

7887 GRAVES DETACHMENT

APR 75

943 unk St. Avold X-6226

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 - 6226 St Avold

(POC) ST AVOLD

File  
27 Jul  
2d BW  
26 Jul 57

Case Processed By  
Repatriation Mongue

### IDENTIFICATION CHECK LIST

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



Unknown X- 6226  
Cemetery St. Auld  
Plot 4B Row 8 Grave 94  
131313

1. Arrived at cemetery Reprocessed 21 Sept 48  
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains Reprocessed recovered or disinterred by Mobile 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	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

None

St. Auld

X  
X-6226

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

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

Chevrans or  
Insignia \_\_\_\_\_  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

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

6. Description of Remains: *(Height Computed As per MR KROGMAN'S BOOK)*

\* *Est.* (See Paragraph 9) Age \_\_\_\_\_ Height 5'6 2/3" Weight U/D Description of wounds \_\_\_\_\_

Bandages or dressings None Scars \_\_\_\_\_  
(Length, width, location)

Tattoos \_\_\_\_\_  
(Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_  
(Light, medium, dark, clear, pimples, poeks, freckles)

Build \_\_\_\_\_  
(Large, fat, thin, muscular)

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

Hair U/D \_\_\_\_\_  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ Mustache U/D Beard or U/D  
(Color, setting, shape) (Color, size, shape) (Length, heavy)



Goatee ..... (Light, color, extent)

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

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

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

Teeth *None found* ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches *Skull missing* ..... (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (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 ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

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

Hernioplasty ..... (Yes-no; location)

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

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

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

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 (Yes-no) If not, explain No teeth found

Case Processed As Per E.O # 1780  
Remains Received in Skeletal form; No flesh  
No clothing found.  
Fluoroscope Unavailable.

9. Remarks No I.D. tags found.  
No teeth found with the Remains  
No Evidence of Previous Fractures and/or Amputations.  
Height Estimate: 5'6 3/8" - (As per Mr. Krogman's book.  
Weight Estimate of Reprocessed Remains: 9 Pounds.  
\*Age Estimate:  
No Personal Effects, no other means of identification.

\*The epiphyseal union of the Tibia was completely smooth which indicated the age over sixteen and a half years. The smoothness of this bone also indicated the age over twenty three.

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:

- C. Rice
- R. DePass
- L. Lennon
- Clert L. Rose

George Schwedener  
(Officer's Name)

Rank \_\_\_\_\_ Service \_\_\_\_\_

(Organization)



SKELETAL CHART

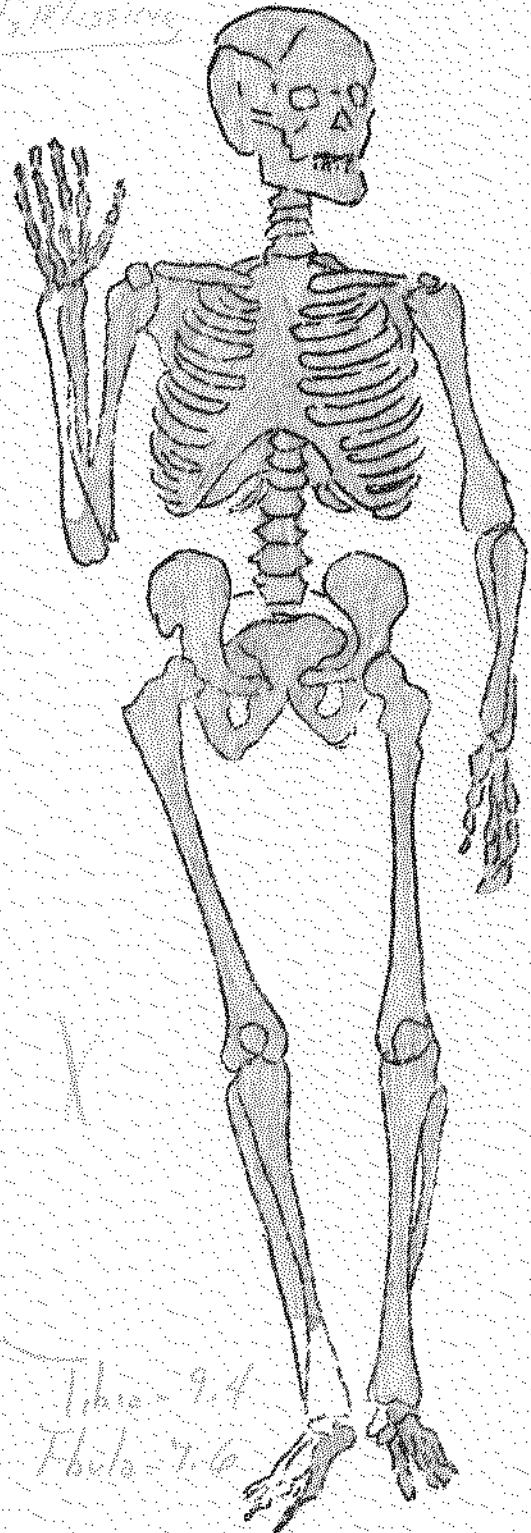
X 6226

Blackout paint missing

P4B R8 G 94

21 Sept. 1948

ST. Anselm Cemetery

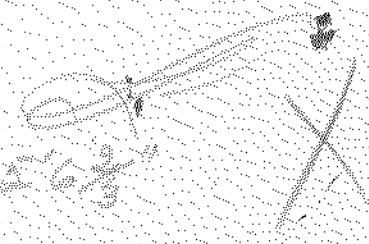


Ulna - 19.7

Tibia - 9.4

Fibula - 7.6

Est. Ht. (using Roemer's book) 5'6 2/3"



AGRC

FOEM 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)

Unknown X- 6226

Cemetery (Q-260594) St Avoide

Plot BBB Row 8 Grave 94

1. Arrived at cemetery 1630-31 May 46  
(Hour) (date)

2. Place of death Aioncourt, Moselle, France  
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by AGRC 538th CM MHC  
(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)	None			
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 (1) sock

\*Shoes (Type) service One (1) shoe, Size 6 1/2 M

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. None
8. Description of Remains:  
Age UTD Height UTD Weight Est 21lbs Description of wounds UTD
- Bandages or dressings UTD Scars UTD  
(Length, width, location)
- Tattoos UTD  
(Number, location-illustrate on sep. page)
- Outstanding moles, warts or birthmarks UTD  
(Yes-no; description, location)
- Sunburn or tan, other than hands & face UTD
- Complexion UTD  
(light, med. dark, clear, pimples, poeks, 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,  
 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, noticable 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, appendectomy, amount  
UTD UTD 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).

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

Evidence of healed fractures 1 UTD  
(nose, arms, legs, etc..)

9. Black outparts of body not received at cemetery.



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

If not, explain Necessary portions of remains not recovered

11. Has tooth chart been prepared NO If not, explain  
Yes - no  
Maxillary and Mandible displaced and not recovered

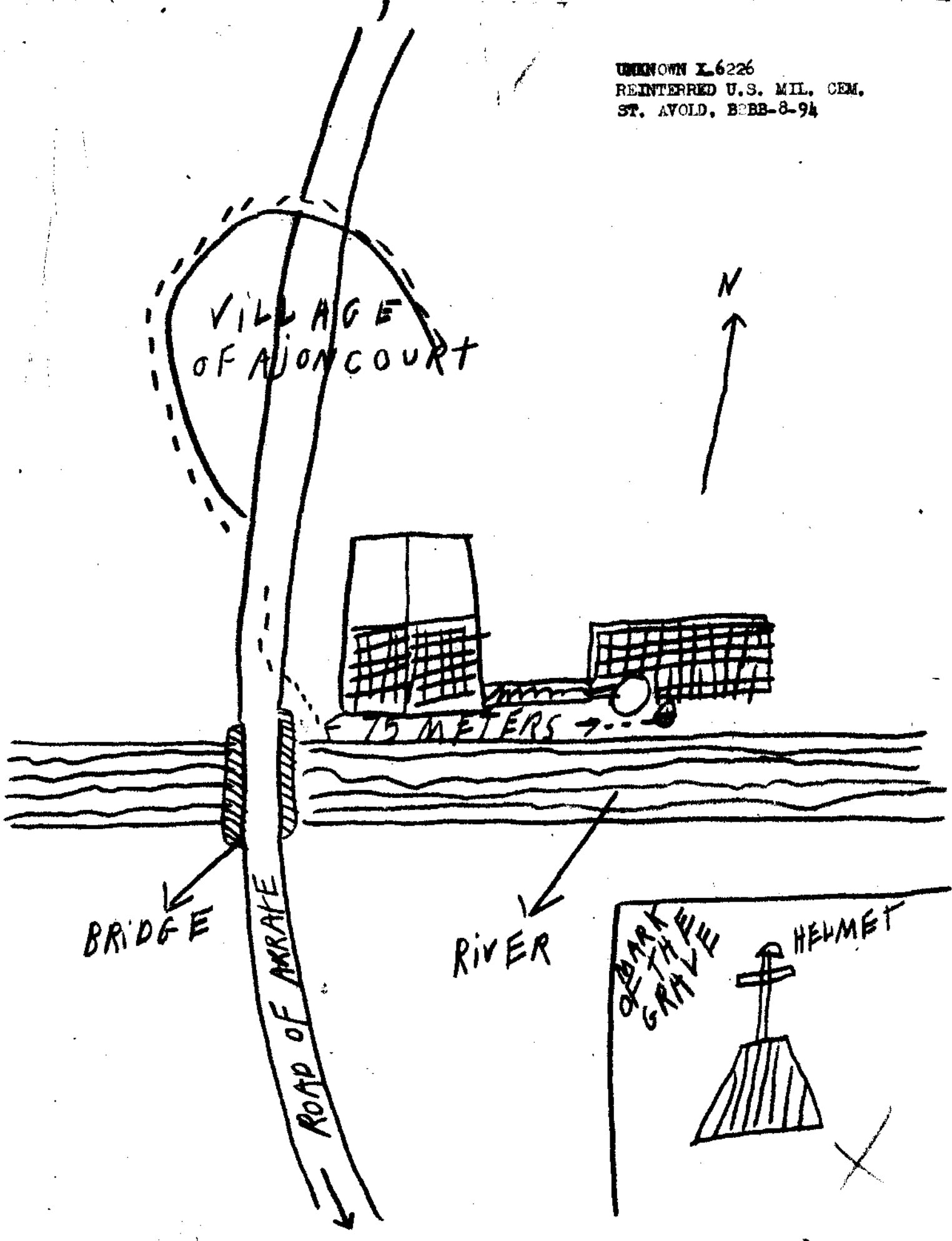
12. Remarks Remains recovered; bones of the right foot, proximal 3/4 of radius  
distal end of right tibia; and fibula. Unknown I-6226 was separated from  
the mass burial cases Unknown I-6225 and Unknown I-6224 and certified to be  
the remains of one man by a medical officer.

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. Slesator*  
Ralph W. Slesator Maj. Inf.  
Third Field Command AGRC.

Officer name \_\_\_\_\_  
Rank \_\_\_\_\_ Service \_\_\_\_\_  
Organization \_\_\_\_\_

UNKNOWN X.6226  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BEBB-8-94



REPUBLIQUE FRANCAISE  
Departement de La Moselle  
Commune d'Ajoncourt  
Arrondissement de Chateau-Sallins

TRUE COPY

UNKNOWN X-6226  
ERRERED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-94

Le Maire de la Commune d'Ajoncourt  
a A.G.R.C. at Metz

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

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

Je decouvris 5 restes oublies par cette troupe, et qui se composaient, 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 une bague qui fut enterree avec le reste. J'ai conduit les representants de l'Armee du Service des Sepultures sur le lieu et ils prirent note de l'endroit exact.

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

Le Declarant : MUNIER, Henri  
Le Maire : THIRIET, Louis  
Le Secretaire : GALBE, Olivier  
L'Adjoint : LHUILLIER, Edmond  
Le Garde-Champetre : LHUILLIER, Auguste  
Cachet de la Mairie Un habitant : FERRY Joseph

I the undersigned MINIER, Henri, declare to have found in the vicinity of the "Seille" river, at the level of the bridge of the village of Ajoncourt different parts of human bodies, having belonged to members of the American Army.

In fact about 5th October, a truck of the American Army, loaded with about 12 men was blown up by a mine. Most of the bodies were removed at that time by members of the American Army which was fighting at the time I discovered 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 American Claim Service Officer, I, alone, buried the remains at the spot designed on the enclosed sketch. There was no personal effects except one ring which was buried with the remains.

I guided the representatives of the G.R. Co. to the spot and they took notice of the exact place.

Written at Ajoncourt, 8th April 1946 in the presence of the following undersigners:

The Mayor: THIRIET, Louis - The Secretary of the Mairie: Assistant to the Mayor: LHUILLIER, Edmond, GALBE, Olivier - Rural constable: LHUILLIER Auguste  
One onhabitant of the village: FERRY Joseph

The declaring ;

*Howard E. Metzbower*  
Howard E. METZBOWER, 2nd LT, INF.

CERTIFIED A TRUE COPY

UNK X-6226

MAYORALTY OF AJONCOURT

Ajoncourt 7 March 1946

From Mayor of the common Ajoncourt  
To. Prefect of Department Moselle  
METZ

I beg to inform you that information has been submitted, informing me that limbs (Arms leg etc) of American Soldiers are buried on the territory of the Common. These soldiers were killed by an explosion of a Mine.

For Transmission to American Burial Services.

Believe me Sir to be... ..

Mayor of the Common of Ajoncourt  
/S/

UNKNOWN X-6226  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-94

DNK X-6226.

**REINTERRED**  
U. S. MIL. CEM. ST-AVGOLD  
PLOT ~~8888~~ ROW 8 GRAVE 94

30 May 1946.  
Date

NAME Unknown X-6226 RANK Unknown ACN 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 \_\_\_\_\_ ACN \_\_\_\_\_  
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 \_\_\_\_\_ ACN \_\_\_\_\_  
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)

c. Map Coordinates of the Cemetery \_\_\_\_\_

a. Town \_\_\_\_\_ Country \_\_\_\_\_

Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

b. Is sketch attached? \_\_\_\_\_

4. If remains are not located in a cemetery, give exact location.

a. Town Ajencourt Moselle France coordinates \_\_\_\_\_

b. Is sketch attached? yes

c. Is area mined? \_\_\_\_\_

5. How is the grave marked? wooden Cross and Helmet

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

no markings

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

b. By whom?

11. Where are the cemetery records?

(Town Hall, cemetery, burials 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?

Land Mine

a. Give basis **Statement of Henry Minier**

14. What is the date of burial?

Unknown

a. Give basis

15. Where was the place of death?

Ajoncourt Moselle France

Give basis **Statement of Henry Minier**

16. Where were the remains found?

Ajoncourt Moselle France

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 \_\_\_\_\_  
(Night? Day?)
30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_

Prisoners? \_\_\_\_\_

SECTION C - ARMORED CORPS DECOMPOSED (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

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? Unknown

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? \_\_\_\_\_

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

42. Was deceased given first aid? Unknown 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? Thought to be by Fr Civilian Henry Minier Five

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

(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? \_\_\_\_\_ By whom? \_\_\_\_\_

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

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

Henry Minier c A. JONCOURT and Louis Thiriet & Jor 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. Metz Bower*  
\_\_\_\_\_  
Signature of Investigator

HOWARD E. METZ BOWER

2nd Lt.

Inf

\_\_\_\_\_  
Rank

\_\_\_\_\_  
ASN

\_\_\_\_\_  
Organization

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.

1. The records pertaining to Unknown X- 6226, Plot BBBB,  
Row 8, Grave 94, 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. 3250, dated 1/12/48. 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 -6226, Plot BBBB  
Row 8, Grave 94, 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. 3250, dated 1/12/48.  
No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 20 APR 1949 OQMG  
Not identifiable from  
information presently  
available

J. Parker

*Incl # 28*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 1 DEC 1948

SUBJECT : Reprocessing of Remains

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

The remains of X-0226  
interred in Plot B3B3, Row 8, Grave 94, USMC St Avold,  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

Est. Height : 5'6 2/3"

No clothing found.  
No teeth found with the remains.  
No evidence of previous fractures and/or amputations.  
No Personal Effects.  
No other means of identification.

The epiphyseal union of the tibia was completely smooth which indicated the age over sixteen and a half years. The smoothness of this bone also indicated the age over twenty three.

FOR THE COMMANDING GENERAL :

1 Incl. :  
- Skeletal Chart

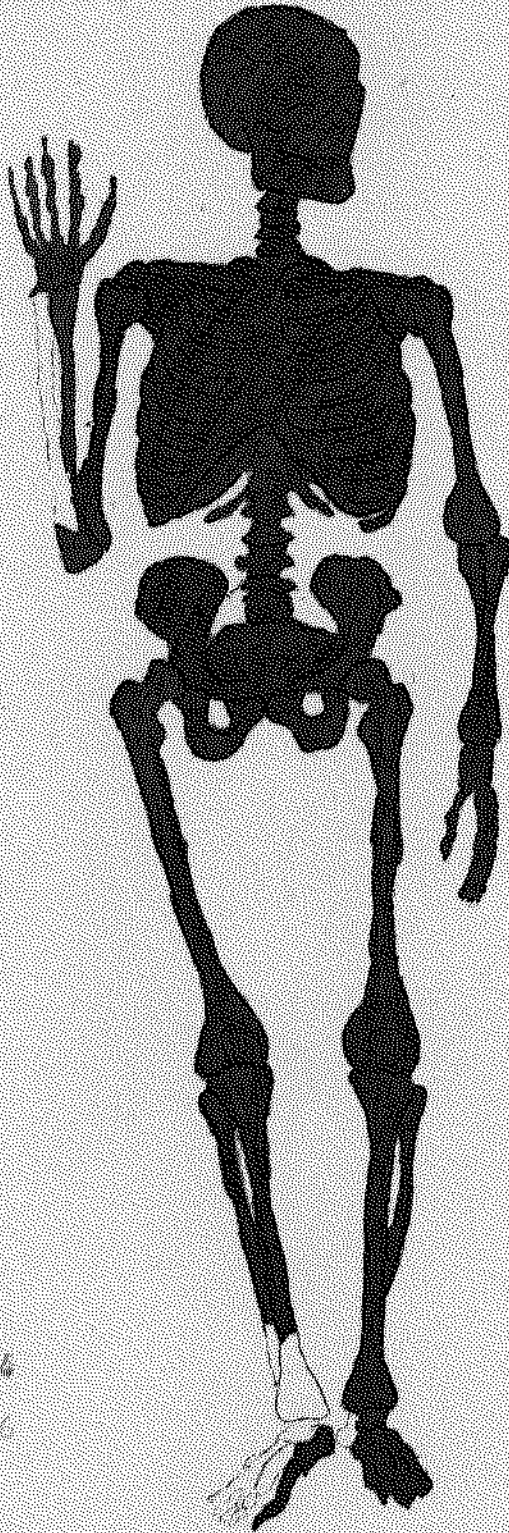
*Geary Freeman*  
GEO. G. I. FREEMAN  
1st Lt CMC  
Actg Asst Adj Gen.

Incl # 18

X-6226  
St Avoild Cemetery  
MBB - 8 - 94  
21 Sept. 1948

SKELETON OBJECT

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Ulna : 10.7

Tibia : 9.4

Fibula : 7.6

Estimated height (as per Krogman's book) : 5'6 2/3"

1	USMC ST AVOLD ANCE		Buried at deceased.		ft: BONDY RUSSELL F		
	Plot F, Row 15, Grave 28		DISINTERMENT DIRECTIVE		O-511754 CAPT		
Date reburied: 22 Jan 49		DEWEY R. BELL 1st Lt. CAV		DIRECTIVE NUMBER 3574 00000		DATE 15 12 47 DAY MONTH YEAR	
SECTION A -- NAME AND BURIAL LOCATION OF DECEASED		SERIAL NUMBER UNKNOWN X-006226		RANK Unk		DATE OF DEATH DAY MONTH YEAR	
CEMETERY ST AVOLD - METZ		DISPOSITION OF REMAINS 3503 80 CODE DIST. PT.		CAUSE OF DEATH 6			
PLOT 4B		ROW 8		GRAVE 94		COUNTRY FRANCE	
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-006226		SERIAL NUMBER		RANK Unk		DATE OF DEATH 22 Jun 48	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		ORGANIZATION UNKNOWN		RELIGION Unk		IDENTIFICATION VERIFIED BY George W Lowry, Embalmer NAME AND TITLE	
SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL Mattress cover				CONDITION OF REMAINS Remains consist of : right foot, distal end of right fi- bula and right ulna (fractured).			
OTHER MEANS OF IDENTIFICATION  Report of Burial found with remains							
MINOR DISCREPANCIES  None							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 24 Jun 48		BY George W Lowry, Embalmer					
CASKET SEALED BY George W Lowry, Embalmer				EMBALMER (Signature) George W Lowry			
CASKET BOXED AND MARKED 24 Jun 48 George W Lowry, Embalmer DATE BY				SHIPPING ADDRESS VERIFIED BY All markings, plates & tags verified by: Henry F Alzmann 1st Lt Inf			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
				Henry F Alzmann Henry F Alzmann, 1st Lt Inf, 337 QM Bn SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies							

FILE  
15 MAY 1949  
STATION

M. E. IV.



AGRC

FD-11 NO. 11

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown # 5226

Cemetery (O-260894) St Avold

Plot 2008 Row 8 Grave 94

1. Arrived at cemetery 1630-31 JULY 46  
(Hour) (date)

2. Place of death Ajencourt, Moselle, France  
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by AGRC 535th CH HQT  
(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)	<u>None</u>			
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 (Note unusual lacing)

Socks, ~~Cotton~~ wool One (1) sock

\*Shoes (Type) service One (1) shoe, Size 6 1/2 E

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. None

8. Description of Remains:  
Age UTD Height UTD Weight Not 21lbs Description of wounds UTD

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

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

Outstanding moles, warts or birthmarks UTD  
(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)

Sidburns UTD Mustache UTD Beard or Goatee UTD  
 (color, setting, shape) (color, size, shape) (length, heavy,  
 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, 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, soft, 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, appendectomy, amount  
UTD Circumcision UTD Pubic hair UTD  
 quantity & color of hair yes-no (color)

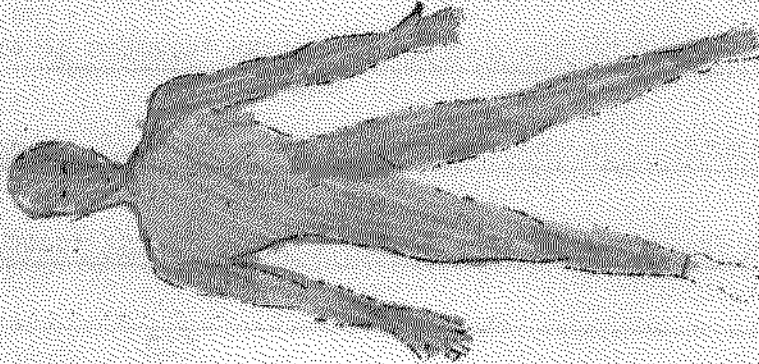
Mastectomy UTD  
 (Yes - no; location)

Legs UTD  
 (inset, 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 out parts of body not received at cemetery.



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

If not, explain Necessary portions of remains not recovered

11. Has tooth chart been prepared NO If not, explain \_\_\_\_\_  
Yes - no  
Maxillary and Mandible displaced and not recovered

12. Remarks Remains recovered; bones of the right foot, proximal 3/4 of radius distal end of right tibia; and fibula. Unknown L-6225 was separated from the mass burial cases Unknown L-6225 and Unknown L-6224 and certified to be the remains of one man by a medical officer.

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.

*Joseph W. Sleator*  
Joseph W. Sleator Maj. Inf.  
Third Field Command APO.

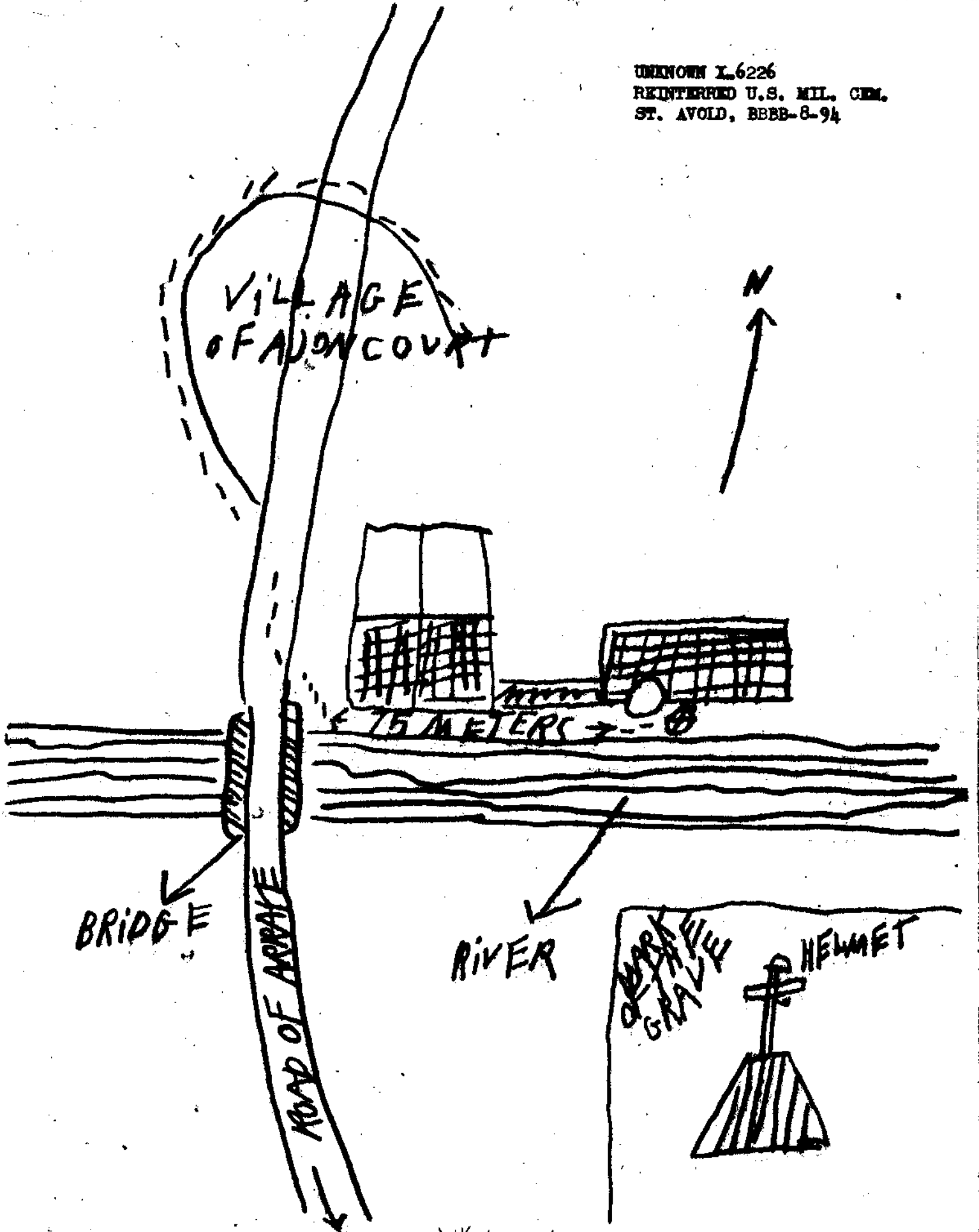
Officer name

Rank

Service

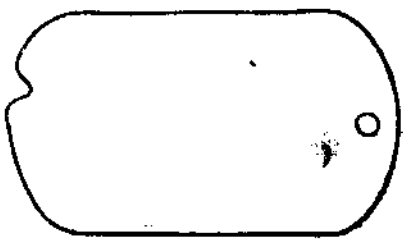
Organization

UNKNOWN X-6226  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, BBBB-8-94



UNK X-6226.

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>31 May 1946</b>
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>					
	NAME (Last, first, middle initial) <b>, Unknown X-6226</b>			SERIAL NO. <b>Unknown</b>		
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE † <b>Ground Forces</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Ajoncourt Moselle France</b>	CAUSE OF DEATH <b>Land Mine</b>			DATE OF DEATH <b>Egt 5 Oct 1944</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>None</b>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>US Military Cemetery(Q-260584) St Avold France</b>						
DATE OF BURIAL <b>31 May 1946</b>	HOUR <b>1630</b>	BURNED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>wooden cross</b>	PLOT NO. <b>BBB</b>	ROW NO. <b>8</b>	GRAVE NO. <b>94</b>
WAS THIS A REBURIAL? (Yes or no) <b>yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Isolated Grave near Ajoncourt Moselle, France</b>			PLOT NO. <b>Isolated Grave</b>	ROW NO.	GRAVE NO.
TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>Ch. J.B. JOHNSON, 1st Lt</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.</b>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes, embossed plate</b>					
BODY BURIED ON DECEASED LEFT: NAME (Last, first, middle initial) <b>UNKNOWN X-6221</b>		RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>Ground Forces</b>	GRAVE No. <b>93</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-6223</b>		RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>AAF.</b>	GRAVE No. <b>95</b>	
SIGNATURE OF PERSON PREPARING REPORT <b>Herbert F Shaw WD Civ. 3rd Field Command AGRC.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>RALPH W. SLEATOR Major, Inf. 3rd Field Command</b>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**RESTRICTED**

Section . . . UNIDENTIFIED REMAINS.

**INSTRUCTIONS:**






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

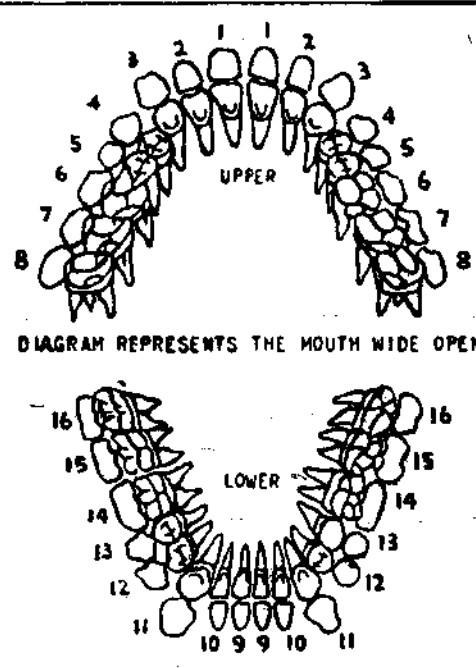
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	EST 2 lbs	UTD	UTD	UTD

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	AJONCOURT Moselle France

**OTHER IDENTIFICATION CLUES**

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE



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



**REMARKS:** Attached..Form 11 Check List of Unknowns.Unknown X-6226 was segregated from the mass burial cases Unknown X-6225 and Unknown X-6224 and certified to be the remains of one man by medical officer.Unable to obtain form 1A tooth chart or fingerprints because of missing portions of remains. Est weight of remains 2 lbs