

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6224 *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 - 6224 St Avold

(POC) ST AVOLD

File
E. Flores
Jd Br
26 Feb 51

CHECK LIST OF UNKNOWNNS

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

Unknown X- 6224
Cemetery St. Avoild, France (Q-260584)
Plot MMMM Row 6 Grave 136

- 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 disinterred by _____
(name and organization)
- 4. Evacuated to Cemetery by Central Identification Point
(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 _____ (type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
*Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers HBT _____			
*Trousers, Wool OD _____			

p u n o j e u o u



St Avoild

X-6224

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, ~~wool~~ **canvs inf., type** (Note unusual lacing) **no**

Socks, Cotton **none**

*Shoes **9 1/2 EE** (type) **Service**

Overshoes **none**

Web Equipmen **none** (Type)

(Other item) **none**

(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

Yes- Ground Forces

8. Description of Remains :

Age **utd** Height **utd** Weight **utd** Description of wounds **utd**

Bandages or dressings **utd** Scars **utd**
(length, width, location)

utd Tattoos **utd**
(Number, location - illustrate on sep, page)

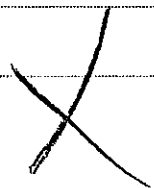
Outstanding moles, warts or birthmarks **utd**
(yes-no; description, location)

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

Complexion **utd**
(light, med. dark, clear, pimples, pocks, 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 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 none found
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin utd(missing)
(prominent, receding, pointed, dimple, double)

Jaw missing 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 joints)

(Unusual characteristics of fingernails)

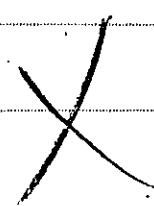
Chest utd
(size of nipples, color, quantity & extent of hair, largo, small normal)

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

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

Hernioplasty utd
(yes-no; location)

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

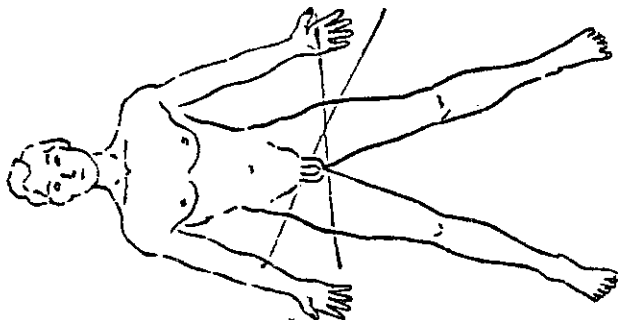


Feet utd
(size, corns, callouses, flat)

Toes utd
(slender, straight, crooked, overlap)

Evidence of healed fractures 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 too decomposed

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

12. Remarks : X-ray not needed. Disinterred as a Mass Burial of two (2) men under X-6224 and X-6225 in one (1) box. Have been separated into two (2) bodies now in two (2) boxes as X-6224 (one body) and ~~xxx~~ X-6225 (one body).

Est. weight of remains 3 Lbs.

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.

Raymond J. Johnson
Officer's Name
R.G. Johnson *h, h.*

2nd Lt. Inf. - Lab-Officer

Rank Service

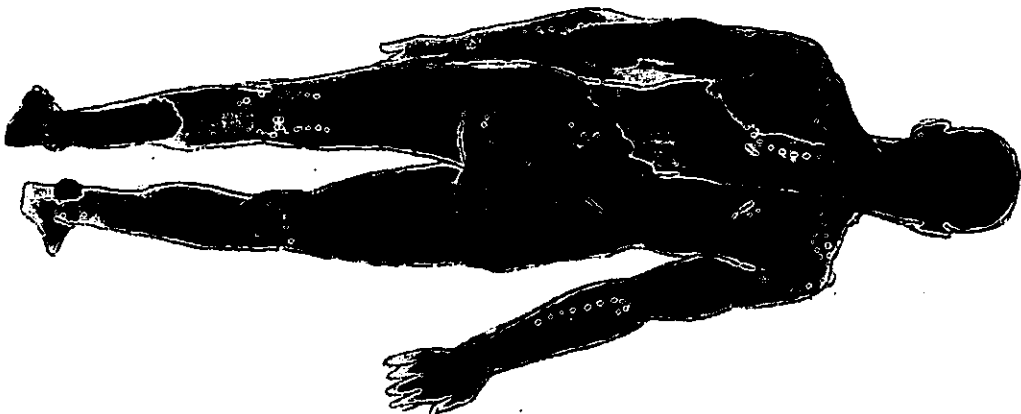
Central Identification Point

Organization

X-6824



X



X

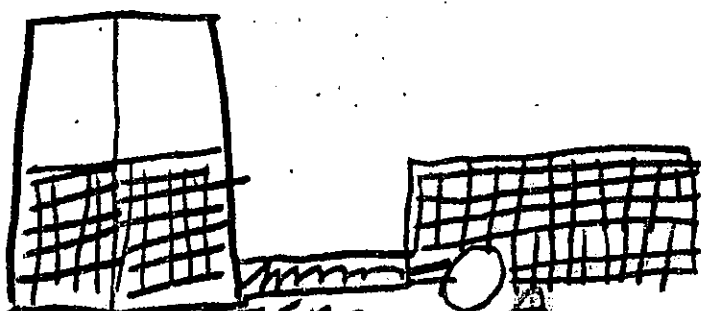
X - 6224

UNK X-6224

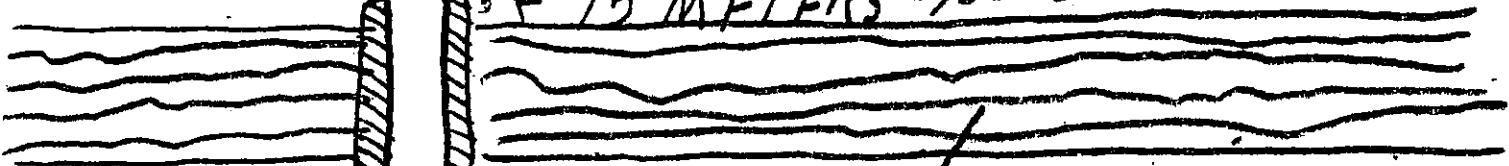
UNKNOWN X-6224
REINTERRED U.S. MIL. CEM.
ST. AVO LD, BBBB-8-90

Army Air Map Chalons Nancy Sh 9(960280)
Scale: 1:250,000.

VILLAGE
OF AJONCOURT



75 METERS



BRIDGE

ROAD OF ARRAGE

RIVER



REINTERRED
U. S. MIL. CEM. St-AVOLD
PLOT 888BROW & GRAVE 90

REPORT OF INVESTIGATION AREA SEARCH

Mass burial ~~with unknown X-6225~~

30 May 1946
Date

NAME Unknown X-6224 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 **none**

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

a. Date of above burials **Unknown** Common Graves? **Yes**
b. Name and Type of Cemetery **Isolated Burial**
(Military or Civilian)

Map Coordinates of the cemetery
a. Town _____ Country _____

Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____
b. Is sketch attached? _____

If remains are not located in a cemetery, give exact location.
Army Air Map Chalons Nancy
a. Town **Ajoncoeurt Moselle France** coordinates **Sh 9(960280)Sc: 1:250,000**
b. Is sketch attached? **yes**
c. Is area mined? _____

How is the grave marked? **wooden cross and Helmet.**
If grave is marked with cross, give exact markings thereon
no markings

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

11. 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? 5 October 1944
- a. Give basis Statement of Henry Minier
13. What is the cause of death? Unknown
- a. Give basis _____
14. What is the date of burial? ~~Ajoncourt Moselle France~~ (Unknown)
- a. Give basis _____
15. Where was the place of death? Ajoncourt Moselle France records
 Give basis _____
16. Where were the remains found? Ajoncourt Moselle France records
- a. By whom? _____
- b. Is sketch attached? Yes
17. Was a casket used? _____ Who furnished the casket? _____
 Type of casket _____ How marked? _____
18. Who made the burial? French Civilian Henry Minier
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Henry Minier resident of Ajoncourt Moselle France
- 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-air

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 _____ (Month? 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 _____ (Month? 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 case attached? _____

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

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

11. 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? no

Where? _____ By whom? _____

Present disposition Unknown

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? Unknown

Where? _____ By whom? _____

Present disposition _____

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

Unknown

d. Did cemetery register or cross indicate the immunization shot? Isolated Grave

12. Was deceased given first aid? Unknown If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

13. Was deceased evacuated to a German civilian hospital? no

Where? _____ Names of people concerned _____

14. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? Thought to be by Fr Civilian Minier: Five feet, one arm, one spinal column and one skull

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

(Burnt? Decapitated? etc) _____

16. 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? _____

17. Was case previously investigated? _____ By whom? _____

When? _____

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

Henry Minier of Ajoncourt and Louis Thiriet Mayor of AJONCOURT

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?

(If special investigation, give case number)

52. Give Brief Narrative

(Use attached sheets, if necessary)

Signature of Interpreter

Rank

ASN

Organization

Howard E. Metzbowler
HOWARD E. METZBOWER

Signature of Investigator

1st Lt. Inf

2nd MBU 535th Grp

Rank

ASN

Organization

AGRC

FORM NO. 11

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)

Mass burial ~~XXXXXXXXXXXXXXXXXXXX~~

Unknown X 6224
Cemetery St. Arnold
Plot BBB Row 8 Grave 90

1. Arrived at cemetery 1600 31 May 1946
(Hour) (date)
2. Place of death Ajoncourt Moselle, France sh 9(960280)sc 1.250,000
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by AGRC 535th QM Metz
(name and organization)
4. Evacuated to Cemetery by GPP 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 none (none unusual lacing)

Socks, Cotton wool one pair

*Shoes (Type) service one pair size 9

Overshoes _____

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: est
- Age UTD Height UTD Weight 12 lbs 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)
- UTD
- Sunburn or tan, other than hands & face UTD
- Complexion UTD
(Light, med. dark, clear, pimples, pecks, freckels)
- 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, shape) Length, heavy,

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

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
 (joints) (unusual characteristics of fingernails)

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

Back UTD Waist UTD
 (quantity & extent of hair) (size of navel, an endectomy, amount

UTD Circumcision UTD Pubic hair UTD
 (yes-no) (color)

quantity & color of hair

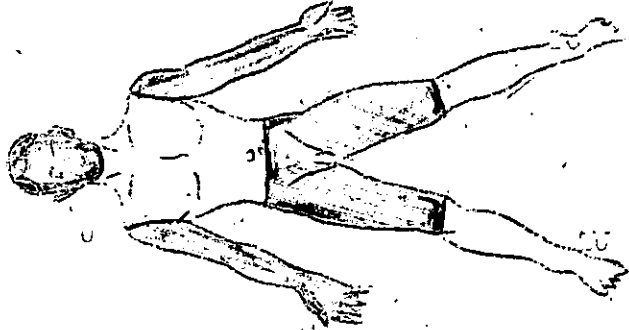
Hernioplasty UTD
 (yes-no, location)

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

Feet UTD Toes UTD
(Size, corns, callouses, flat) (slender, straight, crooked, overla

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

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



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

If not explain Remains too badly decomposed

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

Maxillary and Mandible were displaced

12. Remarks: Remains of two bodies recovered: 27 vertebrae, distal ends of three radii; 28 ribs; 13 metacarpals; bones of three feet; distal ends of three tibia and fibula. Segregation of the remains impossible; Unknown X-8235
for more details with Unknown X-8235

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.

Ralph W. Sleator
Ralph W. Sleator Maj Inf.
Third Field Command AGRO.

Officers' Name

Rank

Service

Organization

ANNEX #4

RESTRICTED

TCRS
Form No. 15
14-9-45

MASS BURIAL CERTIFICATE

To be accomplished by a Medical Officer in all cases of group or mass burials interred in a single grave.

U.S. Military Cemetery (O-260584) St Avold France 4 June 1946.
(date)

Plot BBBB, Row 8, Grave 90

I certify that I have this date examined the group remains buried as (State names or Unknown X number): UNK X-6224

Unk X-6224

and certify to the best of my knowledge that:

1. The group remains consist of parts of two decedents based on the presence of one or more of the following anatomical parts: 27 vertebrae, distal of 3 radius, 28 ribs, 13 metacarples, bones of 3 feet, distal ends of 3 Tibia and Fibulas.

2. No segregation of bodies or parts is possible for the following reasons: Jointe of remains disarticulated and bones mixed and fractured

3. Fingerprints are not available. If not, explain
(are-are not)

Flesh of fingers completely decomposed

4. Remarks: All Flesh completely decomposed, Bones fractured and joints disarticulated

P. F. Christensen
Medical Officer's signature

Ralph W. Sleator
Ralph W. Sleator
Signature of Graves Reg.
Officer verifying report

1CR MC
(Rank) (Service)

Maj Inf
(Rank) (Service)

RESTRICTED

3rd A.C. AGRC Annex 9
(Organization)

3rd Field Command AGRC
(Organization)

Commune d'Ajoncourt

Arrondissement de Château-Salins

Le Maire de la Commune d'Ajoncourt

à M. A.G. R.C. 535 QM

à Metz

UNKNOWN X-624
REINTERRED U.S. MIL. CEM.
ST. AVOLD, BBBB-8-90

Le Maire,
Louis THIRIET.

[Signature]

Le Secrétaire,
SALBE Olivier

L'Adjoint au Maire
L'AVILLIER Edmond

[Signature]

Le Gardien-champêtre
L'AVILLIER Auguste

[Signature]

Un habitant
FERRY Joseph

[Signature]

Je soussigné déclare MUNIER Henri,
avoir retrouvé aux environs de la rivière de
Co-Seille à la hauteur du pont du village
de AJONCOURT différents membres de corps
humains ayant appartenu à des membres de
l'armée américaine.

En effet, aux environs du 3 octobre
une colonne de l'Armée Américaine chargée
de environ 10 hommes a touché une mine
enclavée et a été pulvérisée. La plupart des
cadavres furent envoyés vers cette époque par des
membres de l'armée combattante américaine.

Je découvre à cet endroit par cette
troupe qui se composaient de ma mémoire de :

- 5 pieds
- 1 bras
- 1 colonne vertébrale
- 1 crâne

Sur le conseil d'un officier américain des affaires
civiles j'ai exploré seul le site & l'endroit est joint
par croquis. Il n'y avait aucun objet personnel
si ce n'est une baguette qui fut enterrée avec le reste.
J'ai conduit les représentants de l'armée du
Service des Sépultures sur le lieu et ils prirent note de
l'endroit exact.

Fait le 8 avril 1946
en présence des signataires sus-mentionnés
Le déclarant.

[Signature]

X

Je soussigne Munier Henri decalre avoir retrouve aux environs de la riviere de #La Seille" a la hauteur du pont du village d'Ajoncourt differents membres de coprs humains ayant appartenu a des membres de l'Armee Americaine.

En effet aux environs du 5 Octobre un camoin de l'Armee Americaine charge de environ 12 hommes a touche unr mine ancienne et a ete pulverise. La plupart des cadavres furent enleves vers cette epoque par des membres de l'Armme Americaine combattante.

Je decouvris 5 restes oubliés par cette troupe et qui se composainet a ma memoire de:

5 pieds

1 bras

1 colonne vertebrale

1 crane

Sur le conseil d'un officier americain des Affaires civiles j'ai enterre seul les restes a l'endroit ci-joint par croquis. Il n'y avait aucun objet personnel si ce n'est qu'une bague qui fut enterree avec les restes. J'ai conduit les representants de l'Armee Americaine du Service des Sepultures sur le lieu et ils prirent note de l'endroit exact.

Fait a Ajoncourt le 8Avril 1946 en presence des Signatures suivantes:

Le Declarant Munier Henri

La Maire Thiriet Louis

Le Secretaire Galbe Olivier

L'Adjoint Lhuillier Edmond

Le Gardé Champetre Lhuillier Auguste.

Cachet de la Mairie un habitant Ferry Joseph.

I the undersigned Munier Hemri declare to have found in the vicinity of th Seille river at the level of the bridge of the village of Ajoncourt diffe rent parts of human bodies having belonged to members of the American Army In fact about 5October a truck of the American Army loaded with about 12 men blown up by a mine. Most of the bodies were removed at that time by mem bers of the American Army, which was fighting at the time I discivered some remains of bodies forgotten by this troop as far as I, remember there were: 5 feet, 1 arm, 1 spinal column 1 skull

According to the advice of an American Claim Service Officer I Alone buried the remains at the spot designed on the enclosed sketch. There was no perso nal effects except one ring which was buried with the remains.

I guided the representati ves of the GR Co to the spot and they took notice of the exact place.

Written at Ajoncourt 8th Aprill1946 in the presence of the following undersigners: The Mayor Thiriet Louis, Assiatant to the Mayor: Lhuillier Rural constable Lhuillier Auguste

The Secretary of the Mairie Gable Olivier

one Inhabitant of the village Ferry Joseph.

CERTIFIED A TRUE COPY

X

UNKNOWN IX-6224.
REINTEGRATED U.S. MIL. CEM.
ST. AVOLD, BBBB-8-90

MAYORA LTY OF AJONCOURT

AJONCOURT, 17 March 1946

FROM : Mayor of the Common of Ajoncourt.

TO : Prefect of Department Moselle

METZ


I beg to inform you that information has been submitted, informing me, that LIMBS (arms, legs, etc...) of American soldiers are buried on the territory of common. These soldiers were killed by an explosion of a mine.

For transmission to American burial service.

Believe me, Sir, to be

MAYOR OF THE COMMON OF AJONCOURT

/Signed/



Reintering Officer, Third Field Command, AGRC, APO 164, U.S. Army. 8 July 1946


TO: Commanding Officer, American Graves Registration Command, European Theater Area, APO 887, U.S. Army.

1. Corrected Report of Interment for Unknown X-6224 buried in Plot BBBB, Row 8, Grave 90, and X-6227 buried in Plot BBBB, Row 6, Grave 67, St. Avold, France; eliminating numbers X-6225 and X-6228; returned herewith.

2. Copy of basic communication and corrected Report of Interment furnished Headquarters, Third Field Command and Headquarters Sector III, AGRC, for their information in correcting Forms 10, 11, and 15 to eliminate reference to X-6225 and X-6228.

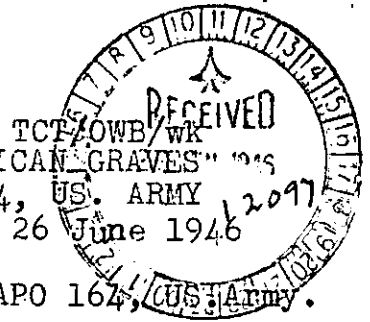
For the Commanding Officer:

2 Incls.
Report of Reinterment


RALPH W. SLECTOR
Major, Inf.
Reintering Officer

4

AGRF 1st Ind.
HEADQUARTERS, SECTOR III, EASTERN FRANCE, AMERICAN GRAVES
REGISTRATION COMMAND, 6870TH QM BN (M), APO 164, US. ARMY



TO: Commanding Officer, Third Field Command, APO 164, US. Army.

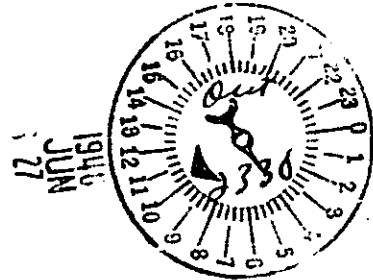
Communication missent to this headquarters. Forwarded to your command for correction.

FOR THE COMMANDING OFFICER:

TELESPHOR C TREMBLAY
1st Lt. Infantry
Operations Officer

Incls: n/c

Tel: 8824 - Nancy



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887 U S ARMY

PIM/IVW/pr

ACRRE

19 June 1946

SUBJECT: Commanding Officer, Headquarters Sector III, American
Graves Registration Command, APO 164, U. S. Army.

1. There are returned herewith four (4) Reports of
Burial for Unknowns X-6224, (X-6225), buried in Plot BBBB, Row 8,
Grave 90, X-6227 and (X-6228) buried in Plot BBBB, Row 6, Grave 67,
U. S. Military Cemetery, St Avold, France.

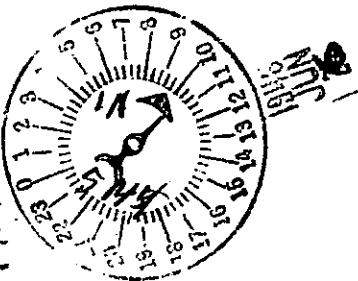
2. Your attention is invited to the fact that in cases
of mass burial only one unknown X-number should be assigned to each
grave. Therefore, it is directed that your records be adjusted and
one Report of Burial for each grave be returned to this headquarters
with the least practicable delay.

BY ORDER OF COLONEL ODELL:

4 Incls.
Reports of Burial

(VER. DIST 4550 Ext. 97)

Paul L. McRillis
PAUL L. McRILLIS,
Major, Inf.
Actg. Asst. Adj. Gen.



21	22	23	24	1	2	3
20	-OUT-					4
19	3107					5
18	21 JUN 1946					6
17	AGRC					7
16	APU 887					8
15	14	13	12	11	10	9



AGR-T 704 (Morici) 1st Ind.
Hq, European Command, APO 757, US Army, 22 March 1947.

TO: Commanding Officer, American Graves Registration Co
US Army.
Attn: Isolated Burials Branch.

1. Casualty locator cards of personnel listed show the following information:

MORICI LOUIS A 32796502 PVT CE
60 INF C BN
TO78 MIA 10 Oct 4
704.02/B560
704/A 1129

SMITH PAUL A 34827976 PVT CE
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129
704.02/G221

GAULTON JOHN H 32796280 CPL CE
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129

KREPLA JERRY J 32796241 CPL CE
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129
704.02 US/D 814
704.02 US/G 705

PURDY GILBERT E 32746730 EFC CE
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129
E93142 (L) to YD 31 Jan 5
704/A 1129
312.1/H 125

BULIN EDWARD J 32796939 PVT CE
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129

HENDER HOWARD A 39305680 PVT
60 INF C BN
TO78 MIA 10 Oct 4
704/A 1129

1st Inf.
HQ, European Command, APO 757, US Army, 22 March 1947.

FWS/P H/m

TO: Commanding Officer, American Graves Registration Command, APO 887,
War Reliefs Administration Branch.

1. Enclosed by Inspector cards of personnel killed in basic communication
showing the following information:

32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA

32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA
32796502 PVT 3rd 9 10 OCT 4 KIA

32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA
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32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA
32796280 CPL 6th 9 10 OCT 4 KIA

32746730 PFC 8th 9 10 OCT 4 KIA
32746730 PFC 8th 9 10 OCT 4 KIA
32746730 PFC 8th 9 10 OCT 4 KIA
32746730 PFC 8th 9 10 OCT 4 KIA
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32796939 PVT 3rd 9 10 OCT 4 KIA
32796939 PVT 3rd 9 10 OCT 4 KIA
32796939 PVT 3rd 9 10 OCT 4 KIA
32796939 PVT 3rd 9 10 OCT 4 KIA
32796939 PVT 3rd 9 10 OCT 4 KIA

39305680 PVT 3rd 9 10 OCT 4 KIA
39305680 PVT 3rd 9 10 OCT 4 KIA
39305680 PVT 3rd 9 10 OCT 4 KIA
39305680 PVT 3rd 9 10 OCT 4 KIA
39305680 PVT 3rd 9 10 OCT 4 KIA
39305680 PVT 3rd 9 10 OCT 4 KIA

AGP-T 704 (Morici)
Hq, European Command, APO 757, US Army, 22 March 1947.

1st Ind.

TWS/PWH/md

TO: Commanding Officer, American Graves Registration Command, APO 887,
US Army.
Attn: Isolated Burials Branch.

1. Casualty locator cards of personnel listed in basic communication
show the following information:

MORICI LOUIS A 32796502 PVT CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704.02/B580
704/A 1129

SMITH PAUL A 34827976 PVT CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704 A 1129
704.02/G221

GAULTON JOHN H 32796280 CPL CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

KREPELA JERRY J 32796241 CPL CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129
704.02 US/D 814
704.02 US/G 705

FURDY GILBERT E 32746730 PFC CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129
E93142 (L) to WD 31 Jan 5
704/A 1129
312.1/H 125

BULIN EDWARD J 32796939 PVT CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

BINDER HOWARD A 39305680 PVT CE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

LASKOWSKI ANTHONY A 33844226 PVT GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

PAIETTA JOSEPH F 32797719 PVT GE 9 10 OCT 4 KIA
60 ENG C BN
704.02/M72
TO78 MIA 10 Oct 4
704/A 1129

NEMICCOLA ANTHONY 32637746 PVT GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129
704.02/US/0866

CLARK CHARLES E 32783174 PFC GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129
312.1/H 48

SMOLINSKI LEO E 32796578 PFC GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4

ZAHRADNIK HENRY E 32605630 PFC GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

WENZEL PETER H 32747445 TEC 5 GE 9 10 OCT 4 KIA
60 ENG C BN
TO78 MIA 10 Oct 4
704/A 1129

2. 201 files of personnel in KIA status remained at your headquarters.
This headquarters has no further information regarding subject personnel.

BY COMMAND OF LIEUTENANT GENERAL CLAY:

T. W. SUCHARA
Capt ACB
Assistant Adjutant General

Tel: Frankfurt 2-1246
2-1356

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 Dec. 1948

Date

SUBJECT: Unidentifiable Remains

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

JFB
1. The records pertaining to Unknown X- 6224, Plot MMM,
Row 6, Grave 136, 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. _____, dated _____, No
further information is available.

FOR THE COMMANDING GENERAL:

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

received 20 APR 1949 OQMG
Not identifiable from
information presently
available

File - NAT
J. Parker
Id. Branch
20 April 49

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 -6224, Plot 136M
Row 6, Grave 136, 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.

FOR THE COMMANDING GENERAL:

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

Received 20 APR 1949 QMG
Table from
information **presently**
available

J. Parker

Incl # 26

1 ✓

USMC ST. AVOLD FRANCE Buried at deceased Plot: COLLINS, STANLEY
Plot F, Row 13, Grave 20 6636862 TEC 4
Date reburied: 22 Dec 49 **DISINTERMENT DIRECTIVE** Right: OKSCIN, STANLEY J.
Herbell 34980779 PVT

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DEWEY R. BELL 1st Lt. CAV
DIRECTIVE NUMBER 3574 00000
DATE 15 01 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-006224 RANK ARM 0
CEMETERY *Unk France X-6214 (at Avold)* DISPOSITION OF REMAINS DAY MONTH YEAR
ST AVOLD - METZ 0 3503 80
CODE DIST. PT.
PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
4M 6 136 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 UNKNOWN X-006224 SERIAL NUMBER RANK DATE OF DEATH Est 5 Oct 44 DATE DISTINTERRED 31 Mar 48
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS GRS USAGF Unk Elijah H. Fields, Embalmer
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover. CONDITION OF REMAINS Missing right & left humerus, right Ulna, Radius, left Ulna, right Femur & head. All major bones fractured with major portions missing. Body disarticulated.

OTHER MEANS OF IDENTIFICATION None. Processed by C.I.P.

MINOR DISCREPANCIES 1
one

REMAINS PREPARED AND PLACED IN CASKET DATE 7 Apr 48 BY Elijah H. Fields, Embalmer.

CASKET SEALED BY Elijah H. Fields, Embalmer. EMBALMER (Signature) Elijah H. Fields, Embalmer.

CASKET BOXED AND MARKED DATE 7 Apr 48 BY Elijah H. Fields, Embalmer. SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by. Frank B. Callaghan, 1st Lt FA, 337 QM Bn.

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

Frank B Callaghan
FRANK B CALLAGHAN, 1st Lt FA, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

APR 15 1949
BRANCH
MET. DIV.

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 SI VAOJD LBVICE	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

293 - Unknown X-6224 France (St. Avoird)

INDEX SHEET

SYNOPSIS

Letter

13 Sept. 1946

COMB

CG, Amer. GRC, European Theater Area, Versailles, France, APO
887, c/o PM, New York

NOTE:

Identification of Unknown Deceased

MILITARY RECORD UNDER NO. 293 - ^(Ident) Unknown X-6227 France (St. Avoird)

rtb

8
FILE NUMBER NO. 293 - Unknown X-6224 France (St. Avold)

INDEX SHEET

SYNOPSIS

Letter

13 Sept. 1946

FROM: COM

TO: CG, Amer. ORC, European Theater Area, Versailles, France, APO
887, c/o PM, New York

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown X-6227 France (St. Avold) *(cont)*

rtb

CHECK LIST OF UNKNOWNNS

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

Unknown X- 6224
Cemetery St. Avold, France (Q-260584)
Plot MOMM Row 6 Grave 136

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 disinterred by _____
(name and organization)
4. Evacuated to Cemetery by Central Identification Point
(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 _____
(type)

Raincoat	
Overcoat	
Jacket, Field	
Jacket, Combat	
Mackinaw	
Sweater	
Jacket, HBT	
*Shirt, Wool OD	
Undershirt, Wool	
Undershirt, Cotton	
Trousers HBT	
*Trousers, Wool OD	

no
un
no
p

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, ~~wool~~ **canvs inf., type** (Note unusual lacing) **no**

Socks, Cotton **none**

•Shoes **9 1/2 EE** (type) **Service**

Overshoes **none**

Web Equipmen**none**. (Type)

(Other item) **none**

(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

Yes- Ground Forces

8. Description of Remains :

Age **utd** Height **utd** Weight **utd** 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 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 none found
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin utd(missing)
(prominent, receding, pointed, dimple, double)

Jaw missing 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 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)

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

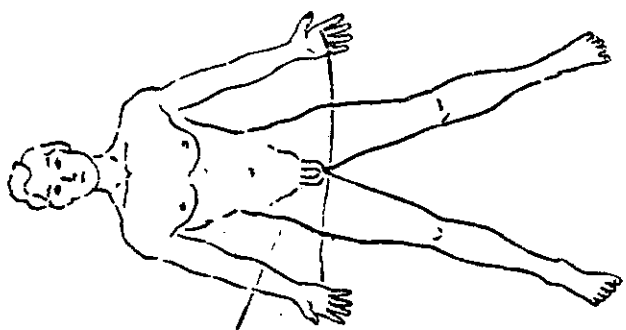
Hernioplasty utd
(yes-no; location)

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

Feet no utd Toes utd
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

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



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

If not, explain too decomposed

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

12. Remarks : X-ray not needed. Disinterred as a Mass Burial of two (2) men under X-6224 and X-6225 in one (1) box. Have been separated into two (2) bodies now in two (2) boxes as X-6224 (one body) and ~~one~~ X-6225 (one body).

Est. weight of remains 3 Lbs.

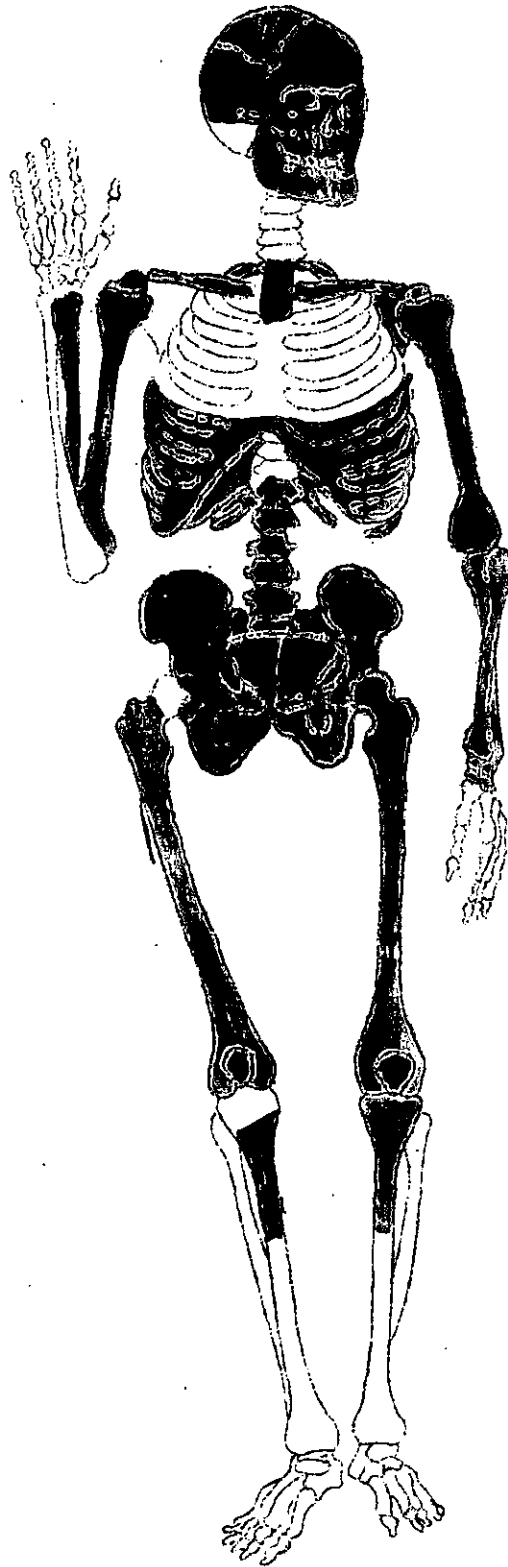
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Raymond J. Johnson
R.G. Johnson ^{Officer's Name} R.H.

2nd Lt. Inf. - Lab-Officer
Rank Service

Central Identification Point
Organization

X-6224

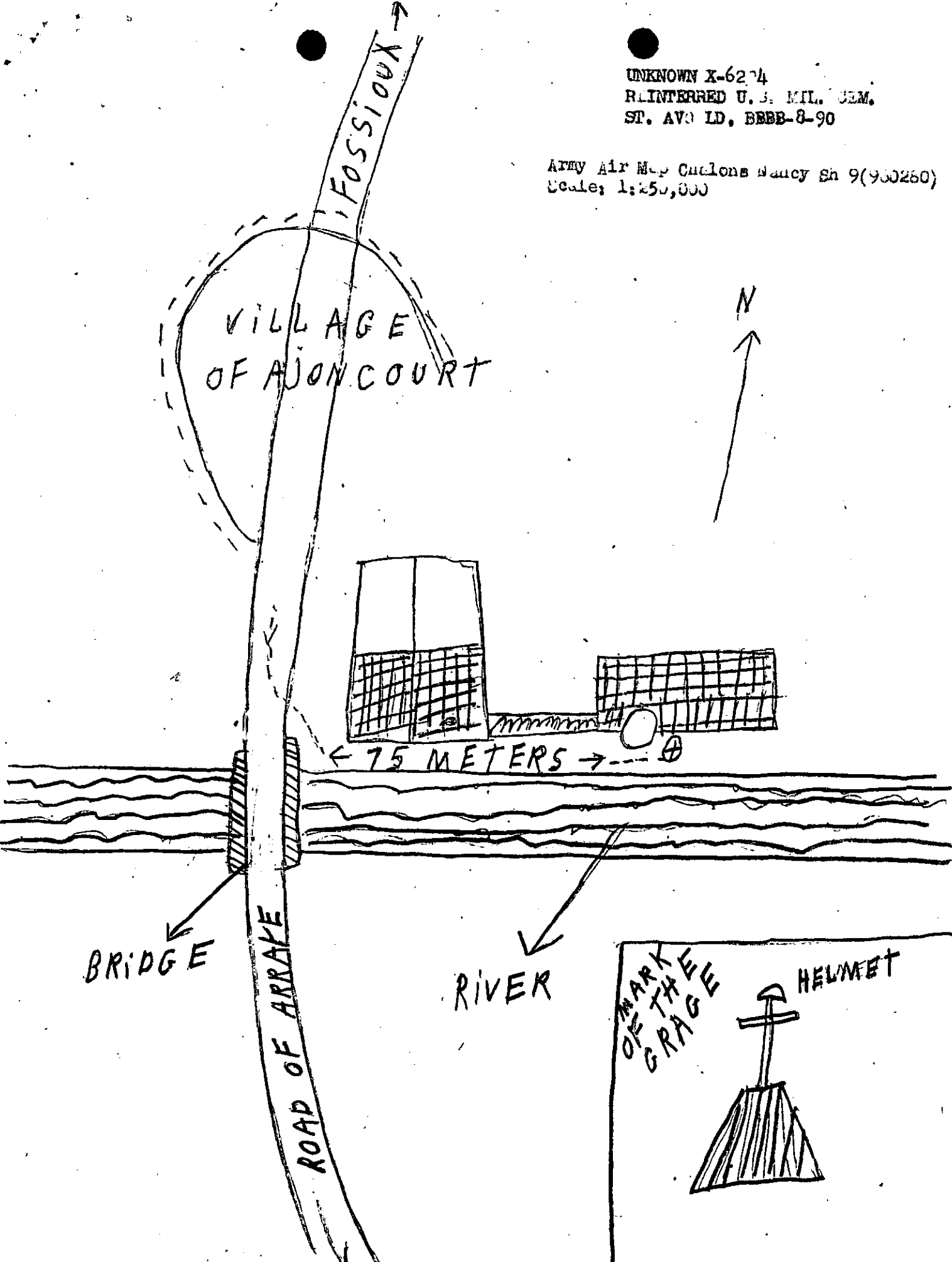


X-6224



UNKNOWN X-6274
REINTERRED U. S. MIL. CEM.
ST. AVI LD. BBBB-8-90

ARMY AIR MAP CULONS SAUCY SH 9(960260)
Scale: 1:250,000



AGTC

FORM NO. 11

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)

~~Mass burial with unknowns 250228 X~~

Unknown X 6224

Cemetery St. Germain

Plot BBB Row 8 Grave 90

1. Arrived at cemetery 1600 31 May 1946
(Hour) (date)

2. Place of death Alenport Baselle, France
(Name of cemetery) Arm, Air and Chulons Nancy
Sh 9(95028)sc 1:250,000
(coordinates and letter Prefex, maps)

Sheet, scale and serials used.

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

4. Evacuated to Cemetery by AGTC
(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 none (Note unusual lacing)

Socks, Cotton wool one pair

*Shoes (Type) service one pair sizes

Overshoes

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: est
- Age UTD Height UTD Weight 12 lbs 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)
- UTD
- 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, shape) Length, heavy,

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

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
 (joints) (unusual characteristics of fingernails)

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

Back UTD Waist UTD
 (quantity & extent of hair) (size of navel, an endectomy, amount

UTD Circumcision UTD Pubic hair UTD
 (yes-no) (color)

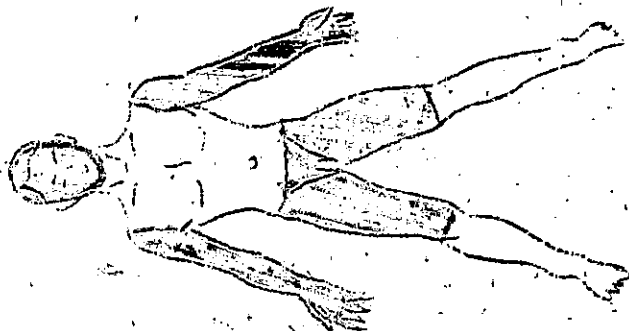
quantity & color of hair

Hernioplasty UTD
 (yes-no, location)

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

Feet _____ Toes _____
(Size, corns, callouses, flat) (slender, straight, crooked, overia)
Evidence of healed fractures _____
~~U.D.~~ (nose, arms, legs, etc.)

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



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

If not, explain _____

11. Has tooth chart been prepared Remains too badly decomposed If not, explain _____
Yes-no

Mazillary and Mandible were displaced
12. Remarks: _____

Remains of two bodies recovered: 27 vertebrae, distal ends of three radii; 28 ribs; 13 metacarpals; bones of three feet; distal ends of three tibia; and fibula. Segregation of the remains impossible.
~~xx~~

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.

Ralph W. Sleator

Ralph W. Sleator Maj Int.
Third Field General Office

Rank Service

Organization

ANNEX #4

RESTRICTED

MASS BURIAL CERTIFICATE

CGFS

Form No. 15

14-9-45

To be accomplished by a Medical Officer in all cases of group or mass burials interred in a single grave.

U.S. Military Cemetery (Q-260584) St. Avold France 4 June 1946.
(date)

Plot BBBB Row 8 Grave 80

I certify that I have this date examined the group remains buried as (State names or Unknown X number): UNKNOWN
Unk X-6224

and certify to the best of my knowledge that:

1. The group remains consist of parts of two decedents based on the presence of one or more of the following anatomical parts: 27 vertebrae, distal of 3 radius, 28 ribs, 13 metacarples, bones of 3 feet, distal ends of 3 Tibia and Fibulas.

2. No segregation of bodies or parts is possible for the following reasons: Joints of remains disarticulated and bones mixed and fractured

3. Fingerprints are not available. If not, explain (are-are not)
Flesh of fingers completely decomposed

4. Remarks: All Flesh completely decomposed, Bones fractured and joints disarticulated

R. J. Christensen
Medical Officer's signature

Ralph W. Sleator
Signature of Graves Reg. Officer verifying report

1st Lt MC
(Rank) (Service)

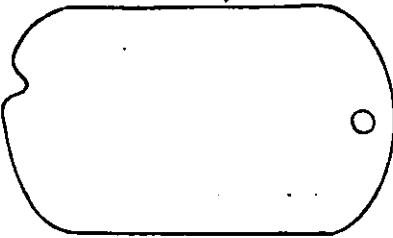
Maj Inf
(Rank) (Service)

RESTRICTED

Hq 3rd FC AGRC
(Organization)


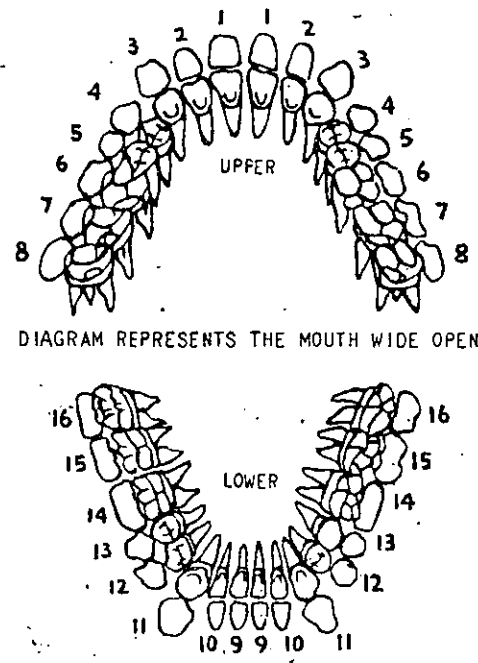




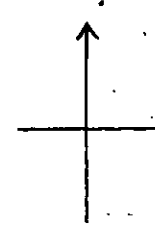
Annex 9

3rd Field Command AGRC
(Organization)

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 31 May 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.						
	NAME (Last, first, middle initial) Unknown X-6224				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 Ajoncourt, Moselle, France.		CAUSE OF DEATH Land Mine			DATE OF DEATH Est 5 Oct 1944.		
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 US Military Cemetery(Q-260584)St Avold, France							
DATE OF BURIAL 31 May 1946	HOUR 16.30	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wooden cross	PLOT No. BBBB	ROW No. 8	GRAVE No. 90	
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 Ajoncourt Moselle France Army Air Map Chalona Nancy Sht9 (960280)1250000, Isolated Grave						
TYPE OF RELIGIOUS CEREMONY General Service Ch	PERSON CONDUCTING BURIAL RITES JB Johnson 1st Lt		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) Crites, Charles A.			RANK S/Sgt	SERIAL No. 35976042	ORGANIZATION 179th Inf Regt	GRAVE No. 89	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-6222			RANK Unk	SERIAL No. Unk	ORGANIZATION Ground Forces	GRAVE No. 91	
SIGNATURE OF PERSON PREPARING REPORT Herbert F Shaw WD CIV 3rd Field Command AGRC			SIGNATURE OF THEATER COMMANDER 3rd Field Command AGRC				
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.							

REGISTRATION AND RECORDS BRANCH
 APR 26 3 05 PM '46
 MEMORIAL DIVISION

RESTRICTED

	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT UTD	WEIGHT EST 121bs	COLOR OF EYES UTD	COLOR OF HAIR UTD
	BIRTHMARKS, SCARS, OR TATTOOS ----- UTD			
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. NONE		LAUNDRY MARKS NONE	WHERE BODY WAS BURIED OR FOUND Ajoncourt Moselle France.
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
	BRIDGE WORK  GOLD BRIDGE			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;">  </div>			
RIGHT RING FINGER	REMARKS: Attached Form II Check List of Unknowns .Unknown 2-			
RIGHT LITTLE FINGER	6224 in mass burial because of inability to segregate the remains of the two deceased. Unable to obtain either form 1A or fingerprints because of missing portions of remains est weight of remains 12 lbs.			

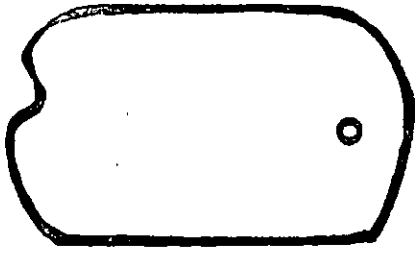
corrected copy

WD QMC FORM 1042
Rev 1 Apr. 1946
(Supersedes GRS Form I)

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

Date of report
31 May 1946

Imprint Identification Tag If Possible
DO NOT TYPE



SECTION I. IDENTIFICATION

NAME (Last, First, Middle Initial)		Serial number
Unknown X-6224		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
Ajoncourt, Moselle, France	Land Mine	Est. 5 Oct 1944

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 St. Eloi, France (S 260524) B137B-8-90

Date of burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of grave marker temp.	Plot no.	Row no.	Grave no.
31 May 1946	1630	casket	wooden cross	MMMM	6	136

Was this a re-burial (Yes or No) Yes	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Isolated grave near Ajoncourt, France, Moselle, Army Air Dep Chalons-Nancy, Sht 9 960280 1/250.000	Plot no.	Row no.	Grave no.
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Type of religious ceremony General Service	Person conducting burial rites Ch. J. B. JOHNSON, 1st Lt	If identification tags not used, describe identification data and containers buried with body One copy of WD QMC Form 1042 - Report of Interment - placed in burial bottle and buried with remains.
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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-6226	Rank Unk	Serial number Unknown	Organization Unknown	Grave No. 135
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Body buried on deceased right, Name (Last, First, Middle Initial) Wilson, Raymond W.	Rank Unk	Serial number 35235032	Organization A.A.P.	Grave No. 137
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Signature of person preparing report WILLIAM T. LACINTYER, Capt, HQ, C.I.P.	Signature of GRS officer verifying report WALTER C. H. UNDS, 2nd Lt, Inf, C.I.P.
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DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

SECTION 3. 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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
UTD	UTE	UTD	UTD	UTE

Weapon and serial number	Laundry marks	Where body was buried or found
None	None	Ajoncourt, Moselle, France

For tooth chart see attached Form I-A.

REMARKS

Previously buried as a Mass Burial with Unknown X-6225. Bodies reprocessed at C.I.P. on 5 October 1946 and segregation was made.

Furnish sketch and map reference and coordinates for burial in other than established cemetery



Remarks

Form # 11 checklist of Unknowns accomplished.
 No Tooth Chart because of missing teeth.
 Estimated weight of remains recovered: 3 lb.