

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*193.7.1.1.1 (Misc) St. Amant X 3351, X6492
X7173*

SYNOPSIS AND DATES

Misc files

NEW CLASSIFICATION

193.7.1.1.1 St. Amant X 3351

RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-7173

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-7173, ST. AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 man 51
Kirkland
Advent*

REPORT OF INVESTIGATION
AREA SEARCH

1F-1011

AGRC Form 10 (Revised)

10 August 1946

Date

1 January 1946

NAME UNKNOWN X-7173 RANK Unk. ASN Unk.

ORGANIZATION Inf.

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? No If so, state the following information:

a. NAME RANK ASN

b. ORGANIZATION

2. Was partial identification established? 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 UNIDENTIFIED

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

a. Date of above burials Unburied Common Graves? No

5. Name and Type of Cemetery None

(Military or Civilian)

6. Map Coordinates of the Cemetery None

a. Town Country

7. Give exact location in cemetery of the remains.

a. Section Row Grave

b. Is sketch attached?

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

a. Town OBER-MAUBACH Coordinates (WF-0836)

b. Is Sketch attached? Yes

c. Is area mined? Yes

9. How is the grave marked? No Markings

10. If grave is marked with cross, give exact markings thereon No Markings

a. From what source was this information obtained? Mine Sweepers Records

(Identification tags, personal effects)

1. By whom None

11. Where are the cemetery records? Burgermeisters Office

(Town Hall, cemetery, burgermeister's office)

X-7173

- a. What information was contained thereon? Date of Death.
- b. Where was the information obtained? Mine Sweepers Records
- c. By whom? Mine Sweepers
12. What is the date of death? Est. Nov. 1944
- a. Give basis Mine Sweepers Records
13. What is the cause of death? Killed by Infantry
- b. Give basis Mine Sweepers Records
14. What is the date of burial? Unburied.
- a. Give basis Mine Sweepers Records
15. What was the place of death? Killed in woods near Ober-Maubach Coords (WF-0836)
- b. Give basis Mine Sweepers
16. Where were the remains found? In woods near Ober-Maubach Coords (WF-0836)
- a. By whom? Mine Sweepers
- b. Is sketch attached? Yes
17. Was a casket used? No Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial Unburied
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? None

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? DOES NOT APPLY
- a. Give location in plane from which the bodies were removed _____
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane _____
- b. Markings and/or name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____
21. How did crash occur? _____ Anti-aircraft _____
- Enemy Planes? _____ Collision? _____
22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

- 26. Had bombs been released prior to the crash?
- 27. Does specific time and date of crash correspond with date of death of above named deceased?
- 28. Number of planes in formation prior to crash
- 29. State precise time and date of plane crash
 (Night?) (Day?)
- 30. Were parachutists seen? How many? Escaped?

Prisoners?

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

- 31. Were remains found in wreckage of a tank? DOES NOT APPLY
- 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) No

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? No

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Matt. Pfaiffer Ober-Maubach 94, Hermann Lohrer Durenstr. 26, Josef Luysborg Neuer Weg 38, Johann Lohres In Der Muhle, Ewald Prinz Neuer Weg 36, Johann Glahson, Durenstr, 36.

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 No personal effects

a. Were identification tags found at the time of death? No

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.

X-7173

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? NO

42. Was Deceased given first aid? Unk. If so, where? _____

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

43. Was deceased evacuated to a German civilian hospital? NO

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO

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

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption _____

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

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

When? _____

48. Give full names, addresses, and information obtained from each person interviewed Matt. Pfeiffer Ober-Maubach 94, Hermann Lohrer Durenerstr. 26, Josef Luysberg Neuer Weg 38, Johann Lohres In der Kuhle, Ewald Prinz Neuer Weg 36, Johann Glahsen Durenerstr. 15

49. Are all positive statements regarding identification and particulars surrounding death attached? NO

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

Rank

ASN

Organization

Ivor J. Fosmo
Signature of Investigator

IVOR J. FOSMO

2nd Lt. Inf. 0-2020412

Rank

ASN

4437 HQ. COMP. Co. (AC)

Organization

USMC, DRAGUIGNAN

Plot: D Row: 7 Gr: 24

Date of Burial: 18 Jul 50 **DISINTERMENT DIRECTIVE**

Verified by GRS Officer:

R. W. GANSEL, 1/Lt., OMC

APP
8/2/50

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000	DATE 15 03 48 DAY MONTH YEAR
---	--------------------------------	--

NAME <i>Unknown</i>	SERIAL NUMBER UNKNOWN X-007173	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR 0 3 80 CODE DIST. PT.
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 3501
PLOT 40	ROW 3	GRAVE 55	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SIX 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. GRC-15 Dec 49)
---	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

SEE ATTCHED WORK SHEET

MINOR DISCREPANCIES	NAT FILE RECORDS ANNOTATED DATE 3 Aug 50 NAME <i>Johs</i>
REMAINS PREPARED AND PLACED IN CASKET	BR. MEV. DIV.

DATE	BY
------	----

CASKET SEALED BY: Richard F Peterson Embalmer	EMBALMER (Signature) <i>Richard F Peterson</i> Richard F Peterson Embalmer
--	--

CASKET BOXED AND MARKED	SHIPMENT ADDRESS VERIFIED BY All markings, tags & plates verified by Kanemitsu ITO 1st Lt Inf
-------------------------	---

DATE 16 Sept 48 BY Richard F Peterson Embalmer

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

Kanemitsu ITO
Kanemitsu ITO 1st Lt Inf
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

consignee corrected - Reg. Div. *JW*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL JOHN A MOUNTFORD 39107628	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 28 Oct 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 (BY ADMINISTRATIVE ORDER) ST AVOLD FRANCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN X-007173

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

4J 3 55 ST AVOLD FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

These remains are unidentifiable and are to be permanently interred. (Hq. GRC-15 Dec 48)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007173	SERIAL NUMBER	RANK Unk	DATE OF DEATH: Est Nov 44	DATE DISTINTERRED 13 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer <small>NAME AND TITLE</small>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover - remnants of Uniform	CONDITION OF REMAINS Disarticulated. In skeleton form. Right clavicle fractured.
---	---

OTHER MEANS OF IDENTIFICATION

Report of Burial found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 Jun 48	BY Elijah H Fields, Embalmer
CASKET SEALED BY Elijah H Fields, Embalmer	EMBALMER (Signature) <i>Elijah H Fields</i> Elijah H Fields
CASKET BOXED AND MARKED 2 Jun 48 Elijah H Fields, Embalmer	DATE BY 2 Jun 48 Elijah H Fields, Embalmer

Supervising 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

mel 182

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

AIRMAIL

293 Unknown - France (misc) St. Avold

QMOF 293

US European
(St. Avold)

X-3351

X-6492 February 1950

X-7173

SUBJECT: Identification of World War II Deceased

TO: Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to transmittal letter #4566, dated 6 December 1949, forwarding Certificates of Unidentifiability of Remains.

2. This Office approves the classification of Unknowns X-3351, X-6492, and X-7173, USMC St. Avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

AIRMAIL

*293 - Unknown
X-3351 (St. Avold) France*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

5 December 1949

(Date)

293 unk France X-7173 (St Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7173, Plot JJJJ,
Row 3, Grave 55, USMC St Avold, France,
have been reviewed and it is the opinion of the Board of Review, this
headquarters, that sufficient evidence is not available to establish
the identity of the deceased concerned, therefore, these remains should
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office
of The Quartermaster General by Transmittal Letter No. 2923, dated
25-7-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. Henry, O-12589

Capt Edward F. PRICE, O-182639

Lt. Col. E. D. MULVANITY, O-359598

T.L. 4566, 6 Dec 49

Received _____ OQMG
Not identifiable from
information presently
available

FILE 8 FEB 1950

Butcher Id Br.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

5 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7173, Plot JJJJ, Row 3, Grave 55, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2923, dated 25-7-48.

3. Remarks:

See Case History attached.

Received Mal Price 00MG
Not identifiable from 3 Feb 50
information presently available

Case reviewed by undersigned Members of the Board of Review:

Henry
Col. H. P. HENRY, O-12589 JMC

E. D. Mulvanity
Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWANTHOUT, Sr., O-267451 CE

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr., O-1588236 JMC

1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GEER, W-2102925 USA

Capt. Jack C. HAYES, O-1577297 JMC

Incl # 3

T. L. # 4566, 6 Dec 49

FILE 3 FEB 1950

Binford

UNKNOWN NO. X-7173 U.S. MILITARY CEMETERY St. Avold, France
(Location)

UNIDENTIFIABLE

The remains of X-7173 were recovered fr the vic of Ober-Maubach, Germany, of 0836.

An investigation was conducted in an effort to associate subj remains with a casualty fr this immediate vicinity. Other identified deceased recovered fr the area were members of the 121 Inf Regt, and the deceased recovered only adjacent to X-7173 was a member of F, 121st Inf Regt. It was as a result of this provided info that these Unknown remains were associated with Emmet W SCHWARTZ, 35837608, also of Co F, 121st Inf Regt. The comparison of the tooth chart obtained for this case with available dental info for Schwartz is similar but is not substantiated by MD Form 79. In view of this, and in view of the unfavorable results of dental comparison with all other casualties fr Hurtgen Forest Area, it is requested that X-7173 be tentatively declared unidentifiable.

Hatch

CJH

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
A.P.O. 887 U. S. ARMY

AUG 2 1948

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 200.2

Date 25 JUL 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-7173
interred in Plot JJJJ, Row 3, Grave 55, USMC St-Avoid
France, have been reprocessed and the information not previously
forwarded to your headquarters is herewith submitted.

Overcoat : Remnants

Sweater, wool OD : Remnants

Jacket, Field : Remnants

Undershirt, wool OD : Remnants


Est. Height : 5' 5"

**Teeth found intact in mandible and maxilla which were received in Personal
Effects bag accompanying remains.**

No evidence of old or healed fractures or amputations found.

FOR THE COMMANDING GENERAL :

2 Incls : 1. Skeletal Chart
1. Tooth Chart


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

RRE Form #36
29 April 1948

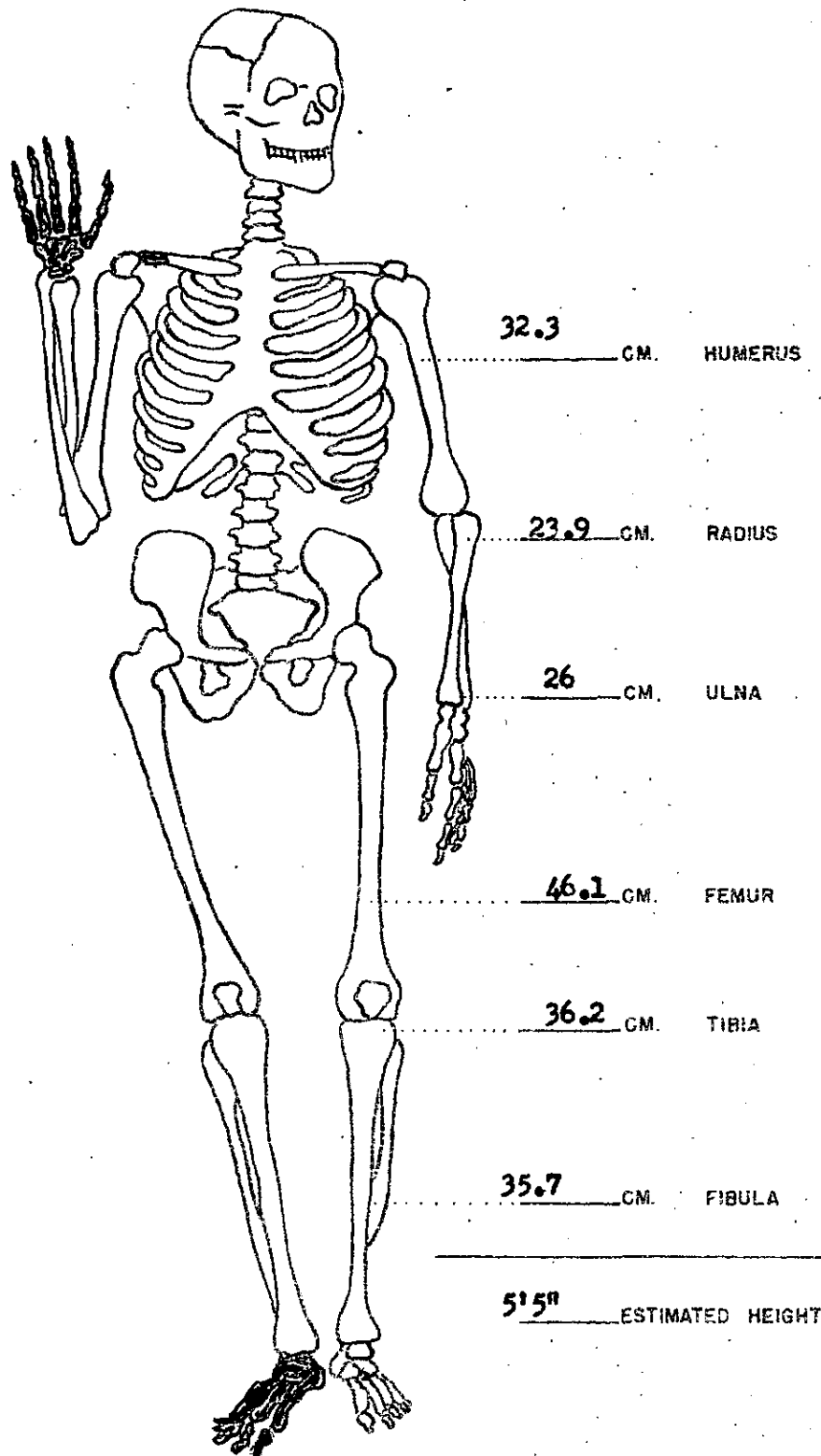
X-7173

24 May 48
St-Avold

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)

JJJJ-3-55



PROCESSED BY: _____

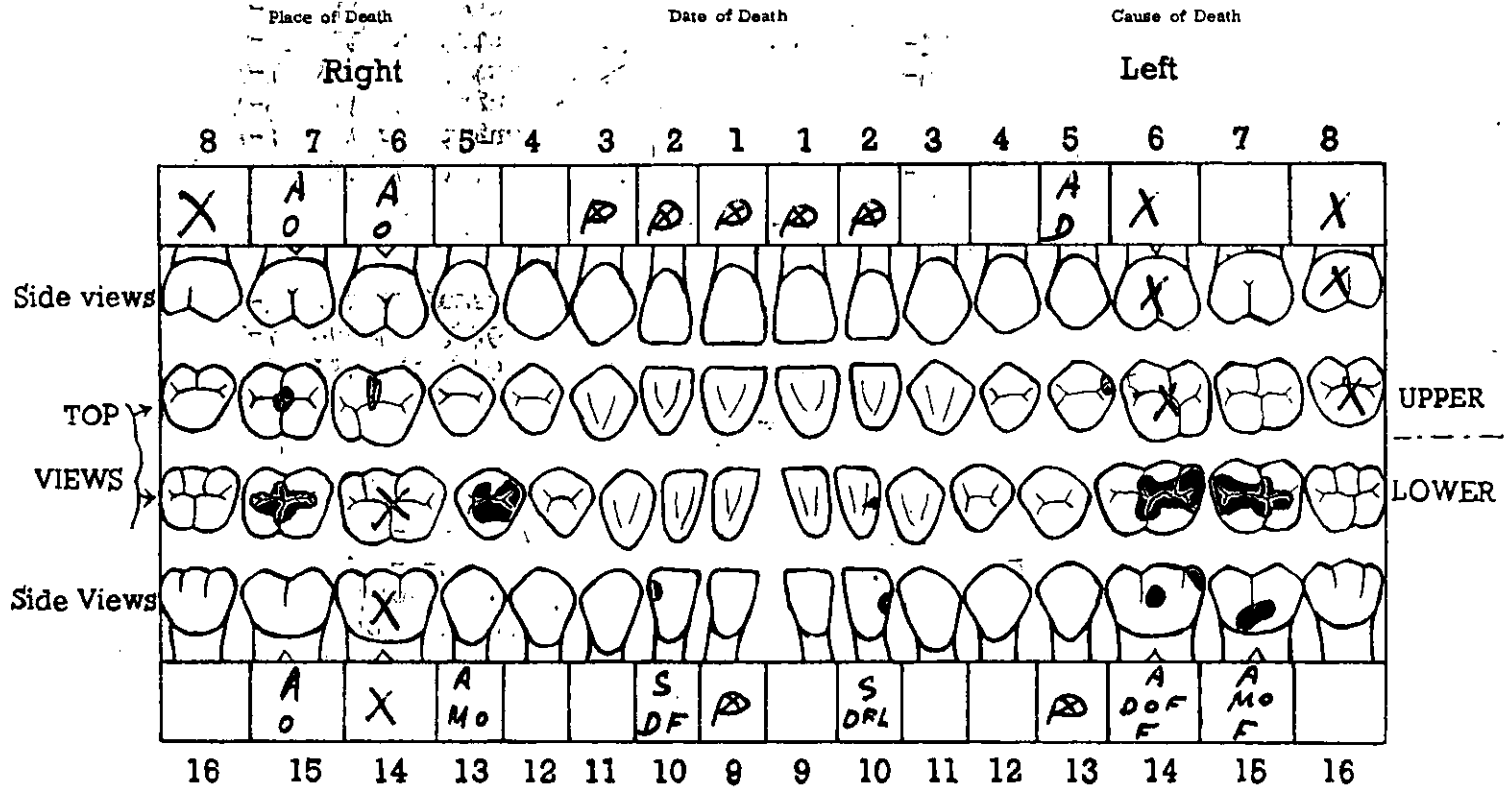
Plot JJJJ
 Row 3
 Grave 55

E.O. 797
 USMC St-Avoid

TOOTH CHART

24 May 1948

X-7173		Unk		Date Unk
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

See Reverse for Remarks

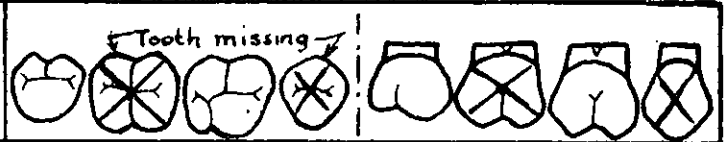
A True Copy
George L. Freeman
 GEORGE L. FREEMAN
 1st. Lt. Q. M. C.

s/ Ivor J. Fosmos

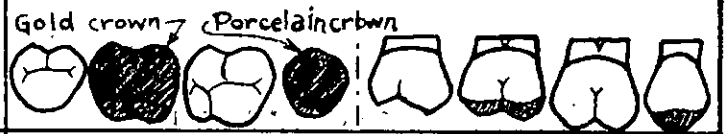
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



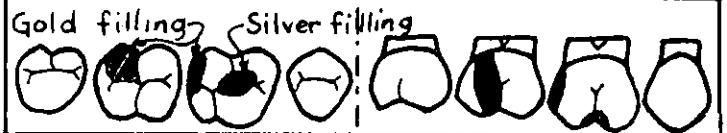
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :





CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

 Posthumously missing
 Broken or chipped
 Spaces : L-5-7 8mm
 R-13-15 4mm

Color Dull Ivory
 Size Average
 Alignment Good

Maxilla

R-6 rotated 1/16 of a turn mesially
 R-4 rotated 1/16 of a turn distally
 L-7 mesial version

Mandible

R-11 slight distal rotation and overlaps R-10
 R-10 slight lingual version
 L-9 slight lingual version
 L-10 slight distal rotation and overlaps L-9
 L-11 slight distal rotation and overlaps L-10
 L-12 lingual version

SKETCH SHOWING REMAINS OF UNKNOWN
Remains lying in Foxhole-OBER-MAUBACH, GERMANY.

Map : Germany 1/100,000

Sheet : S-1

Coord : wFg0836

Location: Ober-Maubach

(Remains lying in Foxhole)

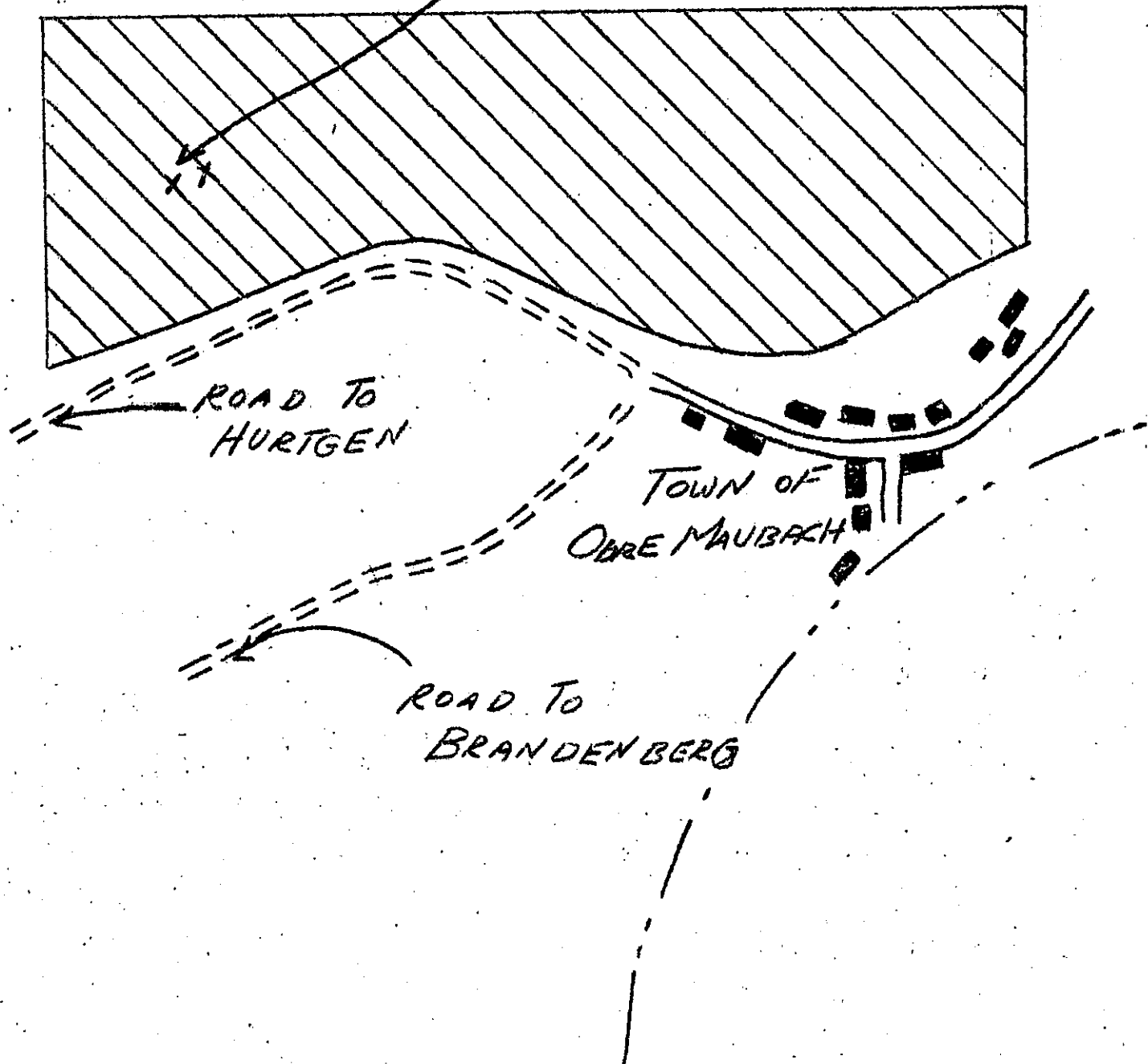
Sketch by : T/5 Hall

4437 HQ.COMP.Co.(AC)

Date : 12 August 1946

Not to scale.

REMAINS OF UNKNOWN



6

DISINTERMENT DIRECTIVE

293 (Ink. France) X-7173 (St. Aved)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3574 00000

18 03 48

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-007173

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

ST AVOLD - METZ

0

3503 40

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

4 2 55 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. AVOLD, FRANCE

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

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.

X-7173

TOOTH CHART

1F-1011

20 August 1946.

UNKNOWN X-7173

Unknown

Unknown

Date
Unknown

Last Name
Unknown v

First

Initial

Rank

Infantry

Serial No.

Vicinity of Ober-Maubach, Germany, Est. Nov. 1944

Unit

Organization Killed by Infantry

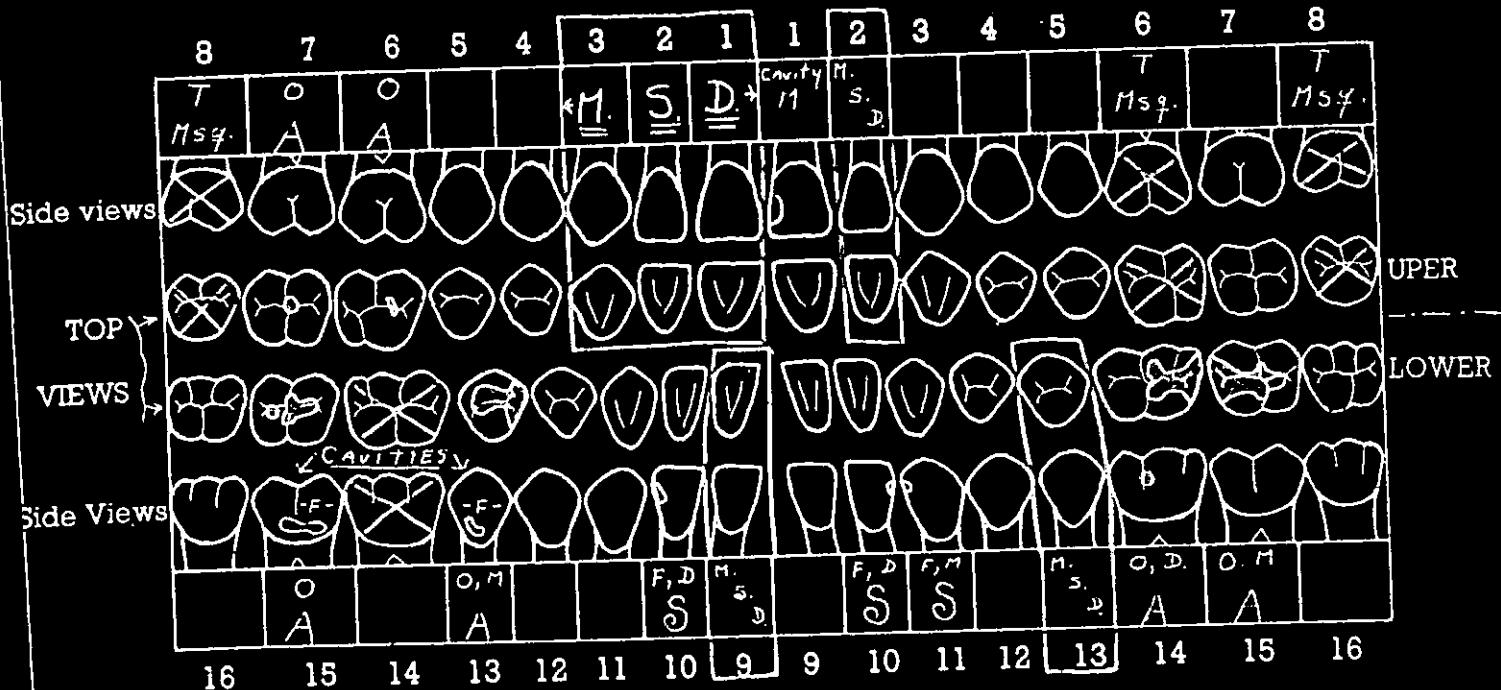
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Robert L. Owens
 Signature of Officer or other person who prepared Tooth chart
 VENTURA

Robert L. Owens
 Prepared by C. B. S. Officer
 ROBERT L. OWENS
 2nd. Lt. INF. C.I.P.

9

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



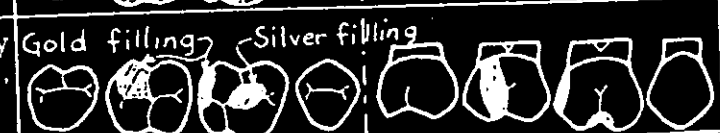
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



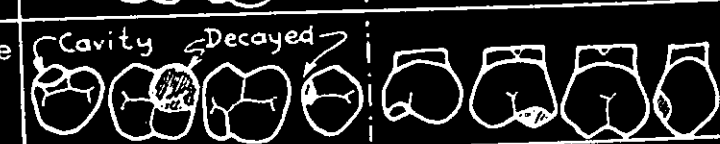
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

R-3 slightly overlapping R-2-
(L-2 slightly overlapping - L-1.) (R-3
slightly overlapping R-2.) - R-3 is also rotated 1/8
turn towards the mesial direction.

10

CHECK LIST OF UNKNOWNNS

1F-1011

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

Unknown X 7173
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death OBER-MAUBACH, Germany (WF-0836)
(name of closest town) (coordinates and letter Prefex, maps)
Sht.:S-1 Map Germany: 1/100,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 4437 HQ COMP. CO. (AC)
(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 Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item _____

*Headgear None
(type)

Raincoat None

Overcoat Remnants of

Jacket, Field Remnants of

Jacket, Combat None

Mackinaw None

Sweater OD, Remnants of

Jacket, HBT None

*Shirt, Wool OD Remnants of

Undershirt, Wool Remnants of

Undershirt, Cotton None

Trousers HBT None

*Trousers, Wool OD Remnants of

Belt, Web Remnants of

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

Ground Forces

8. Description of Remains :

Age UTD Height Est. 5'6" Weight UTD Description of wounds no flesh

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, lit, thin, muscular)

Hair Light brown, 2 1/2 inches, straight
(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 SEE TOOTH CHART
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw UTD Circumference of head in inches 20 inches
(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)

UTD
(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD
(yes-no; location)

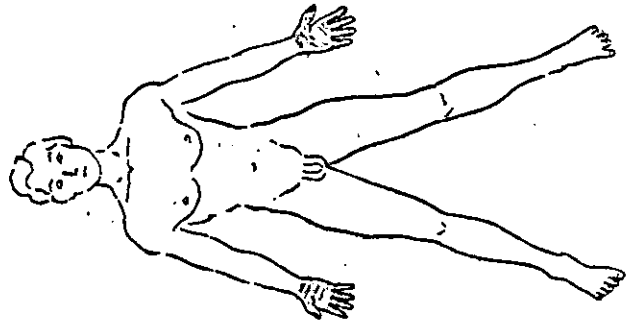
Legs UTD
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

UTD

Feet UTD (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 :



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

If not, explain No Hands

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

12. Remarks : Bullet holes in occipital and parietal region of skull.
Only bones processed. No markings found. Est. weight of
remains recovered 20 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.

Robert L. Owens

Officer's Name
ROBERT L. OWENS
2nd. Lt. INF.

Rank Service

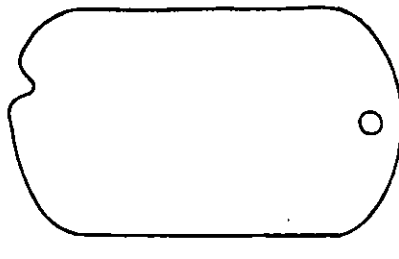
CENTRAL IDENTIFICATION POINT

Organization

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

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

DATE OF REPORT
23 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-7173		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE INF.
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Ober-Maubach, Germany	CAUSE OF DEATH Killed by Infantry	DATE OF DEATH Est. Nov 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) None
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

MEMORIAL DIVISION
 OCT 14 3 22 PM '46
 RECORDS BRANCH AND

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 (Q 260584)

DATE OF BURIAL 23 August 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. Cross	PLOT No. JJJJ	ROW No. 3	GRAVE No. 55
----------------------------------	--------------	---	---	------------------	--------------	-----------------

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Ober-Maubach, Germany Sht S-I, wF 0836, Map 1/100,000	PLOT No. ROW No. GRAVE No. Found on top of ground
--	---	--

TYPE OF RELIGIOUS CEREMONY GENERAL SERVICE	PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 1st Lt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy WD QMC Form 1042 - Report of Interment - 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) VANDERCAR, H.R.	RANK S/SGT	SERIAL No. 20223543	ORGANIZATION 12 th Inf.	GRAVE No. 54
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 7165	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 56

SIGNATURE OF PERSON PREPARING REPORT ROBERT L. OWENS 2nd. Lt. INF. C.I.P.	SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL E. PROCTOR Jr.
---	--

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.

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.


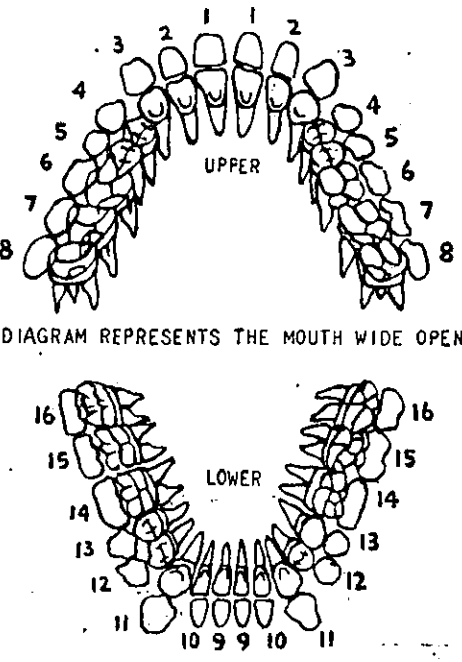




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT Est. 5'6"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR Light brown 2½", straight	BIRTHMARKS, SCARS, OR TATTOOS UTD
------------------------	---------------	----------------------	---	--------------------------------------

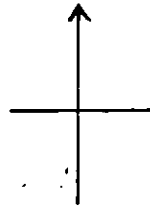
WEAPON AND SERIAL No. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Ober-Maubach, Germany.
-------------------------------	-----------------------	---

OTHER IDENTIFICATION CLUES

None

FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
(Empty space for additional dental notes)	

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



REMARKS:

Form 11 Checklist of Unknowns and Form IA Tooth Chart accomplished. Unable to obtain fingerprints because of missing portions. Est. weight of remains recovered 20 Lbs.