

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

9 August 1949

Date

948 (it will)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 948, Plot S,
Row 12, Grave 2732, USMC ST. AVOLD, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2274, dated 17-4-47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/
Case reviewed by undersigned Members of the Board of Review:

/s/ E. D. Mulvanity
Lt. Col. E. D. MULVANITY, O-359598 QMC

/s/ Roger Berger
Major R. BERGER, O-251736 ORD

/s/ Edward E. Stout
1/Lt. Edward E. STOUT, O-1594512 CE

30 AUG 1949
Received _____ OQMG
Not identifiable from
information presently
available

*File with
30 Aug 49
1 Mulvanity
2 Stout*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 948, Plot S
Row 12, Grave 2732, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2274, dated 17-4-47.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1588236

QMC

1/Lt. Edward E. STOUT, O-1594512

CE

Received 30 AUG 1949 **QMG**

Not identifiable from
information presently
available

Incl #5

NALAN

1	USMC St. Avold Plot: D * Row: 39 Gr: 29 Date of Burial: Verified by GRS Officer <i>Melvin W. Blackburn</i>		DISINTERMENT DIRECTIVE	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15 01 48

NAME UNKNOWNX-000948		SERIAL NUMBER	RANK	ARM 0	DATE OF DEATH + DAY MONTH YEAR
CEMETERY ST AVOLD - NETZ				DISPOSITION OF REMAINS 0 3503 80	CODE DIST. PT.
PLOT S	ROW 12	GRAVE 2732	COUNTRY FRANCE		CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown	SERIAL NUMBER X-000948	RANK	DATE OF DEATH	DATE DISTINTERRED 1 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS Emb <input checked="" type="checkbox"/> MARKER Emb	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY Melvin W. Blackburn Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress Cover	CONDITION OF REMAINS Body complete, skeleton form, disarticulated.
OTHER MEANS OF IDENTIFICATION Embossed plate found with remains	
MINOR DISCREPANCIES / No report of burial or identification tag found with remains	

REMAINS PREPARED AND PLACED IN CASKET

DATE **7 September 1948** BY **Melvin W. Blackburn, Embalmer**

CASKET SEALED BY Melvin W. Blackburn, Embalmer	EMBALMER (Signature) <i>Melvin W. Blackburn</i> Melvin W. Blackburn
CASKET BOXED AND MARKED DATE 7 Sept 48 BY Melvin W. Blackburn Embalmer	EMBALMER (Signature) All markings, tags & plates verified by <i>Albert S. Kimberlin</i> Albert S. Kimberlin, 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.
Final Casketing By:
Albert S. Kimberlin **Albert S. Kimberlin, 1st Lt Inf** **Albert S. Kimberlin, 1st Lt Inf** **RECORDS, UNNOTATED**

SIGNATURE OF GRS INSPECTOR **Albert S. Kimberlin**

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Grave D-39-29 USMC St. Avold formerly occupied by: **Unknown X-6391 A** MEM. DIV
Disinterred: **10 March 1950**

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL WILLIAM H BRYANT RA 33270418	
SIGNATURE OF SHIPPER <i>Frank B Callaghan</i> FRANK B CALLAGHAN 1st Lt, FA	DATE 28 Oct 49	SIGNATURE OF RECEIVER E. F. STOUT, 1ST LT, GE	DATE

2. SHIPPED

FROM LIDO REMAINS STORAGE AREA		TO CASERTY SUPERINTENDENT USMC ST. AVOLD, FRANCE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER E. N. HEISEY, 1ST LT, QMC	DATE	SIGNATURE OF RECEIVER <i>Frank B Killian</i> FRANK B. KILLIAN, Sup't	DATE 19 Apr 1950

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 CIVIL ENGINE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 2 IS 5235 BUNNICE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER D - WELLS	DATE	SIGNATURE OF RECEIVER O 3203	DATE 80

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER 3234 00000 12 01 48	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

SPQYG 293
Unknown X-57
Germany (Reutti)

30 January 1946

SUBJECT: Fingerprints of Unknown Deceased

TO : Commanding General, American Graves Registration Service
European Theater Area, Versailles, France
APO 757, c/o Postmaster
New York, New York

1. The fingerprints submitted for X-57, US Military Cemetery, Reutti, Plot D, Row 24, Grave 572, have been compared, insofar as possible, but were not identified. They were also compared with those of personnel known to have been missing or killed in action on or about the estimated date of death, without result.
2. Should additional information become available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

sh

MAIL & RECORDS SERVICE
O 2 M C
JAN 30 12 21 PM '46
GRAVES REGISTRATION SECTION

AGPC-S 704 (6 Aug 45)

1st Ind

DFR/SFW/ieg/4602

WD, AGO, Washington 25, D. C., 5 January 1946

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief,
Registration and Planning Branch, Room 1100, Temporary Building C.

1. Fingerprints on attacked Reports of Burial (QMC Forms 1-GRS) for X-45 and X-57, Reutti, Germany, have been checked against those of personnel missing or missing in action on or about the estimated dates of death but could not be identified. They were also checked in the Federal Bureau of Investigation without success.

2. Fingerprints on Reports of Burial for X-10, X-46, and X-84 have been identified and returned to you previously.

FOR THE ADJUTANT GENERAL:

Daniel P. Poteet
DANIEL P. POTEET
Colonel, AGD
Officer in Charge
Status Review and
Determination Section
by 800R

2 Incl.
W/D 3 Incl

2934 and Germany (misc)

23

INDEX UNDER NO. 293 Unk. N-57 Germany (Heutti)

INDEX SHEET

SYNOPSIS

8/6/45

ltr.

From: OCMG

To: The Federal Bureau of Investigation, Department of Justice

Re: Fingerprints of Unknown Deceased.....

DO NOT WRITE UNDER NO. 293 Unk. Germany, Miss.

er

IDENTIFICATION CHECK LIST

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

Unknown X X-948
Cemetery St. Avoild, France
Plot S Row 12 Grave 2732

- ~~Arrived at cemetery~~ Date reprocessed: 26 March 1947
(Hour) (Date)
- Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
- Remains ~~recovered~~ or disinterred by Central Identification Point Strasbourg, France
(Name and organization)
- Evacuated to Cemetery by _____
(Name and organization)
- 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		
	(Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	White, Remnants of		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

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

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 :

Age **UTD** Est. Height **5'7 1/2"** 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 **UTD**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **None found**
(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, extracts)

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

Jaw **UTD** Circumference of head in inches **21 1/4"**
(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 found**
(Quantity and extent of hair) (Yes-no) (Color)

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

Legs **UTD**
(Inseam, 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 **too decomposed**

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

9. Remarks **Body received in mattress cover in advanced stage of decomposition. Estimated weight of remains recovered: 25 lbs. Clothing removed from debris, no markings. Fluoroscopic Examination: Negative. Insufficient evidence found to establish Identity. Case remains Unknown X-948. 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.


ELLSWORTH T. MAC INTYRE

(Officer's Name)

Captain

QMC.

Rank

Service

Central Identification Point

(Organization)

X-948

SKELETAL CHART ^{St. Avoild, France}
_{Plot 8, Row 12, Grave 2732}

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

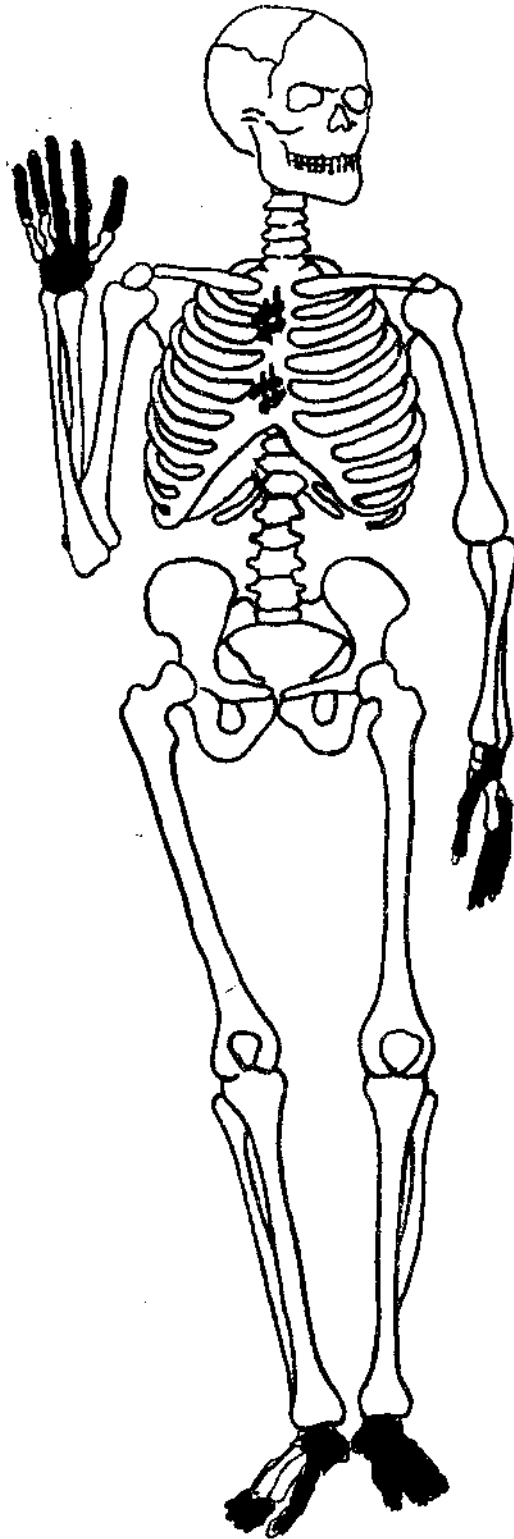


CHART "A"

TOOTH CHART

26 March 1947

Date

Unknown K-949

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

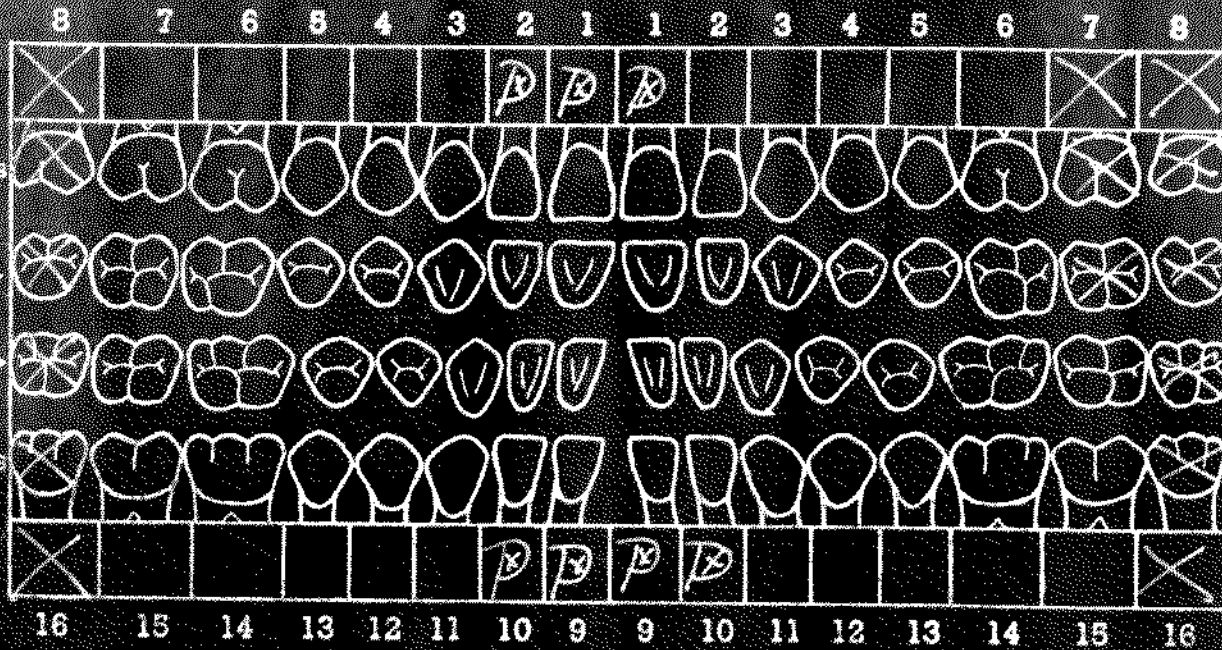
Place of Death

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), 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.

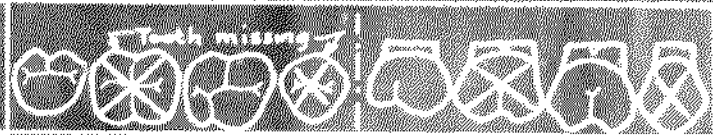
Raymond T. Quish M.D.
Signature of Officer or other person who prepared Tooth chart

BILLSWORTH T. MAC INTYRE, Captain, M.C. C.I.F.

Verified by G. E. S. Officer

Billsworth T. Mac Intyre

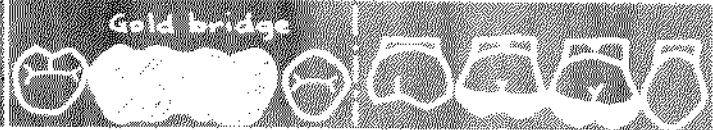
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



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 RL, 2, 9, 10
 Ll, 9, 10

No fillings present.

I4 rotated slightly distally.

Teeth are normal size, white and evenly aligned.

RESTRICTED

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

20 - Sept 1945

10-630 AND 10-1815

Unknown American Y-948

Last Name: Unknown, First: Unknown, Initial: Unknown, Rank: Unknown

Unit: Unknown

Place of Death: Vic. Sontheim, Ger. S706559, Date of Death: 15 April 1945, Cause of Death: drowning. Impossible to determine cause of death.

Time and Date of Burial: 2732, Name of Cemetery: St. Amand, France, Name of Coordinates of Location: Cross

Gave Number: 2732, Row Number: 2732, 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? Fingerprints aken on orig. CR # 1.
Tooth-chart taken; physical characteristics impossible-body decomposed.

What means of identification were buried with the body?
E P

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

Who is buried on:	Gravelle	31269085	Pvt.	Btry. C. 106 AAA	2733
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Perry	32609803	T/L	394 CM Trk Co.	2731
	Name	Serial No.	Rank	Organization	Grave No.

If this is an isolated burial, make a sketch of the site. If this is a mass burial, make a sketch of the site. If this is a mass burial, make a sketch of the site.



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

Emergency Address: _____

Religion: Unknown

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

REBURIAL x 57

Disinterr. Off. RICHARD S. STEINBULLER
1st Lt., CMC, 612th CM GS

Previously buried in Reutti Cemetery
Plot D Row 24 Grave 572

Signature of Officer or other person reporting burial: [Signature]
Verified by G.R.S. Officer: [Signature]

6

GRAVE REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

Date 9 June 1945

Unknown American X-57 (S706559) Unknown Unknown

Last Name	First	Initial	Rank	Serial No.
8706559	Unknown			
Unit	Poss. Drowning			
Vic Sontheim, Gen	Impossible to determine cause of death			
Place of Death	Date of Death	Cause of Death		
1530 hrs	19 May 1945	Drowning		
Time and Date of Burial	Place of Burial	Name of Cemetery	Notes or Coordinates of Location	
572	21st		NW	
Grave Number	Row Number	Plot Number	Type of Marker	

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

If No Identification Tags
How were remains identified?
See Reverse.

What means of identification were buried with the body?
QMC Form 1-GES in sealed bottle buried with body.

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

Who is buried on:
Deceased's Right: Gravelle, Raymond, 31269085, Pvt, Btry C, 106 AAA 573

Deceased's Left: Ferry, Mark, 32609803, T/4, 391, QM Trk Co, 571

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.
Cpl Harold Whitcomb, 1st Lt, QM Trk Co



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

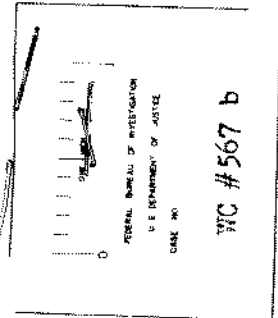
Emergency Addressee _____

Name _____

Address _____

Religion: unknown

List only Personal Effects Found on Body and disposition of same: none.



Signature of Officer or other person reporting burial

Verified by G. R. S. Officer
J.E. HAWKINS, 1st Lt., QMC, 46 QM Trk Co.

JA DECEASED UNIDENTIFIED

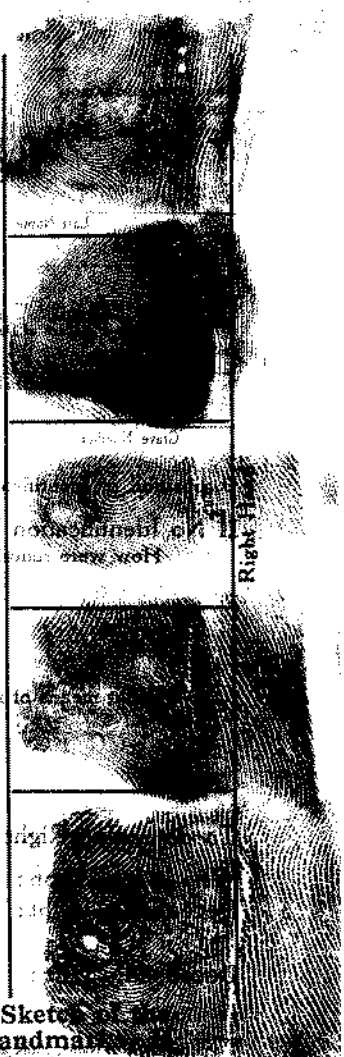
Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Est Height: 5'9"
 Est Weight: 160 lbs
 Color of Eyes:
 Color of Hair: Black
 Race:
 Laundry Marks:
 Number of Rifle:
 Wear Glasses?
 Is Tooth Chart Attached?

(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.

Wore American OD Wool drawers.
 Fingerprints taken by Sgt B. J. Zaborowski, 48 QM GE Co.

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



TOOTH CHART

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

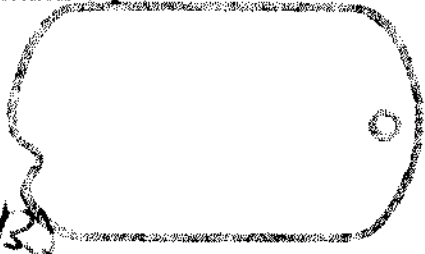
		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower																

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

Characteristics:

Other Data:

Noted in file



Woodland/WLD

21/any/145