

7887 GRAVES DETACHMENT

APO 757

293 unk St. Avold X-826 *ms*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 826 St Avold

(POC) ST AVOLD

*File  
E. J. Lora  
Sgt. Bow  
26 Feb 51*

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 - 826  
Cemetery ST. AVOLD, France (Q260584)  
Plot RR Row 11 Grave 129

### Reprocessed

1. ~~Arrived at cemetery~~ 5/11/46  
(hour) (date)
2. Place of death \_\_\_\_\_  
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by and reprocessed by 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).**

|                    | Clothing Markings | Sizes | Indicate unusual markings<br>Color wear, tear, repairs, etc. |
|--------------------|-------------------|-------|--|
| Item               | <u>NONE</u>       |       |  |
| *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>       |       |  |

*St. Avold* *X-826*

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 : See remarks

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, fat, thin, muscular)

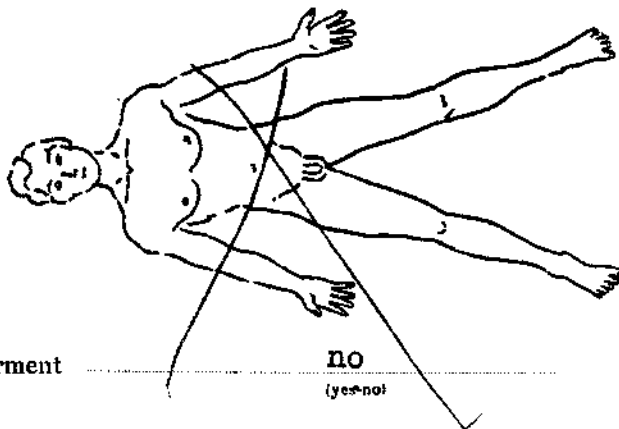
Hair none found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Evidence of healed fractures none  
(nose, arms, legs, etc.)

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

see chart



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

If not, explain missing

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

12. Remarks : Remains recovered in skeleton form.  
All long bones missing or broken making it unable to  
determine height by measurements.  
X-Ray not necessary.  
Est. weight of remains recovered: 4 lbs  
Burial bottle broken and Form #1 destroyed.  
Nothing found to warrant Chemical Laboratory Examination.

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 A. Salvador*  
RSK

ROBERT A. SALVADOR  
Officer's Name

CAPT. INF.

Rank Service

CENTRAL IDENTIFICATION POINT.

Organization

3

3

X-826

Cemetery ST. AVOLD, France

(Q-260584)

RR 11 129



# TOOTH CHART

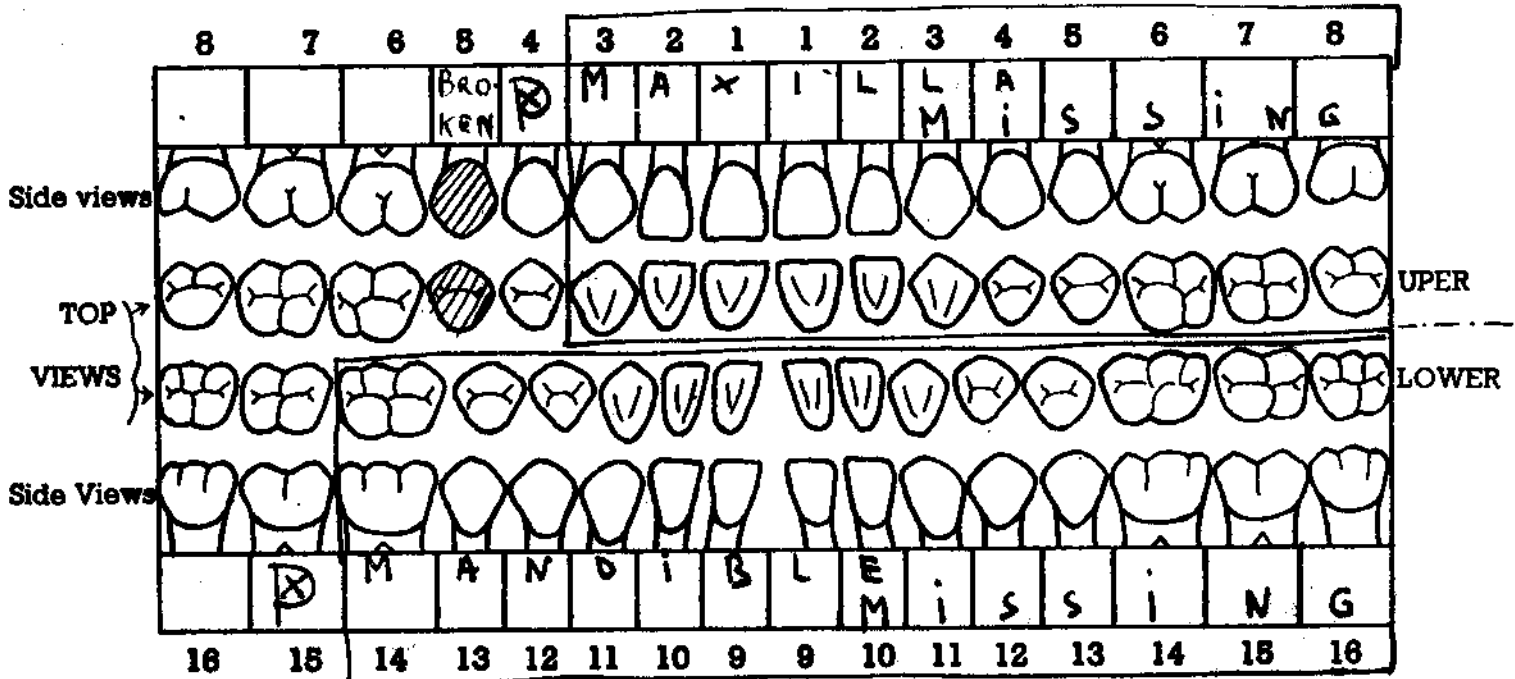
8 November 1946  
 Date

UNKNOWN-X-826 ST. AVOLD, France  
 Last Name Initial Rank Serial No.  
RR - 11 - 129  
 Unit Organization

Place of Death Date of Death Cause of Death

Right

Left



see remarks

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.

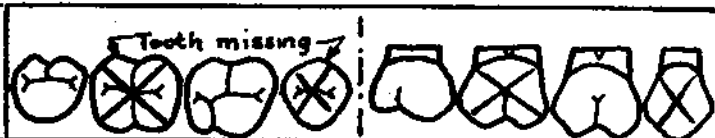
*Donald R. Steele*, B-211463 DP

Signature of Officer or other person who prepared Tooth chart

*Robert A. Salvador*  
 Verified by G. R. S. Officer

ROBERT. A. SALVADOR  
 CAPT. INF. C.I.P.

**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 5 broken off short  
 Posthumously missing : R 4, R 15

Large teeth  
 Relatively clean and unstained.





Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (type)

(Other item) **Small remnants of OD blanket. Remnants of mattress cover**

(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 :  
**Measurements impossible**  
Age **UTD** Height **UTD** Weight **UTD** Description of wounds

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, 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 **See tooth chart on case X-827 A**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

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

(extent and quantity of hair)

Hands **Missing**

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

(Unusual characteristics of fingernails)

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

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

(quantity & color of hair) Circumcision UTD Pubic hair **None found**  
(yes-no) (color)

Hernioplasty UTD  
(yes-no; location)

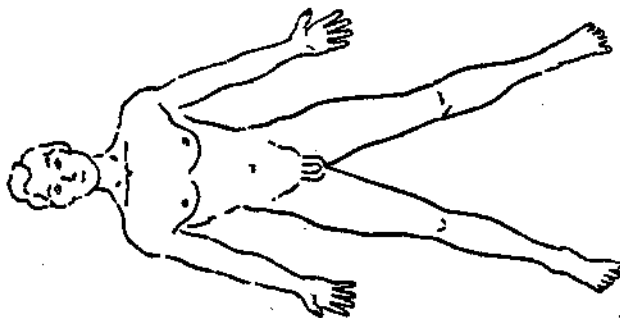
Legs UTD  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

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

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

See anatomical chart for missing bones and fractures.



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

If not, explain Fingers missing

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

from case X-827 A.

12. Remarks : Embossed metal tag found in with remains reads; "Unknown American X-827 Plot XX Row 1 Grave 6" Body recovered nude in final stage of decomposition. All long bones fractured, measurements impossible. Remnants of woolen blanket indicates original burial made therein. This case came in as a single case but remains of two men have been found and have been segregated and are now known as X-827 A and X 827 B. The teeth have been charted and will remain with X-827 A. Burial bottle submitted with

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.

papers of case X-827 A. No Fluoroscope necessary.

Estimated weight : 3 Lbs.

  
ROBERT A. SALVADOR  
Officer's Name

Captain Infantry

Rank Service

CENTRAL IDENTIFICATION POINT.

Organization

00

00 X-827E

St-Avoid, France (Q, 260584)  
Plot 0000 Row 11 Grave 275



*293 unknown France X-824 (Stavold)*  
**AIRMAIL**  
30 August 1949

CLASS 293  
GDS European

**SUBJECT: Identification of World War II Deceased**

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

1. Reference is made to Transmittal Letter No. 3325, dated 22 December 1948, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknown deceased interred in United States Military Cemetery St. Avoird, France as Unidentifiable:

|                |         |        |           |
|----------------|---------|--------|-----------|
| Unknown X-826  | Plot RR | Row 11 | Grave 129 |
| Unknown X-827A | " XX    | " 1    | " 6       |

**FOR THE ACTING THE QUARTERMASTER GENERAL:**

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

REB  
*REP*

AUG 31 10 52 AM '49  
MAIL & AIRMAILS BRANCH  
D. O. M. G.

IDENTIFICATION  
REB  
31 AUG 1949  
TUC

IDENTIFICATION  
REB  
31 AUG 1949  
TUC

IDENTIFICATION  
REB  
31 AUG 1949  
TUC

**AIRMAIL**

*293 unknown France X-824 (Stavold)*

1. FILE UNDER NO. 293 - Unk. France X- 826 ( St. Avold)

**SYNOPSIS**

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **5 Aug 49**

4. FROM: **OAH, Field Service Division**

5. TO: **CO, Quartermaster Activities, Kansas City Records Center (AGO)  
Kansas City, Missouri Attn: Effects Quartermaster**

6. SUBJECT: **Request the personal effects of the following named  
Unknowns interred in USMC, St. Avold, France be forwarded  
to this Office for examination as an aid to establishing  
identification:**

**X-826 Plot RR Row 11 Grave 129  
.....**

7. DOCUMENT FILED UNDER NO. **332.3 - Kansas City**

**mfs**

**INSTRUCTIONS.—Enter after the above headings information as follows:**

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 DEC 1948

Date

243 unk France X 826 (it avail)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 826, Plot IR,  
Row 11, Grave 129, USMC St. Aved, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No.           , dated           . No  
**No record this HQ**  
further information is available.

FOR THE COMMANDING GENERAL:

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

Note: Reprocessing accomplished 29 June 1949.

25 AUG 1949 OQMG  
Received  
Not identifiable from  
information presently  
available

File NAT  
26 Aug 49  
Hollis  
Identify

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

22 DEC 1948  
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 826, Plot RR  
Row 11, Grave 129, USMC St-Avoid, France have been  
reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office  
by letter of transmittal No. No record this HQ, dated                     . *NR*

No further information is available.

FOR THE COMMANDING GENERAL:

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

25 AUG 1949

Received                      OQMG  
Not identifiable from  
information presently  
available

*Incl #15*

*no personal effect*  
*1/24/49*

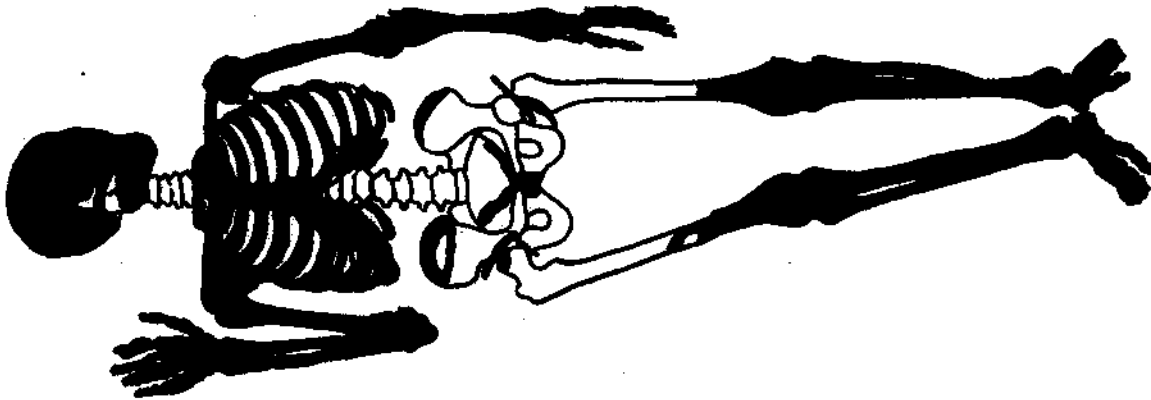


|   |   |  |   |   |                                    |                |
|---|---|--|---|---|------------------------------------|----------------|
| 1   | USMC, ST. AVOLD, FRANCE<br>Plot D, Row 11, Grave 27<br>Date reburied: 20 Jan 49 |  | Buried at deceas . Left: DIXON HARRY J<br>32296677 CPL<br>Right: EUSCHER MARAT C JR<br>31235304 SGT |   |                                    |                |
|   | DEWEY R. BELL<br>1st Lt CAV<br>NAME AND BURIAL LOCATION OF DECEASED             |  | DISINTERMENT DIRECTIVE<br>DIRECTIVE NUMBER<br>3574 00000  |   | DATE<br>15 01 48<br>DAY MONTH YEAR |                |
| NAME  |   |  | SERIAL NUMBER   | RANK  | ARM                                | DATE OF DEATH  |
| UNKNOWN   |   |  | X-000826  |   | Q                                  | DAY MONTH YEAR |
| CEMETERY  |   |  |   |   | DISPOSITION OF REMAINS             |                |
| ST AVOLD - METZ   |   |  |   |   | 0 3503 80<br>CODE DIST. PT.        |                |
| PLOT  | ROW   | GRAVE  | COUNTRY   |   | CAUSE OF DEATH                     |                |
| RR  | 11  | 129  | FRANCE  |   | 6                                  |                |
| SECTION B - CONSIGNEE AND NEXT OF KIN   |   |  |   |   |                                    |                |
| NAME AND ADDRESS OF CONSIGNEE   |   |  | NAME AND ADDRESS OF NEXT OF KIN   |   |                                    |                |
| ST. AVOLD, FRANCE<br>(BY ADMINISTRATIVE ORDER)  |   |  |   |   |                                    |                |
| SECTION C - DISINTERMENT AND IDENTIFICATION   |   |  |   |   |                                    |                |
| NAME  |   | SERIAL NUMBER  | RANK  | DATE OF DEATH                               | DATE DISTINTERRED                  |                |
| UNKNOWN X-000826  |   |  | Unk   | Est 1 Dec 44                                | 17 Feb 48                          |                |
| IDENTIFICATION TAG ON   | ORGANIZATION  |  | RELIGION  | IDENTIFICATION VERIFIED BY                  |                                    |                |
| <input type="checkbox"/> REMAINS<br><input checked="" type="checkbox"/> MARKER <b>EMB</b>   | UNKNOWN   |  | Unk   | Oliver E. Modin, Embalmer<br>NAME AND TITLE |                                    |                |
| SECTION D - PREPARATION OF REMAINS FOR SHIPMENT   |   |  |   |   |                                    |                |
| NATURE OF BURIAL  |   | CONDITION OF REMAINS   |   |   |                                    |                |
| mattress cover  |   | left & right femur fractured. Vertebrae & parts of pelvis (left) and parts of skull fractured. |   |   |                                    |                |
| OTHER MEANS OF IDENTIFICATION   |   |  |   |   |                                    |                |
| None  |   |  |   |   |                                    |                |
| FILE  |   |  |   |   |                                    |                |
| MINOR DISCREPANCIES I   |   |  |   |   |                                    |                |
| None found  |   |  |   |   |                                    |                |
| REPATRIATION BRANCH METZ DIV.   |   |  |   |   |                                    |                |
| REMAINS PREPARED AND PLACED IN CASKET   |   |  |   |   |                                    |                |
| DATE  |   | BY   |   |   |                                    |                |
| 23 Mar 48   |   | Oliver E. Modin, Embalmer  |   |   |                                    |                |
| CASKET SEALED BY  |   |  | EMBALMER (Signature)  |   |                                    |                |
| Oliver E. Modin, Embalmer   |   |  | Oliver E. Modin, Embalmer   |   |                                    |                |
| CASKET BOXED AND MARKED   |   |  | All markings, tags and plates verified by   |   |                                    |                |
| 23 Mar 48 Oliver E. Modin, Embalmer   |   |  | Bruce E. Blair, 1st Lt QMC  |   |                                    |                |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. |   |  |   |   |                                    |                |
| Bruce E. Blair, 1st Lt QMC, 337 Qm Bn.<br>SIGNATURE OF GRS INSPECTOR  |   |  |   |   |                                    |                |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  |   |  |   |   |                                    |                |

## IDENTIFICATION DATA

|   |                                      |  |  |  |                     |                        |                            |             |
|---|--------------------------------------|--|--|--|---------------------|------------------------|----------------------------|-------------|
| 1. REMAINS OF UNKNOWN   |                                      |  |  | 2. DATE OF REPORT<br><b>29 June 1949</b> |                     |                        |                            |             |
| 3. NAME OF CEMETERY<br><b>X - 826</b><br><b>USMC ST. AVOLD</b>  |                                      |  |  | 4. PLOT<br><b>RR</b>                     | 5. ROW<br><b>11</b> | 6. GRAVE<br><b>129</b> | 7. DATE OF<br>DISINTERMENT | REINTERMENT |
| PHYSICAL DESCRIPTION  |                                      |  |  |  |                     |                        |                            |             |
| 8. ESTIMATED <del>WEIGHT</del> AGE<br><b>Over 25</b>  | 9. ESTIMATED HEIGHT<br><b>U.T.D.</b> | 10. COLOR OF HAIR<br><b>None found</b>               |  | 11. RACE<br><b>UTD</b>                   |                     |                        |                            |             |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS<br><b>Mortuary Plates</b>  |                                      |  |  |  |                     |                        |                            |             |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES<br><b>NONE</b>   |                                      |  |  |  |                     |                        |                            |             |
| 14. WAS BODY BURNED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                                      | TO WHAT EXTENT?<br><b>Upper and lower appendages</b> |  |  |                     |                        |                            |             |
| 15. WAS BODY MANGLED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                                      | TO WHAT EXTENT?<br><b>See item 19</b>                |  |  |                     |                        |                            |             |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS<br><b>NONE NOTED</b>   |                                      |  |  |  |                     |                        |                            |             |
| 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)<br><b>NONE</b> |                                      |  |  |  |                     |                        |                            |             |
| <u>See X-827 A.</u>   |                                      |  |  |  |                     |                        |                            |             |
| <u>Incl #8</u>  |                                      |  |  |  |                     |                        |                            |             |

19. BLACK OUT PARTS OF BODY NOT RECORDED



See Final Chart

X-826 (Before)

11 Vertebrae

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

SEE FINAL CHART

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

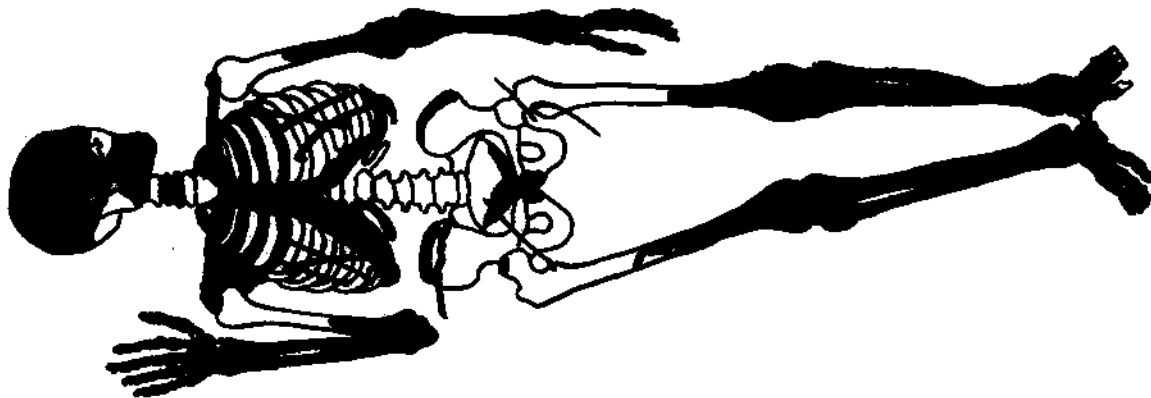
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-826 (Final)

18 Vertebrae present



Est. Height: UFD

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 PREVIOUSLY PROCESSED BY F.O.S. AND RECEIVED DISARTICULATED WITH  
A SMALL AMOUNT OF DECOMPOSED FLESH.  
TEETH RECOVERED AND CHARTED  
NO CLOTHING  
EST.WT. REPROCESSED REMAINS: 25 Lbs  
EST.HEIGHT: U.T.D.  
EST.AGE: Over 25  
HAIR: None

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

/s/ WESLEY A. NEEP

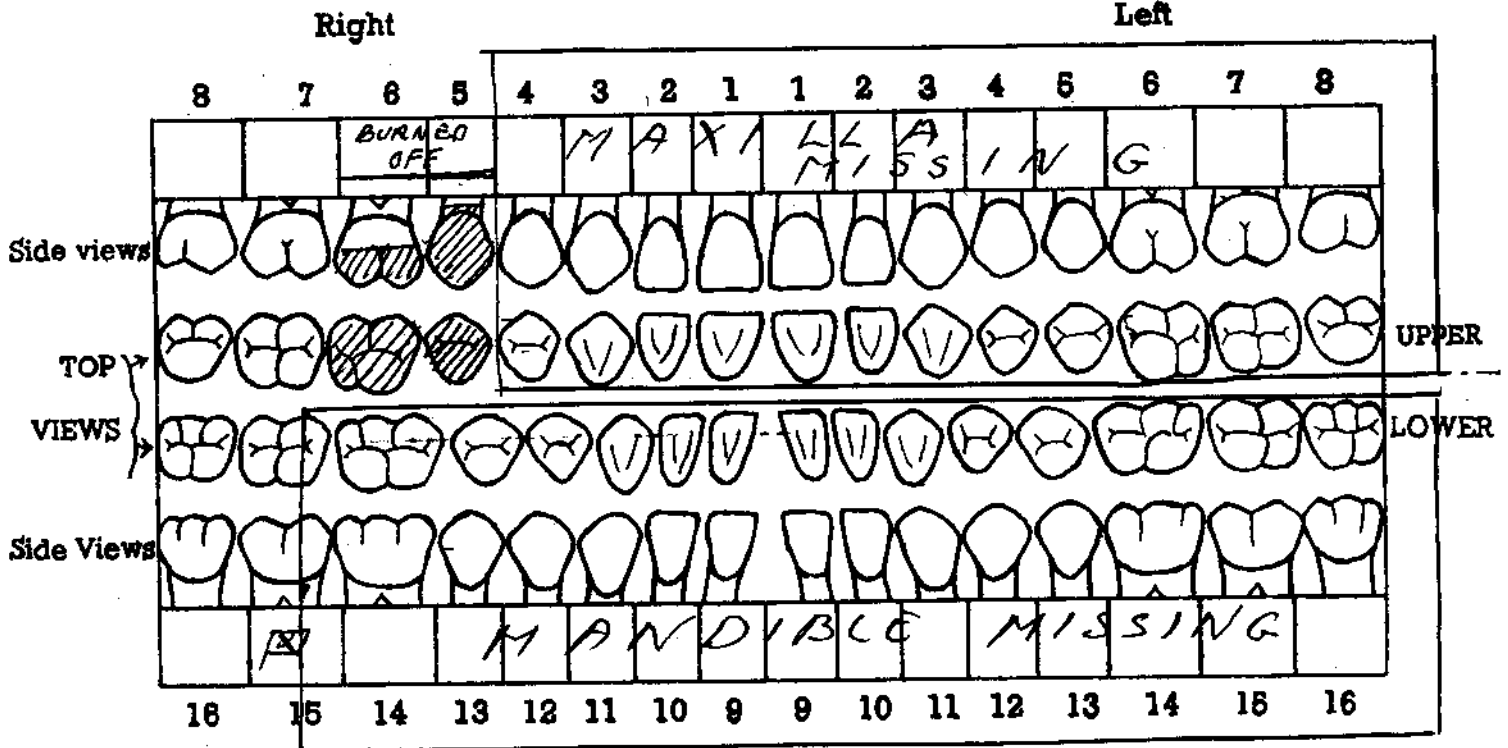
E.O. # 1826 (P)  
**TOOTH CHART**

UNK. I-826  
 USMC ST. AVOLD  
 RR - 11 - 129

29 June 1949

Date

|                |       |               |                |            |
|----------------|-------|---------------|----------------|------------|
| Last Name      | First | Initial       | Grade          | Serial No. |
| Unit           |       |               | Organization   |            |
| Place of Death |       | Date of Death | Cause of Death |            |



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.

A CERTIFIED TRUE COPY

SEE REVERSE

/s/ *George L. Freeman*  
 GEORGE L. FREEMAN  
 1ST LT. QMC

/s/ *Wesley A. RMEP*  
 WESLEY A. RMEP  
 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 :



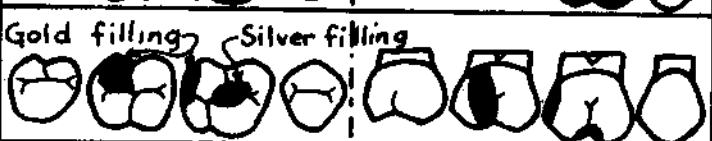
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

SIZE - Average  
 COLOR - Mottled chalky ivory  
 POSTHUMOUSLY MISSING - R 15  
NO FILLINGS IN TEETH PRESENT  
 R 8 and R 16 fully erupted  
 Teeth show evidence of a mild case of enamel Hypoplasia  
 ALIGNMENT - Very good  
 CALCULUS - Slight

# REPORT OF BURIAL

SEP 7 1945

Unidentified American ~~XXXXXX~~ **XXXXXX**

Last Name: UNKNOWN First: UNKNOWN Initial: UNKNOWN Rank: UNKNOWN Serial No.: UNKNOWN

Unit: UNKNOWN Body: **Decomposed to**

Place of Death: **France** Date of Death: **Dec. 1944** Cause of Death: **St. cause of death**

Time and Date of Burial: **129** Name of Cemetery: **US Mil. Cem., St. Avold, France (C-260584)**

Grave Number: **129** Row Number: **11** Column Number: **273** Type of Marker: **CROSS**

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

# REBURIAL

What means of identification were buried with the body?

Previously buried in **Bensheim Cemetery**

Plot **B** Row **11** Column **273**

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: **D'ALESSANDRE 33814909 PFC. 17 A.I.B. 128 E**

Deceased's Left: **OLSON 37697961 PFC. Co. 1. 157 Inf. 130**

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee \_\_\_\_\_

Address \_\_\_\_\_

Religion **Unknown**

List only Personal Effects Found on Body and disposition of same:

Disinterring Officer

*Robert H. Kershaw*

Signature of Officer or other person reporting burial

**ROBERT H. KERSHAW, 1st Lt., SMC, 4th CM CR Co.**

Verified by G. H. S. Officer

# IA DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Impossible to take fingerprints, tooth chart or physical characteristics remains too badly decomposed and badly burned.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

Left Hand

|       |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|
| 4     |  |  |  |  |  |  |  |  |  |
| 3     |  |  |  |  |  |  |  |  |  |
| 2     |  |  |  |  |  |  |  |  |  |
| 1     |  |  |  |  |  |  |  |  |  |
| Thumb |  |  |  |  |  |  |  |  |  |

Right Hand

|       |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|
| 3     |  |  |  |  |  |  |  |  |  |
| 2     |  |  |  |  |  |  |  |  |  |
| 1     |  |  |  |  |  |  |  |  |  |
| Thumb |  |  |  |  |  |  |  |  |  |

## TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Decayed's Right |   |   |   |   |   |   |   |   |   |   |   |   |   | Decayed's Left |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8               | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7              | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Upper           |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lower           |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Indicate : missing natural teeth by X; crowns by O; fillings by □; Bridges by C linking anchor teeth; replacements by artificial teeth X.

Characteristics :

Other Data :

Reburied; previously buried in common grave A. vicinity of Watten France R150880





## IF DECEASED UNIDENTIFIED

**Take Fingerprints of Both Hands.** If unable to obtain a complete set of Fingerprints, **Take Those You Can**, and fill in the following :

|                 |                          |
|-----------------|--------------------------|
| Height :        | Laundry Marks :          |
| Weight :        | Number of Rifle :        |
| Color of Eyes : | Wear Glasses?            |
| Color of Hair : | Is Tooth Chart Attached? |
| Race :          |                          |

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

**Impossible to take Fingerprints, Tooth Chart or Give Physical Characteristics - Remains too Badly Decomposed and Badly Burned**

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

Left Hand

|       |   |   |   |
|-------|---|---|---|
| 4     | 3 | 2 | 1 |
| Thumb |   |   |   |

Right Hand

|       |   |   |   |
|-------|---|---|---|
| 4     | 3 | 2 | 1 |
| Thumb |   |   |   |

### TOOTH CHART

|                 |   |   |   |       |   |   |   |                  |   |   |   |       |   |   |   |   |
|-----------------|---|---|---|-------|---|---|---|------------------|---|---|---|-------|---|---|---|---|
| Deceased's Left |   |   |   |       |   |   |   | Deceased's Right |   |   |   |       |   |   |   |   |
| 8               | 7 | 6 | 5 | 4     | 3 | 2 | 1 | 1                | 1 | 2 | 3 | 4     | 5 | 6 | 7 | 8 |
| 8               | 7 | 6 | 5 | 4     | 3 | 2 | 1 | 1                | 1 | 2 | 3 | 4     | 5 | 6 | 7 | 8 |
| Upper           |   |   |   | Lower |   |   |   | Upper            |   |   |   | Lower |   |   |   |   |

Indicate : missing natural teeth by X; crowns by O; fillings by □; Bridges by ◯ linking anchor teeth; replacements by artificial teeth X

Characteristics :

Other Data :

**If this is an Isolated Burial, make a Sketch of the Location oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.**

**REBURIAL:**

Previously Buried in Common Grave A,  
Vicinity of Hatten France R 180 330