

7887 GRAVES DETACHMENT

NO 757

943 unk St. Avold X-6990 MB

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-6990, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 mar 51
Kirkland
Isant.*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6990				2. DATE OF REPORT 11 AUGUST 1949	
3. NAME OF CEMETERY U. S. M. C. SAINT AVOLD		4. PLOT 43	5. ROW 1	6. GRAVE 15	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT AGE U. T. D.	9. ESTIMATED HEIGHT 6' - 1 1/8"	10. COLOR OF HAIR "NONE"	11. RACE U. T. D.
--	---	------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

3 MORTUARY PLATES

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

"NONE"

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **SEE ITEM # 19**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

BONE SPUR, RIGHT FIBULA
POSTERIOR SURFACE OF PROXIMAL ARTICULATION. SPUR FORMED APP.
1/4" ABOVE NATURAL SURFACE.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

"NONE NOTED"

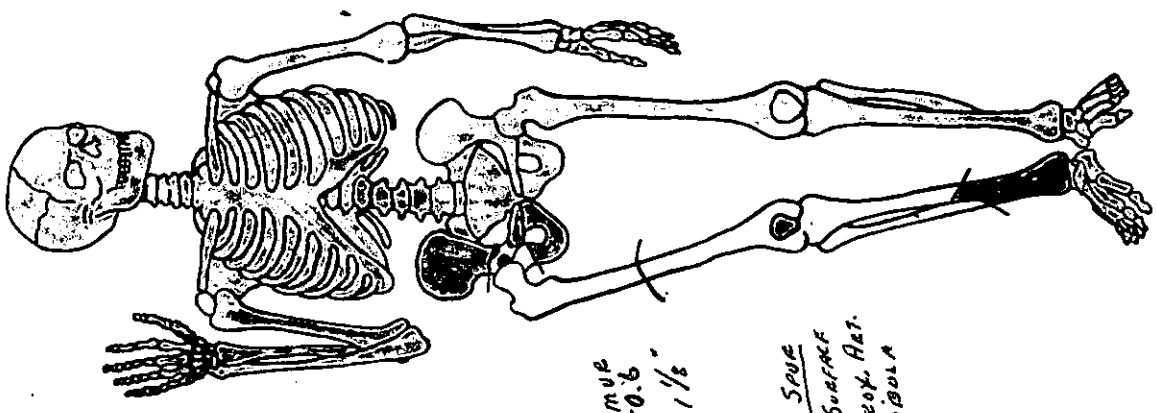
X

X-6990

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-6990 ST. AVOLD

No VERTEBRAE



FEMUR
50.6
6' - 1 1/8"

BORE SPACE
POST. SURFACE
OF PROX. ART.
OF FIBULA

EST. HEIGHT: 6' - 1 1/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF NONE DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION CASE PREVIOUSLY PROCESSED BY REPAT TEAM.

REMAINS CONSISTS OF FRAGMENT OF RIGHT PELVIS, RIGHT FEMUR PROXIMAL 1/2 RIGHT TIBIA AND RIGHT FIBULA.

No TEETH

No HAIR

No CLOTHING

No

X-6990

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE
C. J. Musigman
US DA CIVILIAN
UNGRADED.

EO # 2177

I. INSTRUCTIONS FOR C.I.K. REMAINS OF X-6990 COULD
NOT BE ACCOMPLISHED SINCE REMAINS CONSISTS OF
AN ESSENTIAL SKELETAL PORTION.

11 AUGUST 1949
USMC ST. AVOLA

C. J. Missigman
USD PA CIVILIAN

X-6990.

RL

USMC DRAGUIGNAN
 PLOT: 0 ROW: 1 GR: 6
 DATE OF BURIAL: 18 JUL 50
 VERIFIED BY GRS OFFICER:
 R. W. GANSEL, 1/Lt., OMC

DISINTERMENT DIRECTIVE

App
 2/12/49

SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
 3574 00000

DATE
 15 01 48
 DAY MONTH YEAR

NAME <i>Frank Standa</i>		SERIAL NUMBER UNKNOWNX-006990	RANK	ARM 1	DATE OF DEATH
CEMETERY ST AVOLD - METZ					DISPOSITION OF REMAINS 3501 CODE 80 DIST. PT.
PLOT 4J	ROW 1	GRAVE 15	COUNTRY FRANCE	CAUSE OF DEATH 6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE DRAGUIGNAN, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 006990	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est Feb 44	DATE DISINTERRED 12 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION USAAF	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform - mattress cover	CONDITION OF REMAINS Remains consist of : right femur, proximal two thirds of tibia, fibula, and small part of right pelvic In skeleton form.
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains	
MINOR DISCREPANCIES None	NAT FILE RECORDS ANNOTATED DATE <i>3 Mar 50</i> NAME <i>golds</i> BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 May 48 BY Elijah H Fields, Embalmer

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

CASKET BOXED AND MARKED

18 May 48 BY Elijah H Fields, Embalmer

SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by *Henry F Alzmann*
 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 OMC Form 1194a for major discrepancies.

Consignee corrected - Reg. Div. *[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold, France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Stephen F Wilson, 39587409	
SIGNATURE OF SHIPPER <i>Robert V Hubbard</i> ROBERT V HUBBARD, Capt Inf	DATE 6 Nov 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST AVOLD FRANCE	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

JP
RRE Form #43
20 Sep 48

293 Wick - St. Avold X - 6990

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 6990 (TEMP - ST AVOLD)
(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery DRAGUIGNAN

Incl #

SEARCHED
SERIALIZED
INDEXED
FILED
SEP 21 1948
FBI - MEMPHIS

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
 U. S. MIL. CEM. ST-AVOUD
 PLOT 877 ROW 1 GRAVE 15

AGRC Form # 10 (Revised)

1 January 1946.

26 June 1946

Date

NAME Unknown X- 6990 RANK Unk. ASN Unknown

ORGANIZATION AAF

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 :

a. NAME Unknown RANK Unk. ASN Unknown

b. ORGANIZATION Unknown

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 _____

9 Unknowns.

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

a. Date of above burials _____ Common Graves? Yes

5. Name and Type of Cemetery Civilian Cemetery of Lambach
(Military or Civilian).
6. Map Coordinates of the Cemetery Kerm/Austria 1:250.000 Sheet N-49 763-630
a. Town Lambach Country _____
7. Give exact location in cemetery of the remains.
South side of
a. Section cemetery. Row _____ Grave _____
b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
a. Town _____ Coordinates _____
b. Is sketch attached? _____
c. Is area mined? _____
9. How is the grave marked? cross
10. If grave is marked with cross, give exact markings thereon Hier ruhen 10 amerik.
Flieger-Soldaten gef. am 23. Feb. 1944 Ruhet in Frieden.
a. From what source was this information obtained? _____
(Identification tags, personal effects)
b. By Whom _____
11. Where are the cemetery records? None
(Town Hall, cemetery, burgermeister's office)
a. What information was contained thereon? _____
b. Where was the information obtained? _____
c. By Whom? _____
12. What is the date of death? Feb. 23 1944
a. Give basis Koppler Stadet.
13. What is the cause of death? Burnt
b. Give basis Koppler Stadet.
14. What is the date of burial? Feb. 25 1944
a. Give basis Koppler.

- Germ/Austria: Sh N49
1:250.000 765-630
15. Where was the place of death? Rodthen near Lambach Coords _____
Give basis Koppler Stadet
16. Where were the remains found? Rodthen near Lambach Coords 1:250.000 765-630 Germ/Austria Sh N49
a. By Whom? Unknown
b. Is sketch attached? No
17. Was a casket used? No Who furnished the casket? _____
Type of casket _____ How marked? _____
18. Who made the burial civilian
(Civilian, American Mil. or German Mil.)
a. What are the names and addresses? _____
Koppler of Lambach
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? No
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? Yes
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
a. Type of Plane Unknown
b. Markings and/or name on plane Unknown
c. Give numbers on motors, machine guns, instruments, radios or other equipment: Unknown
21. How did crash occur? Anti-aircraft
Enemy Planes? Yes Collision? _____

22. Did plane explode in the air? No On ground? No
23. Did plane burn in the air? Yes On ground? Yes
24. What was the direction of the flight? West to East
25. What was the civilian opinion regarding destination of plane? Unknown
26. Had bombs been released prior to the crash? Unknown
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 many ~~XXXX~~ planes
29. State precise time and date of plane crash Feb. 23 1944 ~~at~~ 1 p.m.
(Night? Day?)
30. Were parachutists seen? Yes How many? _____ Escaped? _____
Prisoners? Yes

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

31. Were remains found in wreckage of a tank? _____
 a. Give specific position in tank from which deceased was removed. _____

 (Radio man, driver, assistant driver or . . . front, side, or back)
 b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____
34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased?

37. Precise time and date of destruction of tank _____
(Night? Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

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

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____

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 _____ N.A.

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

Where? _____ on body _____ By Whom? _____ Germ. Police

Present disposition _____ all personnel effects are now in Wols

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? _____ No

Where? _____ By Whom? _____

Present disposition _____

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

- d. Did Cemetery register or cross indicate the immunization shot? Unknown
42. Was Deceased given first aid? _____ If so, where? _____
By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? _____ No
WHERE? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
burnt
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? _____
No
- a. If so, give basis for positive assumption _____

- b. If so, has higher headquarters been notified? _____
47. Was case previously investigated? No By Whom? _____
When? _____
48. Give full names, addresses, and information obtained from each person interviewed _____
Kunstler, Bonner, Location of Grave, Date of Death, Date of Burial,
Cause of Death.
49. Are all positive statements regarding identification and particulars surrounding death attached?
Yes

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

No

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number)

52. Give Brief Narrative

(Use attached sheets, if necessary)

Signature of Interpreter

Signature of Investigator

Rank ASN

Rank ASN

Organization

Organization

While investigating the town of Lambach. I interviewed a Mr. Keppler who is Caretaker of the cemetery and he stated there are 16 Unknown Americans buried in the civilian cemetery of Lambach. He stated they died on Feb. 23 1944 and were buried the 25 Feb. 1944 . He stated they died of an airplane crashes which shot down bz. German plane.

True copy
signed: William D. CLEARY
2nd Lt. Inf.
Asst. ADJ.

UNKNOWN X- 6990
REINTERRED U.S. MIL. CEM.
ST. AVOLD - JJJJ-1-15

---Copy---

GEMEINDEAMT DES MARKTES LAMBACH

BESTAETIGUNG.

Die gefertigte Gemeinde bestaetigt hiermit, dass sie nichts dagegen einwendet, wenn die Leichen der am Friedhofe Lambach begrabenen amerikanischen Soldaten exhumiert werden.

Der Buergermeister:

Koestler

Lambach am 14. Juni 1946.

X 6990.

UNKNOWN X- 6990
REINTERRED U.S. MIL. CEM.
ST. AVOLD - JJJJ-1-15

COPY.

STATEMENT.

On 23 February 1944 there was a dog-fight above the area of Lambach. An American Bomber crashed in the neighbourhood of Haidermoos in a wood and 10 US soldiers were killed.

Their dog-tags, papers and other personal things were sent to the German Air Force office in Wels, where they were destroyed by bombs during an air-raid.
The bodies of ten (10) men were buried on 25 February 1944 on the Townscemetery of Lambach by Mr. Koppler.

Signed:

Mayor: Koestler
Caretaker: Koppler
Anton Wehinger.

True copy

Frederik C. Kochendorfer
Frederik C. Kochendorfer (RK)
2nd Lt.

Inf.

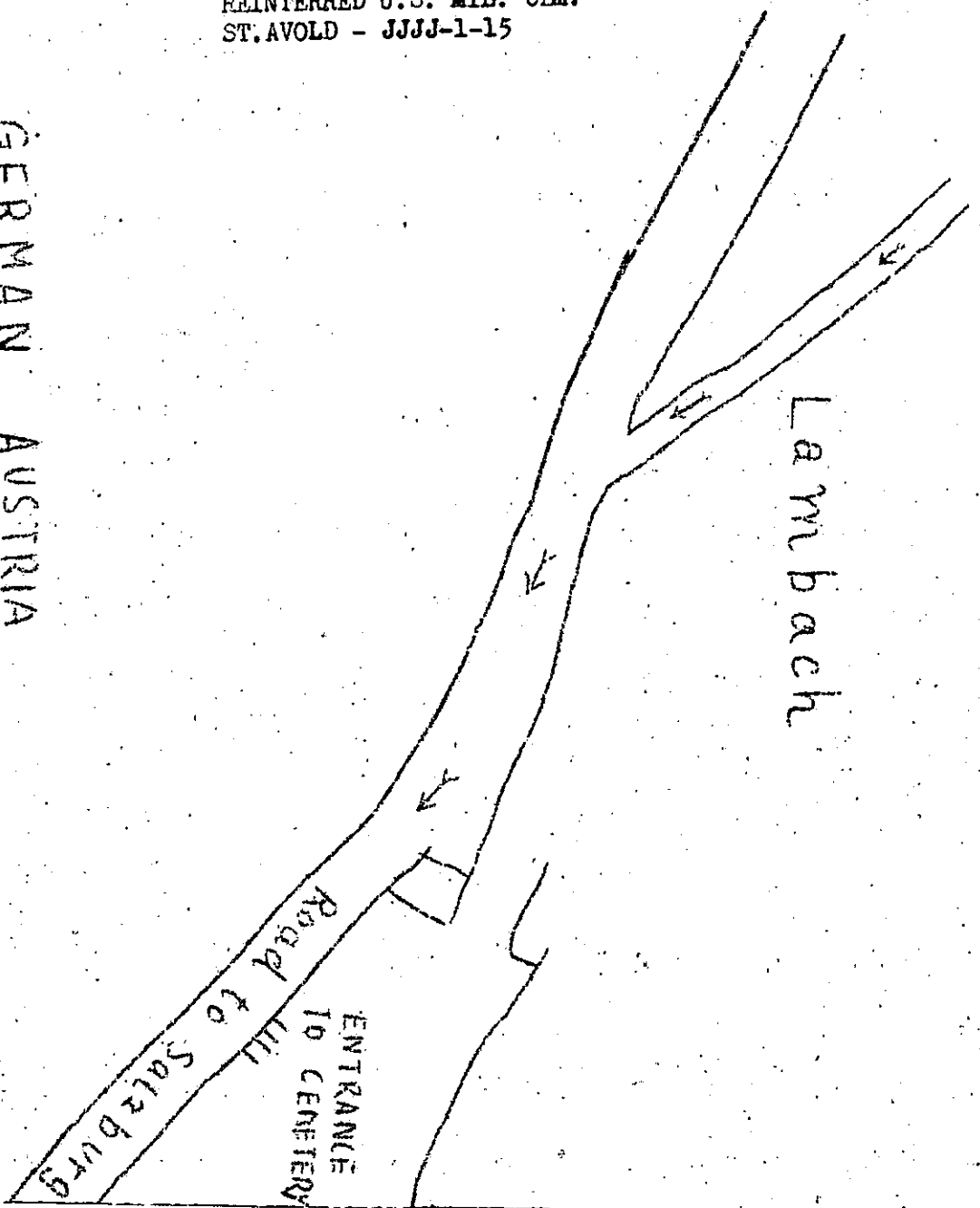
2044

UNKNOWN X- 6990
REINTERRED U.S. MIL. CEM.
ST. AVOLD - JJJJ-1-15

GERMAN AUSTRIA

1/250,000 N-49

765-630



A

2944

14067-A-B

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN S

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

Unknown ~~X~~6990
Cemetery Q-260584 St. Avold
Plot JJJJ Row 1 Grave 15

1. Arrived at cemetery 0930 10 August 1946
(hour) (date)
2. Place of death LAMBACH, Austria German-Austria 765-630
(name of closest town) (coordinates and letter Prefex, maps)
Sheet 49 Scale 1:250,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 535th M. Gr. Co.
(name and organization)
4. Evacuated to Cemetery by JACK S. CASEY, Chief Supervisor W.D.Civ. HQ. Third Field
(name and organization) Command AGRC.

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

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	None		
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**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **None**

(Other item) **None**

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

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

Shoulder Patch **None**

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

8. Description of Remains :
Age **UTD** Height **UTD** Weight **UTD** 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, 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 (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD
(light, color, extent)

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

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

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

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

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

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

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

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

UTD
(extent and quantity of hair)

Hands UTD

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

UTD
(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD
(yes-no; location)

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

2998

14067-A-B

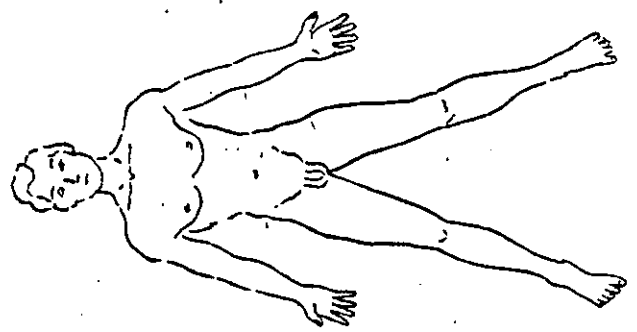
Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

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

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

See remarks



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

If not, explain No hands

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

12. Remarks : While processing # 14067-A an extra illium socket, Femur (two sections not necessarily related) tibia and fibula found and segregated. # 14067-A was positively identified by two (2) identification tags as that of Kenneth G. King ASN 12023674. Segregation of above mentioned portions was supervised and verified by Capt Steinert.

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.

Jack S Casey (Signature)
Officer's Name

JACK S. CASEY
CHIEF SUPERVISOR W.D.Civ.

Rank Service

HQ. THIRD FIELD COMMAND, A.G.R.C.

Organization

AIRMAIL

QCMT 293

Unknown X-6990
St. Avold, France

21 December 1949

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4483

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

This Office approves the classification of Unknown X-6990,
USMC St. Avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

[Handwritten initials]
REB
TEC

[Handwritten initials] Held/id
[Handwritten initials] Foy
REB

Cy furnished: Adm Sect

DEC 21 1949
CCMG M&R SR.

[Handwritten signature]

AIRMAIL

6

293

UK-France X-6990 St. Avold

DISINTERMENT DIRECTIVE

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME: UNKNOWN X-006990 SERIAL NUMBER: RANK: ARM: 1 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: ST. AVOLD - METZ DISPOSITION OF REMAINS: 0 3503 80 CODE DIST. PT.

PLOT: 40 ROW: 1 GRAVE: 15 COUNTRY: FRANCE CAUSE OF DEATH: 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: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: USAAF RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

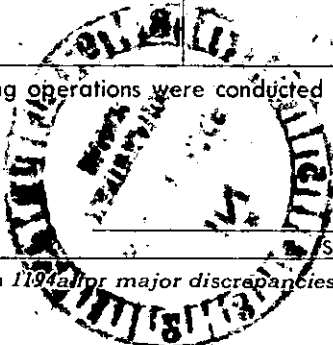
MINOR DISCREPANCIES 1:

REMAINS PREPARED AND PLACED IN CASKET:

DATE: BY: CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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



SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



1. Name of person or organization to whom this report is being furnished

2. Name of person or organization from whom this report was obtained

3. Name of person or organization to whom this report is being furnished

4. Name of person or organization from whom this report was obtained

5. Name of person or organization to whom this report is being furnished

6. Name of person or organization from whom this report was obtained

7. Name of person or organization to whom this report is being furnished

8. Name of person or organization from whom this report was obtained

9. Name of person or organization to whom this report is being furnished

10. Name of person or organization from whom this report was obtained

11. Name of person or organization to whom this report is being furnished

12. Name of person or organization from whom this report was obtained

13. Name of person or organization to whom this report is being furnished

14. Name of person or organization from whom this report was obtained

15. Name of person or organization to whom this report is being furnished

16. Name of person or organization from whom this report was obtained

17. Name of person or organization to whom this report is being furnished

18. Name of person or organization from whom this report was obtained

X-6990
1A067-A-B

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 6990
Cemetery Q - 2605 4 St. Avold
Plot JJJJ Row 1 Grave 15

1. Arrived at cemetery **0930** **10 August 1946**
(hour) (date)
2. Place of death **LAMBACH, Austria** **German-Austria 765-630**
(name of closest town) (coordinates and letter Prefex, maps)
Sheet 49 **Scale 1:250,000**
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **535th CH Cr. Co.**
(name and organization)
4. Evacuated to Cemetery by **JACK S. CASEY, Chief Supervisor W.D.Civ. HQ, Third Field Command AGRC.**
(name and organization)

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

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

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

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **None**

(Other item) **None**

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

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

Shoulder Patch **None**

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

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** 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, freckles)

Build **UTD**
(large, fit, thin, muscular)

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

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

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

Goatee UTD
(light, color, extent)

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

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

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

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

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

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

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

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

UTD
(extent and quantity of hair)

Hands UTD

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

UTD
(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD (yes-no; location)

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

14067-A-B

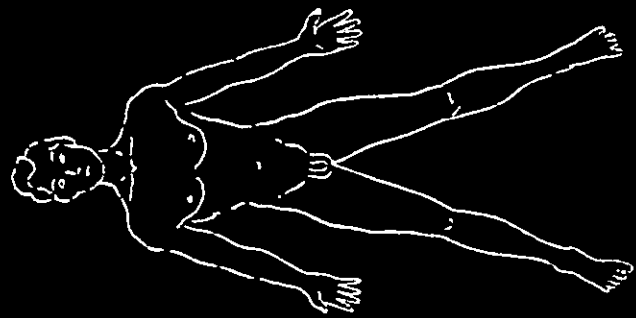
Feet UTD
(size, corns, callouses, flat)

Toes
(slender, UTDht, crooked, overlap)

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

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

See remarks



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

If not, explain No hands

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

12. Remarks : While processing # 14067-A an extra ilium socket, Femur (two sections not necessarily related) tibia and fibula found and segregated. # 14067-A was positively identified by two (?) identification tags as that of Kenneth G. King ASN 12023674. Segregation of above mentioned portions was supervised and verified by ~~Capt Steinert.~~

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.

Jack S Casey
Officer's Name

JACK S. CASEY
CHIEF SUPERVISOR T.D.Civ.
Rank Service

HQ. THIRD FIELD COMMAND, A.C.P.C.

Organization

20

12 October 1949

Exhumation Order #254I

NARRATIVE

The remains of 2/Lt. Scanlon and Unknown X-6990 were processed in effort to consolidate the unknown with the Known. This consolidation was not possible due to duplication of anatomical parts, such as right femur and left ilium.

New check list, tooth chart, and skeletal charts were made.

John E. Byrd

DAC ID Tech.

c
o
p
y

c
o
p
y

(11)

E.O. 2541 PRIORITY IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK-X-6990				2. DATE OF REPORT 12 OCT-1944	
3. NAME OF CEMETERY USMC ST. AVULD		4. PLOT JJJJ	5. ROW 1	6. GRAVE 15	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 170	9. ESTIMATED HEIGHT 6.3 1/2	10. COLOR OF HAIR NONE	11. RACE VTD
----------------------------	--------------------------------	---------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None found

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None found

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

SEG SKELETAL CHART

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

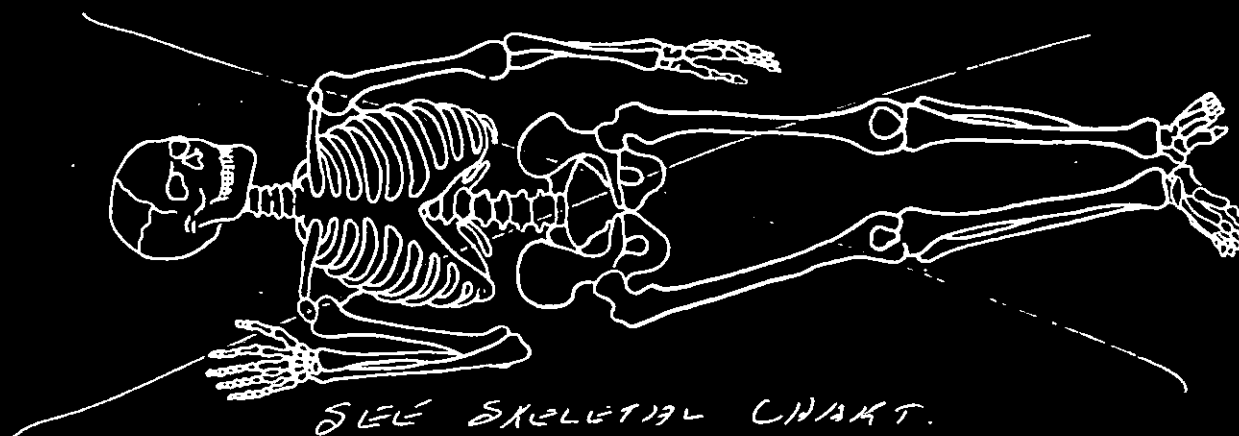
None found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None found.

(12)

19. BLACK DOT PARTS OF BODY NOT COVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATES MARKED UNK-A-6440 RECEIVED WITH REMAINS. DISPOSITION REFINED TO BLANKET CONTAINING REMAINS.

HAIR - NONE
 TEETH - NONE
 EST. AGE - YTR
 EST. HT. 6' 3 1/8"

TECH.
 PETERSON
 SCULLO

CLERK - GREEN.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

John E. Byrd

(13)

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

X-6990

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HUMERUS

ULNA

ULNA

RADIUS

RADIUS

FEMUR

50.5

FEMUR

TIBIA

TIBIA

FIBULA

FIBULA

- FRACTURED
- SHATTERED
- MISSING
- BURNED

COLOR OF HAIR NONE
 ESTIMATED AGE 1.00 Yrs
 ESTIMATED HEIGHT 6 Ft. 3 1/2 In
 ESTIMATED WEIGHT _____ LBS

Signature _____

CHART "A"

(14)

IDENTIFICATION CHECK LIST

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

DD \dagger 568, dated 3 November 1947

Unknown X-6990

Cemetery St Avoild, France

Plot JJJJ Row 1 Grave 15

1. ~~Reprocessed at cemetery~~ Date reprocessed: 10 December 1947
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred ~~by~~ and reprocessed by I.S., First Zone
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____	<u>NONE</u>		
	(Type)		
Raincoat _____	<u>NONE</u>		
Overcoat _____	<u>NONE</u>		
Jacket, Field _____	<u>NONE</u>		
Jacket, Combat _____	<u>NONE</u>		
Mackinaw _____	<u>NONE</u>		
Sweater _____	<u>NONE</u>		
Jacket, HBT _____	<u>NONE</u>		
* Shirt, Wool OD _____	<u>NONE</u>		
Undershirt, Wool _____	<u>NONE</u>		
Undershirt, Cotton _____	<u>NONE</u>		
Trousers, HBT _____	<u>NONE</u>		
* Trousers, Wool OD _____	<u>NONE</u>		

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Belt, web **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes **NONE** (type)

Overshoes **NONE**

Web Equipment **NONE** (type)

(Other item) **NONE**

(Other item) **NONE**

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

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

Shoulder Patch **NONE**

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

6. Description of Remains : **B. FEMUR 50.2**

Age **UTD** Height **Est. 6' 3/8"** Weight **UTD** Description of wounds **UTD**

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

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

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

Sunburn or tan, other than hand and face..... **UTD**

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

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

Hair **NONE FOUND**
(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, extracts)

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

Jaw **UTD** Circumference of head in inches **MISSING**
(Large, small, normal) (Hat band)

Neck **UTD** Larynx **UTD**
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **UTD** Arms **UTD**
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands **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 and extent of hair, large, small, normal)

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

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

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

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

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

Evidence of healed fractures **UTD**
(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 MISSING

8. Has tooth chart been prepared? NO If not, explain HOLE FOUND
(Yes-no)

9. Remarks Remains received in the skeletal form, wrapped in a mattress cover and in U.K. box. No clothing found. Approx. measurement of femur taken although bone was fractured. No GRS tag found. Burial bottle reburied with remains. Fluoroscopic Report: negative. Case consists of one right leg and section of a hip.

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.

Woodrow V. Wolf
WOODROW V. WOLF
(Officer's Name)

CAPT Q1C
Rank Service

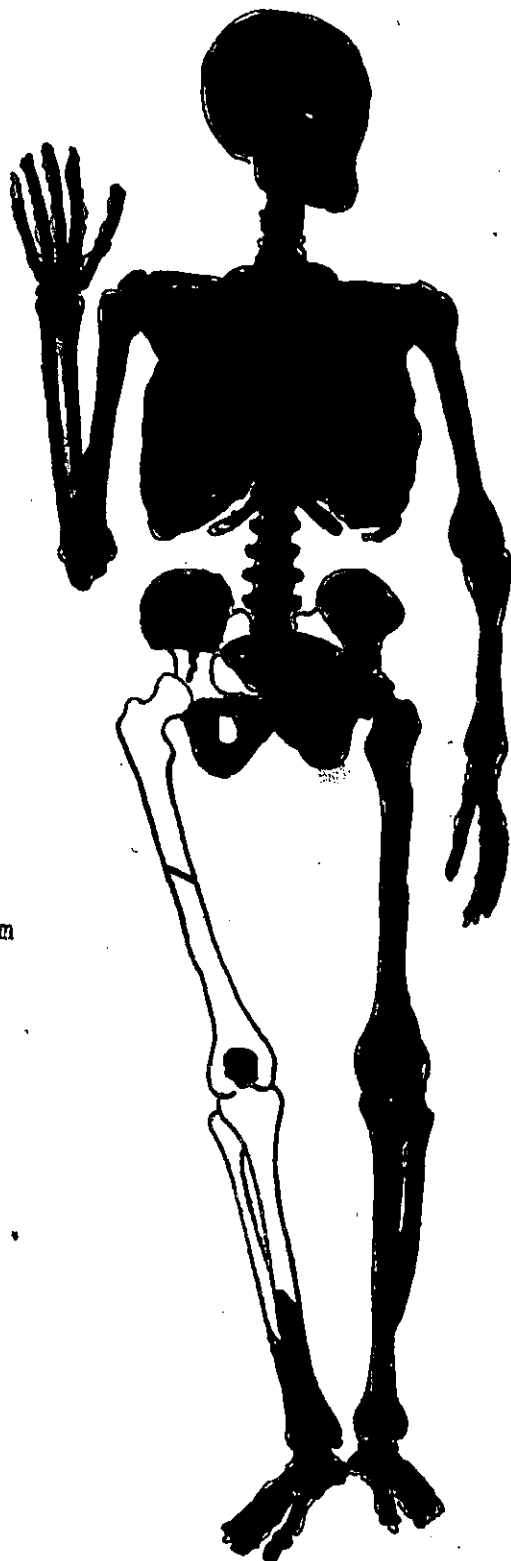
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

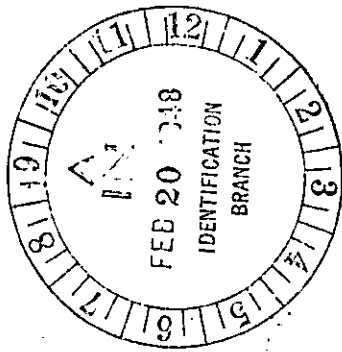
RIGHT

LEFT



FEMUR 50.2 cm

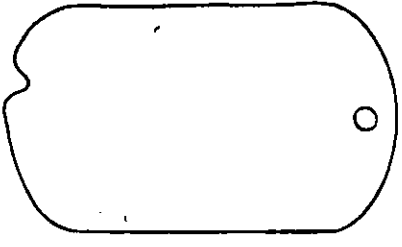
Est. HEIGHT 6' 3/8"



WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
10 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p style="text-align: center;">Unknown X-6990</p>		SERIAL No. <p style="text-align: center;">Unknown</p>
	GRADE <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>	BRANCH OF SERVICE <p style="text-align: center;">Air Force</p>
	RACE <p style="text-align: center;">Unknown</p>	RELIGION <p style="text-align: center;">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <p style="text-align: center;">Lambach, Austria</p>	CAUSE OF DEATH <p style="text-align: center;">Unknown</p>	DATE OF DEATH <p style="text-align: center;">Est. Feb. 1944</p>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p style="text-align: center;">None</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p style="text-align: center;">Yes</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

MEMO
 SEP 17 4 06 PM '46
 RECORDS BRANCH
 AND
 RECORDED
 1046

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 St. Avold, France (260584)

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	ROW No.	GRAVE No.
10 August 1946	1000	Casket	Temp. wood Cross	1	15

WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center;">Cemetery of Lambach, Austria German-Austria 765-630, Sheet - 49, Scale 1:250,000</p>	PLOT No. ROW No. GRAVE No. <p style="text-align: center;">South side of Cemetery</p>
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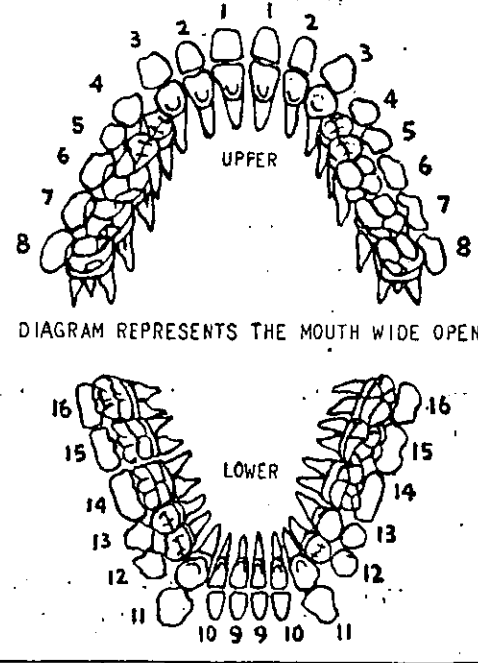




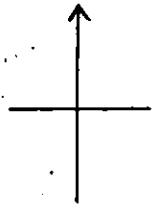
TYPE OF RELIGIOUS CEREMONY <p style="text-align: center;">General Service</p>	PERSON CONDUCTING BURIAL RITES <p style="text-align: center;">CH. H. A. LEE, 1st Lt.</p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p style="text-align: center;">One Copy WD GMC Form 1042 - Report of Interment - placed in burial bottle and buried with remains.</p>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center;">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes, embossed plate</p>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN X- 6999</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	UNK	UNK	AAF	14

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN X- 6974</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	UNK	UNK	AAF	16

SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center;">SGT. HARVEY KLAFF H. THIRD FIELD COMMAND, A.G.R.C.</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center;">RALPH W. SLEATOR, Major Inf.</p>
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original for Axis and unidentifiable dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

LEFT LITTLE FINGER	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 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 UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
	COLOR OF EYES UTD	COLOR OF HAIR UTD	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		WHERE BODY WAS BURIED OR FOUND Lambach, Austria
	LAUNDRY MARKS None		
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES Remains of this case could be segregated from the case (Evac. # 14067-A) which was positively identified by two (2) identification Tags as that of Kenneth G. KING - ASN 12023674.		
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
	CAVITIES  CAVITY DECAYED		
RIGHT THUMB	MISSING TEETH  TOOTH MISSING		
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.		
RIGHT RING FINGER			
RIGHT LITTLE FINGER	REMARKS: Attached: Form 11 Check List of Unknowns. Impossible to obtain fingerprints or tooth chart because of missing portions. - Recovery of few bones only.		