6 Ft. 7 1/2 In

ESTIMATED WEIGHT \_\_\_\_\_ LBS

BURNS NONE

Signature R. J. [unclear]

CHART "A"

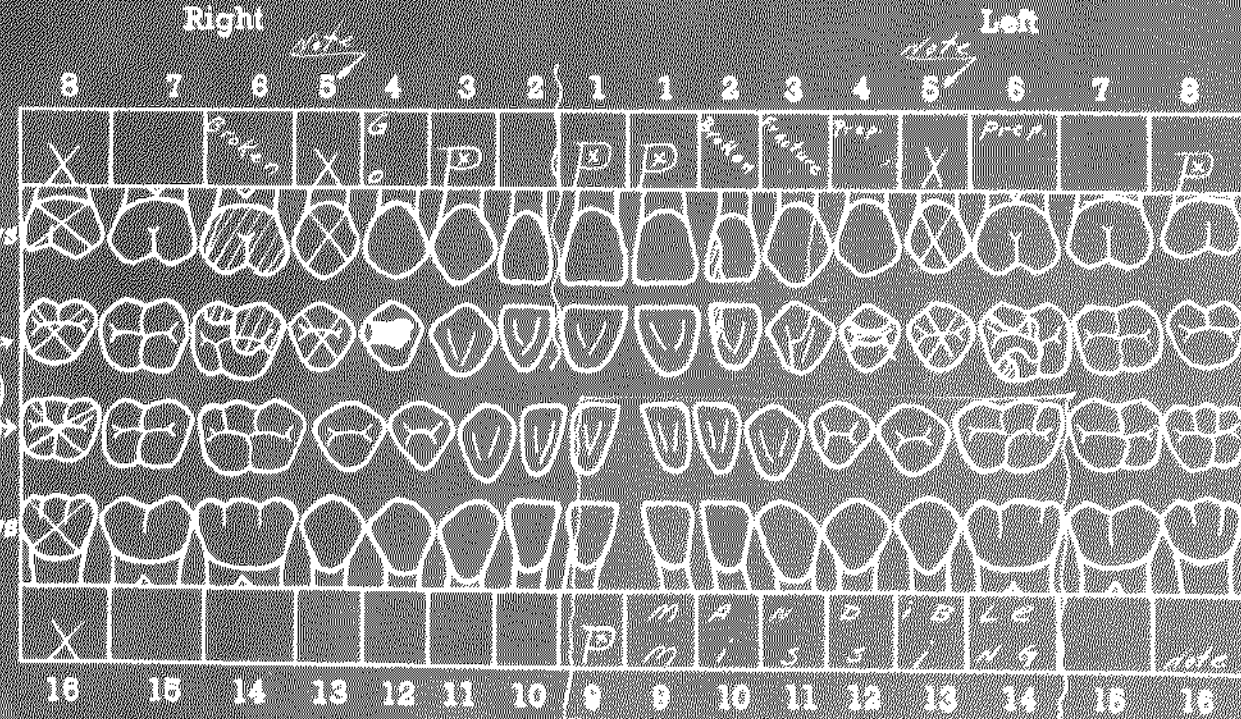
3

X 107  
 St Arold 7-5-53  
 E.O. - 2490

# TOOTH CHART

18 October 49  
 Date

Unit Name	First	Initial	Grade	Serial No.
Unit	Organization			
Place of Death	Date of Death		Cause of Death	



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

P-4570  
 63712

*Harold S. Stiles*  
 Signature of Officer or other person who completed Tooth Chart

*LL*

Verified by G. A. C. Officer

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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Size average  
 Color dull ivory  
 Partially missing R1, 3, 9; L1, 8  
 Spaces R5, 7mm; L2-3, 1mm; L5, 7mm  
 Alignment good

Note: L16 not fully erupted.

Notes: R5 and L5: It appears that R5 and L5 were replaced by stationary bridges, but are now missing. Both bridges were abutted to their respective abutments with inlays. Partial gold filling remains in R6. Bottom of abutments shown on R6, 4 and L4, 6.

5



**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  
**30 April 1946**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>Unknown-X-6107</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>Etival, Vosges, France</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Est. Nov. 1944</b>
---	----------------------------------	--

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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  
**Unknown**

**Section 2.—BURIAL.** *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**U.S. Military Cemetery (Q-260584) ST. Avold, France**

DATE OF BURIAL <b>30 April 1946</b>	HOUR <b>1530</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Temp. Wooden Cross</b>	PLOT No. <b>Y</b>	ROW No. <b>5</b>	GRAVE No. <b>53</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>Carte Michelin 1:200,000 Sh. 62 (5055368) Etival, Vosges, France</b>	PLOT No. <b>Isolated Grave</b>	ROW No.	GRAVE No.
--	--	-----------------------------------	---------	-----------

TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>O.A. RUSHER, Captain</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>Yes, Embossed Plate</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Unknown-X-6110</b>	RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>UNK</b>	GRAVE No. <b>52</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>SCHULTZ, DAVID P.</b>	RANK <b>UNK</b>	SERIAL No. <b>15121608</b>	ORGANIZATION <b>UNK</b>	GRAVE No. <b>54</b>

SIGNATURE OF PERSON PREPARING REPORT <b>William D. Lawson 1st Lt Inf</b>	SIGNATURE OF OFFICER IN CHARGE OF THE REPORT <b>RALPH W. SLEATOR, MAJOR, INF. 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**

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.


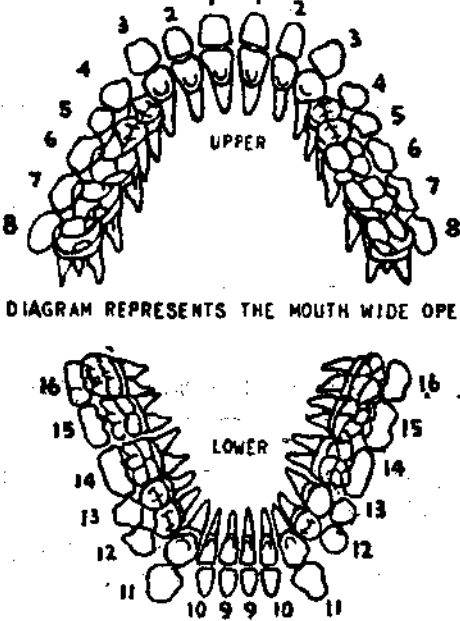




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None		

**OTHER IDENTIFICATION CLUES**

One inner band of Helmet liner marked "P-4570"

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

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



**REMARKS:** "Partial Remains Recovered"  
Attached: Form 11 Checklist of Unknowns, and Form 1A  
Tooth Chart.  
Too badly decomposed for fingerprints.