

7887 GRAVES DETACHMENT

APO 757

3 unk St. Avold X-6129 ms

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

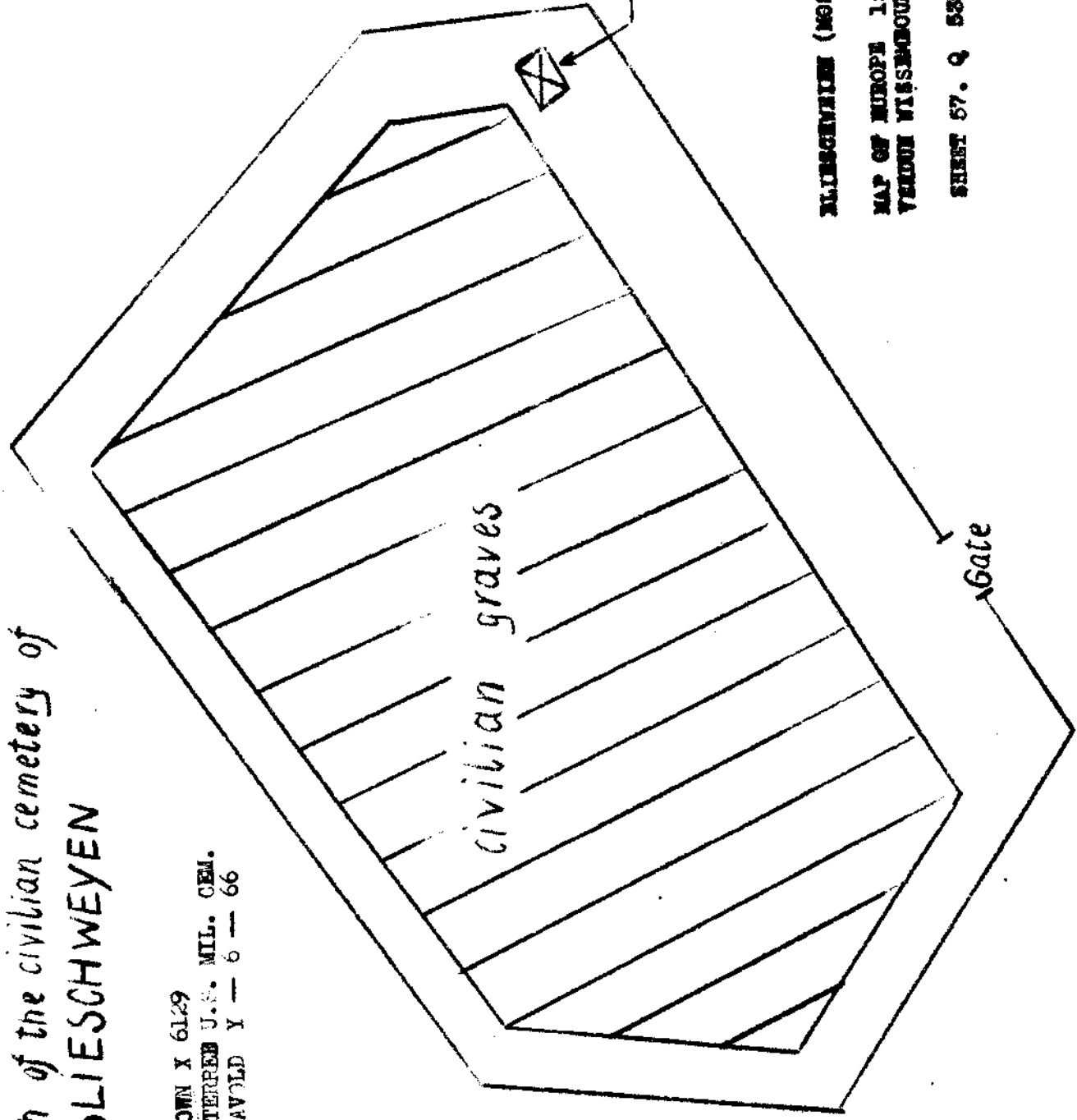
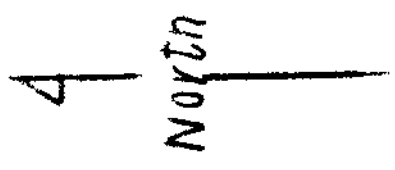
UNKNOWN X - 6129 St Avold

(POC) ST AVOLD

File  
E. F. Davis  
769451

Sketch of the civilian cemetery of  
**BLIESCHWEYEN**

UNKNOWN X 6129  
REENTERED U.S. MIL. CEM.  
ST. AVOLD Y - 6 - 66



ALLSCHWEYEN (MOSELLE) FRANCE

MAP OF EUROPE 1:200,000  
YERDEN WISSENSBOUW

SHEET 57. Q 535616

6129 X-6129

TRUE COPY

MAIRIE DE  
BLIESGUERSVILLER  
ARRONDISSEMENT DE  
SARREBOURG  
(ROSENEL)

BLIESGUERSVILLER LE 29 4 1946

CERTIFICAT

Nous soussigne Maire de la Commune de Bliesguersviller certifie sous la foi du serment avoir trouve au mois de Fevrier 1946 une jambe droite d'un soldat Americain a deux kms du village, cette jambe etait rejete par l'eau sur le bord de la Blies, je l'ai recennu au chaussure et au reste du pantalon elle etais en mauvaise etat (Pouriture) aider par Monsieur Schwartz Andre (Polia) je l'ai enterre sur le cimetierra de Bliesschwegen le meme jour commencement du mois de Frevrier 1946.

le Maire UTH

Hermann , Schwart & Polia.

CERTIFICAT FROM M MICHEL U T H


We the undersigned, Mayor of the vicinity of Blies-Guersvillers, certify to have found in February 1941 at about 2 kms from the town of Bliesschwegen, a right leg of an American Soldier wich had been washed by the waters of the River la Blies. The fact which made me think that it was the leg of an American is that he had a combat boot and some remains of G.I. trousers. This leg was in a state of decomposition. Helped by Mr Schwartz, Andre I buried him in the Civilian Cemetery of Bliesschwegen, the same day I found him in February 1946.

The Mayor Michel UTH

Hermann  
Schwartz.

UNKNOWN X 6129  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y -- 6 -- 66

CERTIFIED TRUE COPY

  
HOWARD E. METZ BOWER  
2nd Lt Inf

Mairie

de

Bliesguersviller

Arrondissement de Sarreguemines  
(Moselle)

Bliesguersviller, le

1946

## Certificat

Nous soussigné Maire de la Commune de Bliesguersviller certifie sous le foi du serment avoir trouver au mois de Fevrier 1946 une jambe <sup>droite</sup> d'un soldat Americain a deux km du village, cette jambe était rejetée par l'eau sur le bord de la Blie, je l'ai reconnue au chaussure et au reste du pantalon elle était en mauvais état (Ouvrière) aider par Monsieur Schwartz Andre (Colia) je l'ai enterrer sur le cimetier de Blieschweigen la même jour cernement du mois de Fevrier 1946.

Les témoins

Hermann. S

Schwartz A. Colie.  
garde champêtre



Maire  
M. S.

UNKNOWN X 6129  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y - 6 - 66

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

2 May 1946

Date

NAME Unknown X-6129 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION None

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

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

1. Was positive identity acquired for the deceased through the surface investigation?  
If so, state the following information: **NO**

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

JOHN I. LIBERATOR

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

a. Date of above burials **UNK** Common Graves? **UNK**

15. Where was the place of death? UNK Coords \_\_\_\_\_  
Give basis \_\_\_\_\_

16. Where were the remains found? BLIESCHWEGGER Coords Q - 535618

a. By Whom? Mr Michel UTH

b. Is sketch attached? YES

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

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

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

a. What are the names and addresses? MR MICHEL UTH # 35, MR SCHWARTZ ANDRE, BOTH OF

BLIESCHWEGGER

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? \_\_\_\_\_



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. **YES**
- a. Are all certificates and statements of people who possessed knowledge of the case attached ?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **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 .....



5. Name and Type of Cemetery CIVILIAN CEMETERY OF BLIESCHWEGEN  
(Military or Civilian)  
MAP OF EUROPE 1:200,000
6. Map Coordinates of the Cemetery SECT 57. Q 535616
- a. Town BLIESCHWEGEN Country FRANCE
7. Give exact location in cemetery of the remains.
- a. Section EAST END OF CEMETERY Row \_\_\_\_\_ Grave \_\_\_\_\_
- b. Is Sketch attached? YES
8. If remains are not located in a cemetery, give exact location.
- a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_
- b. Is sketch attached? \_\_\_\_\_
- c. Is area mined? \_\_\_\_\_
9. How is the grave marked? WOODEN CROSS
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? NONE  
(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? FEBRUARY 1946
- a. Give basis MR UTH STATEMENT



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? \_\_\_\_\_

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

**UNK**

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

42. Was Deceased given first aid? **UNK** If so, where? \_\_\_\_\_

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

43. Was deceased evacuated to a German 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? **ONLY A COMPLETE RIGHT LEG**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?

**NO**

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has higher headquarters been notified? \_\_\_\_\_

47. Was case previously investigated? **NO** By Whom? \_\_\_\_\_

When? \_\_\_\_\_

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

**MR MICHEL UTH 53, BLIESCHWIGEN, MR ANDRE**

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 Mr Michel UTH found the right leg of an American soldier on february 1946 on the "La Mies" river. Their is a combat boot and a piece of G.I. trousers on the leg. No other part of the body was discovered.

(Use attached sheets, if necessary)

*Henry Slaud*

Signature of Interpreter

**Henry Slaud**

Rank ASN

**3049 QM GRC**

Organization

*Edward Finnegan*

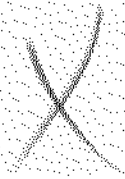
Signature of Investigator

**pfc Edward Finnegan 42101713**

Rank ASN

**3049 QM GRC**

Organization



Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

Leggings, Wool **None** (with garter straps)

Socks, Cotton **None**

\*Shoes (Type) **Black One "g"**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **Remnant of One trousers BDT, est. 32. Remnant of One trousers**

(Other item) **Wool OD, est. 32. One trousers green, est. 32. Remnant of berlappe bag.**

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

6. Chevrons or Insignia **UTD**

Shoulder Patch **UTD** (Type, location; shirt, jacket, coat, helmet)

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

8. Description of Remains: **UTD** Age **UTD** Height **5'8"** Weight **125** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD** (Length, width, location)

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

Outstanding moles, warts or birthmarks **UTD** (no. no; description, location)

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

Complexion **UTD** (Light, med, dark, clear, rashes, sores, freckles)

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

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

UNKNOWN X-5122  
CEMETERY ST. AVOLD  
PLOT Y ROW 6 GRAVE 66

ARRIVED AT CEMETERY 1000 4 May 1946 FROM UPP 535th CM. GROUP  
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Blieschungen, Moselle, France. Lat. 49 54 N Long. 07 1/2 W, 1/200,000  
(NAME) (COORDINATES & GRID MARKS) (Q-535616)

EVACUATED TO CEMETERY BY UPP 535th CM Group  
(NAME AND ORGANIZATION)

REMAINS RECOVERED BY 304th CM OF C.  
(NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE NAMES OF DECEASED FOUND IN SAME AREA AS THIS  
(YES-NO)

UNKNOWN STARRED ARE CIRCUMSTANCES DESCRIBED WHICH MAY INDICATE ORGANIZATION  
OF THE DECEASED IF ONLY PART OF A BODY WAS RECEIVED, WAS  
A CAREFUL

SEARCH MADE FOR OTHER PARTS OF UNKNOWN (YES-NO)

IF REMAINS COME FROM VEHICLE, PLANE, ETC: (TYPE OF VEHICLE OR PLANE)

NICKNAME SERIAL NUMBER ORGANIZATION OR SYMBOLS

CREW LIST (NAMES OF OTHER DECEASED AND POSITIONS IN WHICH FOUND)

IF A TANK, WHICH HITCHES 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 CONCERNING VEHICLE OR PLANE

(PARTS OF MARKINGS OR SYMBOLS) (DAMAGED) (PUNCTURED BY SHELL FIRE - WHERE) (FOUND

IN TOWN, FIELD, BY ROAD) (DAMAGED BY FIRE EXPLOSION) (NAMES OF MEN WHO ESCAPED)

(DESCRIPTION OF OTHER VEHICLES OR PLANES IN AREA)

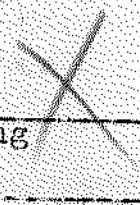
DETAILED DESCRIPTION OF PERSONAL EFFECTS (INDICATE EXACT POCKET OR PART OF BODY

WHERE FOUND)

17 MAY 1946







Fingers \_\_\_\_\_  
 (short, thick, long, slender; size of knuckles) (missing  
 \_\_\_\_\_  
 fingers or joints) (unusual characteristics of fingernails)  
 Chest \_\_\_\_\_  
 (size at nipples; color, quantity & extent of hair; large, small,  
 normal) Back \_\_\_\_\_ Waist \_\_\_\_\_  
 (quantity & extent of hair) (size at naval, appendectomy  
 \_\_\_\_\_  
 amount & color of hair) Circumcized \_\_\_\_\_ Pubic hair \_\_\_\_\_  
 (yes-no) (color)  
 Hernioplasty \_\_\_\_\_ Legs \_\_\_\_\_  
 (yes-no) (location) (inseam) (muscular; knock-  
 \_\_\_\_\_  
 kned, bowed, normal) (quantity, color & extent of hair)  
 Feet \_\_\_\_\_ Toes \_\_\_\_\_  
 (size; corns; callouses; flat) (slender, straight, crooked, etc.)  
 Evidence of healed fractures \_\_\_\_\_  
 (nose, arms, legs, etc.)  
 Black out parts of body not  
 receives at cemetery

See Remarks



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

Remarks: **All flesh decomposed, only bones listed recovered; Lumbar vertebrae (last)  
 Sacrum. Right and left pubis. Right and left femur. Right and left patella. Right  
 and left tibia and fibula. Right and left feet. Only remnants of clothing found**

*William J. Lumb* 2nd Lt. Inf.  
 Signature of GPO and organization

1. FILE UNDER NO. 293 - Unk France X-6129 (St Avoild)

### SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 21 April 49

4. FROM: C.W. Steinsiek, Actg asst Adj Gen

5. TO: UNKI

6. SUBJECT: Unidentifiable Persons

Unknwns X-6072 X-6128 X-6129 X-6143

7. DOCUMENT FILED UNDER NO. 314.6 - CIB Europe (S/L 3333)

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.





RL 10

1 ✓ USMC, ST. AVOLD, FRANCE Buried at deceased I.D. : CLAUDE BARRIS C  
 Plot F, Row 9, Grave 35 12037304 TEC5 ...  
 Date reburied: 20 Jan 49 **DISINTERMENT DIRECTIVE** Right: VENWARD LESLIE B  
 6058853 TEC 5

SECTION A — NAME AND BURIAL LOCATION OF DECEASED  
 DEWITT H. BELL 1st Lt. CAV  
 DIRECTIVE NUMBER **3574 00000** DATE **15 01 48**  
 DAY MONTH YEAR

NAME **UNKNOWNX-006129** SERIAL NUMBER **UNKNOWNX-006129** RANK **1** ARM **0** DATE OF DEATH  
 DAY MONTH YEAR  
 CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **3503 80**  
 CODE DIST. PT.  
 PLOT **Y** ROW **6** GRAVE **66** COUNTRY **FRANCE** CAUSE OF DEATH **6**

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

SECTION C — DISINTERMENT AND IDENTIFICATION  
 NAME **UNKNOWN X-006129** SERIAL NUMBER **UNKNOWN** RANK **UNKNOWN** DATE OF DEATH **27 July 48** DATE DISTINTERRED  
 IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **GRS** RELIGION **UNKNOWN** IDENTIFICATION VERIFIED BY **Melvin W Blackburn**  
 NAME AND TITLE **Embalmer**

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL **Mattress cover** CONDITION OF REMAINS **Consists of bones of lower extremities - Skeleton form - Disarticulated**

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

MINOR DISCREPANCIES  
**None**

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 **All markings, tags & plates verified by:**  
 DATE **5 Aug 48** BY **Melvin W Blackburn**

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

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
**FILE**  
**78 MAY 1949**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

23 Dec 48

Date

*473 Unknown France 7-6129 (St. Avold)*  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6129, Plot Y,  
Row 6, Grave 66, USMC St Avold, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. No record this Hq, dated                     . No  
further information is available.

Rec'd 29 April 49  
dated 21 April 49

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

Received 27 Apr 49 OQMG  
Not identifiable from  
information presently  
available

*NAT  
29 APR 49  
Cdr [unclear]  
10 Br.*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

23 DEC 1948  
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 6129, Plot Y  
Row 6, Grave 66, USMC St-Avoid, France have been  
reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office  
by letter of transmittal No. No record this HQ, dated                     .  
No further information is available. *29 Dec 49*

FOR THE COMMANDING GENERAL:

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

Received 29 Apr 49 OQMG  
Not identifiable from  
information presently  
available

*Incl #12*

CHECK LIST FOR UNKNOWN

UNKNOWN X-6129  
CEMETERY ST. AVOLD  
PLOT Y ROW 6 GRAVE 66

ARRIVED AT CEMETERY 1000 4 May 1946 FROM UPP 535th QM GROUP  
(HOUR) (DATE) (COLLECTING POINT)

PLACE OF DEATH Blieschwegen, Moselle, France, Epr. Rd Map Sh 57, 1/200,000  
(NAME) (COORDINATES & LANDMARKS) (Q-535616)

EVACUATED TO CEMETERY BY GPP 535th QM Group  
(NAME AND ORGANIZATION)

REMAINS RECOVERED BY 3049th QM GP Co  
(NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE NAMES OF DECEASED FOUND IN SAME AREA AS THIS  
(YES-NO)

UNKNOWN STATED ARE CIRCUMSTANCES DESCRIBED WHICH MAY INDICATE ORGANIZATION  
OF THE DECEASED IF ONLY PART OF A BODY WAS RECEIVED, WAS  
A CAREFUL

SEARCH MADE FOR OTHER PARTS OF UNKNOWN  
(YES-NO)

IF REMAINS COME FROM VEHICLE, PLANE, ETC:  
(TYPE OF VEHICLE OR PLANE)

NICKNAME SERIAL NUMBER ORGANIZATION OR SYMBOLS

CREW LIST  
(NAMES OF OTHER DECEASED AND POSITIONS IN WHICH FOUND)

IF A TANK, WHICH HATCHES WERE FREE AND AVAILABLE FOR ESCAPE USE

IF ORGANIZATION TO WHICH VEHICLE OR PLANE WAS ASSIGNED OR IF NAMES OF ALL OTHER  
DECEASED ARE NOT KNOWN, GIVE DETAILED INFORMATION CONCERNING VEHICLE OR PLANE

(PARTS OF MARKINGS OR SYMBOLS) (BURNED) (PUNCTURED BY SHELL FIRE - WHERE) (FOUND

IN TOWN, FIELD, BY ROAD) (DAMAGED BY FIRE 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)

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Date removed, location)

Socks, Cotton None

\*Shoes (Type) Black one "8"

Overshoes None

Web Equipment (Type) None

(Other item) One remnant of Trousers HBT est. 32. Remnant of one trousers, wool OD, est. 32. One trouser green, est. 32. Remnant of berlappe bag.  
(Other item)

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

6. Chevrons or UTD  
Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch UTD

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

8. Description of Remains:  
Age UTD Height Est 6' Weight Est 12 Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(Light, med, dark, clear, pimples, freckles, freckles)

Build UTD  
(Large, fat, thin, muscular)

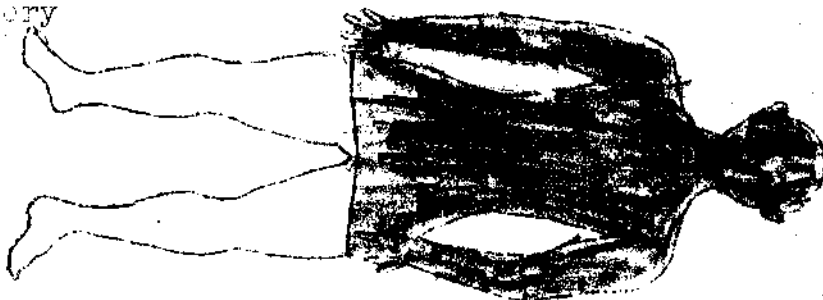
Hair UTD  
(Color, length, quantity, wavy, straight, whorls, or definite parting).

ANNEX #4

Bandages or dressings UTD Scars UTD  
 length, width  
 (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, red, dark, clear, pimples, pocks, freckles)  
 Build UTD  
 (large, fat, thin, muscular)  
 Hair UTD  
 (color, length, quantity, curly, wavy, straight, whorles, or  
 definite parting, baldness, receding hair, other characteristics)  
 Sideburns UTD Eyebrows UTD  
 (color, setting, shape) (color, bushiness,  
 mustache UTD Beard or goatee UTD  
UTD across nose (color, size, shape) (length, heavy, light,  
 color, extent) Eyes UTD  
 (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, red, small) (sm, lge  
 Teeth UTD  
 (white, size, unevenness, spacing, noticeable crown, fillings, missing)  
 Chin UTD Cheekbones UTD  
 (prominent, receding, pointed, double, subtle) (high, normal)  
 Jaw UTD Circumference of head in inches UTD  
 (large, small, normal) (hat band)  
 Neck UTD Larynx UTD  
 (size, long, short, normal, wrinkled) (prominent, normal)  
 Shoulders UTD Arms UTD  
 (broad, straight, small, rounded) (length, muscular, color)  
 Extent & quantity of hair (vaccination scar, size of wrists)  
 Hands UTD UTD  
 (large, small, normal, embedded noticeably) (marks on fingers  
 indicating that rings were worn)

Fingers UTD  
 (short, thick, long, slender; size of knuckles) (missing  
UTD UTD  
 fingers or joints) (unusual characteristics of fingernails)  
 Chest UTD UTD  
 (size at nipples; color, quantity & extent of hair; large, small,  
 Back UTD Waist UTD  
 normal) (quantity & extent of hair) (size at naval, appendectomy  
UTD Circumcized UTD Pubic hair UTD  
 amount & color of hair) (yes-no) (color)  
 Hernioplasty UTD Legs UTD  
 (yes-no) (location) (inseam) (muscular; knock-  
UTD UTD  
 kneed, bowed, normal) (quantity, color & extent of hair)  
 Feet UTD Shoes UTD  
 (size; corns; callouses; flat) (Slender, straight, crooked, etc.)  
 Evidence of healed fractures UTD  
 (nose, arms, legs, etc.)  
 Black out parts of body not  
 receives at cemetery

See Remarks



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

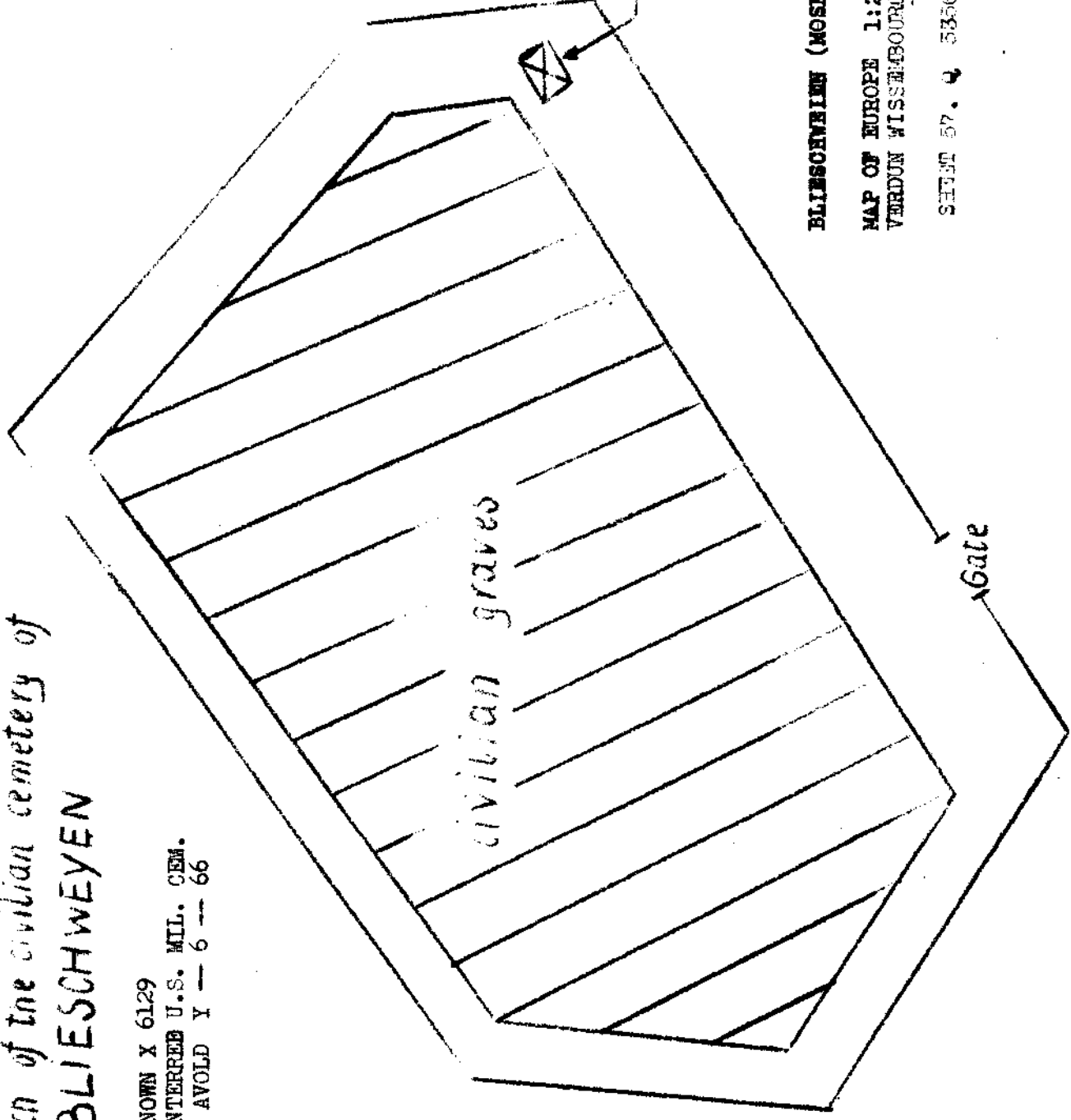
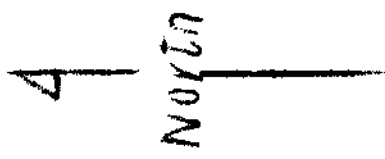
Remarks: All flesh decomposed, only bones listed recovered; Lumbar vertebrae (Last)  
Sacrum. Right and left pubis. Right and left femur. Right and left patella. Right  
and left tibia and fibula. Right and left feet. Only remnants of clothing found

William D. Lawson 1st Lt. Inf.  
Signature of GPO and Organization



Sketch of the civilian cemetery of  
**BLIESCHWEYEN**

UNKNOWN X 6129  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD Y -- 6 -- 66



Unknown grave  
marked with  
wooden cross

**BLIESCHWEYEN (MOSELLE) FRANCE**

**MAP OF EUROPE 1:200,000  
VERDUN WISSEMBOURG**

**SHEET 57. 4 535626**

# CHECK LIST OF UNKNOWNNS

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

Unknown X - 6129 ✓  
Cemetery St. Avoild, France  
Plot Y Row 6 Grave 66

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

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	None		(type)
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	very small remnants of		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
*Shirt, Wool OD	small remnants of		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers HBT	None		
*Trousers, Wool OD	remnants of		

Incl #3

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, ~~Cotton~~ wool 1 pair heavy wool and 1 pair light wool

\*Shoes 1 pair (type) Snow pac size 8

Overshoes None

Web Equipment (Type) None

(Other item) remnants of gunny sack

(Other item) None

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

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

Shoulder Patch None

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

8. Description of Remains :  
Age UTD Est. Height 5'4" Est. Weight 145 Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(light, med. dark, 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 (color, setting, shape) Mustache ..... UTD (color, size, shape) Beard or ..... UTD (length, heavy)

Goatee ..... UTD  
(light, color, extent)

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

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

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

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

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

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

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

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

(extent and quantity of hair)

Hands ..... UTD

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

(Unusual characteristics of fingernails)

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

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

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

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

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

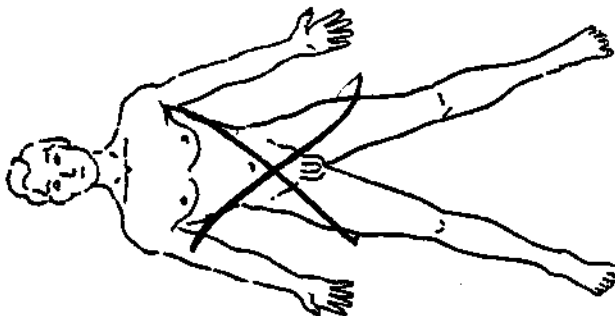
Feet UTD  
(size, corns, callouses, flat)

Toes UTD  
(slender, straight, crooked, overlap)

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

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

See attached sheet



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

If not, explain No hands

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

12. Remarks : Body completely decomposed only bone remains, very few remnants of clothing, remnants of gunny sack indicates that body was in wrapped in gunny sack. Processed weight about 12 lbs.

Fluoroscopic not necessary. Nothing found to warrant chem. Lab. examination

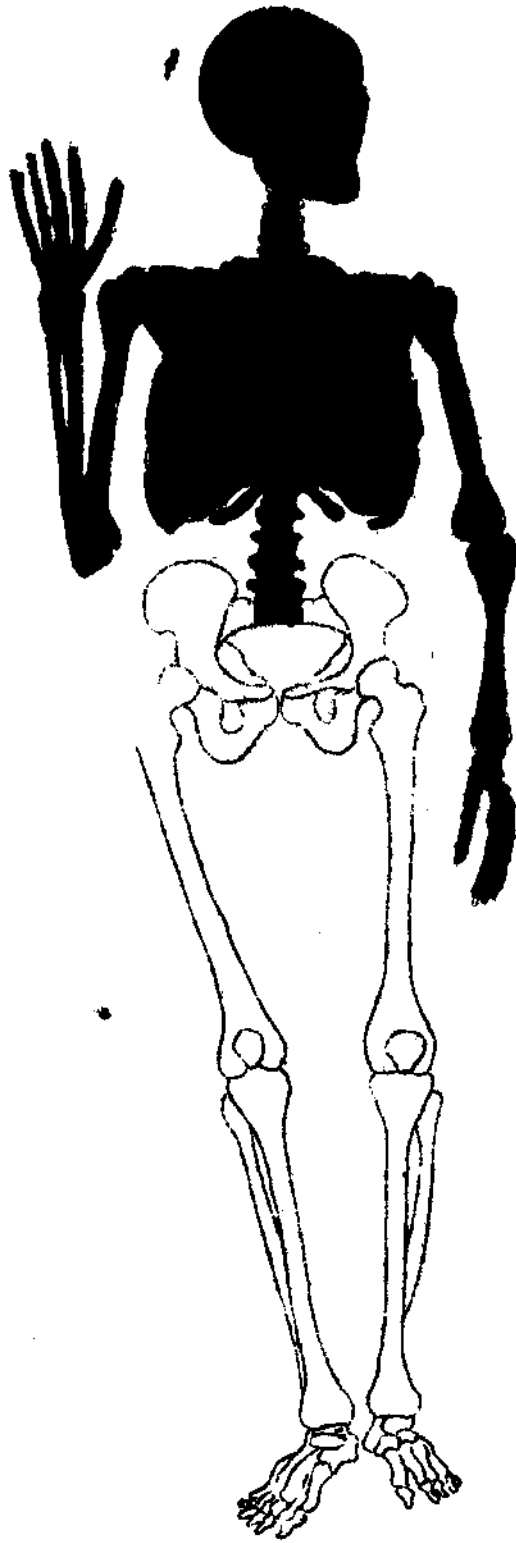
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

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

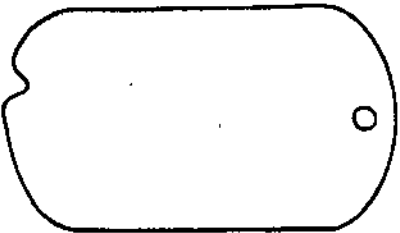

Capt. Inf.  
Rank Service

Central Identification Point.  
Organization

X-6129



**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 4 May 1946
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) Unknown X-6129			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 Blieschwegen, Moselle France		CAUSE OF DEATH Unknown		DATE OF DEATH Est. Jan 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 3 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 Avelde France						
DATE OF BURIAL 4 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. 6	GRAVE No. 65
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Cemetery of Blieschwegen, Moselle, France EuropeRd Map Sh No 57, 1/200,000 (Q-535616)			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Captain, 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) Safley, Earl G.		RANK Pfc.	SERIAL NO. 39146568	ORGANIZATION 410th Inf. Regt.	GRAVE No. 65	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Wells, Richard H.		RANK 2nd Lt.	SERIAL NO. O-1314699	ORGANIZATION A.T.Co. 242 Inf.	GRAVE No. 67	
SIGNATURE OF PERSON PREPARING REPORT William A. Lawson III 2nd Lt. Inf. 			SIGNATURE OF THE SERVICE MEMBER OR REPORT RALPH W. SKEATOR, MAJER, INF. THIRD FIELD COMMAND			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**Section UNIDENTIFIED REMAINS.**


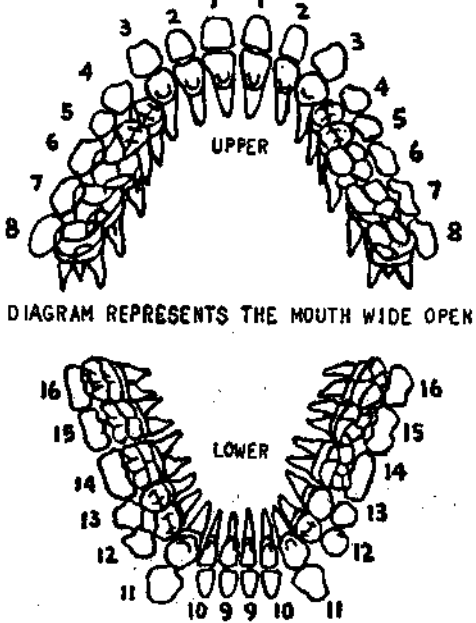




**INSTRUCTIONS:**

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

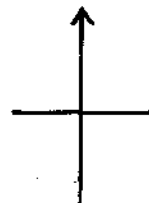
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT <b>Est. 5'6"</b>	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>UTD</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>
WEAPON AND SERIAL No. <b>None</b>		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**Attached: Form 11 Check List of Unknowns.  
 Unable to obtain Teeth Chart, missing portions.  
 Unable to obtain fingerprints, missing portions.  
 Est. Wt. of remains: 12 Lbs.**