

7887 GRAVES DETACHMENT

AFPO 757

943 unk St. Avold X-6197

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 - 6197 St Avold

(POC) ST AVOLD

*File
ST Avold
Jed B...
26 Feb 51*

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X 6197
Cemetery _____
Plot BBBB Row 1 Grave 12

1. Arrived at cemetery 1330-23 May 46
(Hour) (date)
2. Place of death Topping, Moselle, France En Rd Map sht 57.1.200.000 (G-695572)
(Name of closest town) (Coordinates and letter
Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by 3049th QM Gr Co
(name and organization)
4. Evacuated to Cemetery by GFP 3rd Field Command AGRC
(name and organization)

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

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

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggings, Wool (Note unusual lacing)

Socks, Cotton none

*Shoes (Type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other item) none

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

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

Shoulder Patch none

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

8. Description of Remains:
 Age UTD Height UTD Weight 35 lbs Description of wounds UTD
 est

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, pecks, 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 Beard or Goatee UTD
 (color, setting, shape) (color, size, (length, heavy,
UTD shape) Ears UTD
 light, color, extent) (size, shape, straight) (size, set close to
 or far from head)

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

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

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

Chin UTD
 (Prominent, receding, pointed, dimple, double)

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

Neck UTD Larynx UTD
 (size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD
 (broad, straight, small, rounded) (length, muscular, color
UTD
 (extent and quantity of hair)

Hands UTD

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

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

Back UTD Waist UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount
UTD Circumcision UTD Pubic hair UTD
 quantity & color of hair yes-no (color)

Hernioplasty UTD
 (Yes - no; location)

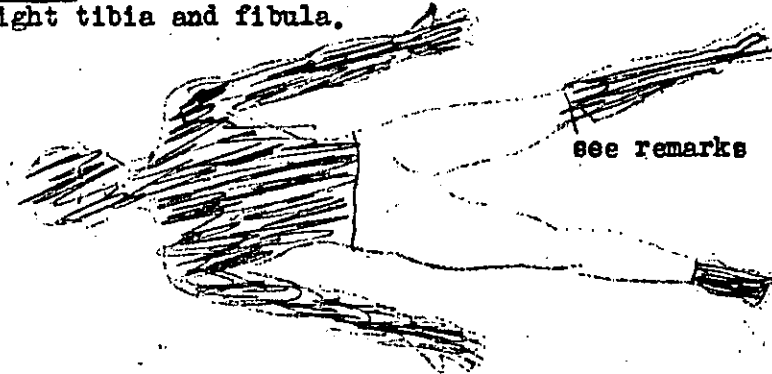
Legs UTD
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent
 of hair).
UTD

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

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

9. Black outparts of body not
received at cemetery.

Flesh and bones recovered: Right and left pelvis
Right and left femur, Right tibia and fibula.



10. Have fingerprints been placed on Report of Interment no
Yes - no

If not, explain UTD

11. Has tooth chart been prepared no If not, explain UTD
Yes - no

12. Remarks Flesh of right and left Femur, Right Tibula completely recovered.
All Flesh petrified.

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

Ralph W. Sleator
Ralph W. Sleator.
Officer name

Maj Inf
Rank Service

Third Field Command AGRC
Organization

North

Road to Ormswiler

REINTERRED
U. S. MIL. CEM. ST. AVOUD
PLOT 66 ROW 1 GRAVE 12

8 grave of
unk. Amer.

hills

fields

100 yds

12 grave of
unk. Amer.

7 grave of
unk. Amer.

3 grave of
J.H. Meldowney

2 grave of
H.A. Batin

1 grave of
J. Stankowski

600 yds

crucifix

to Airming

200 yds

EDDING

9 unk. body
in well

EDDING

MINED
field

200 yds

6 grave of
unk. Amer.

fields

EDDING

Loop of wire 1 : 200.000

VERDUN - VISCONTI BOUERG

Sheet 57 - 695592

11 grave of
unk. Amer.

150 yds

wire

500 yds

5 grave of
S.D. Bass

4 grave of
unk. Amer.

10 grave of
unk. Amer.

10 grave of
unk. Amer.

10 grave of
unk. Amer.

10 grave of
unk. Amer.

10 grave of
unk. Amer.

UNKN-X-6177

REINTER U.S. MIL. OCM.

ST. AVOL, BBBB-1-12

TRUE COPY

DECLARATION

Je soussigne SCHOENHEIMS Gorges habitant a Epping certifie avoir trouve les corps de 12 Soldats Americains dans les champs autour du village. 8 de ces corps sont inconnu, Les autre s'appellent: BASS ; LEYMER ; James Mc ELDOWNEY ; STANKOWSKI, Joseph ; Harold A BATTIN. J'ai trouve les corps de ces soldats au mois de Aout 1945. Je ne puis donner de renseignements sur les circonstances de leur mort car le village a ote évacué en 1939 et les gens n'y sont parvenus en 1945.

Epping le 13 Mai 1946

Signe SCHOENHEIMS

TRUE COPY

DECLARATION

Je soussigne SCHOENHEENS Gerges habitant a Epping certifie avoir trouve les corps de 12 Soldats Americains dans les champs autour du village. 8 de ces corps sont inconnu, Les autre s'appellent: BASS ; LEYMER ; James Mc ELDOWNEY ; STANKOWSKI, Joseph ; Harold A BATTIN. J'ai trouve les corps de ces soldats au mois de Aout 1945. Je ne puis donner de renseignements sur les circonstances de leur mort car le village a ete evacue en 1939 et les gens n'y sont revenus en 1945.

Epping le 13 Mai 1946
Signe SCHOENHEENS

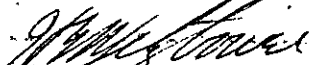
STATEMENT

I the undersigned, SCHOENHEENS Georges living in Epping certify to have found 12 American soldiers in the fields around the village. 8 of these bodies are unknown, the others are identified as follows: BASS ; LEYMER ; James Mc ELDOWNEY, STANKOWSKI Joseph ; Harold A BATTIN .I found the bodies of these soldiers in August 1945. I can not give the information on the cause of their death. The village being evacuated in 1939 and the inhabitants came back in 1945.

Epping the 13th May 1946

Signed SCHOENHEENS

CERTIFIED A TRUE COPY


HOWARD E. METZOWER
2nd Lt Inf

X

REINTERRED
U. S. MIL. CEM. ST-ANGLS
PLOT ~~ROW~~ / GRAVE 12

REPORT OF INVESTIGATION AREA SEARCH

22 May 1946
Date

NAME Unknown X-6197 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 Joseph STANKOWSKI,
Harold A. BATTIN, James H. Mc. ELDOWNNEY, Leymer D. BASS, 8 unknown.
(Use reverse side for listing of crew members from MOCR)

a. Date of above burials unburied Common Graves?

b. Name and Type of Cemetery not in cemetery
(Military or Civilian)

c. Map Coordinates of the Cemetery
a. Town _____ Country _____

d. Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____

b. Is sketch attached? _____

e. If remains are not located in a cemetery, give exact location.
Map of Europe 1 : 200,000R
a. Town EPPING Coordinates Sheet 57 Q - 695572

b. Is sketch attached? **YES**

c. Is area mined? **YES**

f. How is the grave marked? Remains in a well

g. If grave is marked with cross, give exact markings thereon _____

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

- b. By whom? _____
11. Where are the cemetery records? None
(Town Hall, cemetery, burgermeister's office) X
- a. What information was contained thereon? S.A. Wald, X-6197
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? EST. Feb. or March 1945
- a. Give basis Date of fighting in area
13. What is the cause of death? UNK
- a. Give basis _____
14. What is the date of burial? Unburied
- a. Give basis _____
15. Where was the place of death? EPPING Coords Q - 685572
- Give basis Remains found
16. Where were the remains found? Epping Coords Q - 685572
- a. By whom? Mr. Georges SCHOENHEIM
- 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? Unburied
(Civilian, American Pil. or German Pil.)
- 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 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? _____

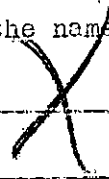
SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force)

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 with date of death of above named deceased? _____
37. Precise time and date of destruction of tank _____
(Night? Day?)
38. Did any of the crew members escape? _____ Prisoners? _____

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

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) _____
- If so, give, complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? _____

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



SEARCHED INDEXED

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 NOT AVAILABLE

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

Where? _____ By whom? _____

Present disposition _____

If deceased is not identified, personal effects will not be forwarded to FE 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? YES

Where? _____ By whom? _____

Present disposition _____

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

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

42. Was deceased given first aid? NO 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? 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? _____

Give full names, addresses, and information obtained from each person interviewed
George J. ... , & ... M. ... , both ...

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?

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? **NO**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **NO**

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? **NO** By Whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed
Major M. Robert, bot

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)

Jean Piaseczny
Signature of Interpreter

Jean PIASECZNY

Rank

ASN

5040 32 Co
Organization

Ernest Cockman
Signature of Investigator

Ernest COCKMAN 44034977

Rank

ASN

5040 32 Co
Organization

In August 1946, Mr. Georges SCHONHEIM, found the remains of 9 American soldiers. Of this number, one was discovered in a well, an other was buried and 7 were unburied. Three of these are in a mine area. (see sketch attached)

IDENTIFICATION CHECK LIST

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

E.O.# 780



Unknown X - 6197

Cemetery St. Avoild France

Plot BBBB Row 1 Grave 12

Date reprocessed :

1. ~~Arrived at cemetery~~ 17 Sept. 1948
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or discovered by~~ reprocessed by Mobilr Team #1, C.I.P.
(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	<u>None</u> <small>(Type)</small>		
Raincoat	<u>None</u>		
Overcoat	<u>None</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>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		



Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

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

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

Shoulder Patch None

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

6. Description of Remains: R. Femur 42.2
 R. Fibula 32.9
 R. Tibia 33.9

Age UTD Est. Height 5' 1" Weight UTD Description of wounds UTD

Bandages or dressings None Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair None
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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



Goatee UTD
(Light, color, extent)

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

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

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

Teeth No teeth found
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches SKULL MISSING
(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 Missing

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

(Unusual characteristics of fingernails)

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

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

Back UTD Circumcision UTD Pubic Hair None
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

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

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

Evidence of healed fractures At distal 1/4 and distal end of right tibia from appearance of bone, it would seem that deceased had(Nose, arms, legs, etc.) a limp.

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



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

If not, explain Fingers missing

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

Case processed as per E.O.#780

9. Remarks Remains received in skeletal form, with small amount of decomposed flesh.

No clothing found. No teeth found. Estimated weight of reprocessed remains :

8 pounds. Estimated height : 5' 1 " . Evidence or healed fracture appears at

distal 1/4 of right tibia. Report of Burial found; no GRS tags.

Due to insufficient evidence, this remains is classified Unknown .

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.

Processed by :
~~E. FIELDS~~
~~L. HENNON~~
~~E. BROWN~~

/s/ Elijah FIELDS
(Officer's Name)

CLERK : L. ROSE

US DA CIV
Rank Service

C.T.P. Mobile Team #1.
(Organization)



17 Sept. 1948

X - 6197
BBBB - 1 - 12
St. Avold France

SKELETAL CHART

Black out parts not received.

RIGHT

LEFT



FEMUR 42.2

FIBULA 32.9

TIBIA 33.9

(evidence of healed fracture
appears on $\frac{1}{4}$ distal tibia)

Est. Hgt. 5' 1"

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 Dec 48

Date

293
2
Unknown France X-6197 (St. Avold)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6197, Plot BBBB, Row 1, Grave 12, 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. 353, dated 1-12-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/
GEORGE L. FREEMAN
1ST Lt QMC
Actg Asst Adj Gen

Received 11 Apr 1949 OQMG
Not identifiable from
information presently
available

✓
NAT
file 11 Apr 49
O Schroth
Ident 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 - 6197, Plot BBBB
Row 1, Grave 12, 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. 3253, dated 1/12/48.
No further information is available.

FOR THE COMMANDING GENERAL:

Received 11 apr 49 OQMG
Not identifiable from
information presently
available

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

Incl # 21

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 31 DEC 1948

SUBJECT : Reprocessing of Remains

TO : The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X-6197
interred in Plot BBBB, Row 1, Grave 12, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.


HEIGHT : Est. 5' 1"

TEETH : Not Recovered

Evidence of Healed Fracture appears at Distal $\frac{1}{4}$ of Right Tibia.

Due to Insufficient evidence, this Remains is classified Unknown.

FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt. QMG
Actg Asst Adj Gen

1 Incl.
Skeletal Chart

Incl # 21

SKELETAL CHART

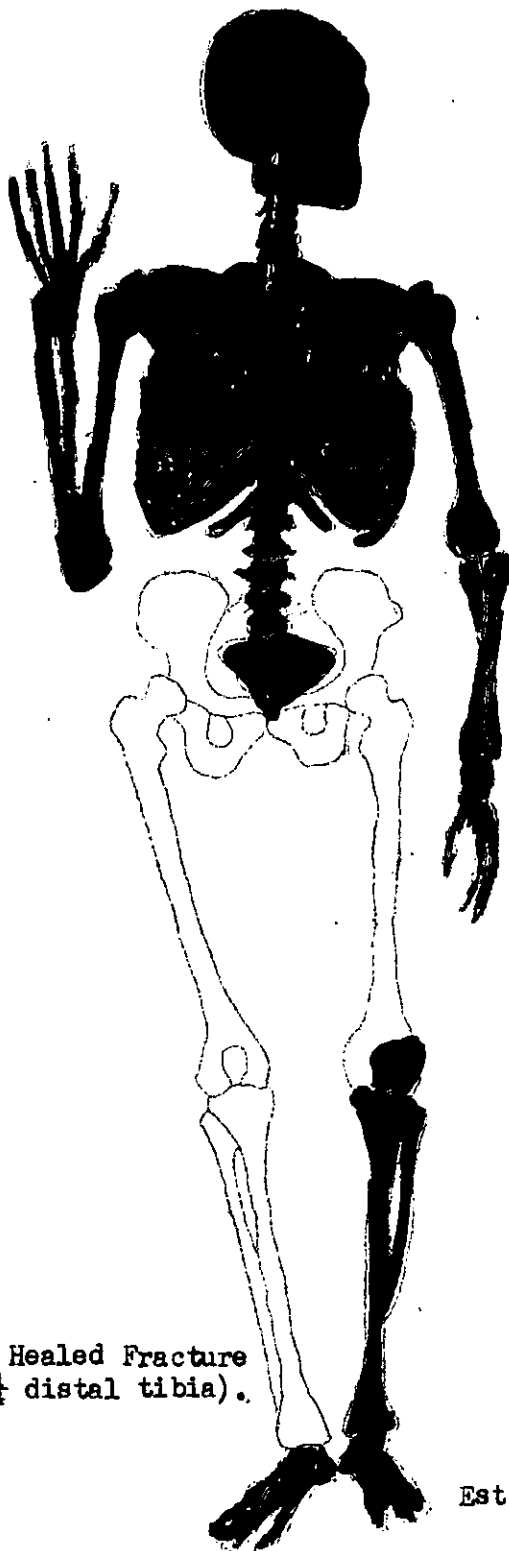
17 September, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6197

USMC St. Avoird

BBBB : 1 : 12



FEMUR 42.2

FIBULA 32.9

TIBIA 33.9

(Evidence of Healed Fracture
appears on $\frac{1}{4}$ distal tibia).

Est. HEIGHT: 5' 1"

1 ✓

USMC ST. AVOLD FRANCE Buried at deceased L... SCHEMK, KENNETH R.
Plot A, Row 26, Grave 3 DISINTERMENT DIRECTIVE 35066446 PVT
Date reburied: 22 Jan 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DEWEY R. BELL 1st Lt., CAV - DIRECTIVE NUMBER 3574 00000 DATE 15 12 47
DAY MONTH YEAR

NAME UNKNOWNX-006197 SERIAL NUMBER RANK ARM J DATE OF DEATH
CEMETERY ~~93 Mark France X-6197 Carroll~~ DAY MONTH YEAR
~~ST AVOLD - METZ~~ DISPOSITION OF REMAINS 3503 80
CODE DIST. PT.
PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
4B 1 12 FRANCE 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWNX-006197 SERIAL NUMBER RANK Unk DATE OF DEATH 21 June 48 DATE DISTINTERRED
IDENTIFICATION TAG ON REMAINS ORGANIZATION USAGF RELIGION IDENTIFICATION VERIFIED BY ANTHONY J MARTIN, EMBALMER
 MARKER GRS. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER CONDITION OF REMAINS ALL MAJOR BONES FRACTURED AND/OR MISS-ING EXCEPT: R/&L/ FEMURS, PELVIC, R/TIBIA FIBULA, DISARTICULATED. LARGE AMOUNT OF DECOMPOSED FLESH.

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES 1
REPORT OF BURIAL IMPOSSIBLE TO READ.

REMAINS PREPARED AND PLACED IN CASKET
DATE 23 June 48 BY ANTHONY J MARTIN, EMBALMER

CASKET SEALED BY ANTHONY J MARTIN, EMBALMER EMBALMER (Signature) Anthony J. Martin
ANTHONY J MARTIN

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by: H. MEAD, CAPT, CWS
DATE 23 June 48 BY ANTHONY J MARTIN, EMBALMER

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

H Mead
H. MEAD, CAPT, CWS, 337 QM BN
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

CHECK LIST OF UNKNOWN

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

Unknown X. 6197
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery 13-1-46
(Hour) (date)

2. Place of death Tyng, Baselle, France E 21 Map 4157.1 200.000 (G-695572)
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by John G. Co
(name and organization)

4. Evacuated to Cemetery by 3rd Field Command 4820
(name and organization)

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

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

CHECK LIST OF UNKNOWN

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

Unknown X 6197
Cemetery _____
Plot AAAA Row 1 Grave 12

1. Arrived at cemetery 1331-23 May 46
(Hour) (date)

2. Place of death Spring Hill, France E. 21 Map 48157.1. 200. 000 (4-699572)
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by John G. G.
(name and organization)

4. Evacuated to Cemetery by SP4 J. Field Command 1000
(name and organization)

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
Headgear (Type)				
Raincoat	<u>None</u>			
Overcoat	<u>None</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>			
Undershirt, Wool	<u>None</u>			
Undershirt, Cotton	<u>None</u>			
Trousers, HBT	<u>None</u>			
Trousers, Wool OD	<u>None</u>			

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool (Note unusual lacing) none

Socks, Cotton none

*Shoes (Type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other item) none

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

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

Shoulder Patch none

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

8. Description of Remains:

Age VID Height VID Weight 35 lbs Description of wounds VID

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

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

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

Sunburn or tan, other than hands & face VID

Complexion (Light, med. dark, clear, pimples, pecks, freckles) VID

Build (Large, fat, thin, muscular) VID

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

hair _____
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or Goatee _____
(color, setting, shape) (color, size, shape) (length, heavy,

light, color, extent) (size, shape, straight) (size, set close to
or far from head)

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

Mouth _____ Lips _____
(large, medium, small) (small, large, full)

Teeth _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extrac

Chin _____
(Prominent, receding, pointed, dimple, double)

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

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

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

_____ (extent, and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers or

_____ joints). _____ (unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small, norm

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

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

Hernioplasty _____
(Yes - no; location)

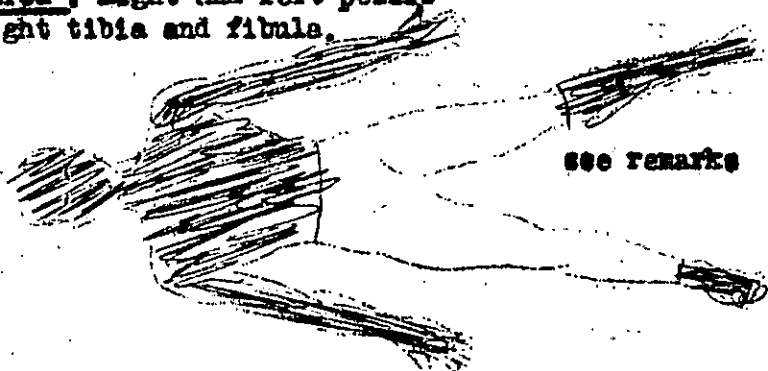
Legs _____
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent
of hair).

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

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

9. Black outparts of body not received at cemetery.

Flesh and bones recovered; Right and left pelvis
Right and left femur, Right tibia and fibula.



10. Have fingerprints been placed on Report of Interment UTD Yes - no

If not, explain UTD

11. Has tooth chart been prepared UTD If not, explain UTD
Yes - no

12. Remarks Flesh of right and left Femur, Right Fibula completely recovered,
All Flesh petrified.

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

Ralph W. Sleator
Ralph W. Sleator
Officer name

Maj Inf
Rank Service

Third Field Command AFOS
Organization

North

Road to Ormswiler

100 yds
#7 grave of unk. Amer.
#12 grave of unk. Amer.

house
#8 grave of unk. Amer.

REINTERRED
U. S. MIL. CEM. ST. AUGUSTINE
PLOT 41 ROW 1 GRAVE 12

EPPING
#9 unk. body in well
X-6197

Road to URBACH

MIND field

150 yds
#11 grave of unk. Amer.

500 yds
WIFE

grave of S. D. BOSS
#4 grave of unk. Amer.
WIFE

#6 grave of unk. Amer.

fields

grave of unk. Amer.
#10 grave of unk. Amer.
200 yds

FIELD

EPPING
Map of Europe 1 : 200,000

VERDUN - VISSIMBOURG

Sheet 57 Q - 695572

600 yds
grave of J. STANKOWSKI
#2 grave of H.A. BATTIN
#3 grave of J.H. MEELADWNEY

CRUCIFIX

to Ailing

990 yds

fields

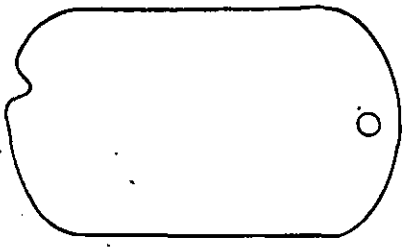
RESTRICTED

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

23 May 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	Unknown X-6197		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE.
Unknown	Unknown	Ground Forces	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
Epping, Moselle, France	Unknown	Est March 1945.	

EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
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
 US Military Cemetery(Q-260584)St Avoild France.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
23 May 1946	1330	Casket	Temp wooden cross	BBBB	1	12

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
yes	Isolated Grave in Epping, Moselle, France Du Rd Map Sht 57, 1.200.000 (Q-695572)	Isolated	Grave	

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General Service	Ch. J.B. JOHNSON, 1ST LT.	One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.


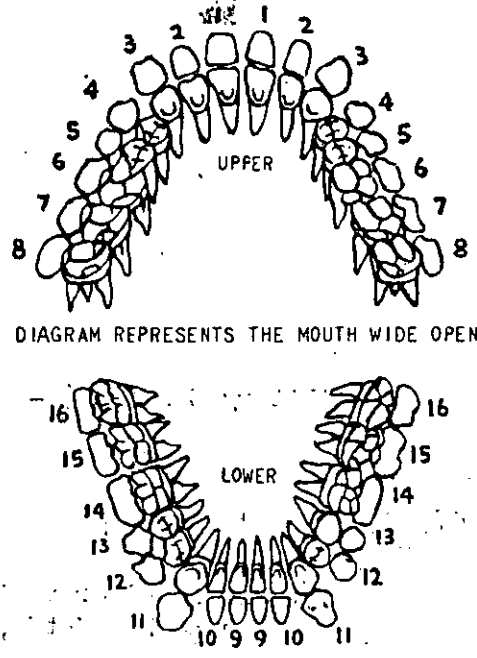




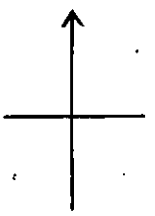
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
No	Yes, embossed plate

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
MACKENIZE, ROBERT E.	Sgt	32760980	Army	11

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
END OF ROW				

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Herbert F. Shaw WD Civ. Third Field Command AGRC <i>Herbert F. Shaw</i>	<i>Ralph W. Sletator</i> RALPH W. SLETATOR Major, Inf. 3rd 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.

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.			
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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:</p>			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	5'8"	UTD	UTD	UTD
	WEAPON AND SERIAL NO.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	NONE		NONE	Epping, Moselle, France.
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	<p>FILLINGS</p> 		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
LEFT THUMB	<p>CAVITIES</p> 			
RIGHT THUMB	<p>MISSING TEETH</p> 			
RIGHT INDEX FINGER	<p>CROWNED TEETH</p> 			
RIGHT MIDDLE FINGER	<p>BRIDGE WORK</p> 			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div align="center" style="margin-top: 20px;">  </div>			
	<p>REMARKS: <u>Attached</u>: Form 11 Check List of Unknowns. Unable to obtain fingerprints and Form 1A (Tooth Chart), because of decomposition. Est weight of remains: 35 lbs.</p>			