

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-1652 MR

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-1652 St Avold,

(POC) ST LAURENT

(S'AVOL 11)

AGRC  
FORM NO. 11  
Revised 5 January 1946

# CHECK LIST OF UNKNOWN

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

Unknown X 1652 Unknown American  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (date)

2. Place of death Babenhausen 871524  
(Name of closest town) (coordinates and letter Prefex. maps)

Sheet T-3 1/100,000 Frankfurt Map, Germany  
Sheet, scale and serials used.

3. Remains recovered or disinterred by 6865 QM.BN.Mobile  
(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		Sizes	Color	wear,	Indicate unusual markings		
	Markings					tear,	repairs,	etc.
*Headgear	Body Nude		7					

Raincoat Body Nude

Overcoat Body Nude

Jacket, Field Body Nude Jacket, Combat Body Nude

Mackinaw Body Nude

Sweater Body Nude

Jacket, HBT Body Nude

\*Shirt, Wool, OD 15-33 Body Nude. Taken from measurements.

Undershirt, Wool Body Nude

Undershirt, Cotton Body Nude

Trousers HBT Body Nude

\*Trousers, Wool OD 32-32 Body Nude. Taken from measurements

*File  
74 Mar 57  
[Signature]*

Belt, Web Body Nude

Drawers, Wool Body Nude

Drawers, Cotton Body Nude

Leggings, Wool Body Nude (Note unusual lacing)

Socks, Cotton Body Nude

\*Shoes (type) 9E-Body Nude. Taken from measurements.

Overshoes Body Nude

Web Equipment (type) Body Nude

(Other item) Body Nude

(Other item) Body Nude

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

6. Chevrons or Insignia Body Nude  
(type & location: shirt, jacket, coat, helmet)

Shoulder Patch Body Nude

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

Body Nude

8. Description of Remains:

Age Unkn. Height 5'9" Weight 155 Description of wounds Multiple Wounds of Body

Bandages or dressings Yes Scars Body too decomposed  
(Length, width, location)

Tattoos Body too decomposed to determine  
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Body too decomposed to determine  
(yes-no; description, location)

Sunburn or tan, other than hands & face Body too decomposed to determine

Complexion Body too decomposed to determine  
(light, med, dark, clear, pimples, poeks, freckles)

Build Body too decomposed to determine  
(large, fat, thin, muscular)

Hair Brown-straight-short  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair Hair parted on right  
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Body too decom Mustache Body too decom Beard or Goatee Body too decomposed  
(color, setting, shape) (color, size, shape) (length, heavy,

light, color, extent)

Eyes Body too decomp. Eyebrows Body too decomposed to determine  
(color, setting, shape) (color, bushiness, extent across nose)

Nose Body too decomposed Ears Body too decomposed to determine  
(size, shape, straight) (size, set close to or far from head)

Mouth Body too decomp. Lips Body too decomposed to determine  
(large, medium, small) (small, large, full)

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

Chin Body too decomposed to determine  
(prominent, receding, pointed, dimple, double)

Jaw Body too decomposed Circumference of head in inches 30"  
(large, small, normal) (hat band)

Neck Body too decomposed to determine Larynx Body too decomposed  
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Broad Arms Length 33-Muscular  
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands Body too decomposed to determine

Fingers Body too decomposed to determine  
(short, thick, long, slender, size of knuckles, missing fingers

or joints.)

(Unusual characteristics of fingernails)

Chest Body too decomposed to determine  
(size of nipples, color, quantity & extent of hair, large, small, normal).

Back Body too decomposed Waist Body too decomposed to determine  
(quantity & extent of hair) (size of navel, appendectomy, amount)

Circumcision Unkn. Pubic hair Brown  
quantity & color of hair) (yes-no) (color)

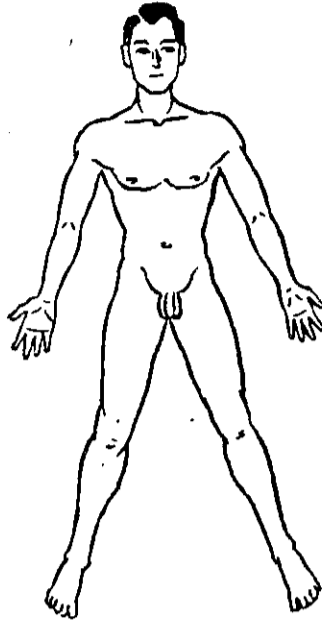
Hernioplasty Body too decomposed to determine  
(yes-no; location)

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

Feet Body too decomposed Toes Body too decomposed to determine  
(Size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Body too decomposed to determine  
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment No  
Yes-no

If not, explain Body too decomposed to obtain

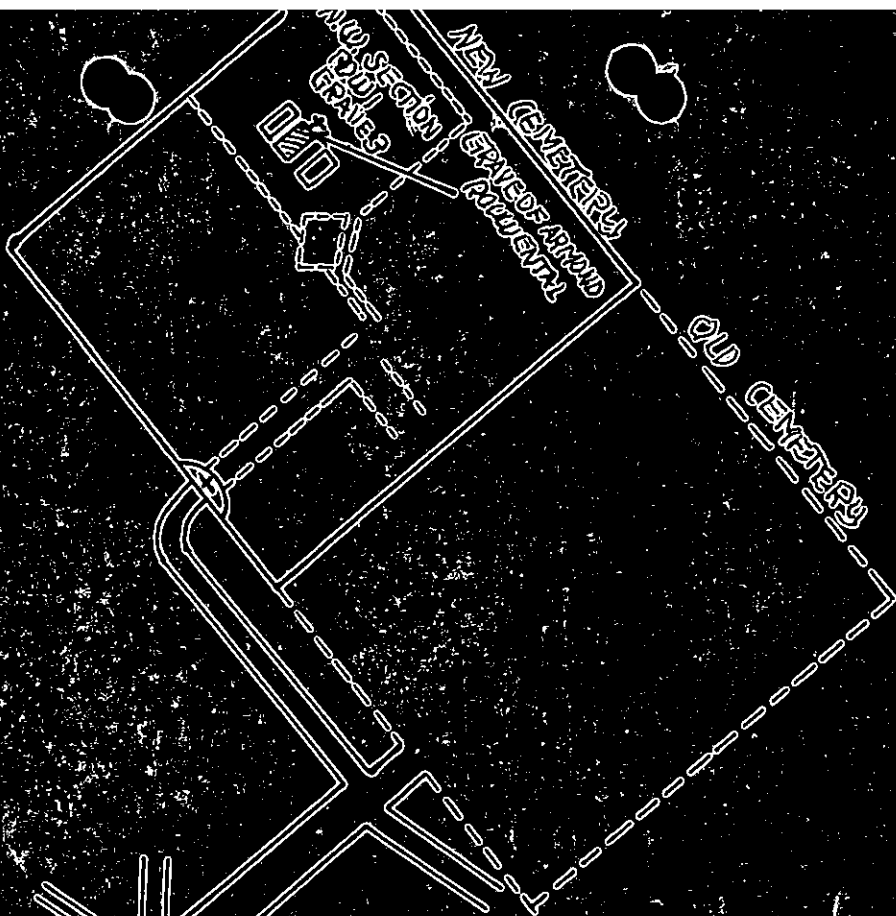
11. Has tooth chart been prepared Yes If not, explain  
Yes-no

12. Remarks: The body was nude. All clothing sizes were taken from measurements.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Jack E. Cauley  
Officers Name  
2nd Lt Inf  
Rank Service  
48th QM GP Co.  
Organization

FRANKFURT 73-1:100,000  
BADENHAUSEN  
M-371 524



NEW CEMETERY  
OLD CEMETERY  
NEW CEMETERY  
OLD CEMETERY  
NEW CEMETERY  
OLD CEMETERY



DEBURG 10 KM

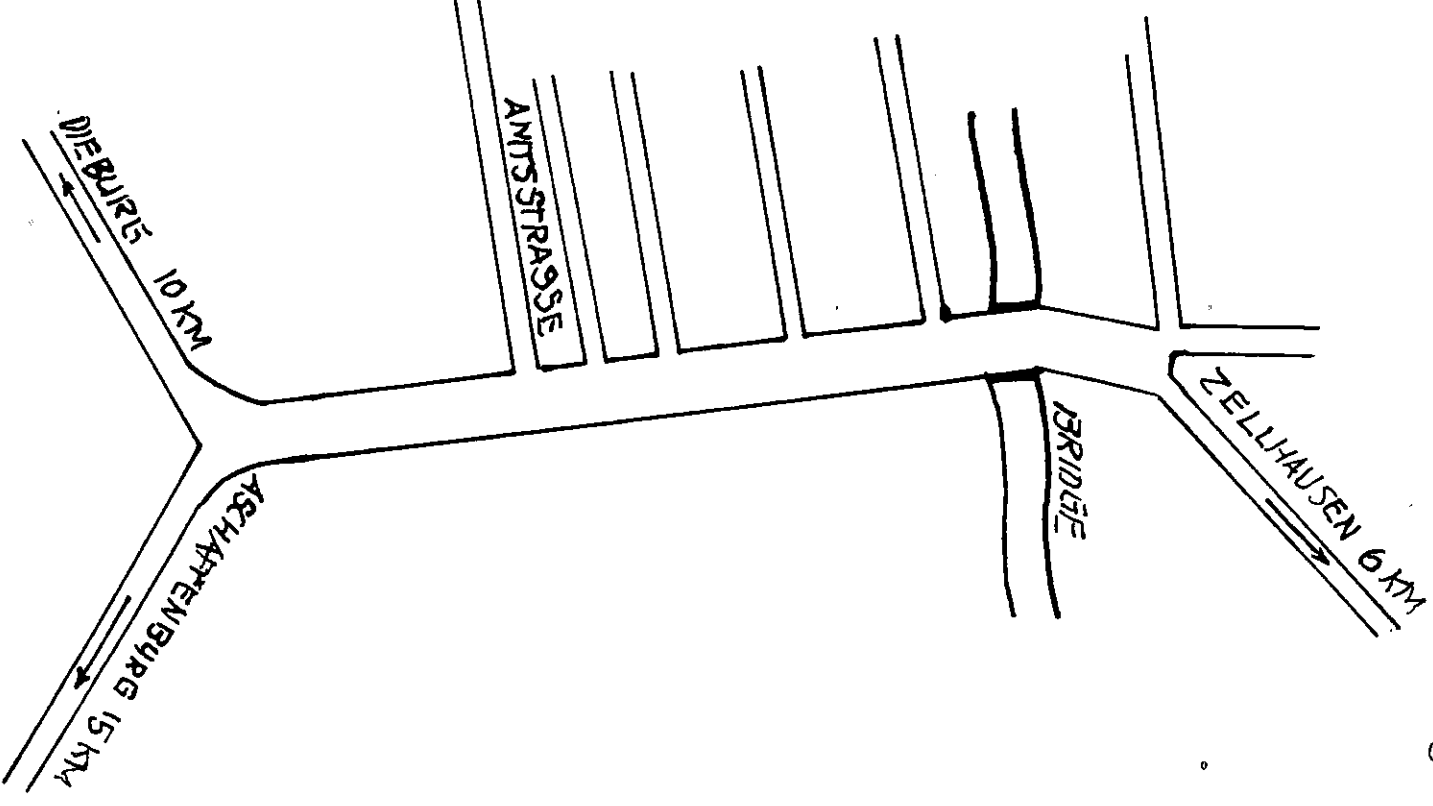
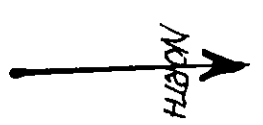
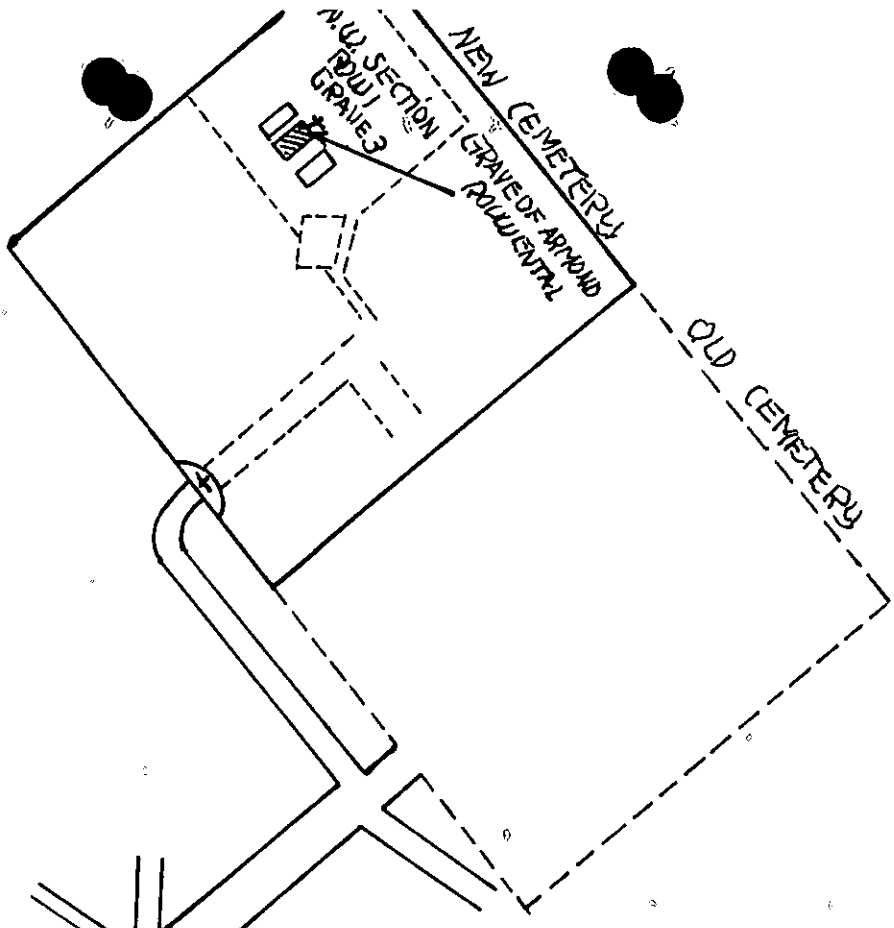
AMSTASSE

BRINDE

ZELLHAUSEN 6 KM

SCHWABENWEG 15 KM

FRANKFURT T-3 1:100,000  
BABENHAUSEN  
M-871 524



# REPORT OF INVESTIGATION

## AREA SEARCH

AGRC Form 10 (Revised)

9. February 1946

1 January 1946

Date

NAME Unknown American #1652 RANK Unknown ASN Unknown  
ORGANIZATION Unknown  
MEANS OF IDENTIFICATION No Clues for Identification was found on Body.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

### SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:
  - a. NAME Unknown RANK Unknown ASN Unknown
  - b. ORGANIZATION Unknown
2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:
  - a. NAME Rouvental Armond RANK Unknown ASN Unknown
  - b. ORGANIZATION Unknown
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Two unknown German soldiers buried on right. Volksturmann Heinrich Zeunges buried on left.  
(Use reverse side for listing of crew members from MACR)
  - a. Date of above burials Unknown Common Graves? No
5. Name and Type of Cemetery Civilian Cemetery Babenhausen, Germany  
(Military or Civilian)
6. Map Coordinates of the Cemetery 871524 Sheet T-3 Frankfurt Map, Germany 1/000,000
  - a. Town Babenhausen Country Hessen
7. Give exact location in cemetery of the remains
  - a. Section New Cemetery NW Row #1 Grave #3
  - b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location
  - a. Town Not Applicable Coordinates Not Applicable
  - b. Is sketch attached? Not Applicable
  - c. Is area mined? Not Applicable
9. How is the grave marked? Wooden Cross
10. If grave is marked with cross, give exact markings thereon Here lies Rouvental Armond  
An American Soldier Expired 30.3.45
  - a. From what source was this information obtained? Taken from note on casket  
(Identification tags, personal effects)
    1. By Whom Wilhelm Dudene Cemetery Carstaker
11. Where are the cemetery records? Buergermeister's Office  
(Town Hall, cemetery, burgermeister's office)



- a. What information was contained thereon? No Record thereon of American case
- b. Where was the information obtained? No Record thereon of American case
- c. By Whom? No Information on American case
12. What is the date of death? Approximation on American case
- a. Give basis Taken from note attached to casket by American Unit
13. What is the cause of death? Unknown
- b. Give basis No Information as to cause of death
14. What is the date of burial? Approximately 1. April 1945
- a. Give basis Taken from caretaker statement
15. What was the place of death? Unknown Coords Unknown
- b. Give basis Remains were brought to cemetery by unknown American Unit
16. Where were the remains found? Unknown Coords Unknown
- a. By Whom? Unknown American Unit
- b. Is sketch attached? No
17. Was a casket used? Yes Who furnished the casket? Unknown
- Type of casket Wooden How marked? Unmarked
18. Who made the burial Cemetery Caretaker, Wilhelm Dudene  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Wilhelm Dudene Babenhause, Sackgasse 23

b. Are certificates and statements attached? Yes

SECTION B — AIR CORPS DECEASED (To be Completed only if Deceased is believed to be an member of the AAF)

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

26. Had bombs been released prior to the crash? Not Applicable
27. Does specific time and date of crash correspond with date of death of above named deceased? Not Applicable
28. Number of planes in formation prior to crash Not Applicable
29. State precise time and date of plane crash Not Applicable  
(Night? Day?)
30. Were parachutists seen? Not Applicable How many? Not Applicable Escaped? Not Applicable  
Prisoners? Not Applicable

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

31. Were remains found in wreckage of a tank? Not Applicable  
a. Give specific position in tank from which deceased was removed  
Not Applicable  
(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage? Not Applicable
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank Not Applicable
- b. Markings and/or name of tank Not Applicable
- c. Numbers on motors, machine guns, ammunition, instruments, etc Not Applicable
33. What was the type of enemy action that resulted in the tank's disablement? Not Applicable

34. Did tank explode? Not Applicable Burn? Not Applicable
35. Number of tanks in immediate vicinity at time of disablement Not Applicable
36. Does specific time and date of disablement correspond with date of death of above named deceased? Not Applicable
37. Precise time and date of destruction of tank Not Applicable  
(Night? Day?)
38. Did any of the crew members escape? Not Applicable Prisoners? Not Applicable

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

39. Did death occur from any other means? (i. e., truck, jeep, mines drowning, or small arms fire) Cause of death unknown  
If so, give complete and thorough results of the interrogation
- a. Are all certificates and statements of people who possessed knowledge of the case attached? Yes
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Body was brought to cemetery by unknown American Unit. On the casket was a card giving name of deceased. This information was copied on cross by cemetery caretaker.

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team No  
If not, state reason No Personal Effects found
- a. Were identification tags found at the time of death? No  
Where? No tags found By Whom? No tags found  
Present disposition Unknown

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned

- b. Were personal effects found at the time of death? No  
 Where? No personal effects found Whom? No personal effects found  
 Present disposition Unknown
- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery register or cross indicate the immunization shot? No
42. Was Deceased given first aid? No If so, where? No first aid given  
 By Whom? No first aid given Are statements from the medical people attached? No first aid given
43. Was deceased evacuated to a German civilian hospital? No  
 WHERE? Not evacuated to Hosp Names of people concerned Not evacuated to Hospital
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No  
Body was Decapitated  
 Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No atrocity case  
 a. If so, give basis for positive assumption No atrocity case
- b. If so, has higher headquarters been notified? No atrocity case
47. Was case previously investigated? Not investigated By Whom? Not investigated  
 When? Not investigated
48. Give full names, addresses, and information obtained from each person interviewed Wilhelm Dudene Babenhausen, Sackgasse 23. Katharina Dudene Babenhausen, Sackgasse 23. Amar Dar Babenhausen, Sackgasse 23 and Buergermeister see attached statements for informztion
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
51. Was investigation preceded by advanced publicity? Yes  
 (If special investigation, give case number) No special case
52. Give Brief Narrative Brief Narrative attached

(Use attached, sheets, if necessary)

Wannellau Rodel  
 Signature of Interpreter

Joseph C. Chatham  
 Signature of Investigator

Rank ASN

S/Plt Rank 35725350 ASN

Organization

H 87th P.M. P.R. Co.  
 Organization

At the end of March 1945. Eight German soldiers and one American soldier was brought to the Civilian Cemetery of Babenhausen, Germany, to be buried, by an unknown American Unit was tagged with a note bearing the Name of Reuwental Armond as Identification, this was supposedly written by an American Captain. No positive Identification is available as to the name of the American deceased.

*S/Sgt Joseph C. Cheatham*  
S/Sgt. Joseph C Cheatham  
48th QM.G.R.CO.

Statement translation

Babenhausen, 9. Feb. 1946

I, Wilhelm Dudené, caretaker, living in Babenhausen, Sackgasse 23 herewith certify in lieu of an oath, that the following statement will be true to the best of my knowledge and belief:

At the end of March 1945, I don't know the precise date, I found in the new cemetery in Babenhausen, where I am working as a caretaker, several deceased German soldiers. Under the deceased was a casket in which lay an American. On the lid of the casket I found a note with the address of the American. The note was written from an American unit. The deceased was brought from American soldiers who came with an ambulance. The painter Eugen Richter, Babenhausen, inscribed a wooden plate with the name and the day of death of the American soldier. I buried the American with the German soldiers. I put the wooden plate on the grave of the American soldier. A Priest was not present when the burial was made.

Wilhelm Dudené.

A CERTIFIED TRUE COPY



FRANK J. BUSSE  
2nd Lt. INF  
48th MAG. R. CO

JJJ  
APP  
27/10/49

1

USMC St Laurent  
Plot: I, Row: 23, Gr: 27  
Date of Burial: 24/6/1950 **DISINTERMENT DIRECTIVE**  
Verified by GRS Officer:  
*R. J. Rodriguez*

R. T. RODRIGUEZ CWO USA  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3574 00000

DATE  
15 01 48  
DAY MONTH YEAR

NAME: UNKNOWN X-001652 SERIAL NUMBER: UNKNOWN X-001652 RANK: Q ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 0 350 25 80 CODE DIST. PT.

PLOT: TTT ROW: 2 GRAVE: 20 COUNTRY: FRANCE CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-001652 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 22 July 48  
IDENTIFICATION TAG ON: [X] 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: Uniform & Mattress cover CONDITION OF REMAINS: Fractured skull, R/Scapuli Body complete - Body in skeletal form - Final stage of decomposition

OTHER MEANS OF IDENTIFICATION: Report of Burial found with remains

MINOR DISCREPANCIES: None

NAT FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME R. T. Johns BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET: DATE 26 July 48 BY Melvin W Blackburn, Embalmer

CASKET SEALED BY: Melvin W Blackburn Embalmer EMBALMER (Signature): Melvin W Blackburn

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: All markings, plates & tags verified by JESSE C HARRELL, 1st Lt CAC

DATE 26 July 48 BY Melvin W Blackburn

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: JESSE C HARRELL, 1st Lt CAC, 7857 AGRC, Zone 7 Hq. SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Consignee changed by Reg Div. 90

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST. AVOLD, FRANCE</b>		TO <b>TOIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CPL JOHN A MOUNTFORD 39107628</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>FRANK B CALLAGHAN 1st Lt FA</b>	DATE <b>23 Oct 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

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

## 3. SHIPPED

FROM		TO <b>DWVE</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>BRUCE UNRECORDED</b>	
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 <b>(TOIC NEUVILLE ORDER) ST. AVOLD, FRANCE</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>USMC ST. AVOLD, FRANCE</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

9 August 1949  
Date

993  
997  
H

993 Unknown X-1652 (Harold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 1652, Plot TTF,  
Row 2, Grave 20, 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. 2432, dated 28-8-47. No  
further information is available.

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned Members of the Board of Review:

/s/ E. D. Mulvanity

/t/ Lt. Col. E. D. Mulvanity, 0-359598

QMC

Roger Berger

Major R. Berger, 0-251736

ORD

Edward E. Stout

1/Lt. Edward E. Stout, 0-1594512

CE

Received  
Not identifiable from  
information presently  
available

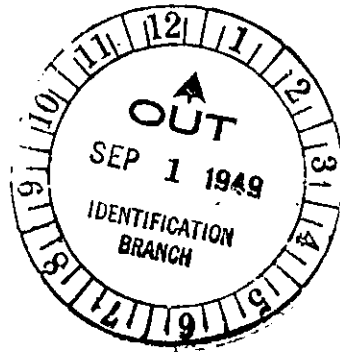
1 Sept '49

QMC

Handwritten signature and initials in the bottom right corner.



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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 - 1652, Plot TTT  
Row 2, Grave 20, 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. 2432, dated 28-8-47.

Remarks:

Received 1 Sept 49  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

CMC

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

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

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

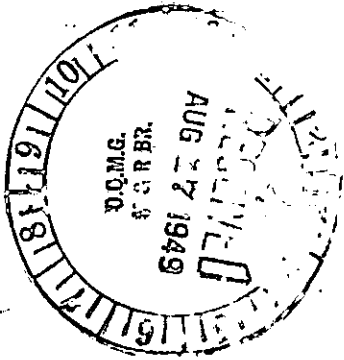
CMC

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

CE

Incl #6

REACT



2M00  
MAY 11 1949  
ST. LOUIS, MO.

6

DISINTERMENT DIRECTIVE

293 Unknown (France) X-11652 (St Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

13 01 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-001652

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

ST AVOLD - METZ

0

3503 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY  
PTT 2 20 FRANCE

CAUSE OF DEATH

0

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SAINT AVOLD, FRANCE  
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# TOOTH CHART

5 August 1947

Date

Unknown X-1652

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Place of Death

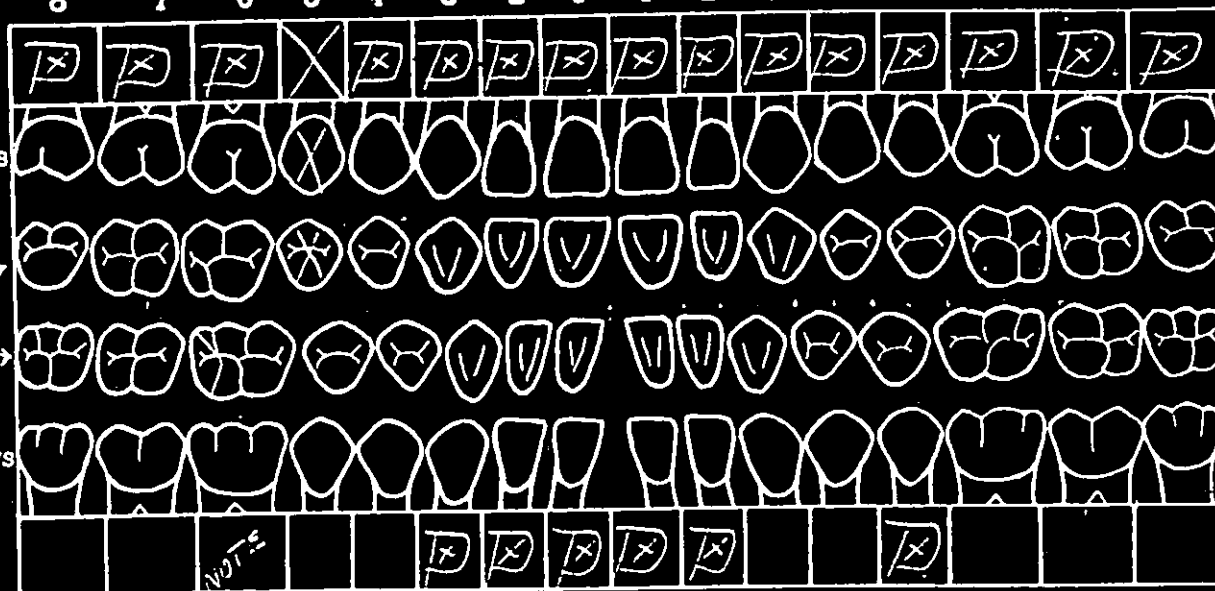
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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.

*M. H. Garrison* *M. D.*

Signature of Officer or other person who prepared Tooth chart

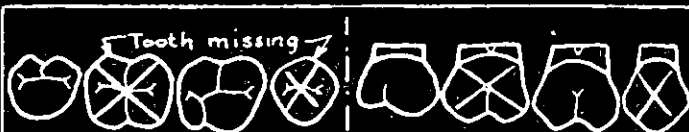
*Ernest C. Gaddy*

Verified by G. R. S. Officer

ERNEST C. GADDY  
C O USA C. I. O.

55

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



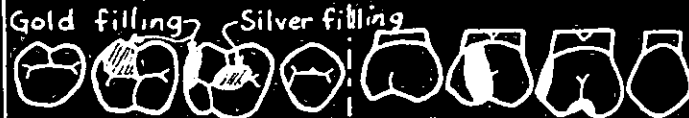
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



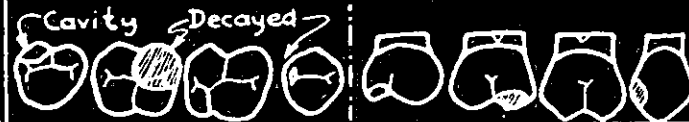
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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: R1,2,3,4,6,7,8,9,10,11.  
L1,2,3,4,5,6,7,8,9,10,13.

Spaces: R4-6 (sockets) 3mm (est)  
R12-13 1/2 mm

R14 has large either cavity or lost filling.  
R 12 rotated slightly distally and malposed lingually 1 1/2 mm  
Teeth are medium size, ivory, in good alignment.  
General condition of remaining teeth very good.

56

# CHECK LIST OF UNKNOWN

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

Unknown X 1652 Unknown American  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (date)

2. Place of death Babenhausen \_\_\_\_\_ 871524 \_\_\_\_\_  
(Name of closest town) (coordinates and letter Prefex, maps)

Sheet T-3 1/100,000 \_\_\_\_\_ Frankfurt Map, Germany \_\_\_\_\_  
Sheet, scale and serials used.

3. Remains recovered or disinterred by \_\_\_\_\_  
(name and organization)

4. Evacuated to Cemetery by 6865 QM. BN. Mobile \_\_\_\_\_  
(name and organization)

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

Item	Clothing Markings	Sizes	Color	wear,	Indicate unusual markings tear, repairs, etc.
*Headgear	Body Nude (type)	7	.		

Raincoat Body Nude \_\_\_\_\_

Overcoat Body Nude \_\_\_\_\_

Jacket, Field Body Nude \_\_\_\_\_ Jacket, Combat Body Nude \_\_\_\_\_

Mackinaw Body Nude \_\_\_\_\_

Sweater Body Nude \_\_\_\_\_

Jacket, HBT Body Nude \_\_\_\_\_

\*Shirt, Wool, OD 15-33 Body Nude. Taken from measurements.

Undershirt, Wool Body Nude \_\_\_\_\_

Undershirt, Cotton Body Nude \_\_\_\_\_

Trousers HBT Body Nude \_\_\_\_\_

\*Trousers, Wool OD 32-32 Body Nude, Taken from measurements

Belt, Web Body Nude

Drawers, Wool Body Nude

Drawers, Cotton Body Nude

Leggings, Wool Body Nude (Note unusual lacing)

Socks, Cotton Body Nude

\*Shoes (type) 9E-Body Nude, Taken from measurements.

Overshoes Body Nude

Web Equipment (type) Body Nude

(Other item) Body Nude

(Other item) Body Nude

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

6. Chevrons or Insignia Body Nude  
(type & location: shirt, jacket, coat, helmet)

Shoulder Patch Body Nude

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

Body Nude

8. Description of Remains:

Age Unkn. Height 5'9" Weight 155 Description of wounds Multiple Wounds of Body

Bandages or dressings Yes Scars Body too decomposed  
(Length, width, location)

Tattoos Body too decomposed to determine  
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Body too decomposed to determine  
(yes-no; description, location)

Sunburn or tan, other than hands & face Body too decomposed to determine

Complexion Body too decomposed to determine  
(light, med. dark, clear, pimples, pocks, freckles)

Build Body too decomposed to determine  
(large, fat, thin, muscular)

Hair Brown-straight-short  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair Hair parted on right  
(baldness, widows peak, distinctive cutting or other characteristics)



Sideburns Body too decom Mustache Body too decom Beard or Goatee Body too decomposed  
(color, setting, shape) (color, size, shape) (length, heavy,

light, color, extent)

Eyes Body too decomposed Eyebrows Body too decomposed to determine  
(color, setting, shape) (color, bushiness, extent across nose)

Nose Body too decomposed Ears Body too decomposed to determine  
(size, shape, straight) (size, set close to or far from head)

Mouth Body too decomp. Lips Body too decomposed to determine  
(large, medium, small) (small, large, full)

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

Chin Body too decomposed to determine  
(prominent, receding, pointed, dimple, double)

Jaw Body too decomposed Circumference of head in inches 30"  
(large, small, normal) (that band)

Neck Body too decomposed to determine Larynx Body too decomposed  
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Broad Arms Length 33-Muscular  
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands Body too decomposed to determine

Fingers Body too decomposed to determine  
(short, thick, long, slender, size of knuckles, missing fingers

or joints.) (Unusual characteristics of fingernails)

Chest Body too decomposed to determine  
(size of nipples, color, quantity & extent of hair, large, small, normal).

Back Body too decomposed Waist Body too decomposed to determine  
(quantity & extent of hair) (size of navel, appendectomy, amount)

Circumcision Unkn. Pubic hair Brown  
(yes-no) (color)

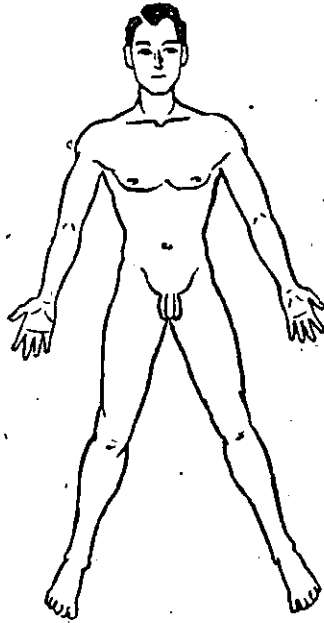
Hernioplasty Body too decomposed to determine  
(yes-no; location)

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

Feet Body too decomposed Toes Body too decomposed to determine  
(Size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Body too decomposed to determine  
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment No Yes-no

If not, explain Body too decomposed to obtain

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

12. Remarks: The body was nude. All clothing sizes were taken from measurements.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Jack E. Caulley  
Officers Name

2nd Lt  
Rank

Inf  
Service

48th QM GR Co  
Organization

# TOOTH CHART

Date

x 1652 Unknown American Unk. Unk.

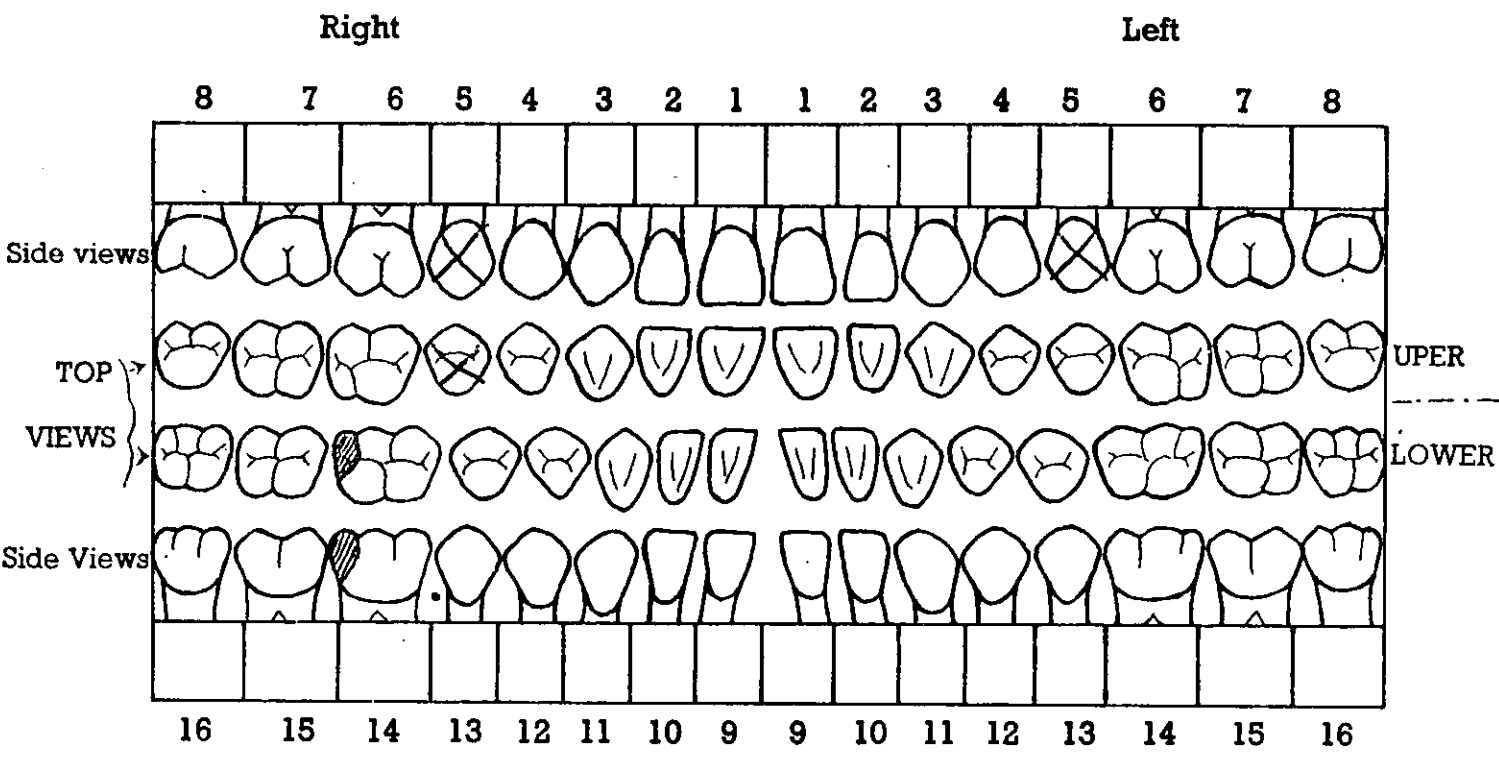
Last Name First Initial Rank Serial No.

Unk. Unk.

Unit Organization

Babenhausen, Germany 30. March 1945 Multiple Wounds of Body

Place of Death Date of Death Cause of Death



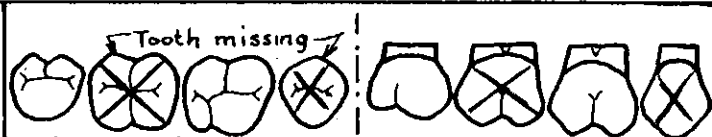
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

*Pfc Donald Brown, 46th QM BRCO*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

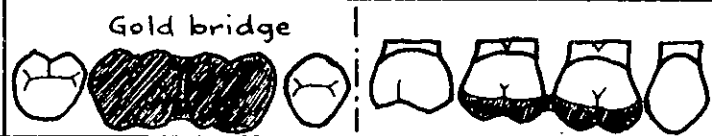
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



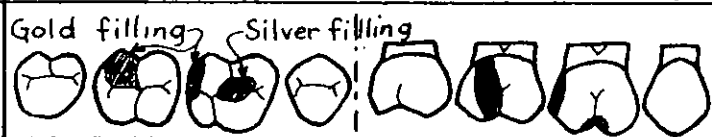
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



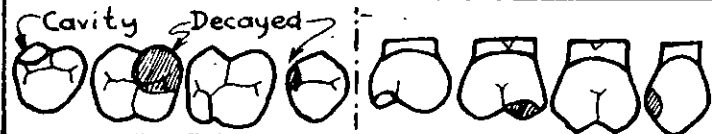
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



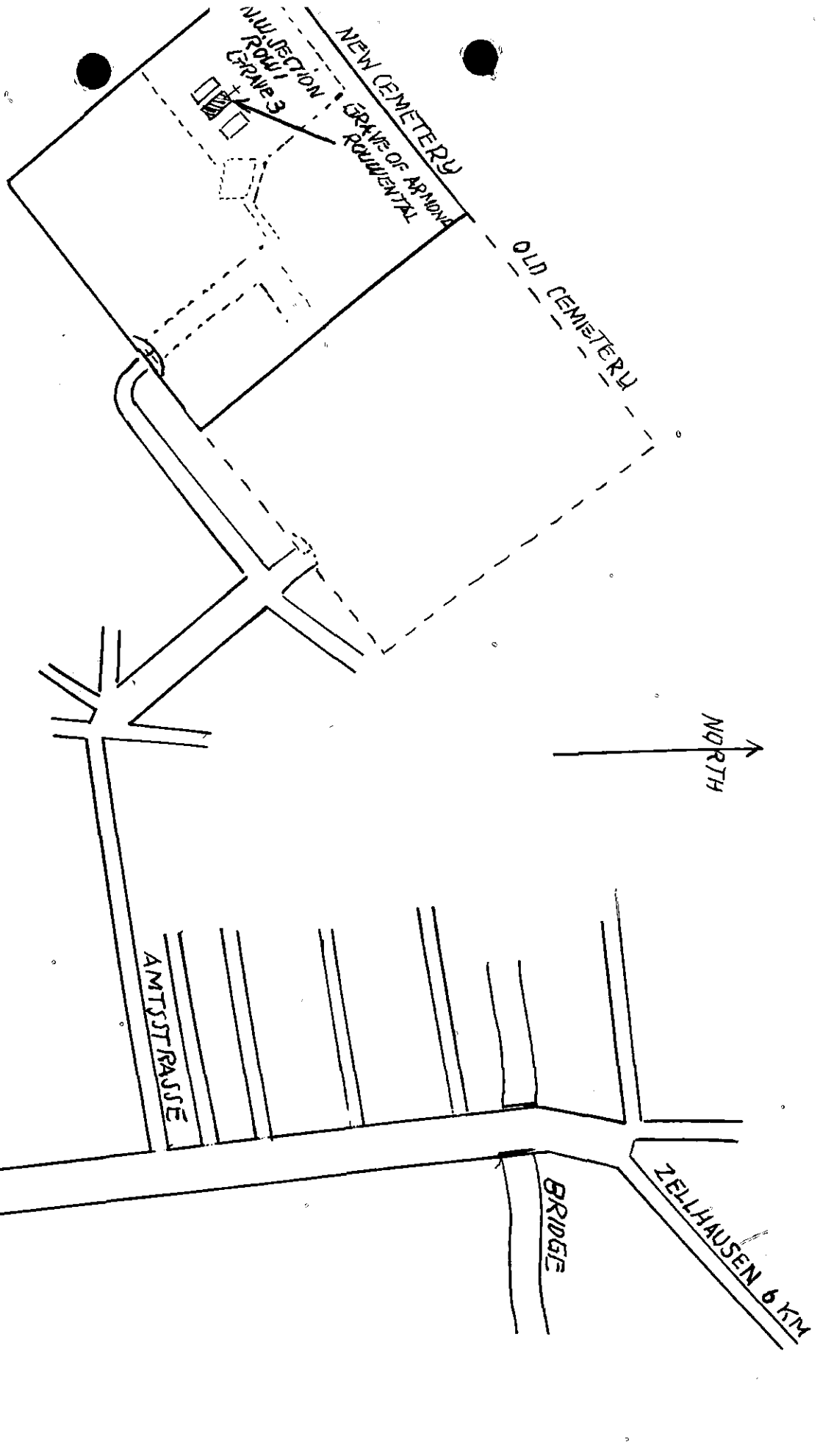
**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus :



**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**

FRANKFURT T3 1:100,000  
BARENHAUSEN  
M-871524



# REPORT OF INVESTIGATION

## AREA SEARCH

AGRC Form 10 (Revised)

9. February 1946

1 January 1946

Date

NAME Unknown American x-1652 RANK Unknown ASN Unknown

ORGANIZATION Unknown

MEANS OF IDENTIFICATION No Clues for Identification was found on Body.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

### SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:
  - a. NAME Unknown RANK Unknown ASN Unknown
  - b. ORGANIZATION Unknown
2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:
  - a. NAME Rouwental Armond RANK Unknown ASN Unknown
  - b. ORGANIZATION Unknown
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Two unknown German soldiers buried on right, Volkaturmann Heinrich Zeunges buried on left  
(Use reverse side for listing of crew members from MACR)
  - a. Date of above burials Unknown Common Graves? No
5. Name and Type of Cemetery Civilian Cemetery, Babenhausen, Germany  
(Military or Civilian)
6. Map Coordinates of the Cemetery 871524 Sheet T-5 Frankfurt Map, Germany 1,000,000
  - a. Town Babenhausen Country Hessen
7. Give exact location in cemetery of the remains
  - a. Section New Cemetery NW Row #1 Grave #3
  - b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location
  - a. Town Not Applicable Coordinates Not Applicable
  - b. Is sketch attached? Not Applicable
  - c. Is area mined? Not Applicable
9. How is the grave marked? Wooden Cross
10. If grave is marked with cross, give exact markings thereon Here Lies Rouwental Armond  
An American Soldier Expired 30.3.45
  - a. From what source was this information obtained? Taken from note on casket  
(Identification tags, personal effects)
    1. By Whom Wilhelm Dudene, Cemetery Caretaker
11. Where are the cemetery records? Buergermeister's Office  
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? No Record thereon of American case
- b. Where was the information obtained? No Record thereon of American case
- c. By Whom? No Information on American case
12. What is the date of death? Approximately 30. March 1945
- a. Give basis Taken from note attached to casket by American Unit
13. What is the cause of death? Unknown
- b. Give basis No Information as to cause of death
14. What is the date of burial? Approximately 1 April 1945
- a. Give basis Taken from caretaker statement
15. What was the place of death? Unknown Coords Unknown
- b. Give basis Remains were brought to cemetery by unknown American Unit
16. Where were the remains found? Unknown Coords Unknown
- a. By Whom? Unknown American Unit
- b. Is sketch attached? No
17. Was a casket used? Yes Who furnished the casket? Unknown
- Type of casket Wooden How marked? Unmarked
18. Who made the burial Cemetery Caretaker, Wilhelm Dudene  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Wilhelm Dudene Babenhausen, Sackgasse 23
- b. Are certificates and statements attached? Yes

SECTION B — AIR CORPS DECEASED (To be Completed only if Deceased is believed to be an member of the AAF)

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

26. Had bombs been released prior to the crash? Not Applicable
27. Does specific time and date of crash correspond with date of death of above named deceased? Not Applicable
28. Number of planes in formation prior to crash Not Applicable
29. State precise time and date of plane crash Not Applicable  
(Night? Day?)
30. Were parachutists seen? Not Applicable How many? Not Applicable Escaped? Not Applicable  
Prisoners? Not Applicable

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

31. Were remains found in wreckage of a tank? Not Applicable  
a. Give specific position in tank from which deceased was removed  
Not Applicable  
(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage? Not Applicable
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank Not Applicable
- b. Markings and/or name of tank Not Applicable
- c. Numbers on motors, machine guns, ammunition, instruments, etc Not Applicable
33. What was the type of enemy action that resulted in the tank's disablement? Not Applicable
34. Did tank explode? Not Applicable Burn? Not Applicable
35. Number of tanks in immediate vicinity at time of disablement Not Applicable
36. Does specific time and date of disablement correspond with date of death of above named deceased?  
Not Applicable
37. Precise time and date of destruction of tank Not Applicable  
(Night? Day?)
38. Did any of the crew members escape? Not Applicable Prisoners? Not Applicable

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

39. Did death occur from any other means? (i. e., truck, jeep, mines drowning, or small arms fire) Cause of death  
If so, give complete and thorough results of the interrogation Unknown
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Body was brought to cemetery by unknown American Unit. On the casket was a card giving name, of the deceased. This information was copied on cross by cemetery caretaker.

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team No  
If not, state reason No personal effects were found
- a. Were identification tags found at the time of death? No  
Where? No tags found By Whom? No tags found  
Present disposition Unknown
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned



- b. Were personal effects found at the time of death? No  
 Where? No personal effects found By Whom? No personal effects found  
 Present disposition Unknown
- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery register or cross indicate the immunization shot? No
42. Was Deceased given first aid? NO If so, where? No first aid given  
 By Whom? No first aid given Are statements from the medical people attached? No first aid given
43. Was deceased evacuated to a German civilian hospital? No  
 WHERE? Not evacuated to Hosp Names of people concerned Not evacuated to Hospital
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? XRR No  
Body was decapitated  
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case?  
 a. If so, give basis for positive assumption No atrocity case  
 b. If so, has higher headquarters been notified? No atrocity case
47. Was case previously investigated? Not investigated By Whom? Not investigated  
 When? Not investigated
48. Give full names, addresses, and information obtained from each person interviewed Wilhelm Dudene  
Babenhausen, Sackgasse 23. Katharine Dudene, Babenhausen, Sachg. 23. Amar Dar  
Babenhausen, Sackgasse 23, and Buergermeister. See attached statements for information.
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
51. Was investigation preceded by advanced publicity? Yes  
 (If special investigation, give case number) No special case
52. Give Brief Narrative Brief Narrative attached
- (Use attached, sheets, if necessary)

Hannalore Goll  
 Signature of Interpreter

Rank ASN

Organization

Joseph C. Cheatham  
 Signature of Investigator

S/sgt Rank 35725350 ASN

48th P.M. Co. Organization

At the end of March 1945. Eight German soldiers and one American soldier was brought to the Civilian Cemetery of Babenhausen, Germany, to be buried, by an unknown American Unit was tagged with a note bearing the Name of Rouwental Armond as Identification, this was supposedly written by an American Captain. No positive Identification is available as to the name of the American deceased.

*S/Sgt. Joseph C. Cheatham*  
S/Sgt. Joseph C Cheatham  
48th QM.G.R.CO.

This is a true translation  
of the statement given by

Babenhausen, 9th February 1946

Wilhelm Dudené, grave-digger, Babenhausen, Sackgasse 23

Dies ist die wahrheitsgetreue  
Übersetzung des Berichtes von

Wilhelm Dudené, Totengräber, Babenhausen, Sackgasse 23.

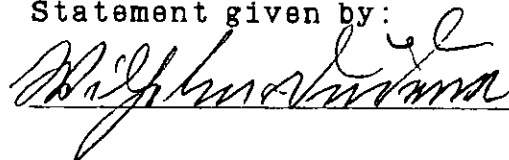
I, Wilhelm Dudene, caretaker, living in Babenhausen, Sackgasse 23, herewith certify in lieu of an oath, that the following statement will be true to the best of my knowledge and belief:

At the end of March 1945, I don't know the precise date, I found in the new cemetery in Babenhausen, where I am working as a caretaker, several deceased German soldiers. Under the deceased was a casket in which lay an American. On the lid of the casket I found a note with the address of the American. The note was written from an American unit. The deceased was brought from American soldiers who came with an ambulance.

The painter Eugen Richter, Babenhausen, inscribed a wooden plate with the name and the day of death of the American soldier. I buried the American with the German soldiers. I put the wooden plate on the grave of the American soldier. A Priest was not present when the burial was made.

Witness : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement given by:

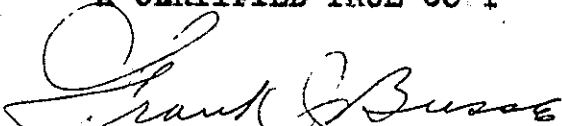
  
\_\_\_\_\_

I, Wilhelm Dudené, caretaker, living in Babenhausen, Sackgasse 23 herewith certify in lieu of an oath, that the following statement will be true to the best of my knowledge and belief:

At the end of March 1945, I don't know the precise date, I found in the new cemetery in Babenhausen, where I am working as a caretaker, several deceased German soldiers. Under the deceased was a casket in which lay an American. On the lid of the casket I found a note with the address of the American. The note was written from an American unit. The deceased was brought from American soldiers who came with an ambulance. The painter Eugen Richter, Babenhausen, inscribed a wooden plate with the name and the day of death of the American soldier. I buried the American with the German soldiers. I put the wooden plate on the grave of the American soldier. A Priest was not present when the burial was made.

Wilhelm Dudené.

A CERTIFIED TRUE COPY

  
FRANK J. BUSSE  
2nd Lt. INF  
48th MMG. R. CO

## IDENTIFICATION CHECK LIST

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

Unknown X -1652  
Cemetery St . Avold, France  
Plot TTP Row 2 Grave 20

Date reprocessed: 5 August 1947

1. ~~Arrived at cemetery~~ \_\_\_\_\_  
(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 Subordinate Identification Point #3 St Avold,  
(Name and organization) France
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type) .....

Overshoes ..... **None**

Web Equipment ..... **None** (type) .....

(Other item) ..... **None**

(Other item) ..... **None**

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

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

Shoulder Patch ..... **None**

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

**Fibula-38,8      Humerus 34,6      Femur 46.2**  
**Radius-26,2      Ulna 27,8**  
**Tibia 38,7**

6. Description of Remains:

Age ..... **UTD** Est. Height **5' 9 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 ..... **brown approx. 2 1/2 long straight**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **UTD**  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... **UTD** Mustache ..... **UTD** Beard or ..... **UTD**  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD**  
(Light, color, extent)

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

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

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

Teeth **See tooth chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **20 1/2 inches**  
(Large, small, normal) (Hat band)

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

Shoulders **UTD** Arms **UTD**  
(Broad, straight, small, rounded) (Length, muscular, color, 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 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 **None found**  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

**See chart**

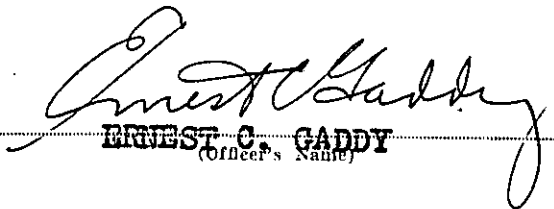
7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Fingers missing

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

9. Remarks ~~Remains received wrapped in mattress cover, remains disarticulated with small amount of decomposed flesh.~~  
~~No clothing found.~~  
No personal effects, tooth chart and height accomplished.  
~~Fluoroscopic Examination : negative.~~  
Estimated weight of remains: 18 Lbs.  
~~Burial report found with no pertinent information.~~  
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.

  
ERNEST C. GADDY  
(Officer's Name)

CWO  
Rank

USA  
Service

CENTRAL IDENTIFICATION POINT.  
(Organization)



Unknown X-1652

# SKELETAL CHART

St Avoild, France  
Plot TTT Row 2 Grave

20

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

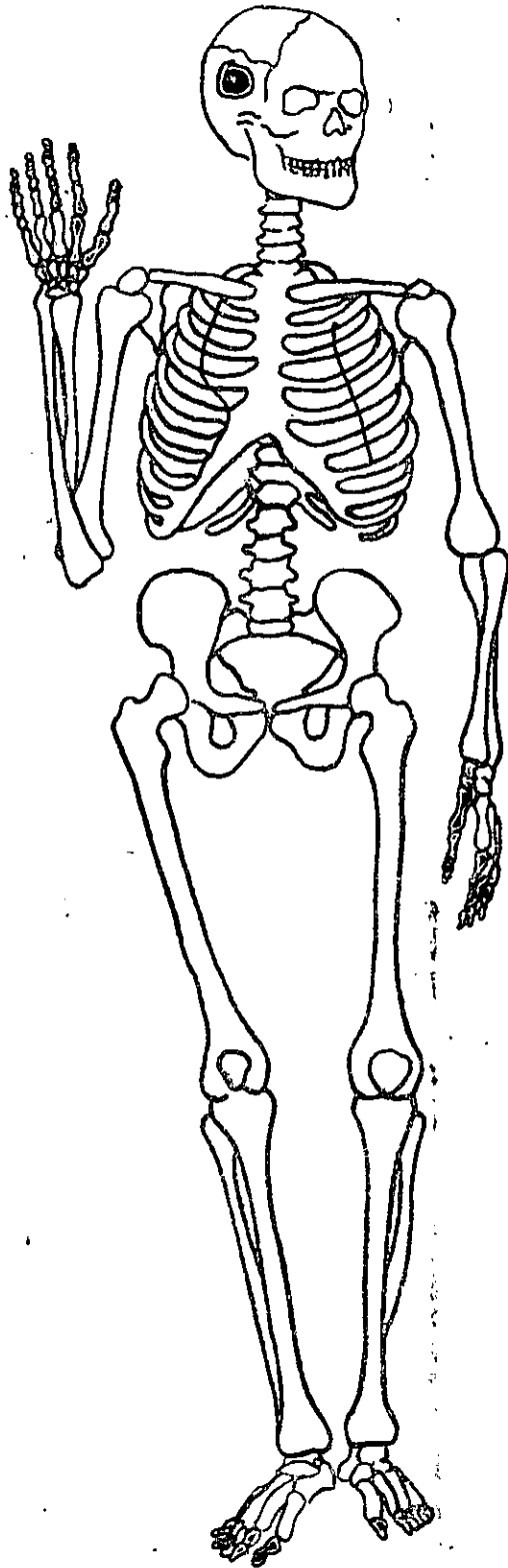


CHART "A"

Trans Letter 1863

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

FM 10-630 AND AR 30-1813

11. Feb. 1946 Date

X-1652 Unknown American ST. AVOLD FRANCE Unknown Unknown  
 Last Name First Initial Rank Serial No.  
 Unit Unknown Organization Unknown  
 Babenhausem Ger. Est. 30. March 1945 Multiple Wds of Body  
 Place of Death Date of Death Cause of Death  
 1530 15 February 1946 ST. AVOLD FRANCE Q 260584  
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
 Grave Number 20 Row Number 2 Plot Number TTT 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?

See Reverse

What means of identification were buried with the body?

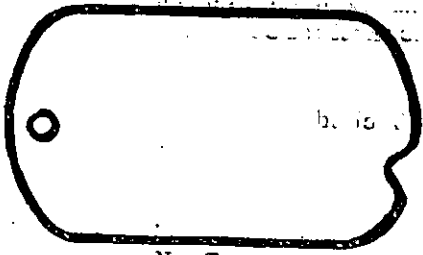
GRS FORM # 1 IN BOTTLE

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

Who is buried on :

Deceased's Right :	LACY	Q-677061			21
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left :	UNKNOWN X-1651				19
	Name	Serial No.	Rank	Organization	Grave No.

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 Address: Unknown  
 Name  
 Address: Unknown  
 Religion: Unknown

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

No Personal Effects Found

REBURIAL

JACK E. GAULEY  
2nd Lt INF  
48th QM G.R.CO

DISINTERING OFFICER

Signature of Officer or other person reporting burial

Charles F. Barney  
Verified by G.R.S. Officer

Previously buried in Civilian Cemetery

New Cemetery Row # 1 Grave # 3

CHARLES F. BARNEY, 2nd Lt. Inf. 6800 QM GR Det. Reintering Officer

**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 : 5'9"      Laundry Marks : None  
 Weight : 155      Number of Rifle : Unk  
 Color of Eyes : Unk      Wear Glasses ?      Unk  
 Color of Hair : Brown      Is Tooth Chart Attached ?  
 Race : White      Yes

(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. Body too decomposed

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

Left Hand	7				
	6				
	5				
	4				
Thumb	1	Impossible to take			
	2	Body too decomposed			

Right Hand	4				
	3				
	2	Impossible to take			
	1	Body too decomposed			
Thumb	1				
	2				

**TOOTH CHART**

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

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

Characteristics : Tooth Chart attached

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.**

Sketch attached