

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Unc. - St. Arnold (misc)

X-1108

X-6116

X-6173

X-6202

X-6557

X-7791

X-8032

SYNOPSIS AND DATES

misc filed

NEW CLASSIFICATION

293 Unc. - St. Arnold X-1108

RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APO 757

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-6116 St Avoird

(POC) ST LAURENT

*File
14 March 57
H. Martin*

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 6116
CEMETERY ST. VOIS
PLOT X ROW 8 GRAVE 86

Arrived at cemetery 1500 2 May 1946 From _____
(hour) (date) (collecting point)

Place of death Stavel, Belgium, France _____
(name) (coordinates and landmarks)
Europe M. Map No. 57 1/200,000

Remains recovered by _____
(name and organization)

Evacuated to cemetery by _____
(name and organization)

Is load list attached _____ Are names of deceased found in same area as this Un-
(yes-no)

known starred _____ Are circumstances described which may indicate organization of
(yes-no)

the deceased _____ If only part of a body was received, was a careful search made
(yes-no)
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 de-
ceased are not known, give detailed information concerning vehicle or plane _____

(parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same 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 markings, wear, tear, repairs, etc.
*Headgear <u>None</u> (type)				
Raincoat <u>None</u>				
Overcoat <u>None</u> of one		<u>Net. 4 D</u>		
Jacket, Field <u>None</u>				
Jacket, Combat <u>None</u>				
Mackinaw <u>None</u>				
Sweater <u>None</u>				
Jacket, HBT <u>None</u>				
*Shirt, Wool OD <u>None</u> of one		<u>Net. 15 1/2</u>		
Undershirt, Wool <u>None</u> of one		<u>Net. 40</u>		
Undershirt, Cotton <u>None</u>				
Trousers, HBT <u>None</u>				
*Trousers, Wool OD <u>None</u> of one		<u>34-31</u>		
Belt, Web <u>None</u> of one		<u>Net. 36</u>		
Drawers, Wool <u>None</u> of one		<u>Net. 34</u>		
Drawers, Cotton <u>None</u>				
Leggings <u>None</u>				(note unusual lacing)
Socks <u>None</u> of one pair		<u>Net. 11</u>		
*Shoes <u>None</u> (type)				
Overshoes <u>None</u>				
Web Equipment (type)				
(other item)				
Combat trousers <u>None</u> of one				

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

Chevrons or UTA Shoulder Patch UTA

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:
 Age UTA (years) Height Net. 5'10 (ft-in) Weight Net. 61/2 (lbs) Description of wounds UTA

Banddages 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 UT D

Sunburn or tan, other than hands and face UTD

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

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

Build UTD
(large, fat, thin, muscular)

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

Sideburns UTD Eyebrows UTD
(color, setting, shape) (color, bushiness,
UTD Mustache UTD Beard or goatee UTD
across nose (color, size, shape) (length, heavy, light,
UTD Eyes UT D
color, extent) (color, setting, shape)

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

Teeth See tooth chart
(white, size, unevenness, spacing, noticeable crown, fillings, miss'g)

Chin UT D Cheekbones UTD
(prominent, receding, pointed, temple, double) (high, normal)

Jaw UTD Circumference of head in inches EST 20"
(large, small, normal) (hat band)

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

Shoulders UTD Arms EST 32"
(broad, straight, small, rounded) (length, muscular, color)

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

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

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

fingers or joints) (unusual characteristics of fingernails) UTD

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

Back UT 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-

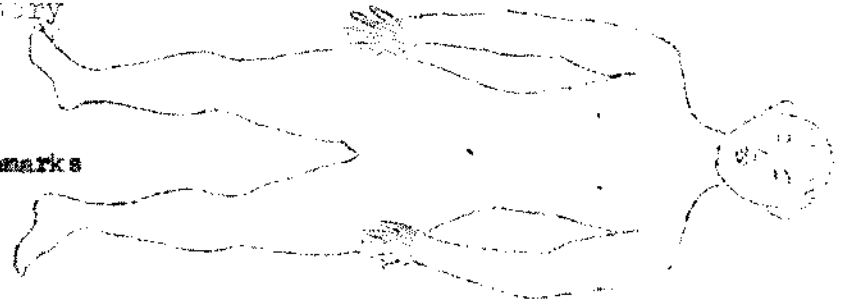
kneed, bowed, normal) UTD (quantity, color & extent of hair)

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

Evidence of healed fractures None
(neck, arms, legs, etc.)

Black out parts of body not
receives at cemetery

See remarks



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

~~See badly decomposed~~
Have fingerprints been placed on GRS #1 No If not, explain
(yes-no)

UT D

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

Remarks: All flesh completely decomposed. All bones recovered with exception
of shaded portion in above figure. Clothing completely decomposed and only portions
recovered. Est weight of remains (9 1/2 Lbs)

William D. Lawson III Lt. Inf
535 Quartermaster General
Signature of GPO and Organization

TOOTH CHART

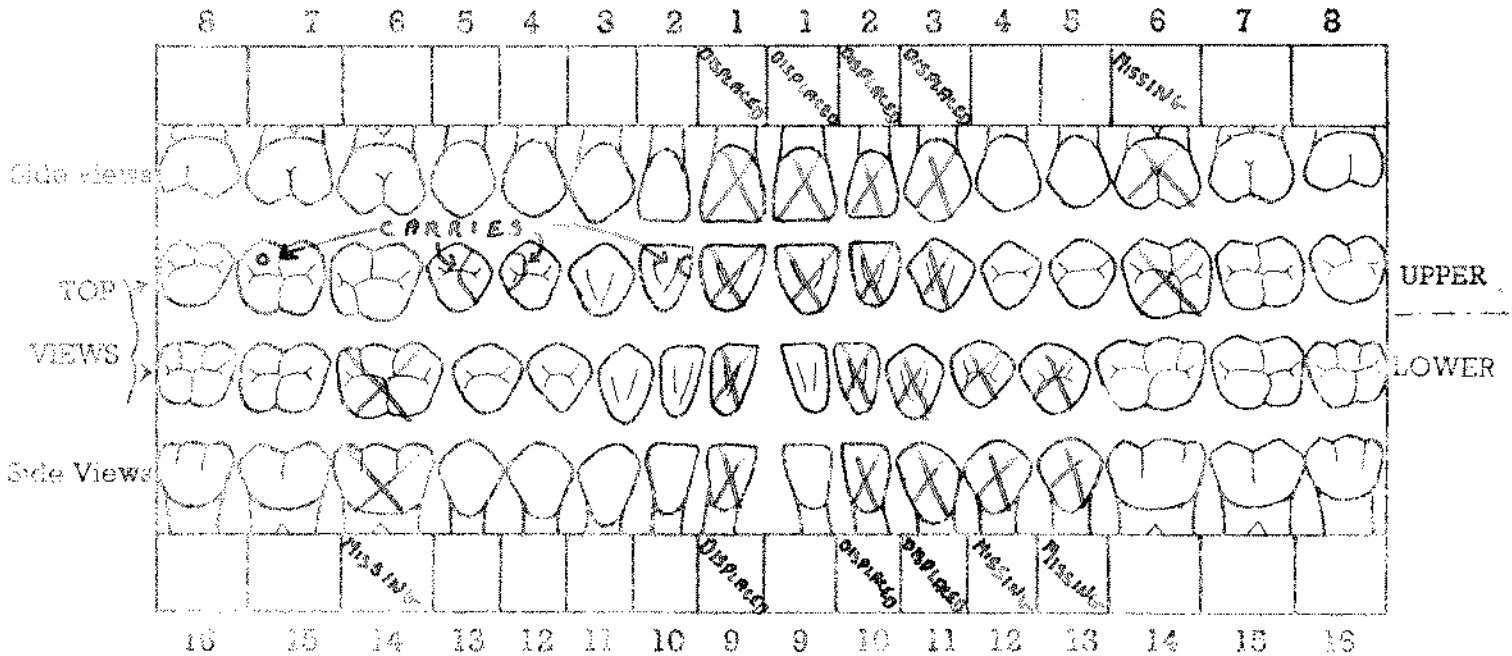
REINTERRED U.S. MIL. CHM.
 SP. AVOLD-Y-8-86

25 April 1946
 Date

Unknown X-5116 Unknown Unknown Unknown
 Last Name First Initial Rank Erial No.
 Unknown Unknown Unknown Unknown Unknown
 Unit Organization
 Retoul, Honelle, France Est. Jan. 1945 Unknown
 Place of Death Date of Death Cause of Death

Right

Left




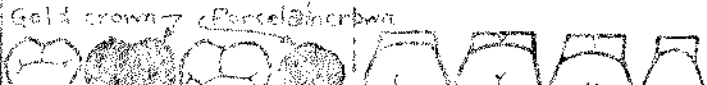


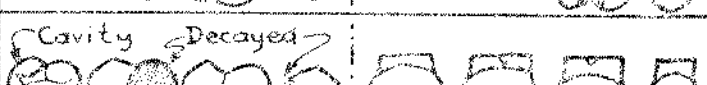
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

John A. Treat

Signature of Officer or other person who prepared Tooth chart

William D. Lawson 111 2nd Lt.

Verified by G. R. S. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

1. L1, L2, L3 and R1 are displaced teeth which were not recovered with the remains.
2. L6 and R6 are erupting.
3. L10, L11 and R9 are displaced teeth which were not recovered with the remains.
4. L12, L13 and R14 were previously extracted and granulated in.
5. Teeth white, no irregularities.
6. No sign of ever receiving dental treatment.

ATT. REG. DIVISION FOR
USE IN CASES OTHER
SECT.

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

RECORDED U. S. MIL. GEN.
ST. AUGUSTINE, FLA.

25 April 46
25 April 1946
Date

NAME Unknown 2-216 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? NO

If so, state the following information :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? NO

. If so, state the facts as to whom you

believe the deceased to be :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

James F. Mc GEE - 32208311 135 Eng. Bnc. KIA 12 Nov. 44

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

a. Date of above burials Remains above ground Common Graves? _____

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 RETTTEL Coordinates Map of Europe 1 : 200.000
Sheet 57 U- 984948
b. Is sketch attached? YES
c. Is area mined? NO
9. How is the grave marked? Remains above ground
10. If grave is marked with cross, give exact markings thereon _____
a. From what source was this information obtained? _____
(Identification tags, personal effects)
b. By Whom _____
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
a. What information was contained 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
b. Give basis _____
14. What is the date of burial? Remains above ground
a. Give basis _____

15. Where was the place of death? UNK Coords _____
 Give basis _____
16. Where were the remains found? RETEL (Moselle) France Coords U - 981948
 a. By Whom? Mr. BLESSER , Jacques
 b. Is sketch attached? YES
17. Was a casket used? Remains above ground Who furnished the casket? _____
 Type of casket _____ How marked? _____
18. Who made the burial _____
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses? _____

 b. Are certificates and statements attached? YES

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

19. Were remains found in the plane wreckage? _____
 a. Give location in plane from which the bodies were removed _____

 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
 b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
 a. Type of Plane _____
 b. Markings and/or name on 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 ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with 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, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must 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 Statement attached

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

41. Were personal effects recovered by the investigating team NO
- If not, state reason NONE AVAILABLE
- a. Were identification tags found at the time of death? UNK
- Where? _____ By Whom? _____
- Present disposition _____
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is 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 civilian hospital? NO

WHERE? Names of 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?

BONES ONLY REMAINS
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? NO By Whom?

When?

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

Mr. Jacques BLESSER, 14 RETTEL

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

YES

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

NO

51. Was investigation preceded by advanced publicity? YES

(If special investigation, give case number)

52. Give Brief Narrative See below

(Use attached sheets, if necessary)

Henry SIAUD

Signature of Interpreter

Henry SIAUD

Rank ASN

3049 G.R. Co.

Organization

Clement RAYBIEN

Signature of Investigator

Pfc. Clement RAYBIEN 35296316

Rank ASN

3049 G.R. Co.

Organization

Narrative Statement

Mr. Jacques BLESSER of RETTEL, found one American body in the Mosel River about 2 Km. from RETTEL. A St. CHRISTOPHER bracelet, which Mr. BLESSER sent to the Claims Office in Metz was the only personal effects found.

LEFT EL. (MOSHELLE) TRAMWAY.
MAP OF MINNESOTA, 1:250,000
VICTORIAN - WINDSOR
SHEET 87. -- V 82-104

Town of Berg

1 km. from river

North

Moselle river

willows

body of James Mc Gee

40 yds

Unknown American body about 2 yds from river

MINNESOTA X-6116
RECOVERED U.S. MIL. COM.
MR. [unclear] X-1-1-16
meadows

50 yds

trees

Small stream

RETTTEL

trail

Rettel 2 km Rail Road

Rail Road

wooded hill

TRUE COPY

RETTTEL 1e 19 Avril 1946

Mr. BLESSER Jacques
Couvrier a la S.N.C.F.
a RETTEL (Moselle)

DECLARATION

Je soussigne, declare par la presente avoir trouve au bord de
de la Moselle, sur le territoire de la Commune de RETTEL, deux cadavres
de soldats Americains, en date du 31.3.1946, ceci a 13 H. 30.

L'un des corps gisait en dehors des eaux, tandis que le 2eme se
trouvait a 2 metres dans l'eau.

L'un portait au cou trois plaques d'identite, et le second,
apres l'avoir retire de l'eau, en presence d'un gendarme Francais, ne por-
tait qu'un bracelet, auquel pendait une medaille de Saint-Christophe.

L'endroit ou ces ossements humains furent trouvees se nomme,
lieu dit " LOCHWIESSEN " a 2 kilom. environ de RETTEL, en direction de
MALLING.

Signe : BLESSER Jacques

STATEMENT

RETTTEL 19th April 1946

I the undersigned, hereby declare to have found on the bor-
der of the Moselle river, on the territory of the COMMUNE of RETTEL, two
bodies of American soldiers on the 31st March 1946, at 1H.30 p.m.

One of the bodies was out of water, and the second one two
meters deep in water.

The one, out of water, wore 3 identity tags around his neck,
and the second, after having drawn him out of water, in the presence of a
French gendarm, had only a bracelet, on which hung a medal of St. Christophe.

The spot where these human bones were found is named "
LOCHWIESSEN " about 2 kilom. from RETTEL, in the direction of MALLING.

Signed : BLESSER Jacques

CERTIFIED A TRUE COPY

Howard E. MEYEROWER
2nd. Lt. INF.

UNKNOWN X-6116
REINTENDED U.S. MIL. CEM.
ST. AVOLD-Y-2-56

ORIGINAL ATT
MAY 1946

TRUE COPY

RETTTEL le 19 Avril 1946

Mr. BLESSER Jacques
Ouvrier a la S.N.C.F.
a RETTEL (Moselle)

DECLARATION

Je soussigne, declare par la presente avoir trouve au bord de
de la Moselle, sur le territoire de la Commune de RETTEL, deux cadavres
de soldats Americains, en date du 31.3.1946, ceci a 13 H. 30.

L'un des corps gisait en dehors des eaux, tandis que le 2eme se
trouvait a 2 metres dans l'eau.

L'un portait au cou trois plaques d'identite, et le second,
apres l'avoir retire de l'eau, en presence d'un gendarme Francais, ne por-
tait qu'un bracelet, auquel pendait une medaille de Saint-Christophe.

L'endroit ou ces ossements humains furent trouves se nomme,
lieu dit " LOCHWEWIESE " a 2 kilom. environ de RETTEL, en direction de
MALLING.

Signe : BLESSER Jacques

STATEMENT

RETTTEL 19th April 1946

I the undersigned, hereby declare to have found on the bor-
der of the Moselle river, on the territory of the COMMUNE of RETTEL, two
bodies of American soldiers on the 31st March 1946, at 1H:30 p.m.

6 ft. 6 in. One of the bodies was out of water, and the second one two
meters deep in water.

The one, out of water, were 3 identity tags around his neck,
and the second, after having drawn him out of water, in the presence of a
French gendarm, had only a bracelet, on which hung a medal of St. Christophe.

The spot where these human bones were found is named "
LOCHWEWIESE " about 2 kilom. from RETTEL, in the direction of MALLING.

Signed : BLESSER Jacques

CERTIFIED A TRUE COPY

Howard E. Metzlower
Howard E. METZLOWER
2nd. Lt. INF.

UNKNOWN X-6116
REINTERRED U.S. MIL. CEM.
ST. AVOLD-Y-8-86
185

M^r J. Blomer ju-gnos
Ouvrier à la S. N. C. F.

B RETTEL

à Rettel

14 Recus
8

(Moselle)

Rettel, le 19 avril 1946.

Déclaration

Je soussigné, déclare par la présente avoir trouvé
aux bords de la Moselle sur le territoire de la commune de Rettel
deux cadavres de soldats américains, ^{le 21-2-45} ceci à 15 h 30. L'un
des corps gisait en dehors des eaux, tandis que le deuxième
se trouvait à 2 m dans l'eau. L'un portait au cou trois
plaques d'identité, et le second après l'avoir retiré de l'eau
en présence d'un gendarme français, ne portait qu'un bracelet,
auquel pendait une médaille de St. Christophe.
L'endroit où ses ossements humains furent trouvés se nomme
lieu dit "Lechweisse" à deux km environ de Rettel, en direction
de Malluy.

Blesse Jacques

UNKNOWN X-6116
REINTERRED U.S. MIL. CEM.
ST. AVOLD-2-8-86

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 6116
Cemetery _____
Plot Y Row 8 Grave 86
BLK

- 1. Arrived at cemetery _____
(hour) (date)
- 2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

- 3. ~~Recovery recovered and~~ Disinterred by _____ reprocessed by C.I.P. 10.16.46
(name and organization)
- 4. Evacuated to Cemetery by _____
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

- Item _____
- *Headgear none found
(type)
 - Raincoat none found
 - Overcoat none found
 - Jacket, Field none found
 - Jacket, Combat none found
 - Mackinaw none found
 - Sweater none found
 - Jacket, HBT none found
 - *Shirt, Wool OD none found
 - Undershirt, Wool remnants of
 - Undershirt, Cotton none
 - Trousers HBT none
 - *Trousers, Wool OD none

Belt, Web remnant of
 Drawers, Wool none
 Drawers, Cotton none
 Leggins, Wool none (Note unusual lacing)
 Socks, Cotton none
 *Shoes none (type)
 Overshoes none
 Web Equipment none (Type)

(Other item) remnants of O.D blanket

(Other item)

*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 :
 est. est.
 Age UTD Height 5'11" Weight 170 Description of wounds UTD

Bandages or dressings none Scars none
(length, width, location)

Tattoos none
(Number, location — illustrate on sep, page)

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

Sunburn or tan, other than hands & face UTD

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

Build UTD
(large, fat, thin, muscular)

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

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

Sideburns **UTD** Mustache **UTD** Board 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 **19½ inches**
(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 no hands

Fingers no fingers
(short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

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

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

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

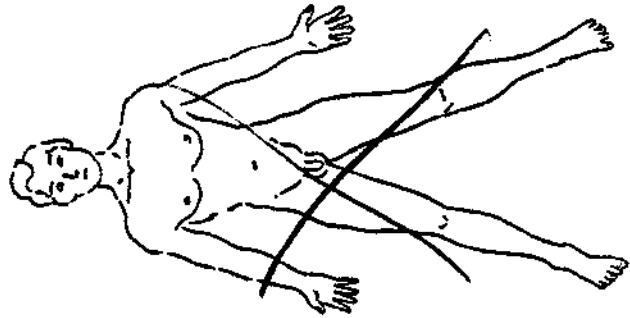
Feet no feet
(size, corns, callouses, flat)

Toes none
(slender, straight, crooked, overlap)

Evidence of healed fractures none
(nose, arms, legs, etc.)

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

see anatomical chart



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

If not, explain hands missing

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

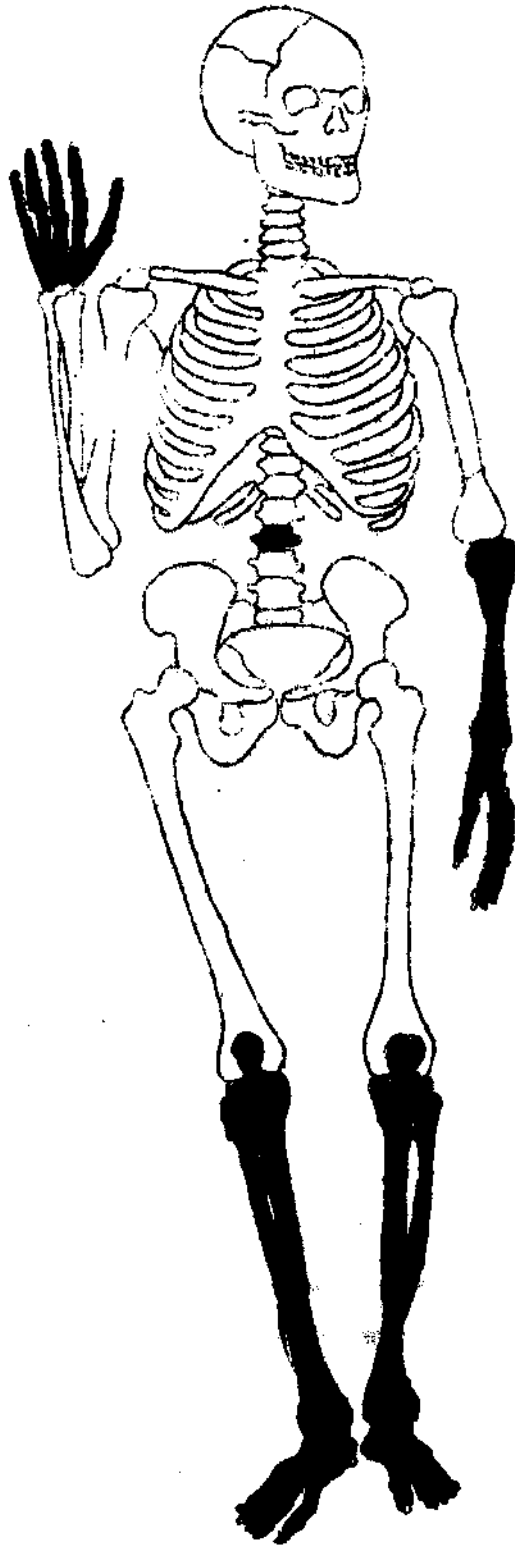
12. Remarks : Few remnants of clothing found, No. I.D marks; Remains fairly intact except as shown on anatomical chart. Fluoroscopic examination completed. Tooth chart completed. Remains in final stage of decomposition. Pres. est. weight of remains recovered 20 lbs. Fluoroscopic examination; negative. Nothing found to warrant
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.
chemical laboratory examination.

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

CAPT. INF. C.I.P.
Rank Service

Organisation

X 6116
St. Auld



St. August

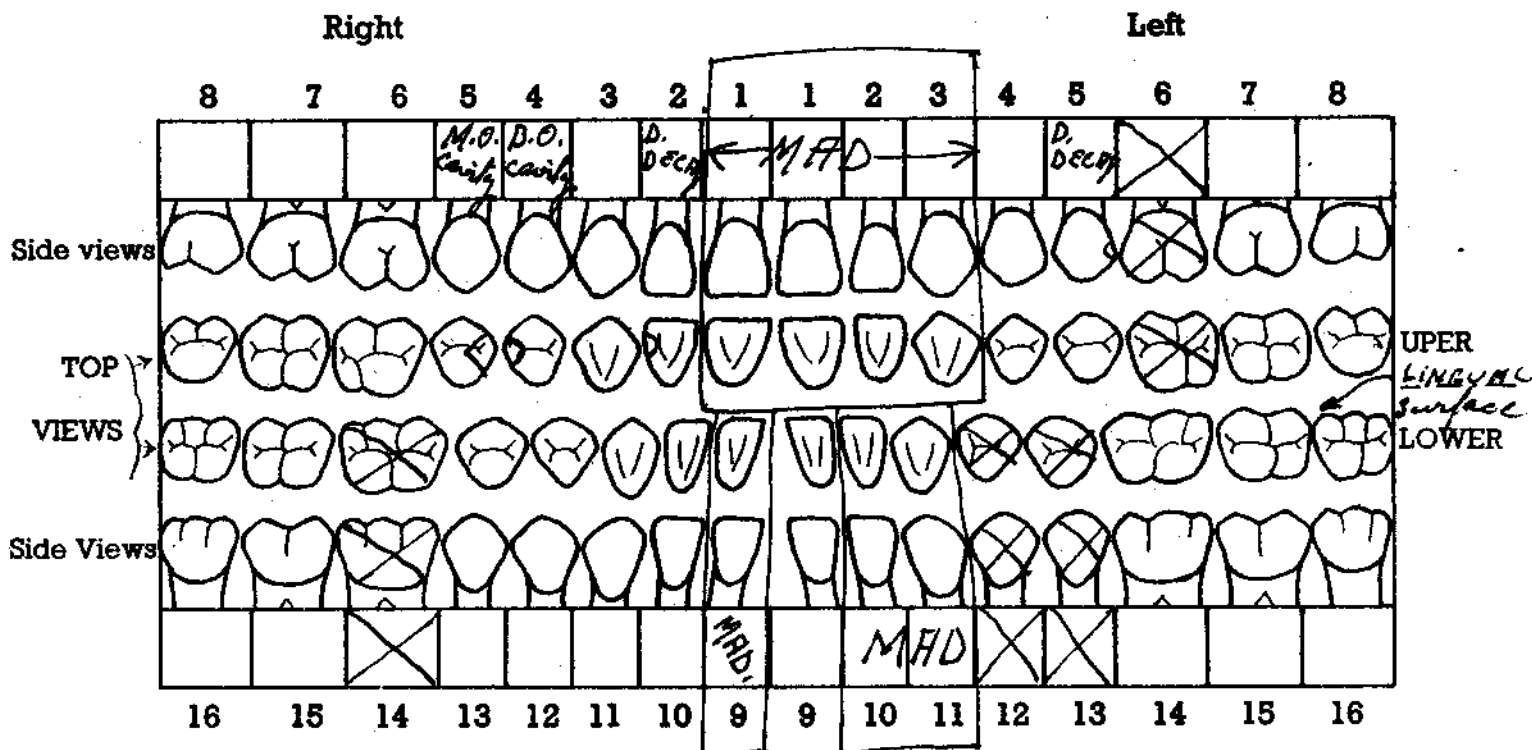
TOOTH CHART

16 October 1946
 Date

UNKNOWN X 6116

Last Name First Initial Rank Serial No.
 Unit Organization

Place of Death Date of Death Cause of Death

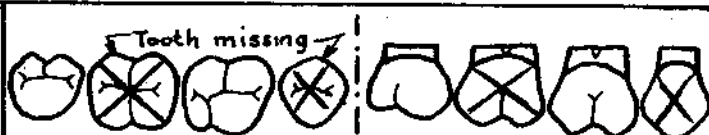


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

ROBERT A. SALVADOR
 CAPT. INF. CENTRAL IDENTIFICATION POINT

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.
 R14, and L6, 12, 13 missing before death.
 R1, 9 and L1, 2, 3, 10, 11 missing after death, sockets present.
 R 8 and L8 probably unerupted before death.
 Teeth clean and free from stains.
 Alignment good.

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

Date 23 August 1949

EXHUMATION ORDER

NUMBER 2480

CLASSIFICATION: Priority

ACTION FOR: GPO & T Division

INSTRUCTIONS: 1. The GPO & T Division, Identification Team will reprocess
the remains of Unknown I-6116, Plot Y, Row 8, Grave 86, WMC St. Aved, France.
2. Special attention will be directed to tooth chart and height.
Results will be forwarded to this Headquarters when completed.

JAMES C. MacFARLAND
Major GSC
Chief, Unit Des Br

EXT 393

DISTRIBUTION:

Orig - GPO & T Div
1 copy - Major MacFarland
1 copy - Capt. Steinsiek
1 copy - Mr. Kamons
2 copies - Mr. Lyle
1 copy - Mr. Bittner

CM

MNK

SCB

CM

JC

1	USMC St. Laurent		PLOT G ROW 7 COL 41		Date of Burial: 22 June 1950		Verified by GRS Officer: DISINTERMENT DIRECTIVE		7pp 9/2/50			
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000		DATE 15 01 48		DAY MONTH YEAR					
NAME		SERIAL NUMBER UNKNOWNX-006116		RANK		ARM 1		DATE OF DEATH		DAY MONTH YEAR		
CEMETERY ST AVOLD - METZ						0		DISPOSITION OF REMAINS 35025 80		CODE DIST. PT.		
PLOT Y	ROW 8	GRAVE 86	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. (Hq. AGRC-19 Jan 50)						
(BY ADMINISTRATIVE ORDER)												
SECTION C — DISINTERMENT AND IDENTIFICATION												
NAME UNKNOWN X-006116			SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED 27 July 48			
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION GRS			RELIGION UNKNOWN		IDENTIFICATION VERIFIED BY Geo W Lowry Embalmer					
							NAME AND TITLE					
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT												
NATURE OF BURIAL Mattress cover				CONDITION OF REMAINS Missing R/L/Radius, Ulna, R/L/Tibia & Fibula - Decomposition complete								
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains												
MINOR DISCREPANCIES / None				NAT FILE RECORDS ANNOTATED DATE <u>27 JUL 50</u> NAME <u>R. T. Johns</u> <u>BR. MEM. DIV.</u>								
REMAINS PREPARED AND PLACED IN CASKET												
DATE 5 Aug 48				BY Geo W Lowry, Embalmer								
CASKET SEALED BY Geo W Lowry, Embalmer				EMBALMER (Signature) <i>Geo W Lowry</i>								
CASKET BOXED AND MARKED				ALL markings plates & tags verified by: <i>Jesse C Harrell</i> JESSE C HARRELL, 1st Lt CAC								
DATE 5 Aug 48				BY Geo W Lowry Embalmer								
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: <i>Jesse C Harrell</i> JESSE C HARRELL 1st Lt CAC												
				<i>Jesse C Harrell</i> JESSE C HARRELL, 1st Lt CAC' 7857 AGRC Zone 3 Hq. SIGNATURE OF GRS INSPECTOR								
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.												
Consignee changed by Reg Div. <i>90</i>												

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM 1000 St. Armand, France		TO OIG, Newville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P. Matson, RA-22707218	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 2 Mar 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CL. MATSON, BELGIAN	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM A 2 08 CHANGE		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

AIRMAIL

093 (Handwritten)
X-1108 X-6173 X-6202
X-7791 X-8032

QMOMT 314.6
GRS European
SUBJECT: Certificates of Unidentifiability of Unknowns
Transmittal Letter #471

Dept. of the Army, OQMG, Washington 25, D. C., 9 February 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of the Unknowns listed on basic communication as Unidentifiable with the following exceptions:

Unknown X-7791	Plot NNNN	Row 4	Grave 89
Unknown X-8032	" 0000	Row 5	Grave 104

2. It is recommended that all action in connection with Unknowns listed above be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

7 Incls:
w/d

T. E. METZ
Lt. Colonel, QMG
Memorial Division

JMN

TEC

Holden:cam
Clements
REB

AIRMAIL

Vertical handwritten notes on the right margin, including "X-1108 X-6173 X-6202 X-7791 X-8032" and other illegible text.

QM30D 332.3
Kansas City

6 September 1949

SUBJECT: Status of Certain Unknown Decedents

TO : Commanding Officer
QM Activities
Kansas City Records Center (AGO), Mo.
ATTENTION: Effects Quartermaster

1. The remains of the following named decedents have not yet been identified:

Unknown X-1820, USMC, St. Avoild, France				
Unknown X-2708, " " " "				
Unknown X-2901, " " " "				
Unknown X-8118, " " " "				
Unknown X-8451, " " " "				
Unknown X-8509, " " " "				
Unknown X-8558, " " " "				
Unknown X-8671, " " " "				
Unknown X-8882, " " " "				
Unknown X-7214, A&B " " "				

2. Correspondence from the Bureau pertaining to these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

1 Incl:
Corres

WILLIAM F. CONLON
Major, QMC
Field Service Division

QM30D 293, UNKNOWN X-6116, FRANCE (ST AVOID)

Conlon

CS

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 893440

HOO/ns
19 July 1948
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-6116

Plot Y, Row E, Grave 88, USMC St. Avold.

France have been held at this Bureau as of 19 May 1948

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One wallet, 1 small gun holster (damaged - removed)

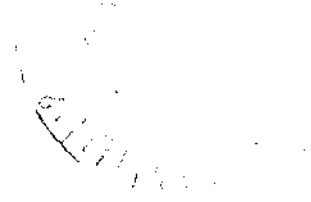
\$16.81

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

293
X-6116
France
St. Avold



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

RRE 293

16 January 1950

(Date)

293 Unknown France 6116 (St Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6116, Plot Y,
Row 8, Grave 86, 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. 4696, dated
16-1-50.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review;

Col. H.P.HENRY, O-12589

Capt. Edward F. PRICE, O-1588236

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

T.L. 4711

Received _____ OQMG
Not identifiable from
information presently
available

FILE 9 FEB 1950

*Sinkov
Dd 132*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RRE 293

16 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6116, Plot Y, Row 8, Grave 86, 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 4696, dated 16-1-50.

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. MULVANITY, O-35959 QMC

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr., O-158226 QMC

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

CWO Leodore GOULBEAU, W-2113434 USA

Received _____
Not identifiable from
information presently
available

Accepted as Unident.
FILE 3 FEB 1950

Binkerd

Incl #2

CASE HISTORY

UNKNOWN NO.

X-6116

U.S. MILITARY CEMETERY

St Avoird, France

(Location)

Unknown X-6116 was recovered from an isolated grave near Rettel, (Moselle) France. Estimated date of death is January 1945. According to civilian statements this remains was actually in the Moselle river. Therefore the actual place of death may be any place along the Moselle. Another remains was discovered a short distance from X-6116 and has been identified. Attempt to associate with the same organization of the identified remains have been negative. All other attempts to associate or identify have also met with negative results.

In view of the above information X-6116 is hereby declared UNIDENTIFIABLE.

M.H.KAMONS.

Off R

QMGOD 332.5
Kansas City

7 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-6992 & 6993, Neuville-en-Candres, Belgium
" X-2570, "
" X-6998, "
" X-7125, "
" X-7175, "
" X-6164, "
" X-474, Hamm, Luxembourg
" X-7181-7183, Neuwillen-en-Candres
" X-1881-A, Margraten, Holland
" X-5459, Neuwillen-en-Candres, Belgium
" X-286, St. Avold, France
" X-7190 & 7191, Neuville-en-Candres
" X-7194 & 7195 "
" X-7200, 7217 & 7218 "
" X-7687 "
" X-1468 "
" X-6438 thru 6444, ind "
" X-7176 Neuville-en-Candres
" X-106, Pollonica, Italy
" X-6509, St. Avold, Fr
" X-6147, "
" X-6116 "
" X-6075, "
" X-6004, "
" X-1009 "
" X-3228, "
" X-3206 "
" X-3168 "

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIN:

GUY B. KEGLEY
Major, QMG
Field Service Division

QMGOD 293, UNKN X-6116, ST. AVOLD, FRANCE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1	Fld Serv Div Exec Off	Iden Br Mem Div <i>Lee</i>	21 Dec 48	<p>For information upon which to base a reply. FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>2 Incls: KC ltr dtd 16 Dec 48 293 Unk X-6116, St Avold</p> <p><i>MUNSTER</i> 5473</p> <p><i>MK</i> Kegley 3821</p>
2	Chief Ident Br ejf	Chief RR Br ATTN: Captain Snedigar	23 Dec 1948	<p>Forwarded as a matter pertaining to your office.</p> <p>2 Incls: n/c</p> <p><i>Marland</i> METZ 74059</p> <p><i>Stoane</i> STOANE 2462</p>
3	Chief Records Section R/R or Mem Div	Field Service Division Exec Off _____ _____ _____	4 Jan 1949	<p>Records this office show that Unk. X - 6116 is not identified.</p> <p>2 Incls: n/c</p> <p><i>S</i> SNEDIGAR 5198</p> <p><i>Carrick</i> CARRICK 74397</p>

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG

11 Nov 1948
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X 793

Plot 112, Row 1, Grave 112, USMC 112

Effects have been held at this Bureau as of 10 Nov 1948

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One cello, 1 small gas burner (damaged - removed),
\$ 12.01

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

DATE OF DEATH

DAY MONTH YEAR

DISPOSITION OF REMAINS

CODE DIST. PT.

CAUSE OF DEATH

NAME

SERIAL NUMBER

RANK

ARM

CEMETERY

PLOT

ROW

GRAVE

COUNTRY

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NAME AND TITLE

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

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.

IDENTIFICATION DATA

E.O. 2480

1. REMAINS OF UNKNOWN <i>X-6116</i>			3. DATE OF REPORT <i>22 Sept. 49</i>			
5. NAME OF CEMETERY <i>St. Avold</i>		7. PLOT <i>Y</i>	8. ROW <i>8</i>	6. GRAVE <i>86</i>	9. DATE OF DISINTERMENT _____	10. DATE OF REINTERMENT _____

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>processed remains 15 lbs.</i>	9. ESTIMATED HEIGHT <i>5' 11 1/2"</i>	10. COLOR OF HAIR <i>Med. Brown</i>	11. RACE _____
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>Two embossed plates marked: Unknown X-6116</i>			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>UTD</i>			

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? _____

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
None found!

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 specimens forwarded through channels for examination when facilities are not available in the area.)

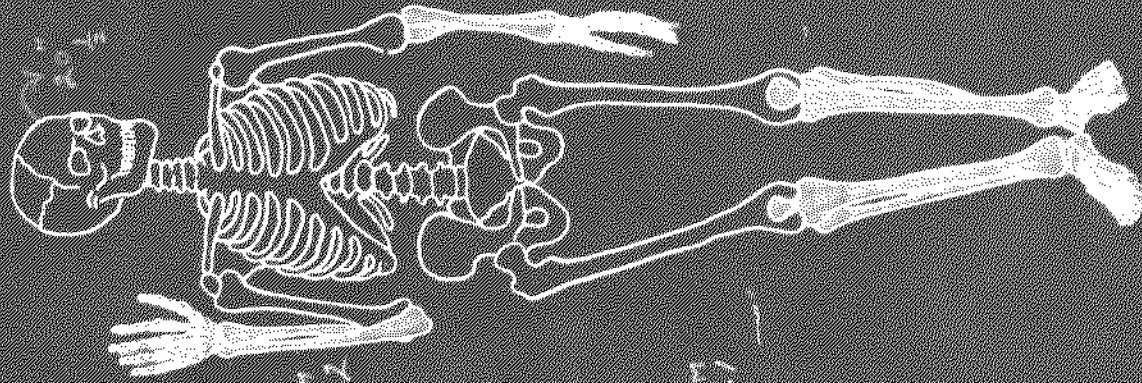
Remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. tags found.

Thomas W. Turner

X-6116

E.O. 2480

19. BLACK OUT PARTS OF BODY NOT RECOVERED



BONE
302

FEMUR
297

Case # 44 is 5116

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

18

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

Thomas W. Turner

[Handwritten initials]

TOOTH CHART

22 Sept. 49
Date

X-6116

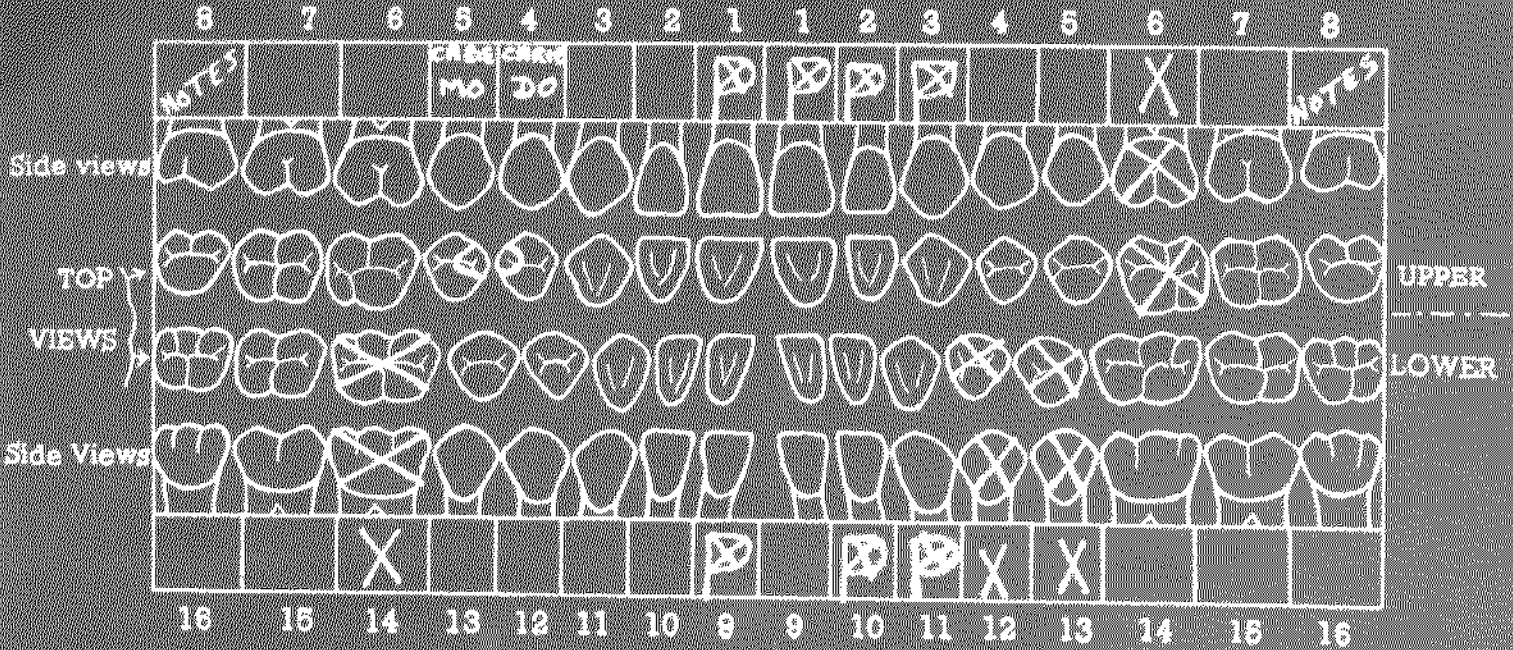
Unit Name: _____ First: _____ Initial: _____ Grade: _____ Serial No.: _____

Unit: _____ Organization: _____

Place of Death: _____ Date of Death: _____ Cause of Death: _____

Right

Left



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

Larry De Shaw
Signature of Officer or other person who prepared Tooth chart

DAC

Verified by D. S. C. Officer

19

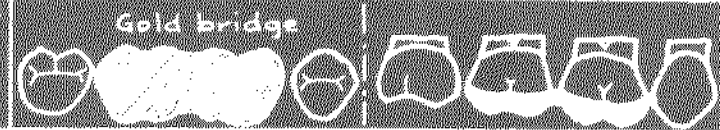
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



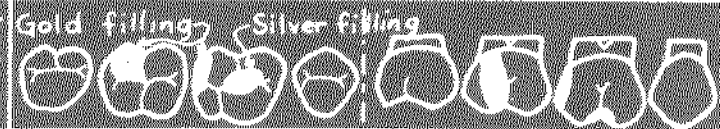
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

L-8 + R-8 are unerupted.
 Spaces: L-5-7, 1/2 mm., R-13-15, 4 mm.,
 L-11-14, 6 mm.

Size - medium
 alignment - Good
 color - Dull ivory

20

EMT H. (MOSKILL) FRANK.
MAP OF EUROPE 1:200,000
VERDUN - WISSEMBOURG
SHEET 57. → U 984948

town of Berg

1 km. from river

North

Moselle river

willows

body of James Mc Gee

UNKNOWN Y-6116
REINTERRED U.S. MIL. CEM.
ST. AVOLD-Y-8-86

40 yd's

Unknown American body
about 2 yd's from river

50 yd's

meadows

trail

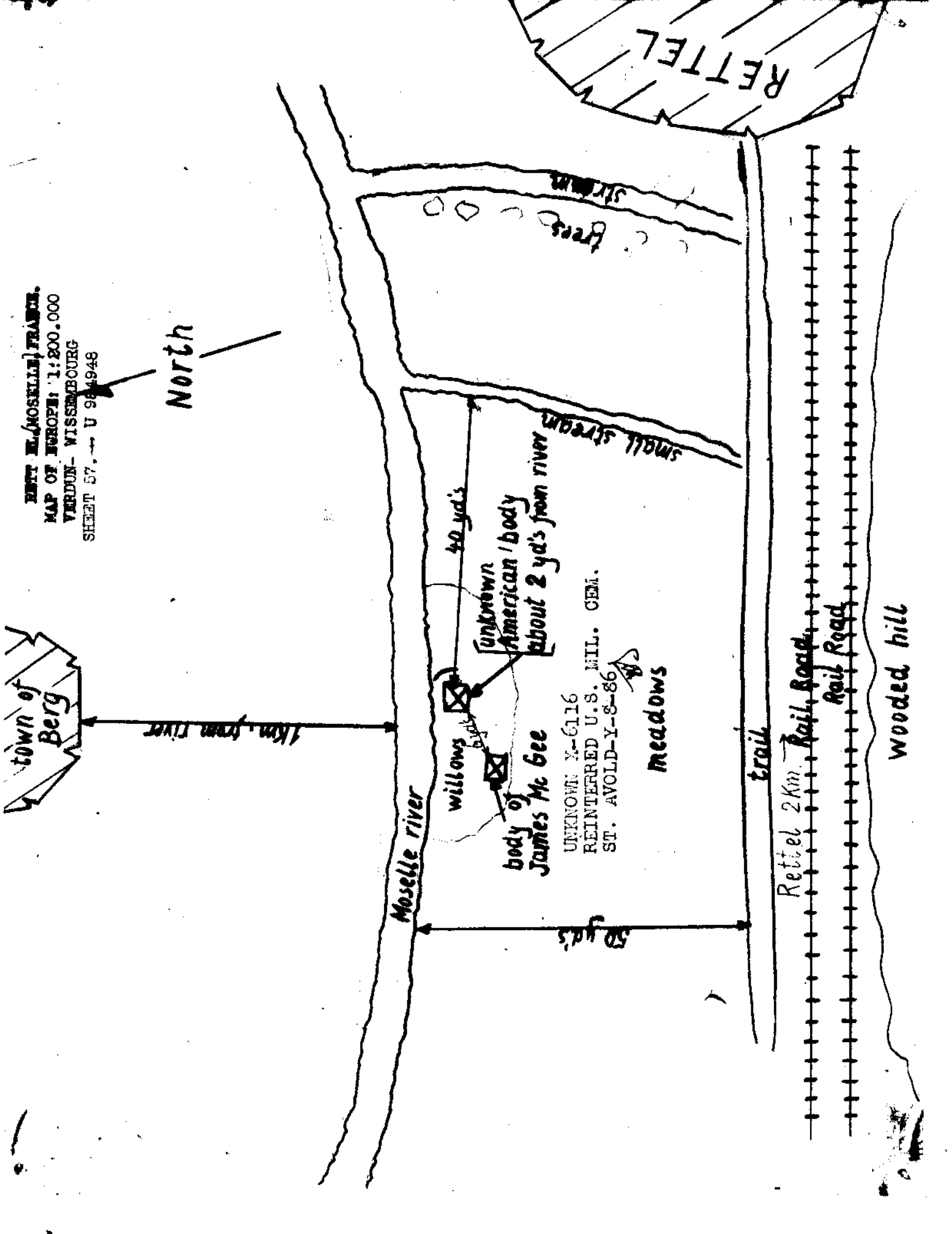
Rettel 2 Km. Rail Road

Rail Road

Wooded hill

RETTEL

Streams
Trees



Original

O

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

30, April, 46

REINTERRED U.S. MIL. CEM.
ST. AVOLD-Y-8-86

~~XXXXXXXXXX~~

Date

NAME Unknown X-6116 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION _____

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? **NO**

If so, state the following information :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? **NO**

If so, state the facts as to whom you

believe the deceased to be :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

James F. Mc GEE - 32208311 135 Eng. EnC.

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

- a. Date of above burials Remains above Ground Common Graves? _____

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 RETTTEL Coordinates _____ Map of Europe 1 : 200.000
Sheet 57 U - 984948
b. Is sketch attached? YES
c. Is area mined? NO
9. How is the grave marked? Remains above ground
10. If grave is marked with cross, give exact markings thereon _____

- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained 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
b. Give basis _____
14. What is the date of burial? Remains above ground
a. Give basis _____

15. Where was the place of death? UNK Coords _____

Give basis _____

16. Where were the remains found? RETTTEL (Moselle) France Coords U - 984948

a. By Whom? Mr. BLESSER , Jacques

b. Is sketch attached? YES

17. Was a casket used, Remains above ground Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial _____
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? _____

b. Are certificates and statements attached? YES

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

19. Were remains found in the plane wreckage? _____

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

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

b. Near wreckage? _____

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

a. Type of Plane _____

b. Markings and/or name on 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 ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with 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, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must 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 _____ Statement attached

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

41. Were personal effects recovered by the investigating team _____ NO

If not, state reason _____ NONE AVAILABLE

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

Where? _____ By Whom? _____

Present disposition _____

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is 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 NO 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 civilian hospital? NO

WHERE? Names of 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?

BONES ONLY REMAINS
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? NO By Whom?

When?

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

Mr. Jacques BLESSER, Lt RETTEL

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

YES

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

NO

51. Was investigation preceded by advanced publicity? YES

(If special investigation, give case number)

52. Give Brief Narrative See below

(Use attached sheets, if necessary)

Henry SIAUD

Signature of Interpreter

Henry SIAUD

Rank

ASN

3049 G.R. Co

Organization

Clement Rayburn

Signature of Investigator

Pfc. Clement RAYBURH 35296316

Rank

ASN

3049 G.R. Co.

Organization

Narrative Statement

Mr. Jacques BLESSER of REPEL, found one American body in the Mosel river about 2 Km. from REPEL. A St. CHRISTOPHER bracelet, which Mr. BLESSER sent to the Claims Office in Metz was the only personal effects found.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 6116
 CEMETERY ST. AVOLD
 PLOT Y ROW 3 GRAVE 36

Arrived at cemetery 1500 2 May 1946 From _____
 (hour) (date) (collecting point)

Place of death Bettel, Moselle, France (U-284 998)
 (name) (coordinates and landmarks)

Europe Rd. Map Sh No 57 1/200,000

Remains recovered by 3099th QM GR Co
 (name and organization)

Evacuated to cemetery by GPF 535th QM Group
 (name and organization)

Is load list attached _____ Are names of deceased found in same area as this Un-
 (yes-no)

known starred _____ Are circumstances described which may indicate organization of
 (yes-no)

the deceased _____ If only part of a body was received, was a careful search made
 (yes-no)

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 de-
 ceased are not known, give detailed information concerning vehicle or plane _____

(parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same 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 markings, wear, tear, repairs, etc.
Headgear <u>None</u> (type)				
Raincoat <u>None</u>				
Overcoat <u>Rem. of one</u>		<u>Est. 4 D</u>		
Jacket, Field <u>None</u>				
Jacket, Combat <u>None</u>				
Mackinaw <u>None</u>				
Sweater <u>None</u>				
Jacket, HBT <u>None</u>				
*Shirt, Wool OD <u>Rem. of one</u>		<u>Est. 15 1/2</u> <u>32</u>		
Undershirt, Wool <u>one</u>		<u>Est. 40</u>		
Undershirt, Cotton <u>none</u>				
Trousers, HBT <u>Rem. of one</u>		<u>34-31</u>		
*Trousers, Wool OD <u>one</u>				
Belt, Web <u>Rem. of one</u>		<u>Est. 36</u>		
Drawers, Wool <u>one</u>		<u>Est. 34</u>		
Drawers, Cotton <u>None</u>				
Leggings <u>None</u>				(note unusual lacing)
Socks <u>Wool one pair</u> <u>Cotton</u>		<u>Est. 11</u>		
*Shoes <u>None</u> (type)				
Overshoes <u>None</u>				
Web Equipment (type)				
(other item)				
*Combat trousers (other item) <u>Rem. of one</u>				

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

Chevrons or UTD Shoulder Patch UTD

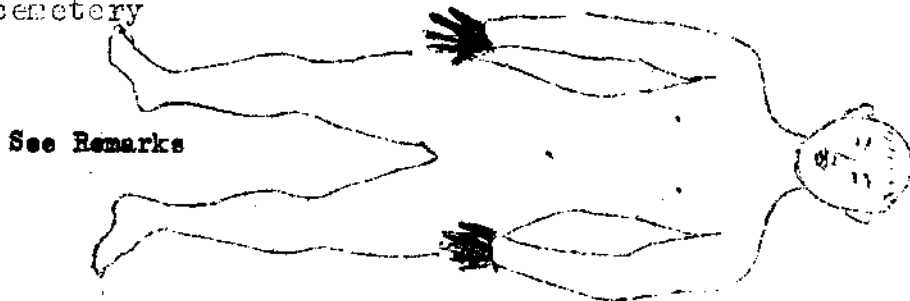
Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age UTD Height Est. 5'10 Weight Est. 91 Description of wounds UTD
(years) (ft-in) (lbs)

Bandages or dressings UTD Scars UTD
 length, width
UTD
 (location) Tattoos UTD
 (number, location-illustrate on separate page)
 Outstanding moles, warts or birthmarks UTD
 (yes-no) (description)
 location UTD
 Sunburn or tan, other than hands and face UTD
 Tobacco stain on fingers or teeth UTD
 (designate where, extent)
 Complexion UTD
 (light, med, dark, clear, pimples, pocks, freckles)
 Build UTD
 (large, fat, thin, muscular)
 Hair UTD
 (color, length, quantity, curly, wavy, straight, whorles, or
UTD
 definite parting, baldness, widow's peak, other characteristics)
 Sideburns UTD Eyebrows UTD
 (color, setting, shape) (color, bushiness,
UTD Mustache UTD Beard or goatee UTD
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 chart
 (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 EST 20"
 (large, small, normal) (hat band)
 Neck UTD Larynx UTD
 (size, long, short, normal, wrinkled) (prominent, normal)
 Shoulders UTD Arms EST 32"
 (broad, straight, small, rounded) (length, muscular, color)
UTD
 Extent & quantity of hair (vaccination scar, size of wrists)
 Hands UTD
 (large, small, normal, calloused noticeably) (marks on fingers
UTD
 indicating that rings were worn)

Fingers UTD UTD
 (short, thick, long, slender; size of knuckles) (missing
 fingers or joints) (unusual characteristics of fingernails)
 Chest UTD
 (size at nipples; color, quantity & extent of hair; large, small,
 normal) UTD UTD UTD
 Back (quantity & extent of hair) Waist (size at naval, appendectomy
 amount & color of hair) UTD Circumcized UTD Pubic hair UTD
 (yes-no) (color)
 Hernioplasty UTD UTD UTD
 (yes-no) (location) (inseam) (muscular; knock-
 kneed, bowed, normal) (quantity, color & extent of hair)
 Feet UTD UTD
 (size; corns; callouses; flat) (Slender, straight, crooked, etc.)
 Evidence of healed fractures UTD None
 (nose, arms, legs, etc.)
 Black out parts of body not
 receives at cemetery



Have photographs been made and attached if If not, explain
 (yes-no) UTD
Too badly decomposed
 Have fingerprints been placed on GRS #1 NO If not, explain
 (yes-no)
UT D
 Has tooth chart been prepared Yes If not, explain
 (yes-no)

Remarks: All flesh completely decomposed. All bones recovered with exception
of shaded portion in above figure. Clothing completely decomposed and only
portions recovered. Est weight of remains (9 1/2 lbs.)

William D. Lawson 2nd Lt Inf
835, Quartermaster Group
 Signature of GRO and Organization

TOOTH CHART

REENTERED U.S. MIL. SER.
 ST. AVOLD-Y-4-66

25 April 1946
 Date

Unknown ~~X-6116~~

Unknown

Unknown

Unknown

Last Name First Initial

Rank Serial No.

Unknown

Unknown

Unit

Organization

Rettel, Meselle, France

Est. Jan. 1945

Unknown

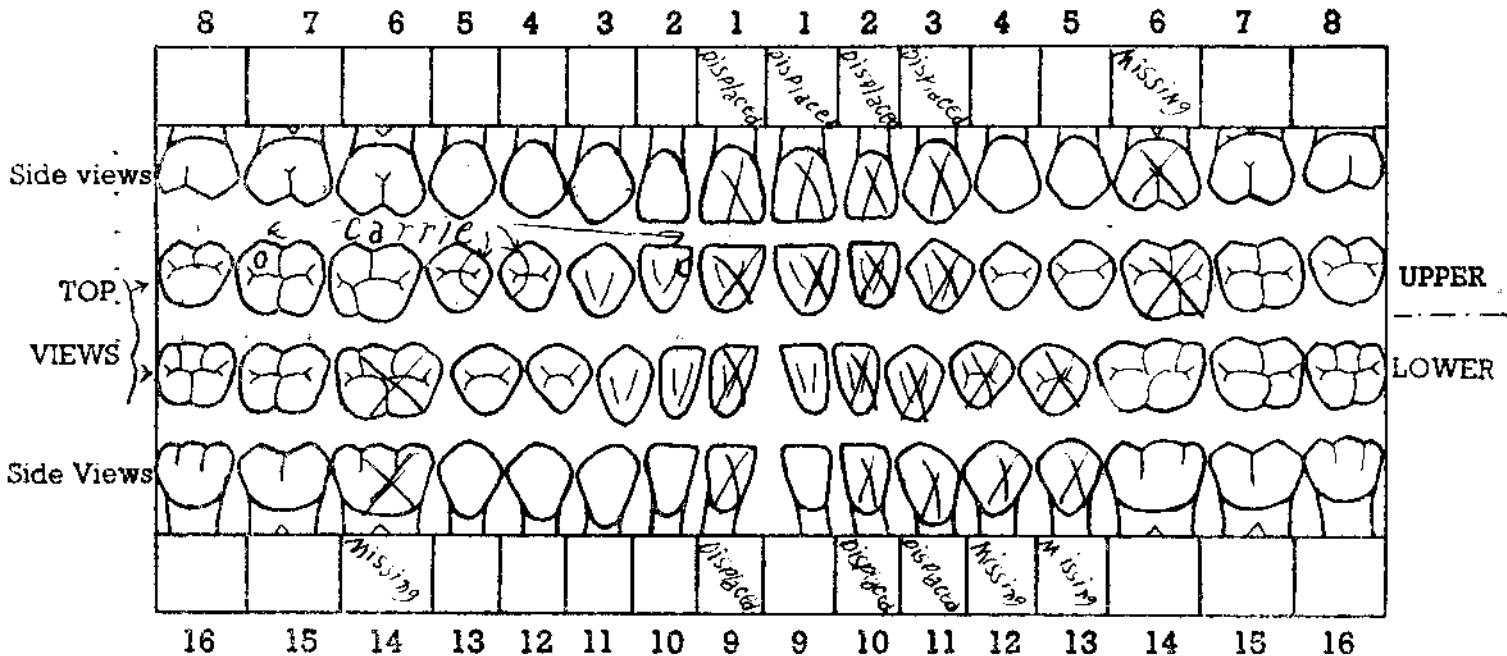
Place of Death

Date of Death

Cause of Death

Right

Left





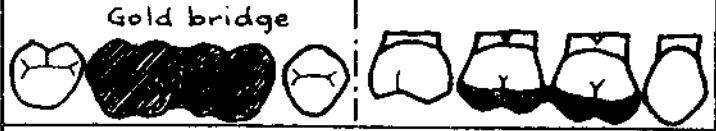
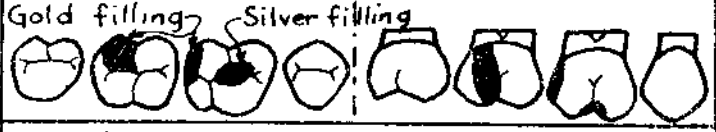

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

John A. Trent
 John A. Trent

Signature of Officer or other person who prepared Tooth chart

William B. Lawson III Lt.
 William B. Lawson III Lt.

Verified by G. R. S. Officer

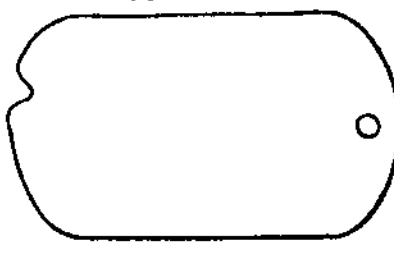
<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK...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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

1. L1, L2, L3, and R1 are displaced teeth which were not recovered with the remains
2. L8, and R8 are erupting.
3. L10, L11 and R9 are displaced teeth which were not recovered with the remains.
4. L12, L13 and R14 were previously extracted and granulated in.
5. Teeth white, no irregularities.
6. No sign of ever receiving dental treatment.

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 <i>Final</i> 2 May 1946
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) Unknown X-6116				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 Rettel, Moselle, France	CAUSE OF DEATH Unknown			DATE OF DEATH Est Jan 45		
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 5 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME One pistol holster, leather. (Forwarded to Effects Depot) One brown leather wallet. Two five hundred Franc French paper notes.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetary (Q-260584) St. Avoild, France.						
DATE OF BURIAL 2 May 1940	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wooden cross	PLOT No. Y	ROW No. 8	GRAVE No. 80
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isolated grave near Rettel, Moselle, France Map of Europe Sheet No 57, 1:200,000 (U-984948)			PLOT No.	ROW No.	GRAVE No. Isolated grave
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. Z. S. Kish, Capt.		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) Unknown X-6114			RANK Unk	SERIAL No. Unk	ORGANIZATION Unk	GRAVE No. 85
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Warren, Ferris E.			RANK T/4	SERIAL No. 16108499	ORGANIZATION 255 Inf. Regt.	GRAVE No. 87
SIGNATURE OF PERSON PREPARING REPORT William D. Lawson 1st Lt Inf <i>W. D. Lawson</i>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Sleator</i> RALPH W. SLEATOR 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-8-86

RESTRICTED

Section 2 UNIDENTIFIED REMAINS.


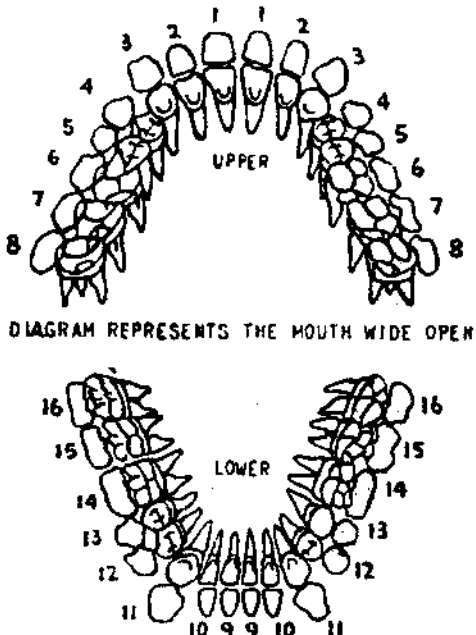




INSTRUCTIONS:

(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.

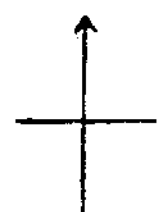
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT Est	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5' 10 1/2"	UTD	UTD	UTD	UTD
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		None		Rettel, Moselle, France

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Attached; Form II Checklist of Unknowns and Form IA
Tooth Chart. Too badly decomposed for fingerprints.
Est weight of remains, (9 1/2 Lbs)

DDMG FORM 1947
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

Unknown X-6116

CEMETERY

USMC St. Amand, France

PLOT

Y

ROW

8

GRAVE

86

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Unidentifiable - 3 Feb. 50.

Muslake

In Reply Refer to
QMGOD 332.3
Kansas City

DEPARTMENT OF THE ARMY
Office of the Quartermaster General
Washington 25, D. C.

5 September 1951

SUBJECT: World War II Unknowns

TO: Chief, Army Effects Bureau

1. As a result of a survey recently conducted at the Army Effects Bureau by a representative of the Memorial Division, it was found that there are approximately 200 cases of World War II Unknowns for whom personal effects are stored at the Bureau. All information pertinent to identification has been extracted from these effects and a complete inventory has been furnished the Identification Branch of all such effects.

2. Since the World War II Unknown personal effects will be of no further value to the Memorial Division for identification purposes, authority is hereby delegated to the Chief, Army Effects Bureau, to render administrative determinations on disposition of personal effects for World War II Unknowns.

3. A certificate signed by the Chief, indicating reasons for disposal of the property will be placed in the case folder and the case closed.

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/ C. J. Harrold
/t/ C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

Date 12 Jan 52

This is to certify that an administrative decision has been made to Destroy
the property in this case for the following reasons:

Of no value & not in condition to
send to USX

H. V. Hawes
H. V. HAWES
Major, QMC
Effects Quartermaster

SCHEDULE OF COLLECTIONS

Schedule No. 445-C

Sheet No. 1 of 1 **6443**

Department of the Army Army Effects Bureau, 601 Hardisty Ave.
(Department or Establishment) (Bureau or Office)

Received by Stanley Zabloski, Captain, OMC, Effects Quartermaster Kansas City 1, Missouri
(Name) (Title) (Station)

Period May 1951 D. O. Symbol No. 215-200
(Month or quarter ended) #645

DATE RECEIVED	RECEIPT NUMBER	NAME OF REMITTER	DETAIL DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	AMOUNT	FUND TO BE CREDITED (Symbol and title in full)
Dec 1947	180929	Central Disbursing Officer, APO 807, New York	Funds represent converted value of foreign currency found in personal effects of Unknown L-5116, St. Avold, France, transmitted to Army Effects Bureau on Fiscal List P. R. 1023 and included in U. S. Treasurer's check #15,801, dated 9 December 1947, Symbol No. 211-515, in the amount of \$2,140.66. Above-named decedent has not been identified.	\$16.81	212569 Unclaimed funds and abandoned personal property not otherwise classified.
Reference: Army Effects Bureau Case #885440					
TOTAL,				\$16.81	

Received 22 May 1951 \$16.81, subject to collection.

Forwarded 25 May 1951

Wm. A. Sarsander, Col., P.C., F.O., U. S. Army
(Disbursing clerk or accountable officer)

By Stanley Zabloski
(Name)

By Ralph M. Bounds
Ralph M. Bounds, Capt., P.C., Deputy

Title STANLEY ZABLOSKI, Captain, OMC
Effects Quartermaster

Certificate of Deposit No. _____ dated _____

AMOUNT OF CHECK <i>16.81</i>	NOTE (DISCREPANCY IN)	INCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER <i>183187</i>	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (Clerk)	INVENTORY
	RANK		FORM 20
<p style="text-align: center;"><i>Treasurer of the United States</i></p> <p><i>Hykromy X-6116</i> <i>(St. Arnold, France)</i></p> <p><i>Case # 883440</i></p>			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BLOODSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
SUMMARY COURT DATA			DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		<i>23 May 51</i>
REMARKS <i>Deposit P.O. - 1044</i> <i>pending identification</i> <div style="text-align: right;"><i>RB</i></div>			MAIL REVIEWER (Initial)
			<i>JA</i>
			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SHIPPING CLERK
			ROUTING
			ACCOUNTING BRANCH
WAREHOUSE			
FILE			
ORDER FOR ACTION			

183182

883440

25 May 1951

180929

16.81

••TREASURER OF THE UNITED STATES••

(CASH EFFECTS X-6116, U.S.M.C., St. AVOLD,
FRANCE)

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

CASE NO.

803440

TYPED BY

DNV

DATE

12-30-47

STATUS

RANK

NAME

Trnk. 7-6116 (Lt. Arnold)

A.S.N.

ORGANIZATION

CONSIGNOR

*Central Disbursing
Office 200807*

AMOUNT

616.81

ACCOUNT NO.

*180929
183182 *kd**

LIST NO.

PE 1023

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EOM

* *13801*

DATED

9 Dec 47

SYMBOL

211,815-

AMOUNT

2,140.66

REMARKS:

fish

X.6116 St. Avold

Fr. Fres 2000 (Badly mutilated.)

me

883440

F.PE. 1023

DEPARTMENT OF THE ARMY
Services of Supply
Office of The Quartermaster General
Washington

MESSAGE FORM

Date 23 February 1950

File - No. QMGOD 332.3, Kansas City

Telephone No. 3821

Office of Origin - <u>QMG</u>	Field Service	Dep OPR	Effects	QMGOD
	(Division)	(Branch)	(Section)	(Symbol)

Address: 2nd and T Sts., S.W. Washington 25, D. C. ROOM NO. 1633 - B. Bldg.

Commanding Officer
QM Activities
Kansas City Records Center (AGO)
Kansas City 1, Missouri

MESSAGE:

1. Personal effects belonging to the following named Unknown decedents are being returned to the Bureau, this date, under separate cover, by registered mail:

- X-6115, St. Avold, France
- X-6116, " " "
- X-6136 " " "
- X-183 " " "
- X-1115 " " "
- X-1047 A & B, " "

2. Up to the present time identification has not been established for these Unknowns. When any of them are identified, you will be notified.

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/
WILLIAM F. CONLON
Major, QMC
Field Service Division

6 Incls:
PE of above named,
under separate cover

QMDKG 332.3 (6 Feb 50)

1st Ind

SZ/AID/mjo'c

ARMY EFFECTS BUREAU, Kansas City Records Center (AGO), 601 Hardesty Avenue,
Kansas City 1, Missouri, 16 February 1950

TO: The Quartermaster General, Effects Section, Field Service Division,
Washington 25, D. C.

1. Personal effects for the following Unknowns interred in USMC St.
Avold, France, were forwarded to your office on 15 February 1950:

<u>Unk. No.</u>	<u>Effects</u>	<u>Registry No.</u>
X-183	1 Pr. Pilot's wings 1 Ring	867-998
X-1047 A & B	1 Religious medal 1 Pr. Pilot's wings 1 2/Lt bar	867-999
X-1115	1 First Aid pouch 1 Piece of cloth	867-1000
X-6113	2 Testaments 9 Letters	867-1004
✓ X-6116	1 Wallet 1 Gun holster	867-1003
X-6136	1 Pr. Eyeglasses 1 Eyeglass case 1 Piece of cloth	867-1001

2. No property for the remaining Unknowns listed in basic communication has been received at the Army Effects Bureau. In the event property for them should be received at a later date, your office will be notified.

3. When the investigation concerning these Unknowns is completed, it is requested the effects be returned to this Bureau, with information as to whether identification has been established.

STANLEY ZABLOCKI
Captain, QMC
Commanding

DEPARTMENT OF THE ARMY
 SERVICES OF SUPPLY
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

COPY
 XCMD
 AEB - njo's

AIR MAIL

6 February 1950

QMGOD 352.3

QMG FIELD SERVICE DEPOT OPR EFFECTS QMGOD
 2nd and T. Sts., S. W., Washington 25, D. C. 1632 - B. Bldg.

Commanding Officer
 QM Activities
 KC Records Center (AGO)
 Kansas City 1, Missouri

It is requested that the personal effects of the following Unknowns, USMC St. Avold, France, be forwarded to this Office as an aid in establishing identification:

X-Number	Plot	Row	Grave
X-183	M	5	1788
X-268	EE	4	87
X-416	N	18	1934
X-429	M	9	1833
X-849	HHH	2	22
X-953	T	17	2788
X-954	T	17	2789
X-1047-A	M	2	1742
X-1047-B	PPPP	2	28
X-1108	PP	6	71
X-1115	PP	10	120
X-1117	PP	10	115
X-3359	YYY	8	95
X-6010	OO	5	52
X-6067	NN	9	101
X-6080	NN	6	70
X-6112	Y	5	55
X-6113	Y	5	60
X-6136	Y	9	108
X-6495	EEEE	3	29
X-6116	Y	8	86
X-92	T	7	130, Bloisville, France

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/ William F. Conlon
 WILLIAM F. CONLON
 Major, QMC
 Field Service Division

AIR MAIL

AMOUNT OF CHECK	<input checked="" type="checkbox"/> NOTE DISCREPANCY IN	<input checked="" type="checkbox"/> UNCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	<input checked="" type="checkbox"/> NAME	<input checked="" type="checkbox"/> SHIP VALUABLES	CASUALTY REPORT
	<input checked="" type="checkbox"/> SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	<input checked="" type="checkbox"/> RANK	15 Feb 50	FORM 20
<p>The Quartermaster General Effects Section Field Service Division Washington 25, D. C.</p> <p>Unk. X-6116</p> <p>Plot Y, Row 9, Grave 86 USMC St. Avold, France 885440 D</p>			<input checked="" type="checkbox"/> LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			<input checked="" type="checkbox"/> PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE
			SHIP BLOODSTAINED
			<input checked="" type="checkbox"/> SHIP DAMAGED
REMOVE BLOODSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIAR. REMOVED			
SZ/AID/mjo'c		SUMMARY COURT DATA	DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		MAIL REVIEWER (initials)
REMARKS Ship prop held in storage			SHIP'D
			RANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SHIPPING CLASS
			ROUTING
<input checked="" type="checkbox"/> ACCOUNTING BRANCH			
WAREHOUSE			
FILE			
ORDER FOR ACTION			

EFF OM FORM 114
10 OCT 1945

EFF QM FORM 28 JUNE 45 37 EXPEDITE MEMO - TO WAREHOUSE DIVISION				
DATE 9 February 1950		PRIORITY		CASE NO. 883440
NAME (on tally) Unk. #2953 (X-6116)				
A.S.N.		RANK		STATUS
TALLY NO. 8392	BAY	PALLET	BOX	TYPE CONTAINER
WHSE. LOCATION Held in Storage			REQUESTED BY A. Dooly	APPROVED BY
<input type="checkbox"/> COMPLETE INVENTORY				
<input type="checkbox"/> TRANSMITTAL INVENTORY				
<input type="checkbox"/> CLEAN BLOOD STAINED ITEMS				
<input type="checkbox"/> ATTACH ALL PAPERS				
<input type="checkbox"/> CHECK FOR ADDITIONAL INFORMATION				
<input type="checkbox"/> DO NOT LAUNDRY OR CLEAN				
<input type="checkbox"/> LAUNDRY AND CLEAN IF NECESSARY				
<input type="checkbox"/> DETERMINE IF OWNER IS				
<input type="checkbox"/> FLAG TALLY IN				
SHIP TO	NAME			
	ADDRESS			
REMARKS: ADM. DIV. Please send property to Locked Storage for transmittal to OQMG.				
REMARKS: WHSE. DIV. <i>Property sent to OQMG as per 37 9 Feb 50</i>				

rel 13 Feb 50 @ 943 closed

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU 88344	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY ✓		DECEASED	
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL ✓		MISSING	
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/>	TALLY IN FORM 43 ✓		ABANDONED	
<i>1 attached</i>		UNKNOWN		

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	<i>No other effects received</i>
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	
BOOKS	BRUSHES	PEN, FOUNTAIN	
BRACELET, IDENT.	CASE	PHOTOS	
CAMERAS	CLOTH, WASH	PIPES	
CLOTHING	COATS	RINGS	
MISC. ARTICLES	FOOTLOCKER	SCARFS	
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS	
RIBBONS, DECORATION	GLASSES	SOCKS, PR.	
SHORT SNORTER	GLOVES, PR.	STATIONERY	
SOUVENIR MONEY	HANDKERCHIEFS	TIES	
SOUVENIRS	HEADWEAR	TOBACCO	
TESTAMENTS	JACKETS	TOILET ARTICLES	
TOWELS & WASHCLOTHS	KITS	TOWELS	
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.	
WATCH	LETTERS	TRUNKS, PR.	
WINGS	LIGHTERS	UNDERWEAR	

CONTAINERS ADDRESSED TO <i>None</i>	INFORMATION <i>None</i>
NAME AND STATUS VARIATIONS	
<i>#43 shows Unit #87 X-6116</i>	
CROSS REFERENCE	

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY		DATE	MUTILATED
U. S. CURRENCY		BANK OR PLACE OF ISSUE	TO ISSUING AGENCY
REGISTERED <i>967-1003</i> VALUABLES SHIPPED <i>DATE 15 Feb 50</i> <i>BY [Signature]</i>		PAYEE	
		REMITTER OR DRAWER	
TALLY NO. <i>8392</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>19 May 48</i>	BOX NO.
NAME <i>UNKNOWN # 2953</i>			SHEET <i>X</i> OF <i>X</i> SHEETS
ORGANIZATION		RANK	CASE NO.
WAREHOUSE SPACE	EXAMINED BY <i>Probst.</i>	DIARY REMOVED	
PACKAGE DESCRIPTION	PACKED BY	PHOTO FILM REMOVED	
WEIGHT	INSPECTED BY <i>[Signature]</i>	MOTION PICTURE FILM REMOVED	
	STORED BY	SHIPPED	
		DATE	BY WHOM

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1 Wallet 1 small gun
holster, Warped, Bloodstained
+ on; Bad odor, held in
storage

Property sent to R/P
as per 137

9, Feb 50
per 13 Jan 50

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

Two (2) 500-France notes

I certify that the above items were not in the containers
inventoried by me.

Green O'neal
INVENTORY CLERK

[Signature]
SUPERVISOR

G. I. REMOVED

UNID #87 X-6116

BOX	PALLET	BOX	TALLY	PKG.
			8392	GRB

3/2/48
NYE

REF. TO FORM 10
1 JULY 1948

Serial No. 739 Name [unclear]
Grade [unclear] Rank [unclear]
Organization [unclear]
Address [unclear]
Nearest Relative [unclear]
Address [unclear]
Killed in Action [unclear] Died of Disease [unclear]
Date [unclear] Hospital [unclear]
Battle Area [unclear] Information [unclear]
Place of Burial X 6/16
Point of Coordination [unclear]
Description of Body SF AVOID
Members Missing [unclear]
Signed [unclear]

Central Identification Laboratory
American Graves Registration Command 349 QM Bn
APO 58 US Army.

4 September 1947.

Reprocessed Paris Case.

Chemical Lab. Case # 1127

Other designations:

X-6116 St Avold, France

Inventory of Effects:

- (a) One brown leather wallet
- (b) One holster, small gun.

Laboratory Findings:

- (a) & (b) Negative for identifying marks.



Livio L. Vaghina
Identification Tech.

WAR DEPARTMENT
Office of The Quartermaster General
Washington 25, D. C.

QMGOD 332.3
Kansas City

6 September 1949

SUBJECT: Status of Certain Unknown Decedents

TO: Commanding Officer
QM Activities
Kansas City Records Center (AGO), Mo.
ATTENTION: Effects Quartermaster

1. The remains of the following named decedents have not yet been identified:

Unknown X-1820, USMC, St. Avoild, France				
Unknown X-2703, " " " "	"	"	"	"
Unknown X-2901, " " " "	"	"	"	"
Unknown X-6116, " " " "	"	"	"	"
Unknown X-6451, " " " "	"	"	"	"
Unknown X-6509, " " " "	"	"	"	"
Unknown X-6558, " " " "	"	"	"	"
Unknown X-6671, " " " "	"	"	"	"
Unknown X-6882, " " " "	"	"	"	"
Unknown X-7214, A & B " " "	"	"	"	"

2. Correspondence from the Bureau pertaining to these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

1 Incl:
Corres

/s/ William F. Conlon
WILLIAM F. CONLON
Major, QMC
Field Service Division

CS

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 883440 ✓

HOC/ns
19 July 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-6116
Plot Y, Row 8, Grave 86, USMC St. Avoild,
France have been held at this Bureau as of 19 May 1948

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One wallet, 1 small gun holster (damaged - removed)
\$16.81

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. Caldwell
H. O. CALDWELL
Effects Quartermaster



293 unk, France X-6116

St. Avoild

Handwritten notes:
#14

883440

KOC/ns
19 July 1948

Y
France

S

86

-6116
St. Avoird,
19 May 1948

One wallet, 1 small gun holster (damaged - removed)

\$16.81

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO CMGOD 352.3
Kansas City

7 January 1949

*Copy made
for all cases
involved
let*

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown Decedents:

- Unknown X-6992 & 6993, Neuville-en-Condrez, Belgium
- " X-2570, Neuville-en-Condrez, Belgium
- " X-6998, "
- " X-7125, "
- " X-7175, "
- " X-6164, "
- ✓ " X-474, Hamm, Luxembourg
- " X-7181-7185, Neuville-en-Condrez, Belgium
- " X-1851-A, Margraten, Holland
- " X-5439, Neuville-en-Condrez, Belgium
- " X-266, St. Avel, France
- " X-7190 & 7191, Neuville-en-Condrez, Belgium
- " X-7194 & 7195, "
- " X-7200, 7217 & 7218, "
- " X-7687, "
- " X-1468, "
- " X-6438 thru 6444, Incl., "
- " X-7176, Neuville-en-Condrez, Belgium
- " X-103, Pollenica, Italy
- " X-6509, St. Avel, France
- ✓ " X-6147, "
- " X-6116, "

- " X-6075, "
- " X-6004, "
- " X-1009, "
- " X-3228, "
- " X-3206, "
- " X-5168, "

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl;
Corres

file
[Signature]
MAJ B. EGGLEY
Major, QMC
Field Service Division

a

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 883440

HOC/ELW/ns
16 December 1948
DATE

SUBJECT: Disposal of Personal Effects

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

Y-8-86

1. Personal effects found on remains interred as Unknown X ²⁴³-6116

Plot Unk, Row _____, Grave _____, USMC St. Avold,
France have been held at this Bureau as of 19 May 1948.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One wallet, 1 small gun holster (damaged - removed),
\$ 16.81

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:


H. O. CALDWELL
Effects Quartermaster

Case 883440

HOC/ELW/ns
12 July 1948

MEMO FOR FILE:

X -6116, USMC, St. Avoild, France

Included on Report No. 14 processed by Identification Section,
Office of the Quartermaster General on 10 May 1948.

Paragraph checked as follows indicates data received from OQMG:

() It was reported by the Office of the Quartermaster General
that X _____
was identified as _____

(x) It was reported by the Office of the Quartermaster General
that X-6116, St. Avoild, France
was NOT IDENTIFIED.

ACTION TAKEN BY ARMY EFFECTS BUREAU CHECKED BELOW:

- () Case _____ cancelled and combined with case _____.
- () No effects in Warehouse storage--case completed.
- | | |
|-------|------------|
| Funds | Accounting |
|-------|------------|
- (x) ~~Effects~~ in ~~Warehouse Storage~~ will be held pending report of
identification from OQMG. Case suspended six months.
- () Action to be taken regarding effects in Warehouse Storage.


E. ~~Richard~~ Winisky