

7887 GRAVES DETACHMENT

AFO 757

943unk St. Avold X-1145 mm

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 - 1145 St Avold

(POC) ST AVOLD

File
943unk
St. Avold
X-1145

CHECK LIST OF UNKNOWN

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

Unknown X 1145
Cemetery St. Avold, France
Plot XX Row 6 Grave 62

Arrived at cemetery _____ From _____
(Hour) (date) (collective point)

Place of death _____
(name of closest town) (coordinates and letter)

sheet and scale used.

Remains recovered or disinterred by _____
(name and organization)

Evacuated to Cemetery by _____
(name and organization)

Is lead list attached _____ if not, why not _____
(yes-no)

Are names of deceased found in same area as this Unknown starred (yes,no)

If remains came from vehicle, plane, etc; _____
(type of vehicle or plane,nickname)

serial number of vehicle, engines and weapons organization & symbol

Crew list _____
(names of other deceased and positions in which found)

If organization to which vehicles or plane was assigned or if names of all
other deceased are not known, give detailed information concerning vehicle
or plane _____

(parts of marking or symbols) _____ (burned)

(found in town field by road, etc.)

Detailed description of personal effects _____

J. Avold 1-1145

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

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

Raincoat NO

Overcoat CLOTHING

Jacket, field FOUND

Jacket, combat

Mackinaw

Sweater

Jacket, HBT

*Shirt, Wool OD

Undershirt, wool

Undershirt, cotton

Trousers HBT

*Trousers Wool OD

Belt, Web

Drawers, Wool

Drawers, cotton

Leggings (Note unusual lacing)

Wool

Socks cotton

*Shoes Combat boots marked D-1293 size 8D
(type)

Overshoes

Web

Equipment (type)

(Other Item)

(Other Item)

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

Chevrons or _____ Unable to determine _____ Shoulder patch _____

Insignia (type & location; shirt, jacket, coat, helmet)

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

Description of Remains:

Age U.t.d.	Height U.t.d.	Weight U.t.d.	Description of Wounds U.t.d.
(years)	(ft.)	(lbs)	

TOOTH CHART

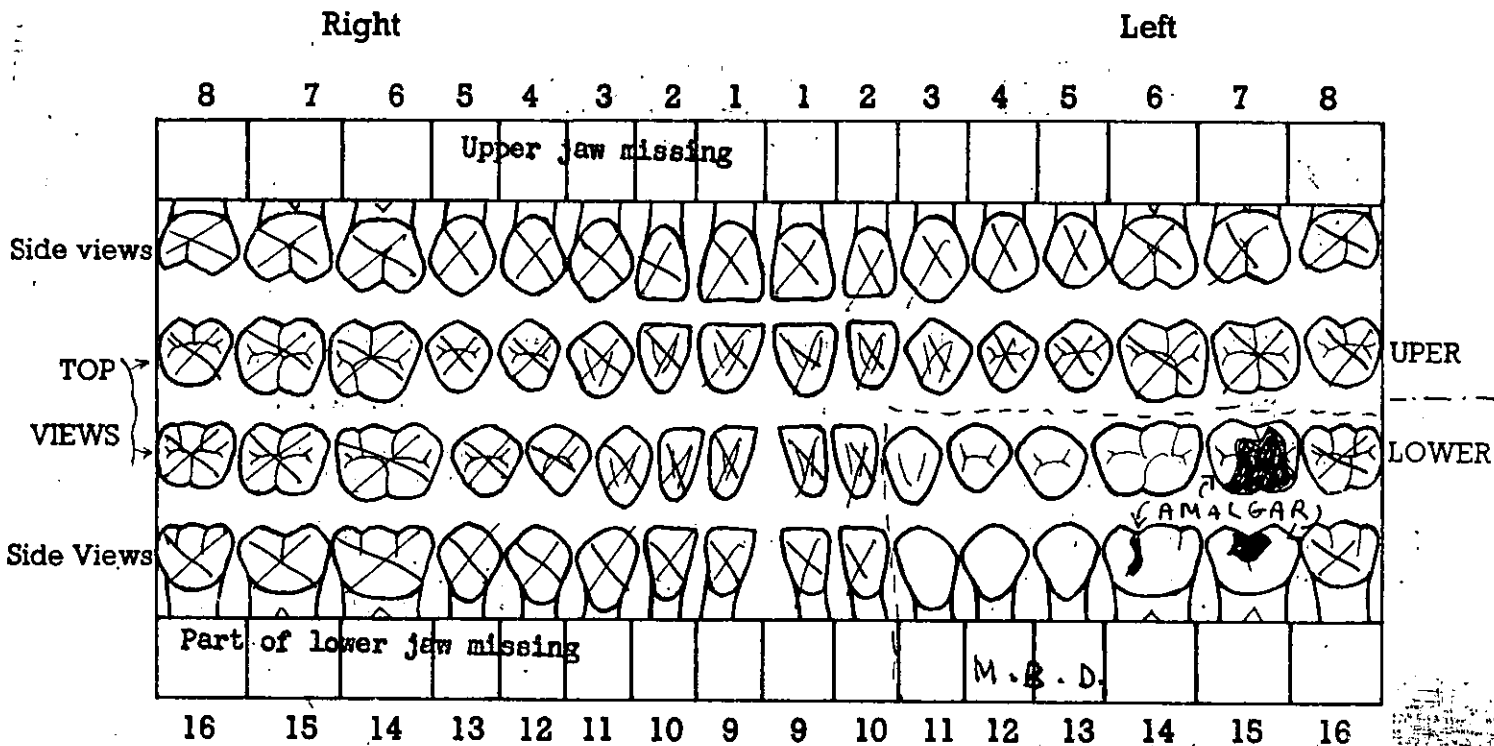
US MIL. CEM. ST. AVOED, FRANCE
 Grave 62, Row 6, Plot XX

8 July 1946

Date

Unknown X-1145

Last Name	First	Initial	Rank	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), 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.

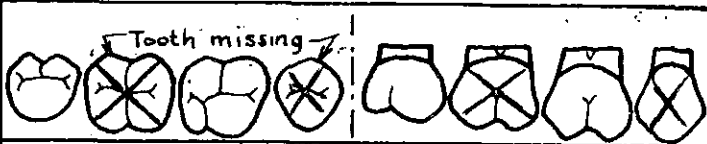
Only left mandible found. No maxilla found.

Signature of Officer or other person who prepared Tooth chart

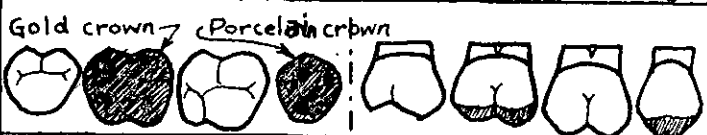
Leon E. Posterick
 Verified by G. R. S. Officer

LEON E POSTERICK, 2nd Lt. Inf., 4566 QM Comp. Co.

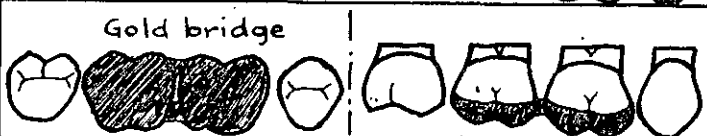
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



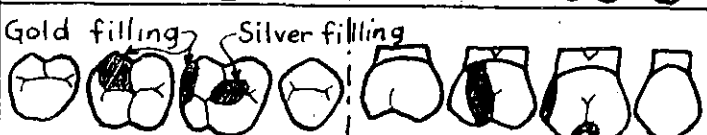
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



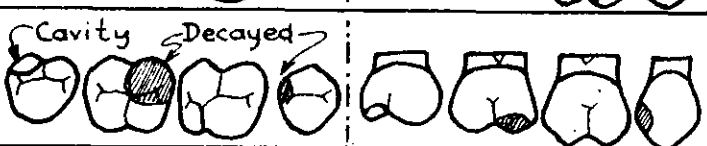
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



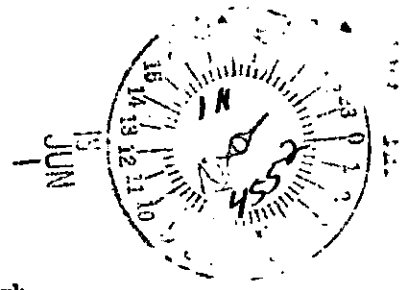
CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :



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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887, U.S. Army



JJP/HA/gh

(S: 23 June 1946)
24 May 1946

AGRRE (St Avold, XX-6-62)

SUBJECT: Disinterment (Special)

TO : Commanding Officer, Hq, Sector III, (Eastern France),
AGRC, APO 164, U.S. Army

1. Reference is made to separate Reports of Burial received in this headquarters for Pfc. Frederick L. DICKENSON, ASN 33091293 shown as buried in St Avold Cemetery, Plot XX, Row 6, Grave 62 as well as Plot Y, Row 4, Grave 41.

2. Inasmuch as the deceased buried in Plot Y, Row 4, Grave 41 was identified by Soldiers Individual Pay Record and other substantiating evidence, but buried without legs, it is believed that the remains buried in Plot XX, Row 6, Grave 62 may be the missing members as the remains were merely identified by the clothing mark "D-1293" marked on both shoes of the deceased.

3. It is therefore directed that the remains buried in St Avold Cemetery, Plot XX, Row 6, Grave 62 be disinterred to determine whether the remains consist of an entire body, or two legs. If an entire body is found the remains will be reburied and a corrected Report of Burial submitted to this headquarters redesignating the deceased as an unknown. Inventory of remains as well as tooth chart and fingerprints, if possible, will also be submitted. If disinterment shows the remains to consist of only two legs the remains in Plot Y, Row 4, Grave 41 will also be disinterred and reviewed by a medical officer to determine whether both remains are of the same individual. If such is the case remains will be consolidated in in Plot XX, Row 6, Grave 62 and this headquarters notified by indorsement hereon. In either case disinterment will not be made until after Memorial Day Services have been completed.

BY ORDER OF COLONEL ODELL:
22 23 24
20
5750
27 MAY 1946
G.R.S.C.
APO 887

J. J. Powers
J. J. POWERS
Colonel, QMC
Chief, Registration Division

Verailles 4550
Ext: 199-



AGRF (St. Avold XX-6-62) 1st Ind. TCT/CWB/wk
HEADQUARTERS, SECTOR III, EASTERN FRANCE, AMERICAN GRAVES REGISTRATION
COMMAND, 6870TH QM BN, (MOBILE), APO 164, US. ARMY. 3 June 46

TO: Commanding Officer, 6828th QM. Graves Registration Detachment,
APO 164, US. Army, (St. Avold).

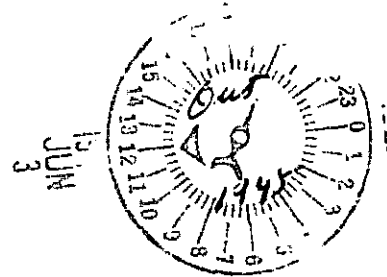
1. Forwarded for direct compliance with basic communication.

BY ORDER OF T. COL. BAILEY:

Telesphor C Tremblay

TELESPHOR C TREMBLAY
1st Lt. Infantry
Operations Officer

Tel: 8824 - Nancy



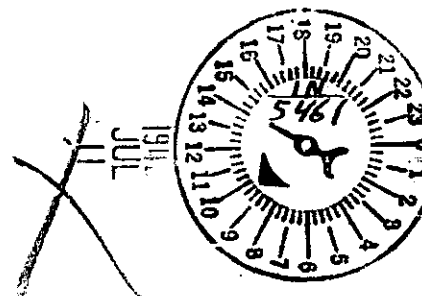
AGRF (A) 2nd Ind. LEP/ek
HEADQUARTERS, 6828TH QM GRAVES REGISTRATION DETACHMENT, APO 164, US ARMY,
9 July 1946

TO: Commanding Officer, Sector III, Eastern France, American Graves Reg.
Command, APO 164, US Army.

1. Basic communication complied with.
2. Remains buried in Plot XX, Row 6, Grave 62, have previously been redesignated Unknown X-1145.
3. Forwarded herewith are check lists for Unknowns and tooth chart for Unknown X-1145.

Incls: a/s

Leon E Posteric
LEON E POSTERICK.
2nd Lt. Inf.,
Executive Officer



IDENTIFICATION CHECK LIST

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

PROCESSED BY:

E.O. #709

~~G. SCHWADERER
L.R. FEINDT~~

Unknown # X-1145
Cemetery ST AVOLD, FRANCE
Plot XX Row 4 Grave 41

~~CLERK - FOSMO~~

DATE REPROCESSED

1. ~~Arrived at cemetery~~ 25 MARCH 48
(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 REPROCESSED MOBILE TEAM #1, I.S.
(Name and organization)

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

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

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



Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes Combat boots, marked with "1293"

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? UTA

6. Description of Remains: All major bones fractured and/or missing

Age UTA Height UTA Weight UTA Description of wounds None

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

Tattoos None
(Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks None
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTA

Complexion None
(Light, medium, dark, clear, pimples, pocks, freckles)

Build None
(Large, fat, thin, muscular)

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

Hair None
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTA Mustache UTA Beard or UTA
(Color, setting, shape) (Color, size, shape) (Length, heavy)



Goatee (Light, color, extent) *UTO*

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

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

Mouth (Large, medium, small) *UTO* Lips (Small, large, full) *UTO*

Teeth *See Tooth Chart*
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw *UTO* ~~Partly~~ *None* Circumference of head in inches *Head missing*
(Large, small, normal) (Hat band)

Neck *None* Larynx *None*
(Size, length, short, normal, wrinkled) (Prominent, normal)

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

Hands *None*

Fingers *None*
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest *UTO*
(Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back *UTO* Circumcision *UTO* Pubic Hair *UTO*
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty *UTO*
(Yes-no; location)

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

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

Evidence of healed fractures *UTO*
(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 Hands missing

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

9. Remarks Partial remains received in skeletal form, with small amt. of flesh in last stage of decomposition. Clothing found in remains bore the following mark: on combat boot stencil marked "1293". Teeth found in debris and charted. No Report of Burial or SRS Tags found. Est. wt. of reprocessed remains: 16 lbs. No height estimate available as all major bones are fractured
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.

and/or missing. No evidence of old or healed fractures - no amputations.

WOODROW W. WOLF
George Schwadner
(Officer's Name)

CAPT QMC
Rank Service

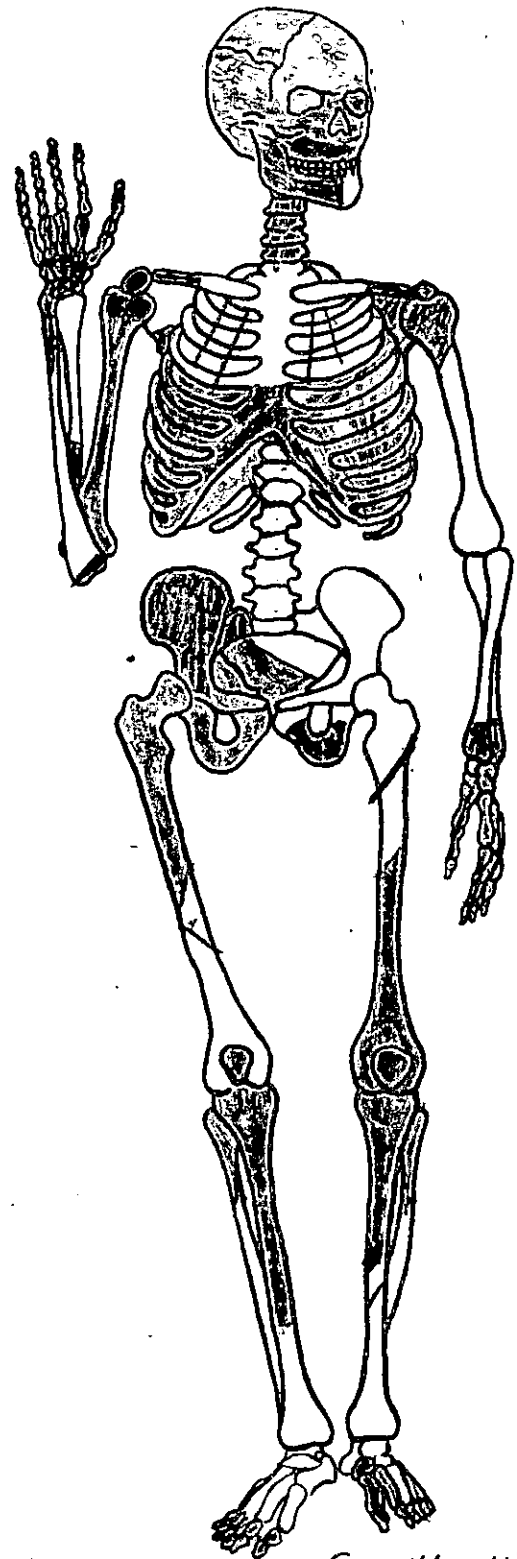
OPERATIONS OFFICER
(Organization)

This unknown remains X-1145 cannot be consolidated (as per E.O. #709) with Dickenson, Fredrick L, Pfc, 33091293 as there exists, a duplication of anatomical parts common to both remains.

X-1145

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Est. Ht. - UTD

ALL MAJOR BONES FRACTURED AND/OR MISSING

CHART "A"

~~X-1145~~
~~USMC - ST AVOLD~~
~~E.O. # 709~~

TOOTH CHART

25 MARCH 48

Date

X-1145

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

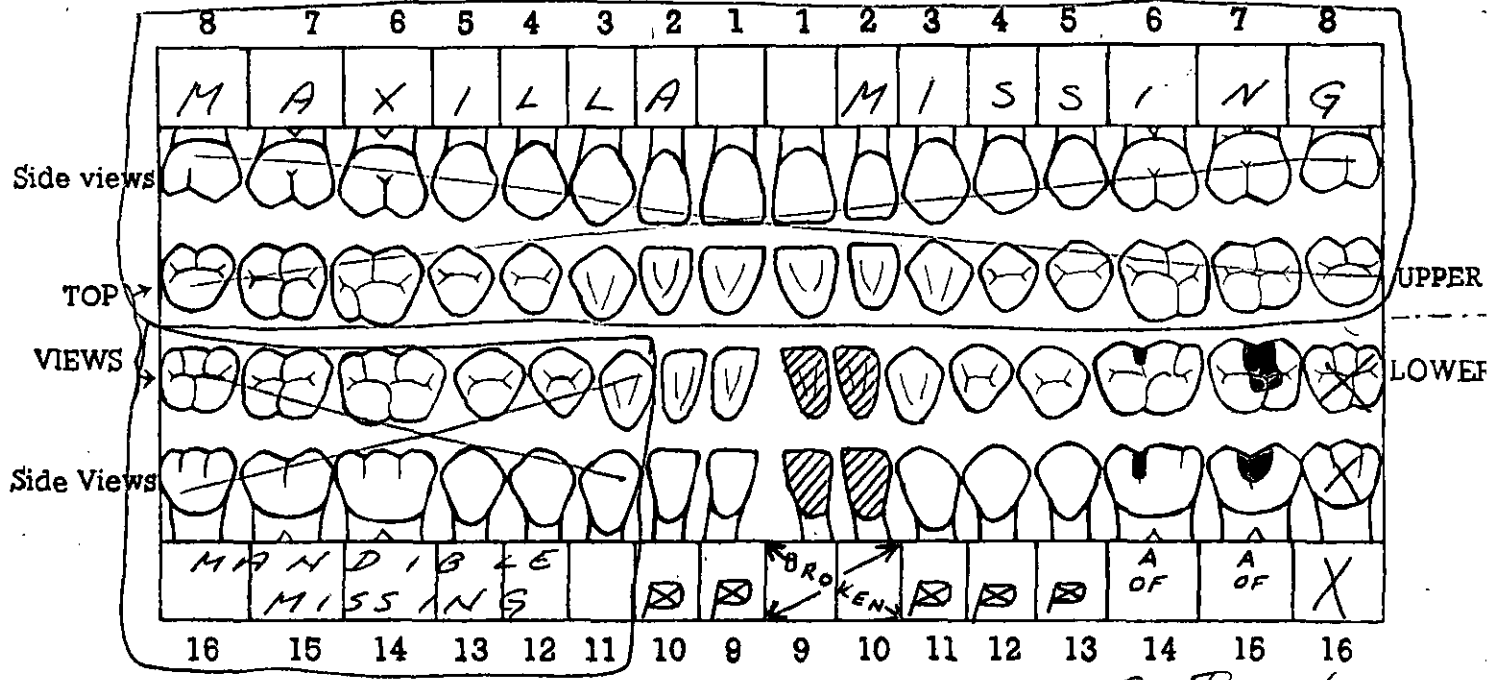
Place of Death

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), 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.

Ivor J. Fosmo


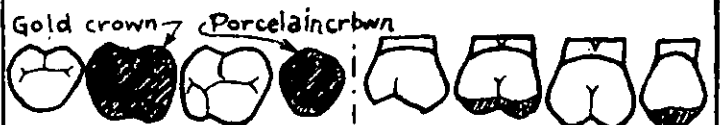

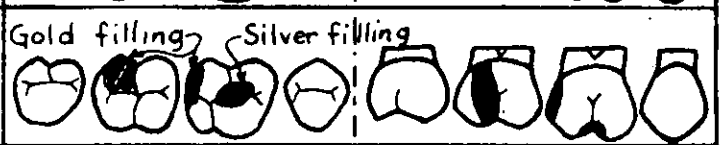
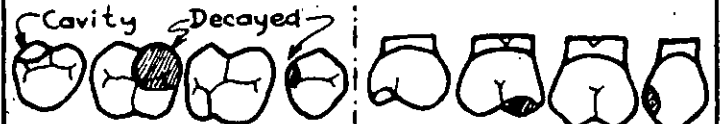
IVOR J. FOSMO
 USDA CIV IS

15/ Ivor J. Fosmo *SP6*

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
 CAPT QMC OPER OFF

Verified by G. R. C. Officer

<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 :</p>	 <p>Tooth missing</p>
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	 <p>Gold crown Porcelain crown</p>
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p>Gold bridge</p>
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p>Gold filling Silver filling</p>
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	 <p>Cavity Decayed</p>

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

Color = Dull Ivory
 Size = Average

ALIGNMENT = Good

MANDIBLE

Pit of L-13 INDICATES THAT THE TOOTH HAD A SLIGHT DISTAL ROTATION.
 Root of L-9 INDICATES THAT THE TOOTH HAD ROTATED 1/6 of a TURN DISTALLY.

MAXILLA

NOT PRESENT

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

29 April 1949

Date

93 Unknown France - 1145 (Stanoff)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 1145, Plot XX, Row 6, Grave 62, 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. 2594, dated 22-13-47. No further information is available.

FOR THE COMMANDING GENERAL:

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

/s/ Roger Berger
/t/ Maj. Roger BERGER, O-251736 ORD

/s/ Edward F. Price, Jr.
/t/ Capt. Edward F. PRICE, Jr., O-1588236 QMC

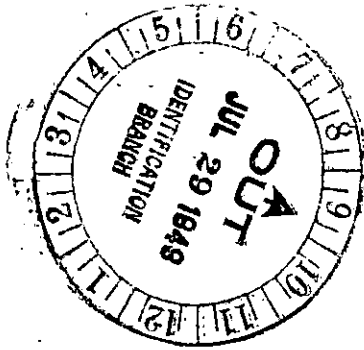
/s/ E.D. Milvanity
Lt.Col. E.D. MILVANITY, QMC

28 JUL 1949

Received
Not identifiable from
information presently
available

QOMA

File MAT
28 JUL 1949



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

29 April 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 1145, Plot XX,
Row 6, Grave 62, 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.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2594, dated 22-12-47.

Case reviewed by undersigned Members of the Board of Review:

Roger Berger

Maj. Roger BERGER, O-251736 CRD Capt Jack C.H. YES, O-1577297 OMC
Edward F. Price, Jr.

Capt. Edward F. PRICE, Jr. O-1888236 OMC 1/Lt Edward E. STOUT, O-1594512 CE
E. J. Oglesey

~~1/Lt. Ernest J. OGLESBY, O-449004, Cav~~

28 JUL 1949

Received ----- OQMG
Not identifiable from
information presently
available

Incl #9

This grave formerly occupied by: COBURN, Hilliard PFC, 39525376
USMC ST AVOLD, FRANCE Disinterred: 9 June 49
Plot-B, Row 33, Grave 33 DISINTERMENT DIRECTIVE
Date reburied: 9 June 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
M. H. SWARTZ
CAPT., OMC
DIRECTIVE NUMBER 3574 00000
DATE 15 | 01 | 48
DAY MONTH YEAR

NAME 243 UNKNOWNX-001145 SERIAL NUMBER RANK ARM Q
CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0
3503 | 80
CODE DIST. PT.
PLOT XX ROW 6 GRAVE 62 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
FILE 12 JUL 1949
REGISTRATION BRANCH
MEM. DIV.

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-001145 SERIAL NUMBER RANK Unk DATE OF DEATH Est 6 Jan 45 DATE DISTINTERRED 19 Feb 48
IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover CONDITION OF REMAINS Multiple fractures of all major bones - Body disarticulated - Missing: Head, L/Scapula, R/Humerus, R/ & L/hands -

OTHER MEANS OF IDENTIFICATION "D-1293" on shoe - Report of Burial found with remains -

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN CASKET DATE 25 mar 48 BY Elijah H Fields, Embalmer

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

CASKET BOXED AND MARKED DATE 25 Mar 48 BY Elijah H Fields, Embalmer FRANK B CALLAGHAN, 1st Lt FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
FRANK B CALLAGHAN, 1st Lt FA, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

JUN 29 1 27 PM '49
 RECORDS BRANCH
 REPAIRS
 DIVISION

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (CA VERIFICATION ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER EDWARD J. MOVA	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

Section A -- Name & Burial Location of deceased		Directive Number	Date
UNKNOWN		SERIAL NUMBER X-001145	Rank Arm
ST AVOLD - LETZ		Date of Death Day Month Year	
Plot XX		Row 6	Grave 62
Country FRANCE		Code Dist.Pt. Cause of Death	

Section B -- Consignee and Next of Kin

Name and Address of Consignee	Name and Address of Next of Kin

Section C -- Disinterment and Identification

Name UNKNOWN	Serial Number X-001145	Rank	Date of Death Est 6 Jan 45	Date Disinterred 19 Feb 48
Identification Tag on <input checked="" type="checkbox"/> Remains <input type="checkbox"/> Marker	Organization EMB	Religion Unk	Identification Ver- ified by Elijah H Fields Embalmer Name & Title	

Section D -- Preparation of Remains for Shipment

Nature of Burial Mattress cover	Condition of Remains Multiple fracture All major bones. Body disarticulated. Missing: Head, L/Scapula R/Humerus, R and L Hand
------------------------------------	--

Other Means of Identification
D-1293 On shoe. Report of burial found with remains

Minor Discrepancies 1 : Remains prepared for shipment
None : By

Remains Placed in Casket
Date 25 Mar 48

Casket Sealed by
Elijah H Fields Embalmer

Embalmer's Signature
E. H. Fields
Elijah H Fields
Embalmer (Signature)

Casket Boxed and Marked
Date 25 Mar 48

Shipping Address prescribed by A11 markings
tags and plates

I hereby certify that all the foregoing operations were conduct-
ed and accomplished under my immediate supervision /except casketing
and that the report above is correct.

F. B. Callaghan
Frank B Callaghan 1st Lt FA 337 CM Bn
Signature of GRS Inspector (Grade&Orgn)

I prepare Discrepancy Report QMC Form 1194a for major discrepancies.

EMC Form 1194

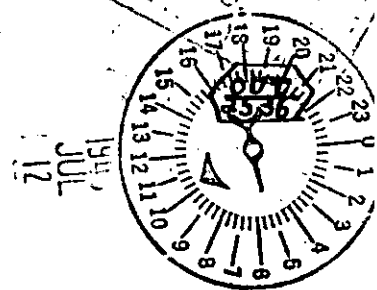
AGRF (St. Avoild XX-6-62) 3rd Ind TCT/CJR/wk
HEADQUARTERS, SECTOR III, EASTERN FRANCE, AMERICAN GRAVES
REGISTRATION COMMAND, 337TH QM. BN (M), APO 164, US. ARMY
11 July 46

TO: Commanding Officer, American Graves Registration
Command, APO 887, US. Army.

Attention is invited to preceding indorsement
and attached letter dated 22 May 1946 subject: Reclassi-
fication of deceased.

FOR THE COMMANDING OFFICER:

Telesphor C Tremblay
TELESPHOR C TREMBLAY / 6 JULY 1946
1st Lt. Infantry
Operations Officer 1642
14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-1-2



3 Incls:

1. Check list for unknown X 1145
2. Tooth chart for " " "
3. Report of Burial " " "

Tel: 8824 - Nancy

CHECK LIST OF UNKNOWN

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

Unknown X 1145
Cemetery St. Avoird, France
Plot XX Row 6 Grave 62

Arrived at cemetery _____ From _____
(Hour) (date) (collective point)

Place of death _____
(name of closest town) (coordinates and letter)

sheet and scale used.

Remains recovered or disinterred by _____
(name and organization)

Evacuated to Cemetery by _____
(name and organization)

Is lead list attached _____ if not, why not _____
(yes-no)

Are names of deceased found in same area as this Unknown starred (yes,no)

If remains came from vehicle, plane, etc; _____
(type of vehicle or plane,nickname)

serial number of vehicle, engines and weapons organization & symbol

Crew list _____
(names of other deceased and positions in which found)

If organization to which vehicles or plane was assigned or if names of all
other deceased are not known, give detailed information concerning vehicle
or plane _____

(parts of marking or symbols) _____ (burned)

(found in town field by road, etc.)

Detailed description of personal effects _____

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

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

Raincoat NO

Overcoat CLOTHING

Jacket, field FOUND

Jacket, combat

Mackinaw

Sweater

Jacket, HBT

*Shirt, Wool OD

Undershirt, wool

Undershirt, cotton

Trousers HBT

*Trousers Wool OD

Belt, Web

Drawers, Wool

Drawers, cotton

Leggings (Note unusual lacing)

Wool

Socks cotton

*Shoes Combat boots marked D-1293 size 8D
(type)

Overshoes

Web

Equipment (type)

(Other Item)

(Other Item)

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

Chevrons or Unable to determine Shoulder patch

Insignia (type & location; shirt, jacket, coat, helmet)

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

Description of Remains:

Age U.t.d. Height U.t.d. Weight U.t.d. Description of Wounds, U.t.d.
(years) (ft-in) (lbs)

Bandages or dressings Unable to determine Scars Unable to determine
(length, width, location)

Unable to determine
Tattoos (number, location-illustrate on sep. page)

Outstanding moles, warts or birthmarks (yes-no) (description, location)

Sunburn or tan, other than hands and face Unable to determine
Complexion Build
(Light, med, dark, clear, pimples, poeks, freckles) (large, fat, thin
muscular)

Hair Unable to determine
(color, length, quantity, curly, wavy, straight, whorls, or definite parting,
baldness, widows peak, distinctive cutting or other characteristics)

Sideburns U.t.d. Mustache U.t.d. Beard or goatee U.t.d.
(color, setting, shape) (color, size, shape) (length,
heavy, light, color, extent)

Eyes U.t.d. Eyebrows U.t.d.
(color, setting, shape) (color, bushiness, extend across nose)

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

Mouth Unable to determine Lips Unable to determine
(Large, medium, small) (small, large, full)

Teeth See attached tooth chart
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Unable to determine
(prominent, receding, pointed, dimple, double)

Jaw U.t.d. Circumference of head in inches U.t.d.
(Large, small, normal) (hat band)

Neck Unable to determine Larynx U.t.d. Shoulders U.t.d.
(size, long, short, normal, wrinkled) (prominent, normal) (broad,
Arms Unable to determine
(straight, small, rounded) (length) (muscular, color, extent & quantity hair
Hands Unable to determine
(vaccination scar, size of wrists) (large, small, normal, calloused noticea
bly)
(marks on fingers indicating that rings were worn)

Fingers Unable to determine
(short, thick, long, slender, size of knuckles)(missing fingers or joints)

(Unusual characteristic of fingernails)

Chest Unable to determine
(size of nipples, color, quantity & extent of hair, large, small, normal)

Back U.t.d. Waist U.t.d.
(quantity & extent of hair) (size of naval, appendectomy, amount & color)

Circumsized U.t.d. Public hair U.t.d. Hernioplasty U.t.d.
of hair. (yes-no) (color) (yes-no)(location)

Legs Unable to determine
(muscular, knock-kneed, bowed, normal)(quantity, color & extent of hair)

Feet Unable to determine Toes Unable to determine
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Unable to determine
(nose, arms, legs, etc.)

Black out parts of body
not received at cemetery:



Have photographs been made and attached No If not, explain Decomposed
(yes-no)

Have fingerprints been placed on Report of Interment If not, explain
(yes-no)

Has tooth chart been prepared ? Yes If not, explain
(yes-No)

Remarks: Remains consist of one right Illium, one sacrum, fragments of one tibia
and fibula left. Humerus, Ulna and Radius, Vertebrae, ribs and sternum fragments, right
scapula, left mandible of right femur. Est. weight of processed remains: 10 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.

No feet found were found in the shoes.

(Officer's name)

Rank Service
LEON E POSTERICK, 2nd Lt. Inf., 4566 Comp.
Organization Co.

63

X-1145

U.S.E.C. ST. AVOLD, FRANCE

TOOTH CHART

Plot XX, Row 6, Grave 62

26 November 1947

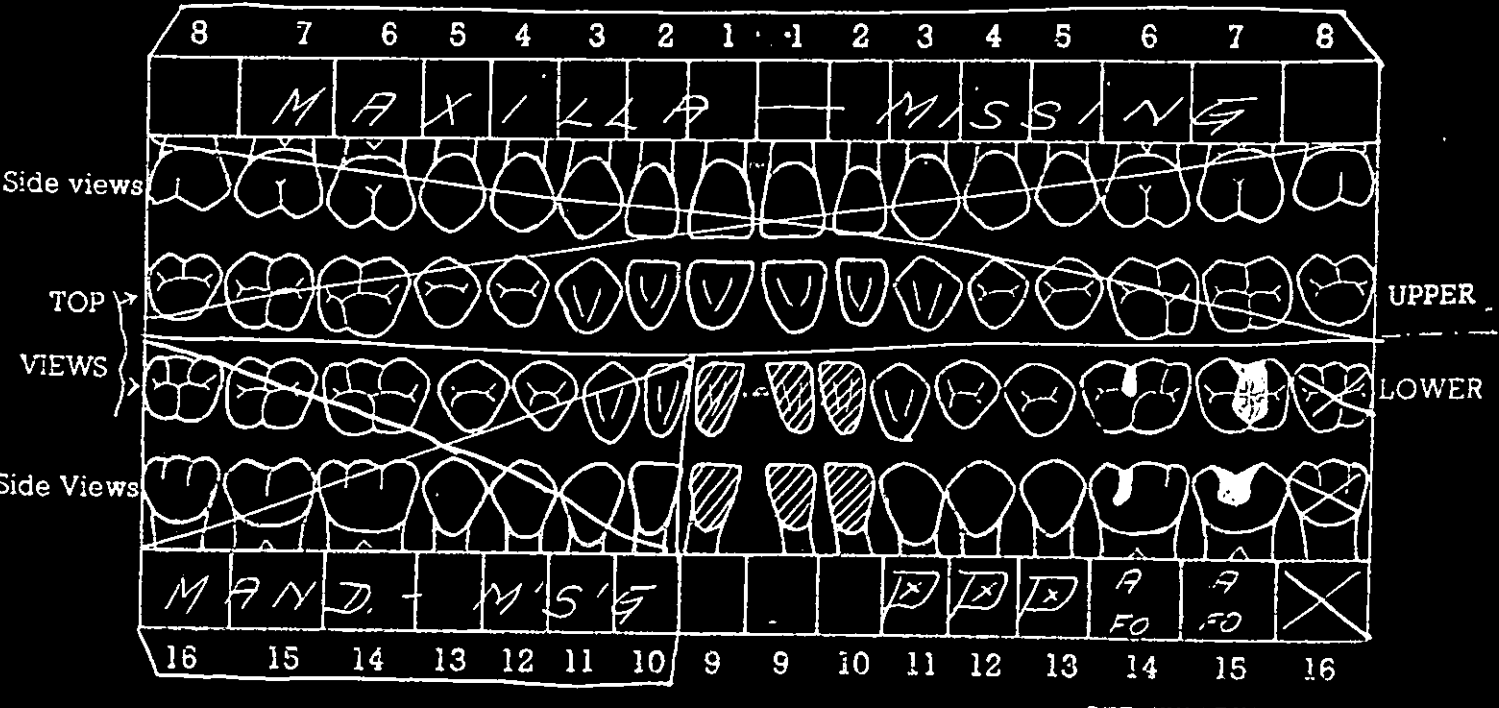
Date

UNKNOWN X-1145

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.

For J. Fismo *M.D.*

Signature of Officer or other person who prepared Tooth chart

Ralph W. Slector

Verified by G. R. S. Officer

RALPH W. SLECTOR

MAJOR INF

CENTRAL IDENTIFICATION POINT

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

P - Posthumously missing

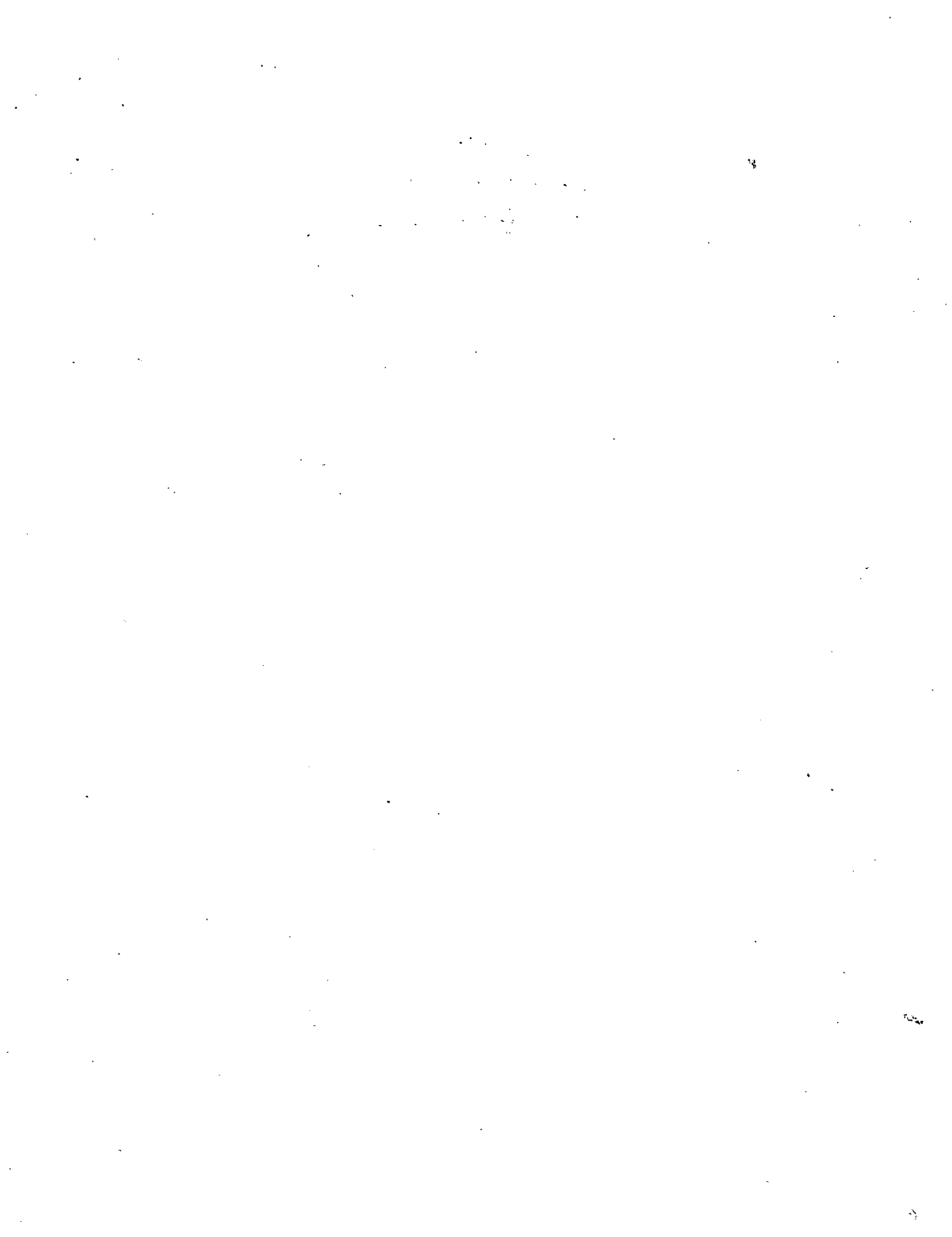
⊗ - Broken or chipped

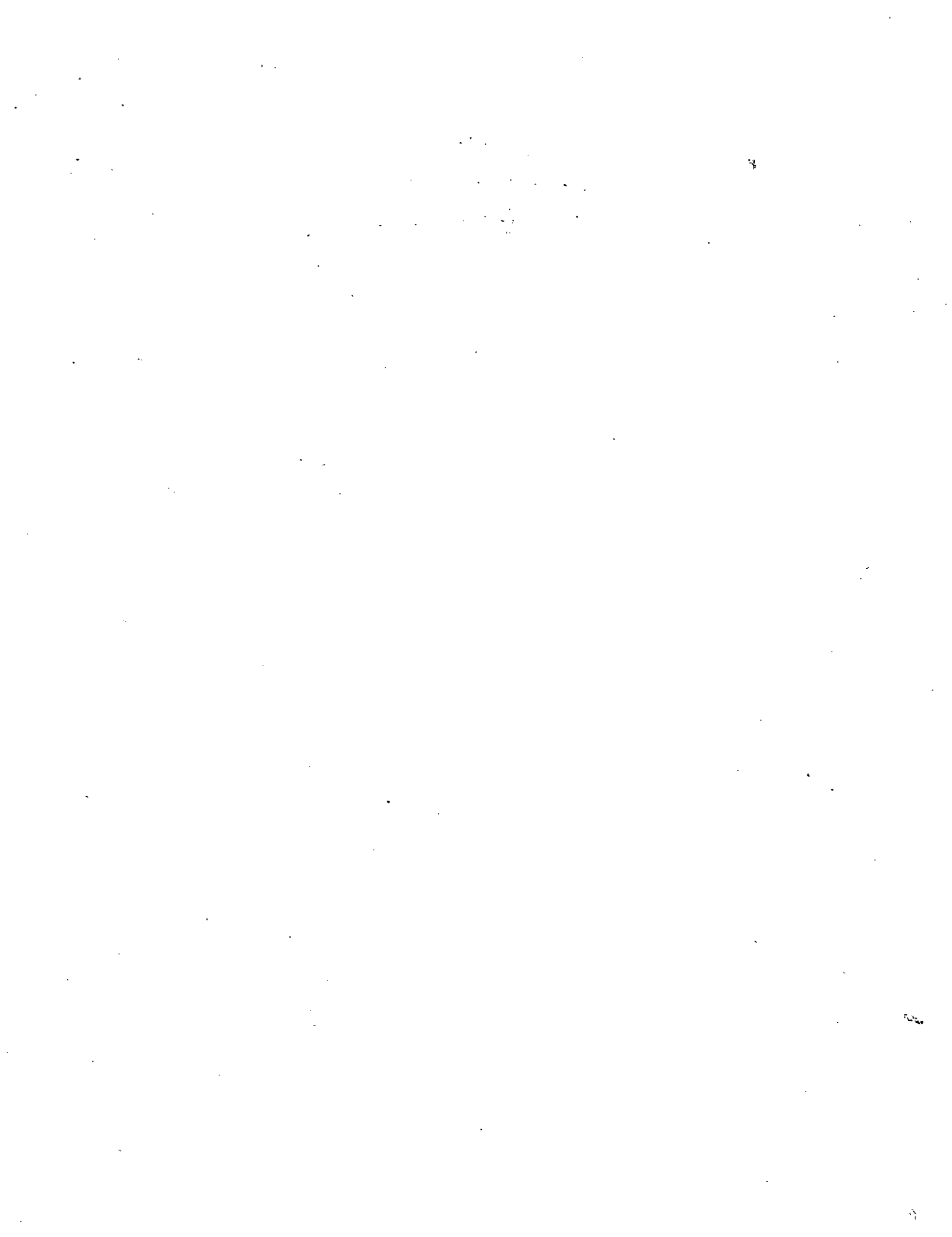
COLOR DULL IVORY

SIZE AVERAGE

ALIGNMENT U.T.D.

h9





TOOTH CHART

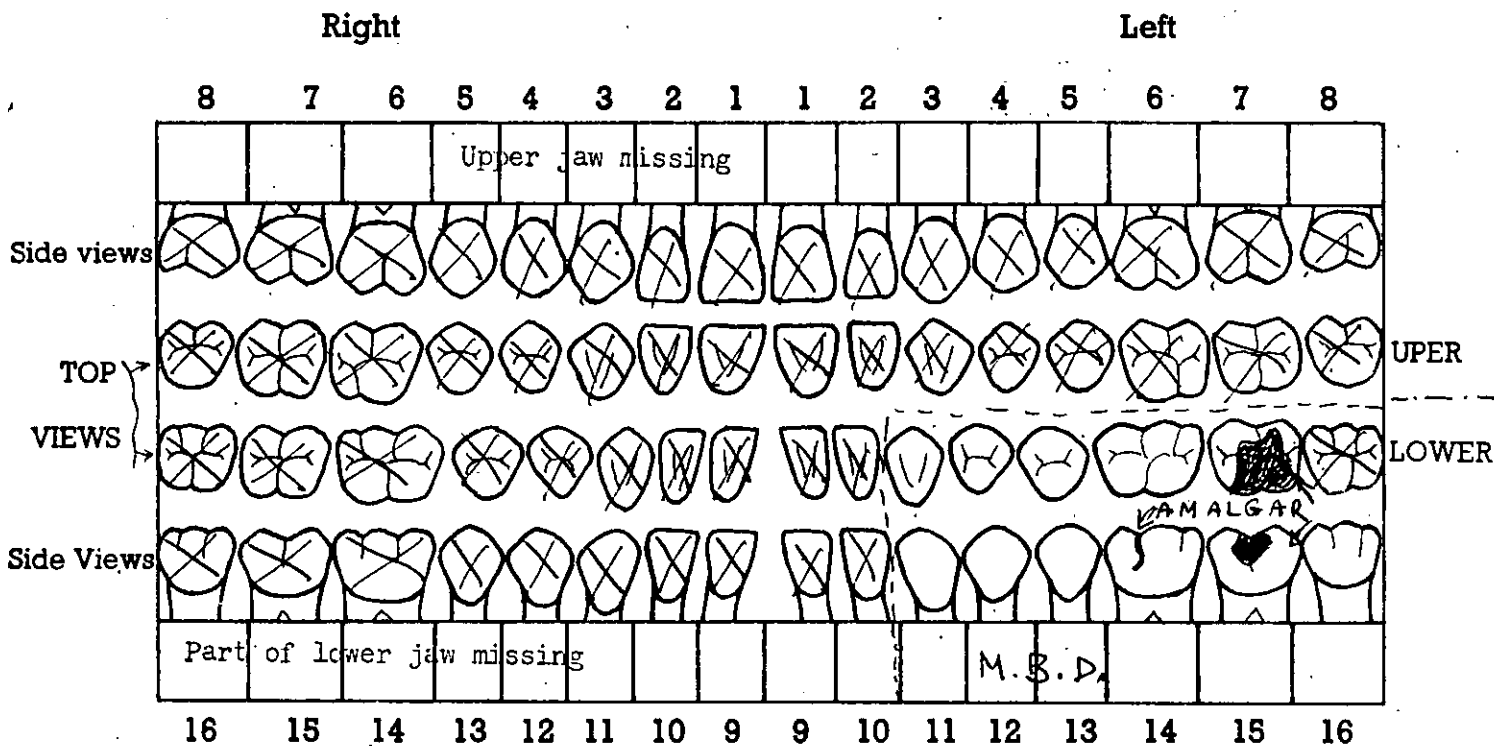
US MIL. CEM. ST. AVOLD, FRANCE
 Grave 62, Row 6, Plot XX

8 July 1946

Date

Unknown X-1145

Last Name	First	Initial	Rank	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), 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.

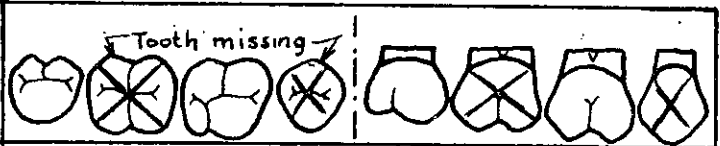
Only left mandible found. No maxilla found.

Signature of Officer or other person who prepared Tooth chart

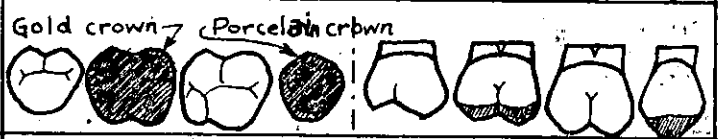
Leon E. Posterick
 Verified by G. R. S. Officer

LEON E POSTERICK, 2nd Lt. Inf., 4566 QM Comp. Co.

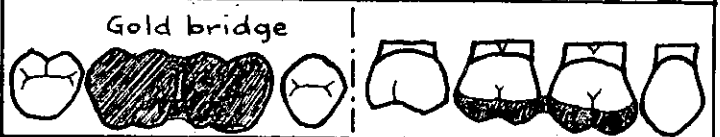
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



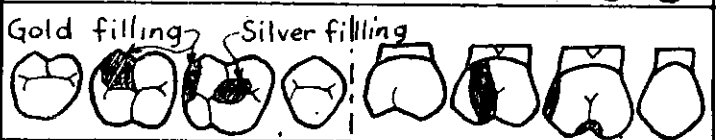
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

IDENTIFICATION CHECK LIST

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

Unknown X 1145

Cemetery ST. AVOID, France

Plot XX Row 6 Grave 62

1. Date processed: 26 November 1947
~~XXXXXXXXXXXX~~ (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 MOBILE TEAM C.I.P. A.G.R.C. EA
~~XXXXXXXXXXXX~~ (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>Remnants of wool OD sweater</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT		<u>NONE</u>	
* Trousers, Wool OD		<u>NONE</u>	

Belt, web NONE

Drawers, wool Remnant of wool OD drawers

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

* Shoes Remnant of one(1) pair (type) G.I. shoes size "8-D" marking "D-1293"

Overshoes NONE

Web Equipment NONE (type)

(Other item) Remnants of fleeced lined jacket

(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?

GROUND FORCE

6. Description of Remains: No bone measurements

Age UTD Height UTD 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 **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 **Skull 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)

..... **UTD**
 (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 **MISSING**
 (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.

SEE ATTACHED CHART

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain decomposed

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

9. Remarks Remains received in the skeleton form wrapped in a mattress cover and in a UK box, clothing was in debris. Marking "D-1293" found on top part of the combat shoes, approx weight 10 lbs. Burial bottle reburied with remains.
Fluoroscopic Examination negative. No bone measurements were possible due to bone fractures and missing bones.
Nothing found to warrant Chemical Laboratory Examination.
Case remains UNKNOWN.

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.

(Officer's Name)
RALPH W. Sлятор
MAJOR INF

Rank

Service

CENTRAL IDENTIFICATION POINT

(Organization)

SKELETAL CHART

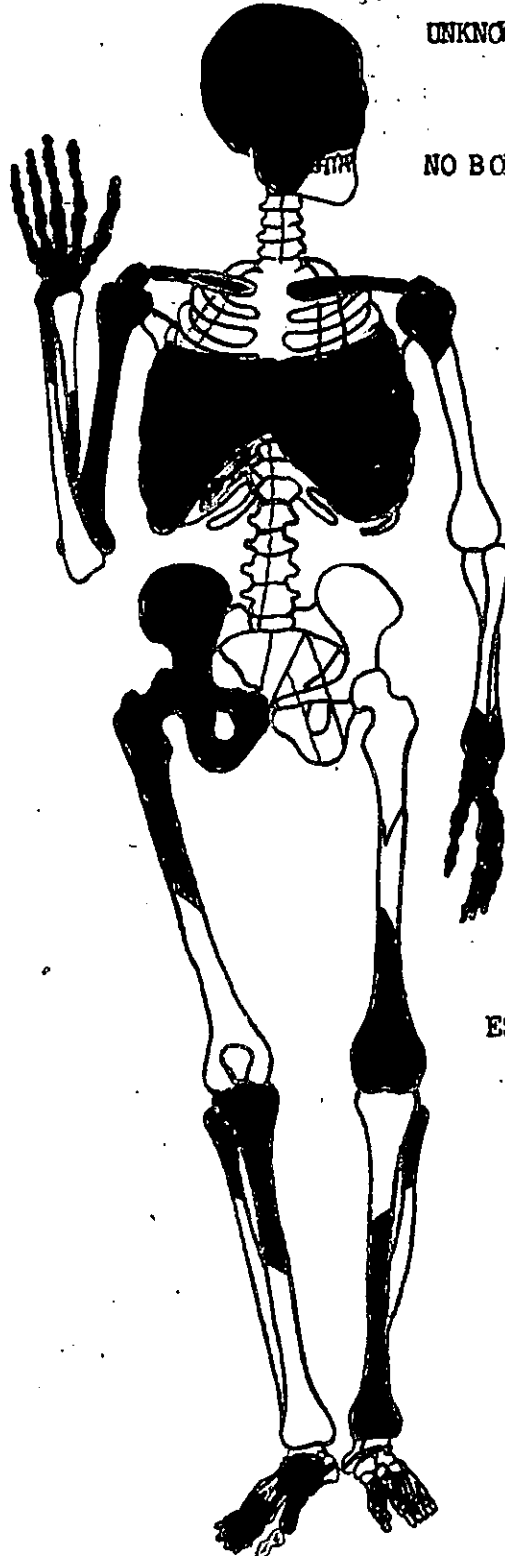
X-1145

U.S.M.C. ST. AVOLD, FRANCE

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) Plot XX, Row 6, Grave 62

UNKNOWN X-1145

NO BONE MEASUREMENTS



ESTIMATED HEIGHT: U.T.D.

CORRECTED COPY RESTRICTED
R PORT OF BURIAL

TM 10-630 AND AR 30-1815

20 May 1946

Date

UNKNOWN X-1145		Unknown		Unknown	
Last Name		First	Initial	Rank	Serial No.
Unknown					
Unit			Organization		
Vic. Nation, France (R-180330)		Est. 6 Jan. 1945		3rd degree burns, entire	
Place of Death		Date of Death		Cause of Death	
10 Sept. 1945 (0830 hrs)		US MIL CEM ST. AVOLD, FRANCE		Q-260-584 body	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
62		XX		Cross	
Grave Number		Row Number		Plot Number	
6		6		XX	
				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? **Previously buried as Dickenson, Fredrick L. 33091293, Pfc. (See reverse)**

What means of identification were buried with the body?

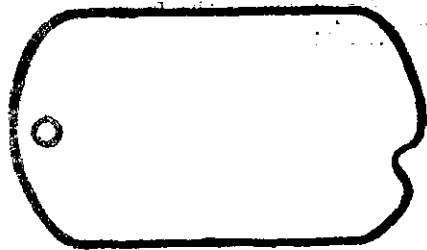
GRS Form #1 in burial bottle

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

Who is buried on:					
Deceased's Right:	HARREL	0-1316640			61
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	MINTON	35707647			63
	Name	Serial No.	Rank	Organization	Grave No.

Sgt. J. Peterson, 606th QM GR Co.

Signature or 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 **Unknown**

Name

Address

Religion **Unknown**

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

None

REBURIAL

**Previously buried in Bensheim Cemetery
Plot C, Row 6, Grave 350.**

Signature of Officer or other person reporting burial

Leon E. Posterick JAH
Verified by G.R.S. Officer

LEON E POSTERICK, 2nd Lt. Inf., 3060th QM GR Co P

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.

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

Information on deceased's previously name, rank and serial number obtained by 7th Army Cas records; Deceased carried MIA 9 Jan. 1945. D-1293 marked on both shoes of deceased.

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; missing anchor teeth, replacements by artificial teeth by A

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.

43 P R R HO 508

(22*6)

4
3
2
1
Right Hand
Thumb

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

REPORT OF BURIAL

SEP 9 1945

Last Name: DICKENSON, First: Frederick Initial: US Rank: 1st Lt. Date: Jan. 8, 1945
 Unit: Unknown Organization: 642nd Inf. Serial No.: 63091293

Time and Date of Burial: 6:30-10 PM Name of Cemetery: US Mil. Cem., St. Avold, Fr. Name or Coordinates of Location: 3rd degree burns, entire body
 Cause of Death: body

Grave Number: 62 Row Number: 6 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?
Name, rank and org. from 7th Army gas records; deceased carried -1233 marked on both shoes of deceased.

REBURIAL

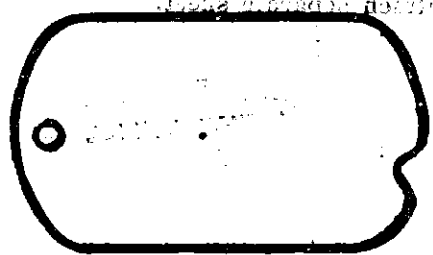
What means of identification were buried with the body?
Form I-300 in sealed bottle with body buried in Bensheim Cemetery, Plot C Row 6 Grave 350

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

Who is buried on: DEARIN, Luther J. 01316640 1st Lt. unk. Grave No. 61
 Deceased's Right: Name Serial No. Rank Organization

Deceased's Left: LINTON, Samuel J. 35707547 Unk. Grave No. 63
 Name Serial No. Rank Organization

Signature of Name, Rank and if possible Organization of person furnishing above Data (other than officer reporting burial): Sgt. J. Peterson; 600th ...



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 :

Disintering Officer: Robert H. Kewbow

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

GRAVES REGISTRATION CO. 48-1st GR Co.
 610 G.R.C.O.

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

REPORT OF BURIAL

SEP 9 1945

DICKENSON, Fredrick W. L.

Take fingerprints, complete set of fingerprints, and
fill in the following: Rank: 42nd Inf.

33091293

Unknown

Unit: Unknown

Vic. Hatton, Jr.

Jan. 1945. 3rd degree burns, entire body

US Mil. Cem., St. Avold, Fr.

US Mil. Cem., St. Avold, Fr.

62

Name of Cemetery: US Mil. Cem., St. Avold, Fr.

Cross

Grave Number

Row 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?

Name, rank ASN and Org. from 7th Army Air Corps records; deceased carried MIA 9, Jan 1945. B-1293 marked on both shoes of deceased.

REBURIAL

What means of identification were buried with the body? In sealed bottle with Form I-GRS in Bensheim Cemetery

Plot C Row 6 Grave 350

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

Who is buried on: Deceased's Right: HARRELL, Luther J. 01316640 1st Lt. unk. 61

Deceased's Left: MINTON, Samuel J. 35707547 Unk. Unknown 63

Sgt. J. Peterson, 606th Mort Co. 48th AM GR Co.

TOOTH CHART

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

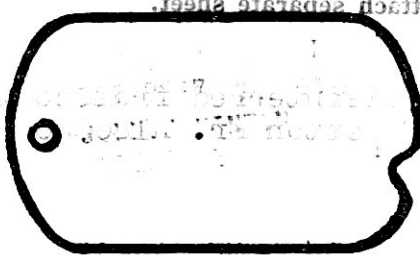
If print of identification tag is not affixed fill in below:

Emergency Addressee

Address

Religion: unknown

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



Disinterring Officer

Signature of Officer or other person reporting burial: Robert H. Kershaw

ROBERT H. KERSHAW 1st Lt. 48th AM GR Co.

Verified by G. R. S. Officer

610 QM.G.R.CO.

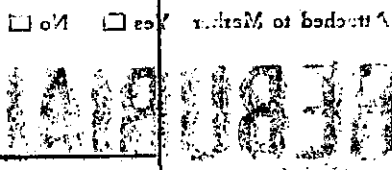
59

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.



Left Hand

Right Hand

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

Identifying clues found: _____

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

Deceased's Name: _____
 Rank: _____
 Organization: _____
 Deceased's Right: _____
 Deceased's Left: _____

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.

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

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

Characteristics: _____
 Date: _____
 Signature: _____

Body of deceased disinterred from common grave A. Vic. of Hatton Rr. R180330

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

DEC 1945

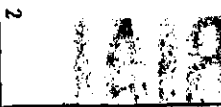
IF DECEASED UNIDENTIFIED:

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

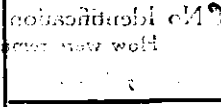
Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(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.

Left Hand



Right Hand



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

THUMB

Thumb

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.

Body of deceased disinterred from common grave A. Vic. of Patton Fr. R18033

		Deceased's Left										Deceased's Right																					
		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
		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 ○; linking anchor teeth; replacements by artificial teeth X.

Characteristics:

Other Data:

REPORT OF BURIAL

14 April 1945

TM 10-630 AND AR 30-1815

Date

Dickenson

Fredrick
Frederick VA

L

Pfc

33091293

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

242nd Infantry. Regt

Organization

Vic. Hatten, France. (R-180330) (Est) 09 January 1945. 3rd Degree burns, entire body.

Place of Death

Date of Death

Cause of Death

1612 hrs. 5 April 1945. US Mil Cem Bensheim, Ger M 622218

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

350

6

C

TW

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? Name, rank, ASN and Org from 7th Army AG Gas Records; Deceased carried MIA 9 January 1945.

D-1293 marked on both shoes of Deceased.

What means of identification were buried with the body?

QMC Form 1-GRS in sealed bottle buried with body.

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

Who is buried on :

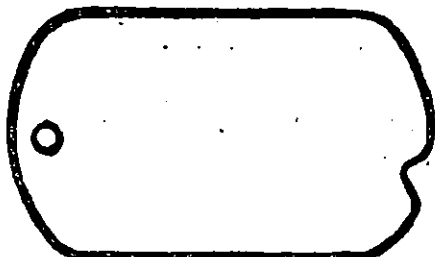
Harrell, Luther J.	0-1316640	1st. Lt.,	Unknown	349
Deceased's Right:	Name	Serial No	Rank	Organization
				Grave No.

Deceased's Left :

Minton, Samuel J.	35707547	Unk.	Unknown	351
Deceased's Left:	Name	Serial No.	Rank	Organization
				Grave No.

Sgt. J. Peterson, 606th QM G.R. Co.

Signature or 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 Name

Address

Religion Unknown

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

REBURIAL

Signature of Officer or other person reporting burial

J. E. Hawkins
Verified by G. R. S. Officer.

Previously buried in isolated grave located at Hatten - Fr. (R180-330)

J. E. HAWKINS, 1st. Lt., QMC 46th QM G.R. Co.

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File
A/11/5/10

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.

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

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

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

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.

Body of Deceased disinterred from Common Grave A,
Vic. of Hatten, France. R-780330