

1

USMC HMM
Plot: H Row: 2; 17
Date of Burial: 29 June 50 DISINTERMENT DIRECTIVE
Verified by GRS Officer
Robert W. GANSEL, 1st Lt OMC

*App
000000*

SECTION A *Robert W. Gansel*
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME: **UNKNOWNX-006112** SERIAL NUMBER: **UNKNOWNX-006112** RANK: RANK ARM: **1** DATE OF DEATH: DAY MONTH YEAR

CEMETERY: **ST AVOLD - NETE** DISPOSITION OF REMAINS: **3503 80** CODE: CODE DIST. PT. DIST. PT.

PLOT: **Y** ROW: **9** GRAVE: **55** COUNTRY: **FRANCE** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE
~~ST AVOLD, FRANCE~~ HMM, LUXEMBOURG
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-23 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-006112** SERIAL NUMBER: SERIAL NUMBER RANK: RANK DATE OF DEATH: DATE OF DEATH DATE DISTINTERRED: **27 July 48** DATE DISTINTERRED

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: RELIGION IDENTIFICATION VERIFIED BY: **Melvin W Blackburn** NAME AND TITLE: **Embalmer**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover & Uniform** CONDITION OF REMAINS: **Fractured skull - Missing L/Clavicle, L/Radius - Skeleton form Disarticulated - Small amount of de-composed flesh -**

OTHER MEANS OF IDENTIFICATION: **Report of Burial found with remains**

MINOR DISCREPANCIES: **None** **FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME R. T. Johns**

REMAINS PREPARED AND PLACED IN CASKET: **DATE 5 Aug 48 BY Melvin W Blackburn, Embalmer**

CASKET SEALED BY: **Melvin W Blackburn Embalmer** EMBALMER (Signature): *Melvin W. Blackburn* Melvin W Blackburn

CASKET BOXED AND MARKED: **DATE 5 Aug 48 BY Melvin W Blackburn** **ALL markings, plates & tags verified by JESSE G HARRELL, 1st Lt CAC**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. Final casketing by: *Jesse G Harrell* **JESSE G HARRELL, 1st Lt CAC** *Jesse G Harrell* **JESSE G HARRELL, 1st Lt CAC, 7857 AGRC, Zone 3 Hq. SIGNATURE OF GRS INSPECTOR**

1 Prepare Discrepancy Report OMC Form 1194a for major discrepancies. CONSIGNEE CORRECTED - REG. DIV.

mel 13

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC St. Avold, France		TO OIG, Nouville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P. Matosso, RA-32707218	
SIGNATURE OF SHIPPER <i>[Signature]</i> 1st Lt Frank B. [unclear]	DATE 2 Nov 49	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE UNKNOWN		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE UNKNOWN (MILITARY ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CL. WARD, FRANCE	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM FRANCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WELLS	DATE	SIGNATURE OF RECEIVER 0 3203	DATE 80
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER 00000 12 01 48	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1. FILE UNDER NO. 293 - Unk France St. Avoird X-6112

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 17 May 50
4. FROM: OQMG
5. TO: CO 7887 Graves Registration Det. APO 757 c/o PM N.Y., N.Y.
6. SUBJECT: Certificates of Unidentifiability of Remains Transmittal Letter
4730

7. DOCUMENT FILED
UNDER NO. 314.6 - GRS European T/L 4730

eb

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
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRE 200.2

2 May 1950


SUBJECT: Reprocessing of Remains

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

1. Reference is made to your radio, WCL 36341, dated 7 February 1950, and second indorsement, this headquarters, dated 9 March 1950, pertaining to Unknown X-6112, USMC St Avold, France.

2. Attached hereto is a copy of QMC Form 1044, dated 14 March 1950, covering recent Central Identification Laboratory reprocessing of subject remains.

FOR THE COMMANDING OFFICER:


GAYLORD E. LUTZ
1st Lt, QMC
Registration Division

1 Incl
QMC Form 1044

*w/d - Filed in
Unk. Folder in
Ident Br.*

293 Unk France X-6112 St Avold

*NAN
File
in Pointers
Ident Br.
15 May 50*

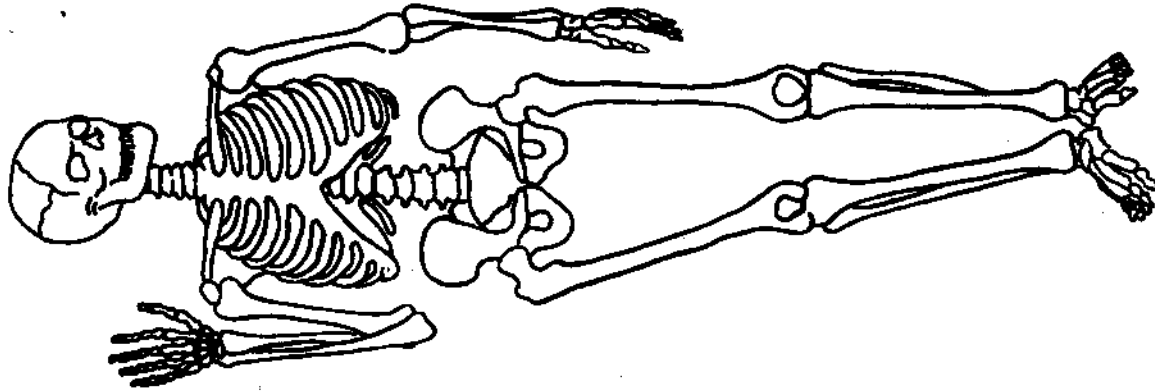
COPY

IDENTIFICATION DATA

3111 PRIORITY

1. REMAINS OF UNKNOWN X-6112				2. DATE OF REPORT 14 Mar 50		
3. NAME OF CEMETERY St Avold		4. PLOT Y	5. ROW 58	6. GRAVE 55	7. DATE OF DISINTERMENT X	REINTERMENT X
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT 23/28		9. ESTIMATED HEIGHT 5'3 3/4"		10. COLOR OF HAIR Brown		11. RACE utd
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Mortuary Plate						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? See skeletal chart				
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						

19. BLACK OUT PARTS OF BODY NOT RECORDED



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: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains in skeletal form; teeth with remains (see tooth chart)

Est. height: 5'3 3/4"

Est Age : 23/28

Reprocessed by FIELDS
SCULCO
SHAW

Clerk: Springer

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

AIRMAIL

QUART 293

1st ind

(Unk. X-6112 (St. Avoird) *W. Metz*)

SUBJECT: CIL Reprocessing Report

Dept. of the Army, (XPO), Washington 25, D. C., 21 February 1950

TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

It is requested that the CIL reprocessing reports for Unknown
X-6112, St. Avoird, France, accomplished in accordance with par 159d,
SR 820-110-4, be forwarded this Office.

FOR THE QUARTERMASTER GENERAL:

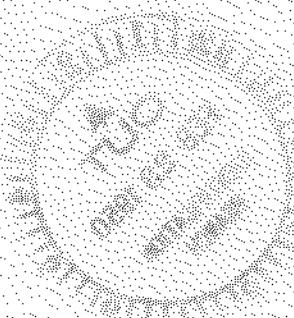
1 Incl:
w/d

T. H. METZ
Lt Colonel, QMG
Memorial Division

W. Metz
QMG

mfb
Binkerd:cdt
Clements
REB
1/2

TEC



250777
W. Metz

AIRMAIL

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

REF 200.2 - Unknown X-6112 (St Avold)

8 February 1950

SUBJECT: CIL Reprocessing Report

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

1. Reference is made to radio, your office, WCL 36341 dated 6 February 1950.

2. Inclosed herewith for your information are copies of CIL Reprocessing Report for Unknown X-6112, USMC St Avold, France.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl
CIL Reprocessing Report
(Unknown X-6112)

GAYLORD E. LUTZ
1st Lt, QMC
Registration Division



793024 France X-6112 (St Avold)

QMC 168

bt

A

DEPT/ARMY COMCENTER
GREENWICH 0810 TIME (Z)

FEB 1 06

1950 FEB 08 10 55

FPA021

168

RR UEPC

CO REG DIV PARIS
AGRC 238

DE UFPOC 02

NSI NO

D.T.G.

ACTION

R 08083 6Z

RCIN NO.

FM REG DIV PARIS FRANCE

TO OQMG WASHDC
GRAVES GRNC

QMC
68703

REF AGRC TWO THREE EIGHT

2-3-57

36341

PASS MEMORIAL DIVISION USMC WCL THREE SIX THREE FOUR ONE CIV

68703

REPROCESSING REPORT FOR XRAY SIX ONE ONE TO ^{Two}SI AVOID BEING DISPATCHED

SEVEN FEBRUARY PD SGT HENRY CITE AGREE

05/10052

Handwritten signature and stamp

O. O. M. G.
TEL ACAB SECTION

FEB 0 3 30 PM '50

Handwritten notes and signatures at bottom right

293 Urk. France X-6112 (St. Avold) *ll*

COMM DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV
7887 GREGG BENT
PARIS FRANCE

DEFERRED

X

WAL 36741

FROM QUONT REF TRANSMITTAL LTR 4730. MOST CONFIDENTIAL REPRODUCTION

REFTS FOR XRAY 6112 BY AVOLD

Handwritten scribble
178
9 22 1950
J. J. K. G.

FEB 17 1950
FEDERAL BUREAU OF INVESTIGATION
MEMORIAL DIVISION
ADMINISTRATIVE BRANCH

Binkerd:cdt
Clements:pl
REB

B

031900Z

UNCLASSIFIED

Handwritten signature
GRAYES

QUONT DEPT ARMY WASH DC
293 GRS EUROPEAN (ST AVOLD) FEB 50

CAPT GRS REG DIV

Basic ltr, Reg Div, AGRC, EA, RRE 200.2 - Unknown X-6112 (St Avoild),
Subject: CIL Reprocessing Report, dated 8 February 1950

RRE 200.2 - Unknown X-6112 (St Avoild) 2d Ind

Hq, American Graves Registration Command, European Area, APO 757, U S Army,
9 March 1950

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

1. Reference 1st indorsement, Exhumation Order has been issued
this date for complete reprocessing of the remains designated as Unknown
X-6112, St Avoild.

2. Reprocessing report will be forwarded your office immediately
upon receipt at this headquarters.

FOR THE COMMANDING OFFICER:

C. W. Steinsiek
C. W. STEINSIEK
Capt, OMC
Registration Division

993 UNK France X-6112 (St. Avoild)

NAN
file
m. Binkerd
St Br
11 Apr 50

AIRMAIL

QMGMT 293

1st Ind

Unk. X-6112 (St. Avold)

SUBJECT: CIL Reprocessing Report


Dept. of the Army, OQMG, Washington 25, D. C., 21 February 1950

TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York


It is requested that the CIL reprocessing reports for Unknown X-6112, St. Avold, France, accomplished in accordance with par 159d, SR 830-110-5, be forwarded this Office.

FOR THE QUARTERMASTER GENERAL:

1 Incl:
w/d


T. H. METZ
Lt Colonel, QMC
Memorial Division

AIRMAIL


200 1950

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

RRE 200.2 - Unknown X-6112 (St Avold)

8 February 1950

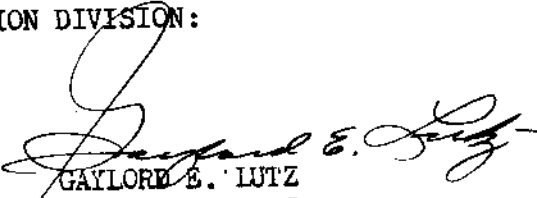
SUBJECT: CIL Reprocessing Report

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

1. Reference is made to radio, your office, WCL 36341 dated 6 February 1950.

2. Inclosed herewith for your information are copies of CIL Reprocessing Report for Unknown X-6112, USMC St Avold, France.

FOR CHIEF, REGISTRATION DIVISION:


GAYLORE E. LUTZ
1st Lt, MC
Registration Division

1 Incl
CIL Reprocessing Report
(Unknown X-6112)

993 Inf France X-6112 (St Avold)

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

RRE 293

18 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

293200k 7th Air Div - 6112 (St Avold)

1. The records pertaining to Unknown X- 6112, Plot Y,
Row 5, Grave 55, 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. 1903, dated
22-5-46.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

Capt. Edward F. PRICE, JR., O-1588236

Lt. Col. E. D. MULVANNY, O-359598

Transmittal Letter # 4730 dated 20 Jan 1950

FILE 15 MAY 1950
accepted
Bellevue Dinkert
Not identifiable from
information presently
available

*File
7th Air Div
2nd Div
15 May 50*

T.L. # 4730
dated 20 Jan 50.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RRE 293

18 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6112, Plot Y, Row 5, Grave 55, 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 1903, dated 22-5-46.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

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

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

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

CWO Leodore GOUDREAU, W-2113434 USA

FILE 15 MAY 1950

Received _____
Identifiable from _____
Information presently _____
available _____
Linkerd

Incl

CASE HISTORY

UNKNOWN NO.

X-6112

U.S. MILITARY CEMETERY

St Avoird, France

(Location)

Unknown X-6112 was recovered from a mine field near Taintrux, (Vosges) France by French civilians. The remains was interred in that community. Date of death is determined as May 1945. Cause of death is evidently from a mine explosion. This unknown is undoubtedly a ground forces casualty. BOB gives date of death as May 1945 but civilian statements determine the date as October or November 1945. This date is more than likely the correct date, as there was action in the area at that time.

All attempts at association and identification have proven negative. Hence this unknown is considered as UNIDENTIFIABLE.

M.H.KAMONS.

JKR

6

DISINTERMENT DIRECTIVE

243 Umb X - 4112 France St. (Armed)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3372 2220		DATE 05 01 48			
NAME			SERIAL NUMBER UNKR00112		RANK	ARM	DATE OF DEATH		
CEMETERY ST AVOLD - METZ							DAY	MONTH	YEAR
PLOT							DISPOSITION OF REMAINS		
ROW	GRAVE	COUNTRY FRANCE				CODE	DIST. PT.		
							CAUSE OF DEATH		

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET 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.

CHECK LIST OF UNKNOWNNS

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

Unknown X - 6112
Cemetery St. Avoird - France
Plot Y Row 65 Grave 55

1. Arrived at cemetery
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered ~~and reinterred by~~ and reprocessed by C.I.P. 16 Oct. 1946.
(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	none		
	(type)		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
*Shirt, Wool OD	Remnants of,		
Undershirt, Wool	Remnants of,		
Undershirt, Cotton	Remnants of,		
Trousers HBT	none		
*Trousers, Wool OD	none		

Incl

Rec'd in Ident. Branch
14 Feb 1950.

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, Cotton none

*Shoes (type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other item) none

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

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

Shoulder Patch none

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

8. Description of Remains :

Age	<u>Utd</u>	Height	<u>5'2 1/8"</u>	Weight	<u>130Lbs</u>	Est. <u>Est.</u>	Description of wounds	<u>Utd</u>
Bandages or dressings	<u>Utd</u>	Scars						<u>Utd</u> <small>(length, width, location)</small>
		Tattoos						<u>Utd</u> <small>(Number, location -- illustrate on sep, page)</small>
Outstanding moles, warts or birthmarks								<u>Utd</u> <small>(yes-no ; description, location)</small>
Sunburn or tan, other than hands & face								<u>Utd</u>
Complexion	<u>Utd</u>							<small>(light, med. dark, clear, pimples, poeks, freckles)</small>
Build	<u>Utd</u>							<small>(large, fat, thin, muscular)</small>
Hair	<u>Brown, 2 1/2" long</u>							<small>(color, length, quantity, curly, wavy, straight, whorls, or definite parting).</small>

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 normal
(prominent, receding, pointed, dimple, double)

Jaw normal Circumference of head in inches 20"
(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)

Utd
(extent and quantity of hair)

Hands Missing

Fingers Missing
(short, thick, long, slender, size of knuckles, missing fingers or joints)

Utd
(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)

Utd Circumcision Utd Pubic hair none found
(quantity & color of hair) (yes-no) (color)

Hernioplasty Utd
(yes-no; location)

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

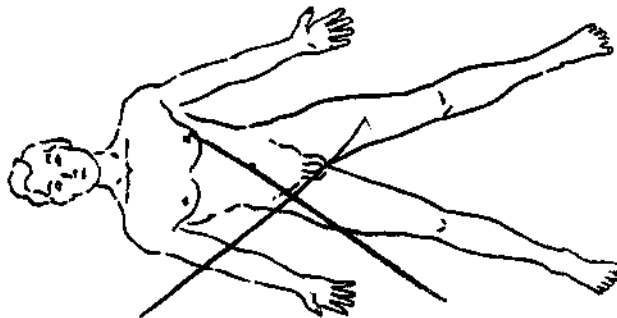
Feet Utd
(size, corns, callouses, flat)

Toes Utd
(slender, straight, crooked, overlap)

Evidence of healed fractures none
(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 missing

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

12. Remarks : Body recovered in skeleton form no flesh. Was not X-Rayed.

Est. weight of remains recovered 15 Lbs. Burial bottle with

remains. Nothing found to warrant chemical Lab. examination.

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.

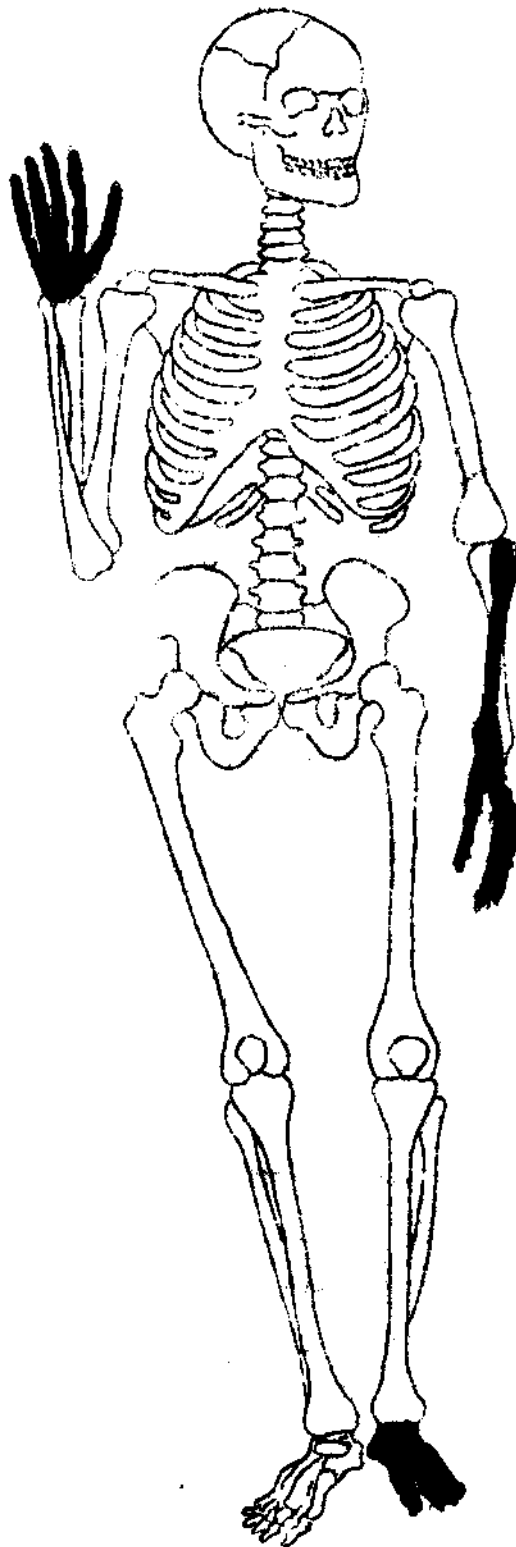
Robert A. Salvador
Officer's Name

ROBERT A. SALVADOR

Captain Inf.
Rank Service

Central Identification Point
Organization

X-6112



TOOTH CHART

														Date													
Last Name				First				Initial				Rank				Serial No.											
Unit														Organization													
Place of Death				Date of Death				Cause of Death																			
Right														Left													
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8																											
MAD, L.O. O. H. X. <i>ail</i> D.O. D.L. F.I.M. F.B. L.M. F.M. M.O. D.O. O.M. X.																											
O. H. A. S. L. S. S. F.D. F.S. S. P.F. A. O.M. H. X.																											
Side views														UPPER													
TOP														VIEW													
Side Views														LOWER													
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16																											

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.

Edward Sebastian
 Signature of Officer or other person who prepared tooth chart

Robert A. Salvador
 Verified by G. R. S. Officer

ROBERT A. SALVADOR
 Captain 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

Teeth missing before death R-6,15 and L-5,7,14.
 Tooth missing after death, socket present R-8.
 R-2 overlaps R-1 and L-2 overlaps L-1.
 Tooth rotated distally 1/8 turn R-11.
 Lower anteriors lingual version.
 Medium sized, irregular, brown stained teeth.
 Space between R-14 and R-16; R-6 and 7; L-13 and L-15; 4mm.
 Space between L-4 and L-6; L-6 and L-8; 1mm.
 It appears that a filling fell out of the cavity on R-5.

CHART "A-1"

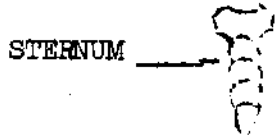
SKELETAL CHART

X-6112
St Avold Y-8-55
See Tooth Chart

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



STERNUM _____

HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

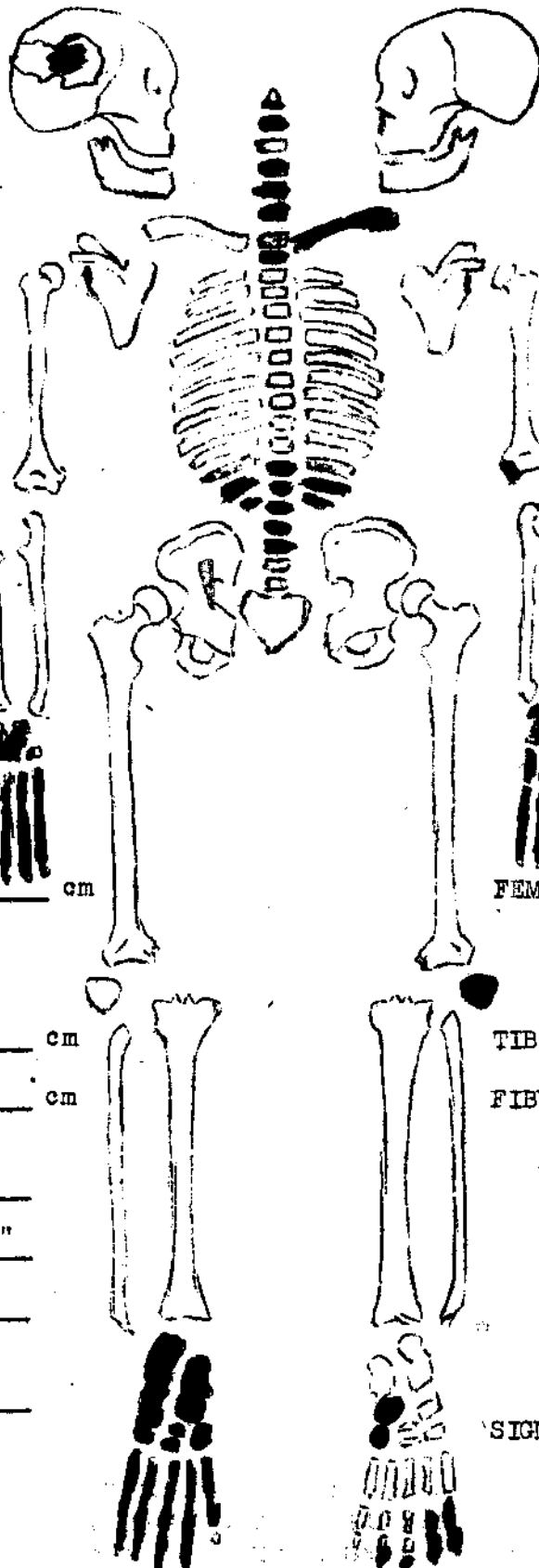
FIBULA _____ cm

Est. Age 23-28

Est. Height 5'3 3/4"

Color Hair brown

Healed Fractures _____



SKULL _____ inc

HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

FIBULA _____ cm

- Missing

- Burned

- Fractured

- Shattered

SIGNATURE s/ Sulco

TOOTH CHART

X-6112
St Avold, Y-6-55
E.O. # 3111

14 Mar 50

Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organisation	

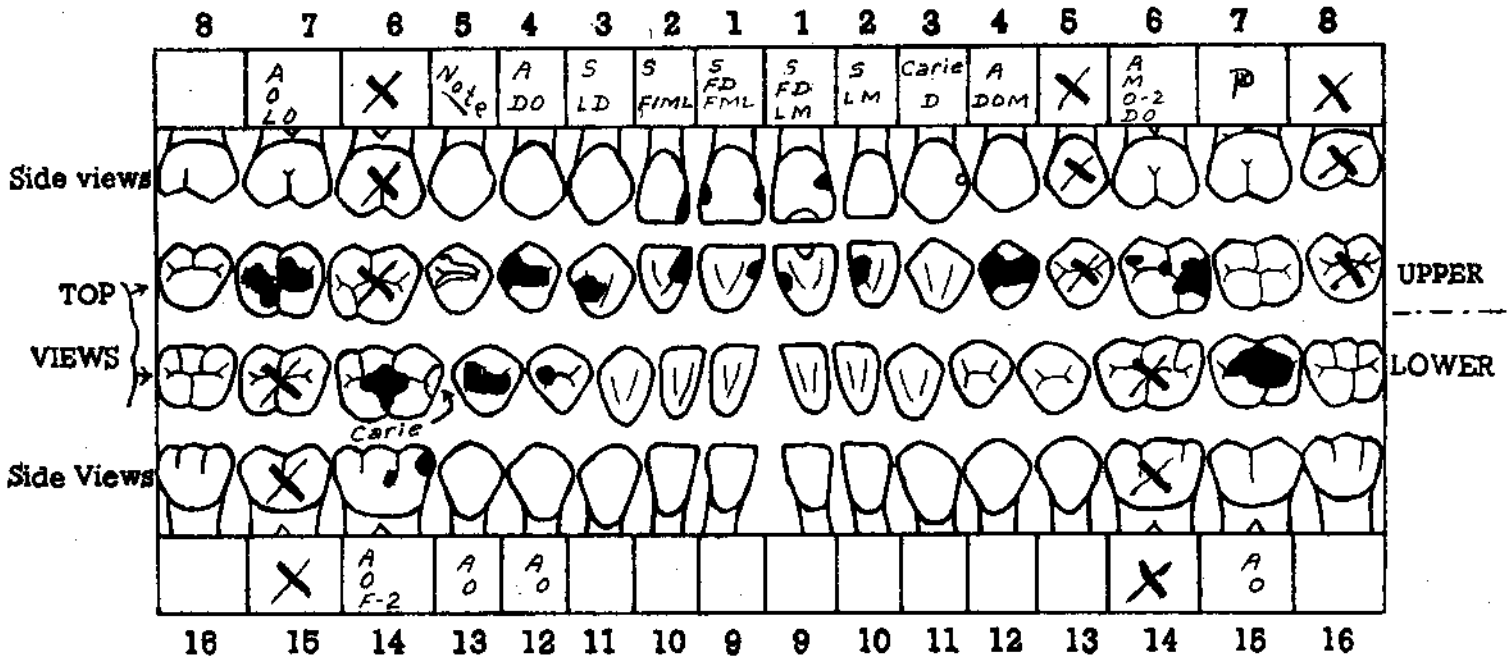
Place of Death

Date of Death

Cause of Death

Right

Left



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 on 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 Tooth chart

Verified by G. R. C. Officer

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



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



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



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



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



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

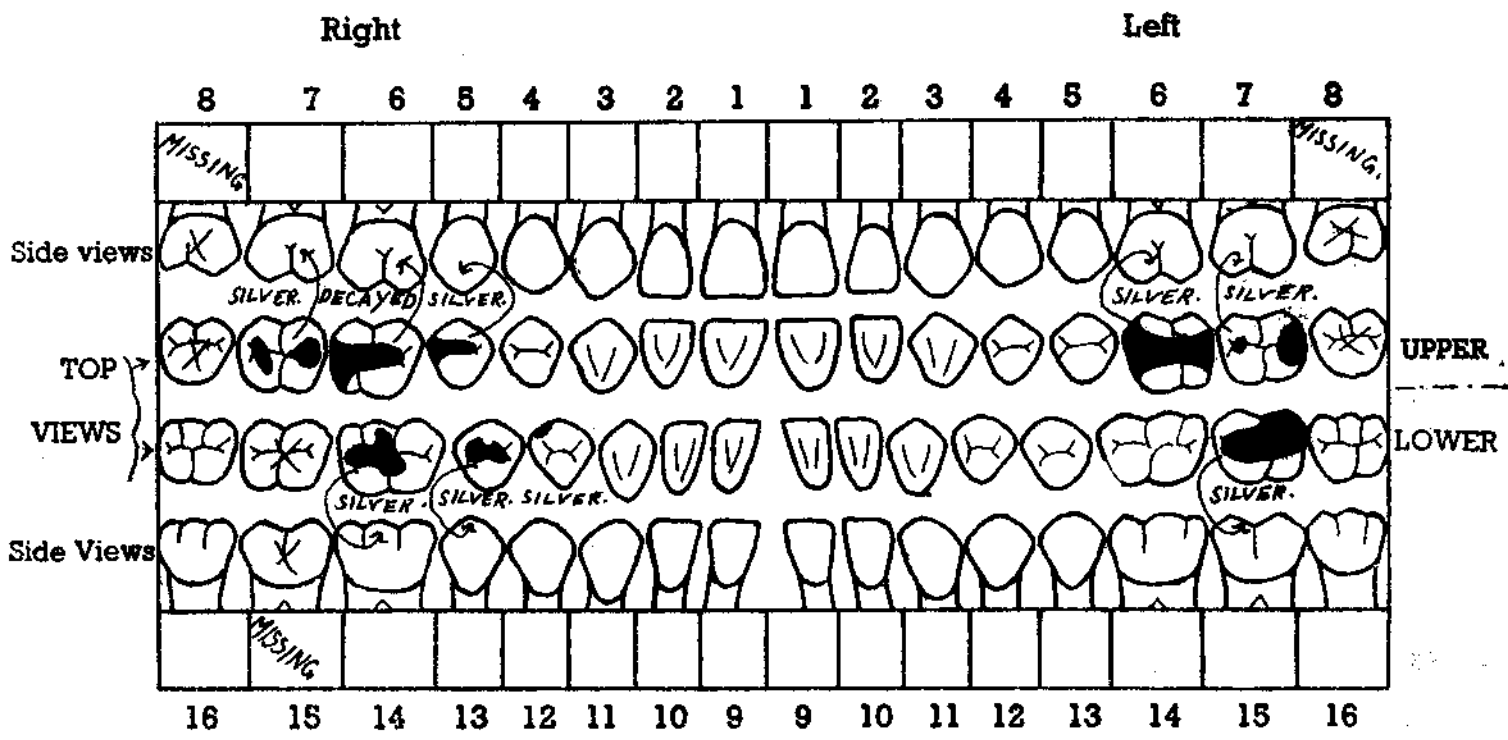
ADDITIONAL SPACE FOR FURTHER REMARKS

Size average
 Color dull ivory
 Posthumously missing L-7
 Spaces R-6, 3mm; L-5, 1 mm; R-15, 3 mm; L-14, 3 mm.
Nota: R-5 prepared for filling (filling probably lost)
 L-1 severe attrition: chipped before death
 L-2 overlaps L-1
 R-16 inclined mesially
 R-11 rotated distally 30°: overlaps R-10
 L-11 overlaps L-10
 L-15, 16 inclined mesially
 Calculus slight.

TOOTH CHART

April, 29/1946.
 Date

Unknown X-6112	Unknown	Unknown
Last Name	Rank	Serial No.
Unknown	Unknown	
Unit	Organization	
Taintrux, Vosges, France?	Land mine	
Place of Death	Date of Death	Cause of Death
	EST. NOV. 1944	

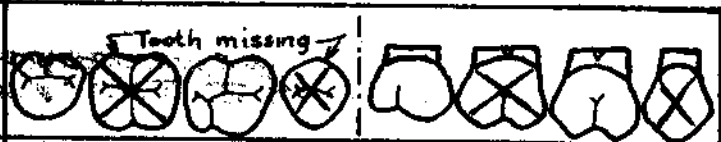


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Thomas W. Turner US Civilian

Thomas W. Turner
 Signature of Officer or other person who prepared Tooth chart
 William D. Lawson I Lt Inf
 535
 Verified by G. E. B. 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 :



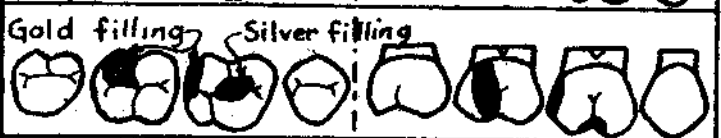
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

UNKNOWN X- 6112
CEMETERY ST. AVOLD
PLOT X ROW 5 GRAVE 55

Arrived at cemetery 1800 2 May 1946 From OPP 535th CM Group
(hour) (date) (collecting point)

Place of death Taintrux, Vosges, France
(name) (coordinates & landmarks)
Carte Michelin Sht No 62 1/200,000 (5.06-53.61)

Remains recovered by 3049 CM GR Co
(name and organization)

Evacuated to cemetery by OPP 535th CM 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, organizaion 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 None (type)				
Raincoat None				
Overcoat None				
Jacket, Field None				
Jacket, Combat None				
Mackinaw None				
Sweater None				
Jacket, HBT None				
*Shirt, Wool OD None				
Undershirt, Wool None				
Undershirt, Cotton None				
Trousers, HBT None				
*Trousers, Wool OD None				
Belt, Web None				
Drawers, Wool None				
Drawers, Cotton None				
Leggins Wool None				(unusual lacing)
Socks Cotton None				
*Shoes None (type)				
Overshoes None				
Web Equipment (type) None				
Other item None				

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

Description of Remains:

Age ~~None~~ (yrs) Height ~~None~~ (ft-in) Weight ~~None~~ (lbs) Description of wounds ~~None~~

Bandages or dressings _____ Scars _____ length, width, _____
 location) Tattoos _____
 (number, location-illustrate on sep. page)
 Outstanding moles, warts or birthmarks _____
 location) _____ (yes-no) (description, _____)
 Sunburn or tan, other than hands and face _____
 Tobacco stain on fingers or teeth _____
 (designate where, extent)
 Complexion _____
 (light, med, dark, clear, pimples, pocks, freckles)
 Build _____
 (large, fat, thin, muscular)
 Hair _____
 (color, length, quantity, curly, wavy, straight, whorls, or
 definite parting, baldness, widows peak, other characteristics)
 Sideburns _____ Eyebrows _____
 (color, setting, shape) (color, bushiness, across nose)
 Mustache _____ Beard or goatee _____
 (color, size, shape) (length, heavy, light,
 color, extent) Eyes _____
 (color, setting, shape)
 Nose _____ Ears _____
 (size, shape, straight) (size, set close or far from head)
 Forehead _____ Mouth _____ Lips _____
 (high, wide, wrinkled) (large, medium, small) (small large)
 Teeth _____
 (white, size, unevenness, spacing, noticeable crowns, fillings, missing)
 Chin _____ Cheekbones _____
 (prominent, receding, pointed, dimple, double) (high, normal)
 Jaw _____ Circumference of head in inches _____
 (large, small, normal) (hat band)
 Neck _____ Larynx _____
 (size, long, short, normal, wrinkled) (prominent, normal)
 Shoulders _____ Arms _____
 (broad, straight, small, rounded) (length) (muscular, color,
 Extent & quantity of hair) (vaccination scar, size of wrists)
 Hands _____
 (large, small, normal, calloused noticeably) (marks on fingers
 indicating that rings were worn)

Fingers UFD
(short, thick, long, slender; size of knuckles) (missing
fingers or joints)(unusual characteristics of fingernails)

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

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

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

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

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

Black out parts of body not
received at cemetery:

See Remarks



Have photographs been made and attached UFD If not, explain _____
(yes-no)

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

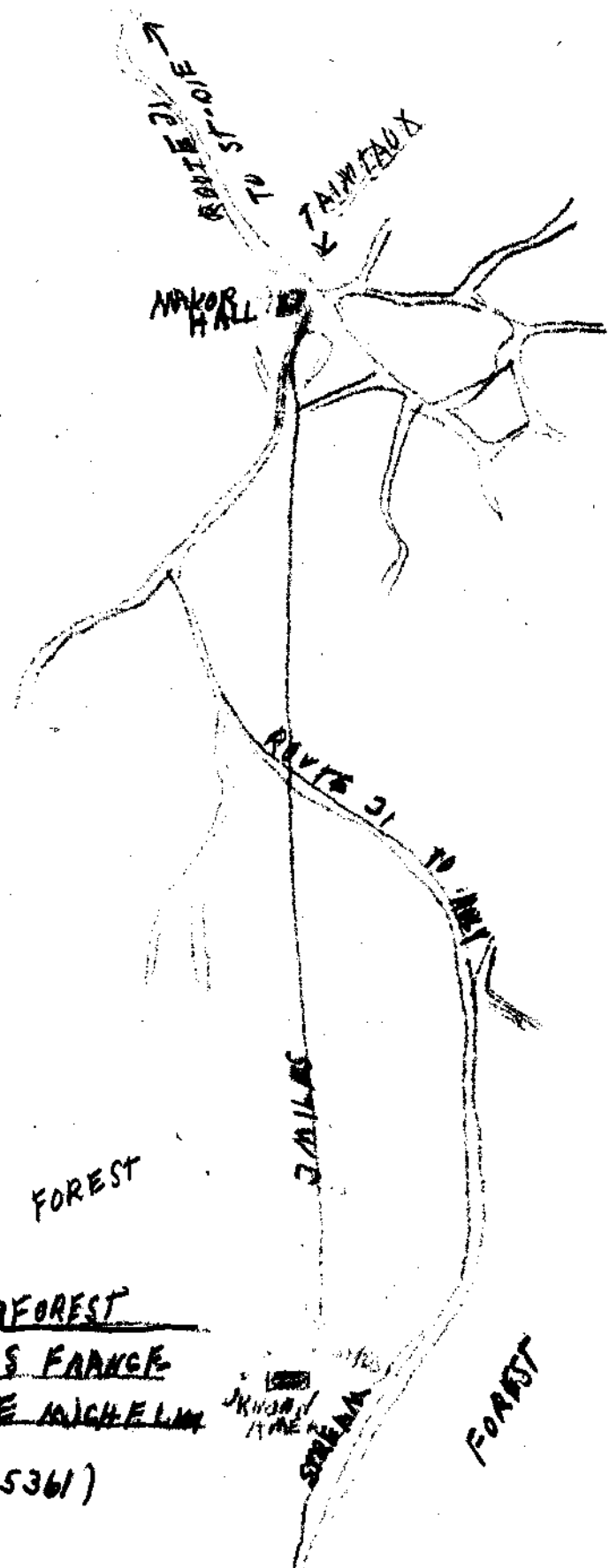
Has tooth chart been prepared Yes If not, explain _____
(yes-no)

Remarks: Body completely decomposed.

Est. Wt.: 12 lbs for Remains of bones

William G. Harrison, Inc.
Signature of GRO and Organization

UNKNOWN X 622
REINTERRED U.S. MIL. CEM.
ST. AVOLD X -- 5 -- 55



FOREST

FOREST

LEGEND
UNKNOWN AMERICAN FOREST
TRINITY U.S. MIL. CEM.
SHEET - 62 - CARTE MICHELIN
1 - 200,000 (506-5361)

UNKNOWN X 622

UNKNOWN X 6112
REINTERRED U.S. MIL. C. .
~~XXXXXXXX~~ Y - 5 - 55
ST. AVOLD

APRIL 11 1946
TAINTRUX VOSGES FRANCE.

S T A T E M E N T .

We, Mr GROSTERN Fernand chief of Deminers and Mr GEORGES Andre a forest keeper of the territory of TAINTRUX VOSGES FRANCE state that we found a body of an American ,name unknown, in October 1945. We presume the soldier was killed by Anti personnel mines, because of the area being heavily mined. Because of decomposition we cannot give any physical description of the soldier. No personal effects were found nor identification tags. We presume they were stolen.

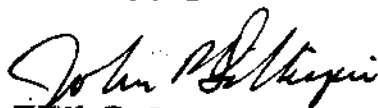
We buried the body, using a casket near La CHARICOLE opposite VANNEMONT hamlet, territory of TAINTRUX in May 1945. The grave is marked with a wooden cross, no markings on it. We presume the soldier was killed between the 1st of November and the 17th of Nov 1944, at the same place where we found him.

GROSTERN Fernand
ANDRE Georges.

I the undersigned state to know the same facts as above and cannot give any more information.

SINS J.

TRUE COPY


JOHN B. GILLESPIE
1st Lt. Inf.

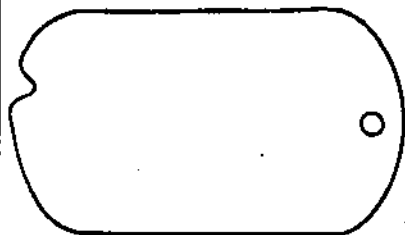
RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
2 May 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown X - 6112		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Ground Forces
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Taintrux, Vosges, France	CAUSE OF DEATH Land Mine	DATE OF DEATH Est. May 1945
---	------------------------------------	---------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 2 May 1946	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. Wooden Cross	PLOT No. Y	ROW No. 5	GRAVE No. 55
-------------------------------------	---------------------	--	---	----------------------	---------------------	------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Taintrux, Vosges, France Carte Michelin Sh N8 62 1/200,000 (5.06-53.61)	PLOT No.	ROW No.	GRAVE No.
---	---	----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Capt. Z. S. Kish, O-574785	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 placed in burial bottle and buried with remains
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Schultz, David P.	RANK Unk	SERIAL NO. 15121608	ORGANIZATION Ground Force	GRAVE No. 54
--	--------------------	-------------------------------	-------------------------------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-6109	RANK Unk	SERIAL NO. Unk	ORGANIZATION Ground Force	GRAVE No. 56
--	--------------------	--------------------------	-------------------------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>William B. Lomen III</i> William B. Lomen III 35th Quartermaster Group	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Sibat</i> RALPH W. SIBAT Major Inf.
--	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Y-5-53

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


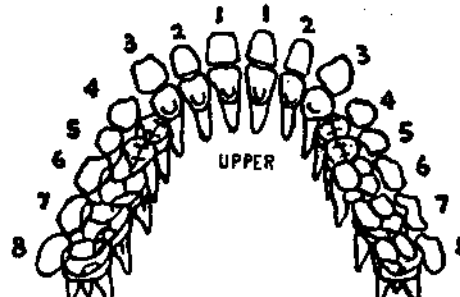
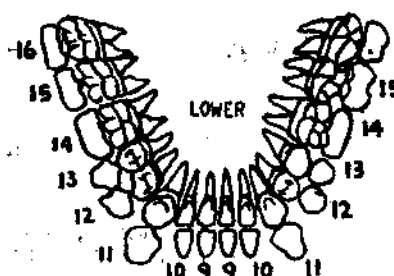




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

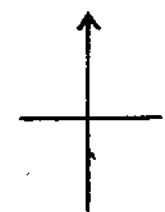
HEIGHT Est. 5'2"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
--------------------------------------	----------------------	-----------------------------	-----------------------------	---

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**Attached: One copy Checklist for Unknowns and Form 1A
Teeth Chart,
Est. Wt of remains: 12 Lbs
"Partial Remains Recovered"**