

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

8 August 1949

Date

293 unk France 265 (Henry)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 265, Plot EE,
Row 10, Grave 248, 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. 2235, dated 17-3-47. No
further information is available.

FOR THE COMMANDING GENERAL:

3. Remarks: Tooth chart for remains has been compared with
available dental records for all unresolved casualties in same map sheet
with negative results. Efforts to associate subject remains with unresolved
casualty or casualties by all other means have proven negative.

A. SWEINICK

Case reviewed by undersigned Members of the Board of Review:

/s/ H.P. Henry
Col. H.P. HENRY, O-12589 QMC

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

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

Rec
Received 29 AUG 1949 UQM
Not available from
information presently
available

*File NAT
29 Aug 49
Accident
Ident Div.*

X2

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

8 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 265, Plot EE
Row 10, Grave 248, USMC ST. AVOLD, France,

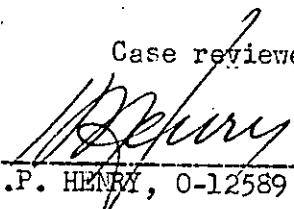
have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 2235, dated 17-3-47.

3. Remarks: Tooth chart for remains has been compared with available dental records for all unresolved casualties in same map sheet with negative results. Efforts to associate subject remains with unresolved casualty or casualties by all other means have proven negative.

A. SWETNICK


Case reviewed by undersigned Members of the Board of Review:


Col. H.P. HENRY, O-12589

QMC

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

QMC


Major R. BERGER, O-251736


ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, O-1588236

QMC


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

CE

Incl # 26
Not identifiable from
information presently
available

Received 29 AUG 1949 OQMG

ICM IRR

1

USMC St. Avold
Plot: D Row: GR: 38

Date of Burial: 10 MAR 1950
Verified by: *[Signature]*

DISINTERMENT DIRECTIVE

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWNX-000265 0 0

CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS
0 3503 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
EE 10 248 FRANCE 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
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
Unknown X-000265 25 August 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN Samuel L. Yahres, Embalmer
 MARKER Emb NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Mattress Cover Fractured R/scapula, R/femur, R and L tibia, missing R/clavicle decomposed and disarticulation complete.

OTHER MEANS OF IDENTIFICATION
Report of burial found with remains UNK-X-121

MINOR DISCREPANCIES /
Report of burial dated 21 August 1945, Koditz, Germany, reads "UNK 121"
Plates made to agree with 1194 - embossed plate found with remains "121"
embossed plate found with remains "65"

REMAINS PREPARED AND PLACED IN CASKET
DATE 30 August 1948 BY Samuel L. Yahres, Embalmer

CASKET SEALED BY EMBALMER (Signature)
Samuel L. Yahres, Embalmer Samuel L. Yahres, Embalmer

CASKET BOXED AND MARKED SHIPPING LABELS VERIFIED BY X
DATE 30 Aug 48 BY Samuel L. Yahres, Embalmer All markings, tags & plates verified by: H. Mead, Capt CWS

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

Rinal Casketing By: H. Mead, Capt CWS
H. Mead, Capt CWS 7857 AGRC Zone 3 Hq.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Grave D-33-38 USMC St. Avold formerly occupied by: Robert D. OMUNDSON,
Disinterred: 10 March 1950
DATE 17 MAR 50
NAME James
PR. MEM. DIV.

mcl 5

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM H' USMC St Avold France		TO CIG Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl William H Bryant, 33720418	
SIGNATURE OF SHIPPER <i>Frank B Callaghan</i> Frank B Callaghan, 1st Lt PA	DATE 2 Nov 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. AVOLD FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM EE 10 548 FRANCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER D - HEIS	DATE	SIGNATURE OF RECEIVER	DATE U 3203

7. SHIPPED

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

TOOTH CHART

13 February 1947
Date

UNKNOWN X - 265

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

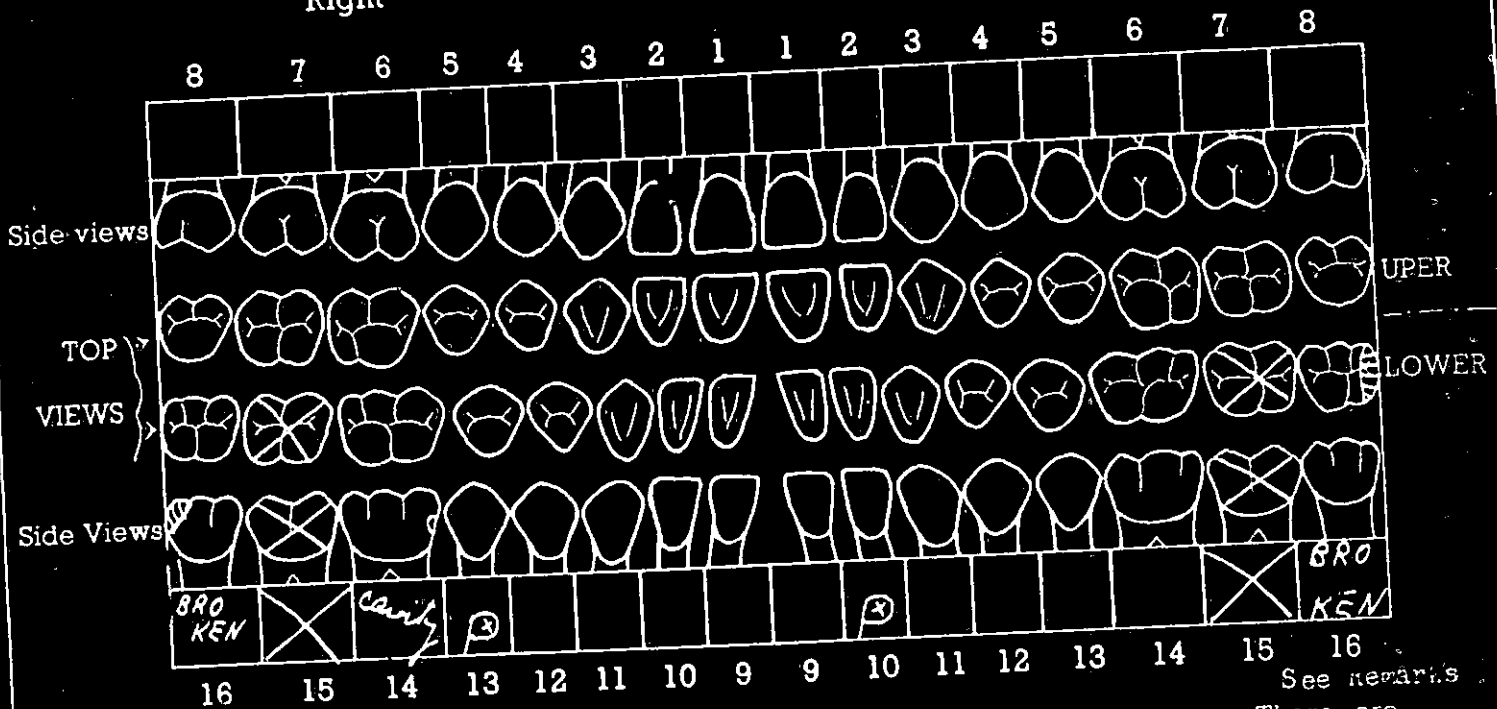
Place of Death

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), 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.

Melvin H. Jarlath

Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre

Verified by G. R. S. Officer

Ellsworth T. Mac Intyre, Captain 25 - 3.4.

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



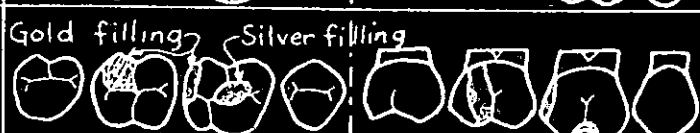
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



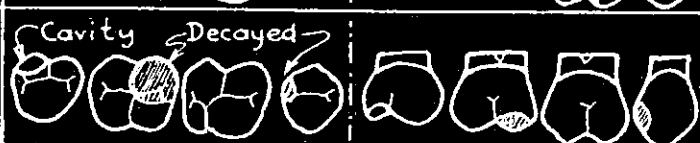
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing R 13, L 10.
 Spaces R 14-16, 3 mm; L 14-16, 6 mm.
 Medium sized teeth in very good alignment.
 Have turned slightly pink.
 There were no fillings present.
 Broken as indicated by shading R 16 and L 16.

CHECK LIST OF UNKNOWN

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

Unknown X - 265
Cemetery St-Avoid, France
Plot EE Row 10 Grave 248

1. ~~Reprocessed~~ Date reprocessed 13 February 1947
(Hour) (date)

2. Place of death
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~recovered~~ or disinterred by Central Identification Point, Strasbourg, France
(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	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool, OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers HBT				
*Trousers, Wool OD				

none

Belt, Web
 Drawers, Wool
 Drawers, Cotton
 Leggings, Wool (Note unusual lacing)
 Socks, Cotton
 *Shoes (type)
 Overshoes **none**
 Web Equipment (type)
 (Other item)
 (Other item)

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

6. Chevrons or Insignia (type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

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

8. Description of Remains:
 Age **utd** Height **5'3 3/4"** Est. Weight **120 lbs** Est. Description of wounds **utd**

Bandages or dressings **utd** Scars **utd**
 (Length, width, location)

Tattoos **utd**
 (Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face **utd**

Complexion **utd**
 (light, med, dark, clear, pimples, pocks, freckles)

Build **utd**
 (large, fat, thin, muscular)

Hair **brown, approx. 3" long, straight**
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **none found**
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **utd** (color, setting, shape) Mustache **utd** (color, size, shape) Beard or Goatee **utd** (length, heavy,
utd (light, color, extent)

Eyes **utd** (color, setting, shape) Eyebrows **utd** (color, bushiness, extent across nose)

Nose **utd** (size, shape, straight) Ears **utd** (size, set close to or far from head)

Mouth **utd** (large, medium, small) Lips **utd** (small, large, full)

Teeth **see tooth chart** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **utd** (prominent, receding, pointed, dimple, double)

Jaw **utd** (large, small, normal) Circumference of head in inches **21 1/2** " (hat band)

Neck **utd** (size, length, short, normal, wrinkled) Larynx **utd** (prominent, normal)

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

utd (extent and quantity of hair)

Hands **utd**

Fingers **utd** (sort, thick, long, slender, size of knuckles, missing fingers or joints)

utd (unusual characteristics of fingernails)

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

Back **utd** (quantity & extent of hair) Waist **utd** (size of navel, appendectomy, amount)

utd (quantity & color of hair) Circumcision **utd** (yes-no) Pubic hair **none found** (color)

Hernioplasty **utd** (yes-no, location)

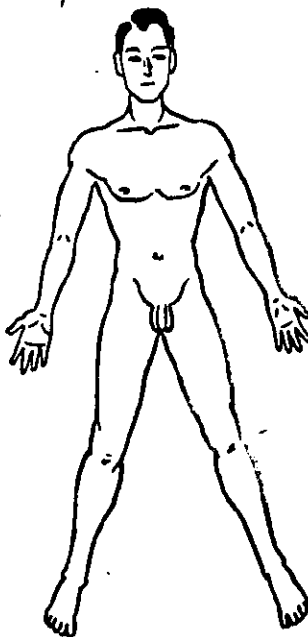
Legs **utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **utd** (Size, corns, callouses, flat) Toes **utd** (slender, straight, crooked, overlap)

Evidence of healed fractures **utd** (nose, arms, legs, etc.)

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

see attached chart



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

If not, explain too decomposed

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

12. Remarks: Remains recovered in final stage of decomposition. Est. weight of remains 35 Lbs. Fluoroscopic Examination Negative. Two (2) Burial bottles found in remains. No identification found, therefore this man remains "Unknown". 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.

On Cross:

UNKNOWN X - 265
Plot EE Row 10 Grave 248
St-Avoid

Ellsworth T. MacIntyre
Ellsworth T. MacIntyre
Officers Name

Captain QMC

Rank

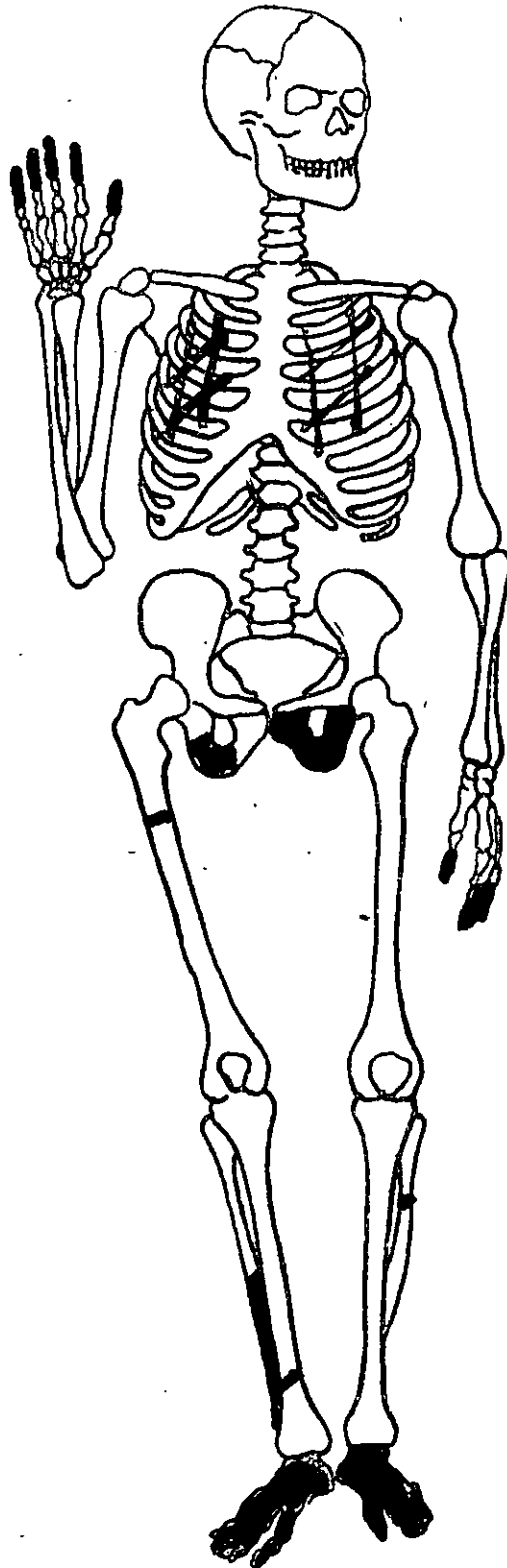
Service

Central Identification Point

Organization

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 265
CEMETERY US MIL CEM ST AVOLD, FRANCE
PLOT EE ROW 10 GRAVE 248

Arrived at cemetery 27 Aug. 1945 From Koditz, Ger.
(hour) (date) (collecting point)
Place of death Koditz, Ger. J-925-008 Sheet 56, 1:100,000
(name) (coordinates and landmarks)

Remains recovered by L. Joergens, Sgt. 36491992, 606th QM GR Co.
(name and organization)

Evacuated to cemetery by 606th QM GR Co.
(name and organization)

Is load list attached No Are names of deceased found in same area as this Un-
(yes-no)

known starred No Are circumstances described which may indicate organization of
(yes-no)

the deceased No If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Full body received.
(yes-no)

If remains come from vehicle, plane, etc: Not applicable
(type of vehicle or plane, nickname,
serial number, organization or symbols)

Crew list Not applicable
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Not applicable

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane Not applicable

(parts of markings or symbols) (burned) (pierced by shell fire - where)
(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects None found
(Indicate exact pocket or part of body
where found)

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)				Body was clad only in a mattress cover. Below are estimated sizes taken from measurements of the body
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD		est. 15 x 32		
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		est. 32 x 31		
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings Wool				(note unusual lacing)
Socks Cotton				
*Shoes _____ (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 None Shoulder Patch None

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

Description of Remains:

Age UNK (years) Height 5' 10" (ft-in) est. weight 160 (lbs) est. Description of wounds Right leg thought to be broken above ankle.

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

Tattoos None
(number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands and face None

Tobacco stain on fingers or teeth Unable to determine, hands badly decomposed.
(designate where, extent)

Complexion Unable to determine, badly decomposed. Build Medium
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

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

Sideburns None Mustache None Beard or goatee None
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Unable to determine, decomposed Eyebrows Brown
(color, setting, shape) (color, bushiness, extend across nose)

Nose Unable to determine, decomposed Ears Unable to determine, badly decomposed
(size, shape, straight) (Size, set close to or far from head)

Forehead Unable to determine Mouth badly decomposed Lips badly decomposed
(high, wide, wrinkled) (large, medium, small) (small, large, full)

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

Chin badly decomposed, unable to determine Cheekbones unable to determine
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw Normal Circumference of head in inches Unknown
(large, small, normal) (hat band)
est. 15

Neck Badly decomposed, unable to determine Larynx unable to determine Shoulders unable to determine
(size, long, short, normal, wrinkled) (prominent, normal) (broad, Average)

Arms est 18" badly decomposed
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands Unable to determine, badly decomposed
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Unable to determine
(marks on fingers indicating that rings were worn)

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

(Unusual characteristics of fingernails)

Chest est. 36" . badly decomposed
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back Unable to determine Waist est. 32"
(quantity and extent of hair) (size at naval, appendectomy, amount & color of

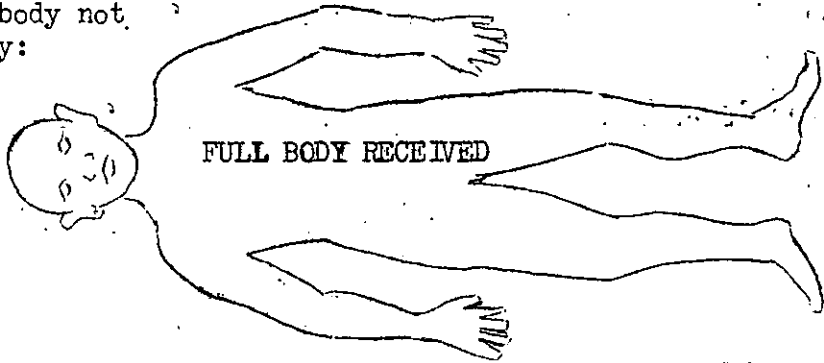
Circumsized Unknown Pubic hair Brown Herniaplasty Unknown
(yes-no) (color) (yes-no) (location)

Legs est. 31" Small amount of brown hair
(inseam) (muscular, knock-kneed, bowed, normal) (quantity, color & extent of hair

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

Evidence of healed fractures Unable to determine, body in advanced state of decomposition
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



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

Have fingerprints been placed on GRS #1 No If not, explain Hands decomposed
(yes-no)

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

Remarks: See attached check list for disinterments for additional information.

G. L. Horner
Signature of GRO and Organization
GERALD L. HORNER, 1st. Lt., QMC, 610th QMC
GR Co.

CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.

Both PART I & II should be completed if identification tags are not available.

If information is unavailable, so indicate.

18 Aug 1945

Date

PART I (Positive identification)

1. Unidentified - Presumed to be American soldier
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached No tags
3. Give exact location from which disintered, furnishing coordinates and map series used Coord J 925 008
Hof Sheet 56 Central Europe 1:100,000
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) Koditz Cemetery, Koditz, Germany
5. Approximate or established date of death (state which & give basis for date selected) Approx 15 Apr 1945
Reported time of enemy action near Koditz, Germany
6. Approximate or established date of burial (give basis for date established) Established 18 Apr 1945
Records of caretaker.
7. Manner in which grave was marked and all information contained on the marker Plain white wooden cross, no inscription.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned No effects. Deceased was nude. Clad in mattress cover and brought in by party of American Officers, party consisted of 4 Officers, 1 Chaplain, 1 EM.
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).
Traugott Bruhschwein, Koditz #16 - Caretaker of Church.
Henrich Langheinrich, Koditz #53 - Buried deceased.
Christof Rodeh, Koditz #95 - Talked with Americans (stated no name)
Fritz Knoernschild, Koditz #101 - Present at burial, was told name would come next day.
Alfred Hofman, Koditz #20 - Burgomeister, gave very little information.

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
Records of caretaker stated as follows:
18 April 1945 - Unknown American
11. 5 ft. 10 in. 160 lbs. Brown unknown
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.
Body decomposed, members all present
Right leg thought to be broken above ankle.

13. Give as detailed description as possible of condition and amounts of remains Body decomposed,
remains all present, right leg thought to be broken above ankle.
14. Give probable cause of death, type and location of wounds (is there evidence that body was burned) Body not burned - cause of death unknown.
15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable: Deceased was clad only in mattress cover.
16. Give description of any vehicle found in the area that could be connected with the death of the deceased
- | (Type) | (WD Serial No.) | (Organization) | (Serial No. and |
|-------------------|-----------------|----------------|-----------------|
| Type of each gun) | | | |
17. Give exact location of remains in vehicle before removal
18. If buried in a coffin, give description and markings: No coffin, only mattress cover.
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains
Buried in civilian cemetery.
Deceased buried near civilians who would have no bearing on case.
20. Other pertinent information which would aid in establishing identity
See attached sheet.

L. Joergens

(Individual in Charge of Disinterment)

Sgt

(Rank)

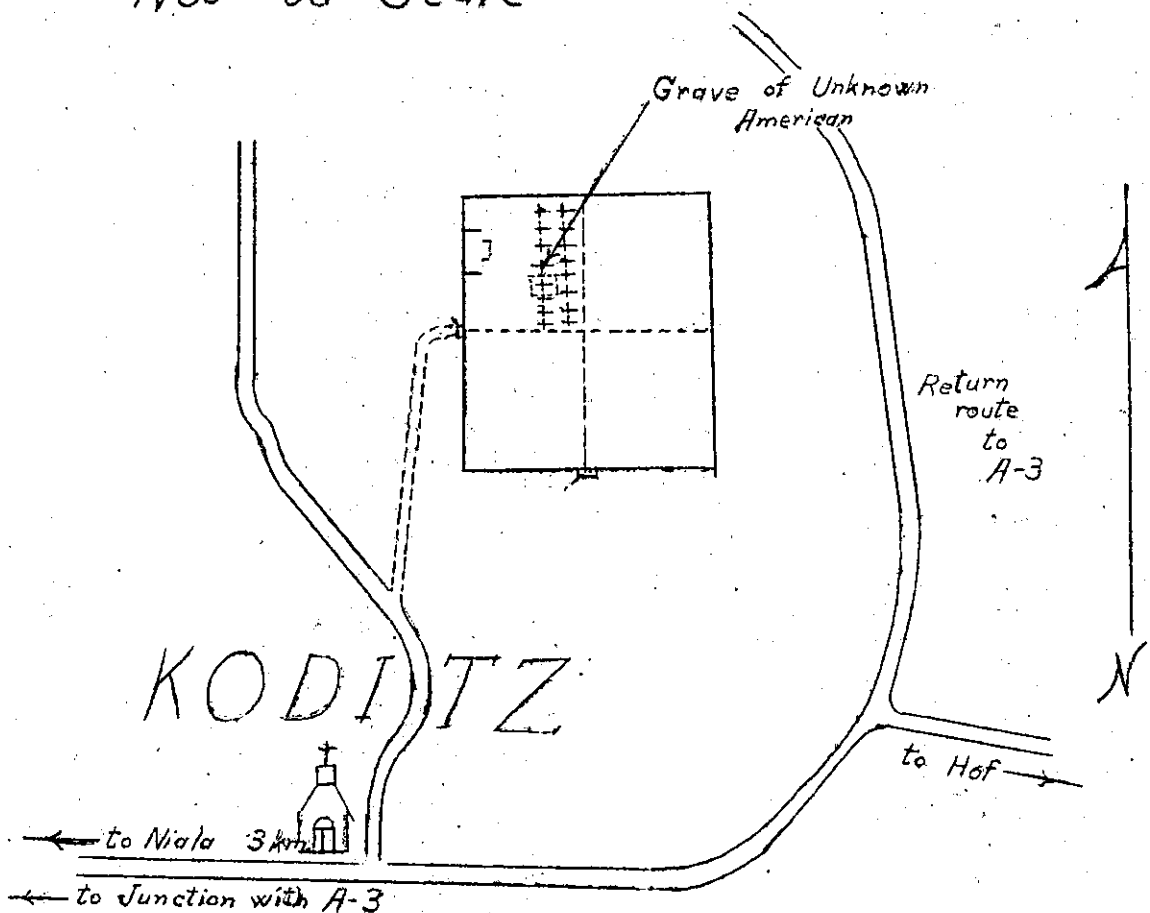
36491991

(ASN)

606 QM GR Co.

(Organization)

Not to Scale

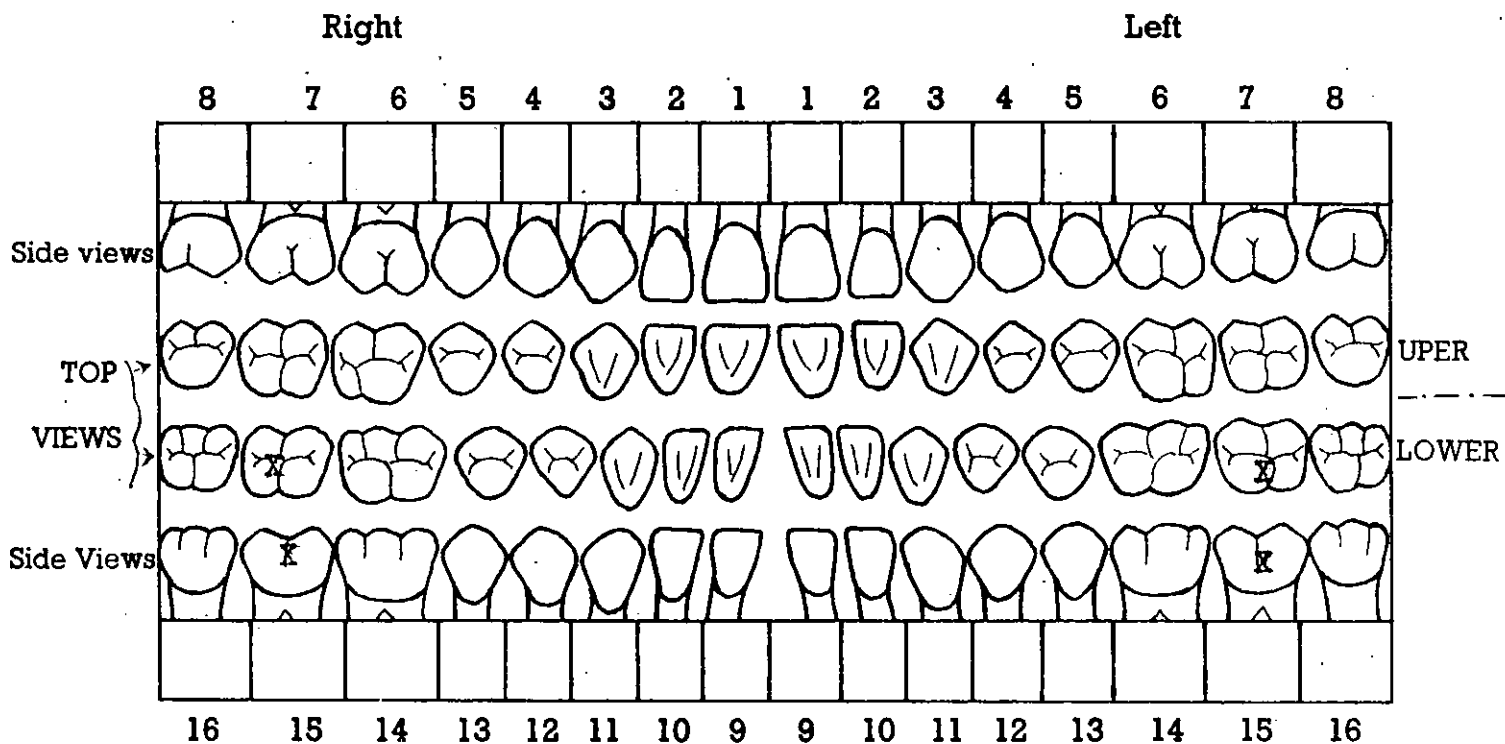


Disinterment Date. Aug. 18, 1945
Dn. by Sgt. Joergens
Reprod. by "Windschiagli"
606th Grave Reg. Co.
Coordinates - J-925-008
Map Ref. - sheet Hof 5-6 1:100,000

TOOTH CHART

7 Sept. 1945

UNKNOWN SOLDIER X-265				UNKNOWN		UNKNOWN	
UNKNOWN		First	Initial	Rank	UNKNOWN		
Koditz, Ger.		Unit J-925-008		Date of Death est. 15 April 1945		Organization Undetermined.	
Place of Death		Date of Death		Cause of Death			

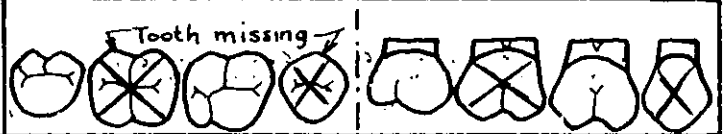


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

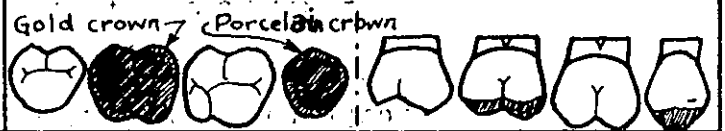
Perfect set of upper teeth - No fillings top or bottom

G. L. Horner Sgt. George Milcher
 Signature of Officer or other person who prepared Tooth chart
 GERALD L. HORNER, 1st Lt., QMC, 610th QM GP Co.
 Verified by G. R. S. Officer

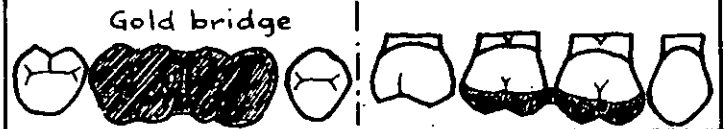
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



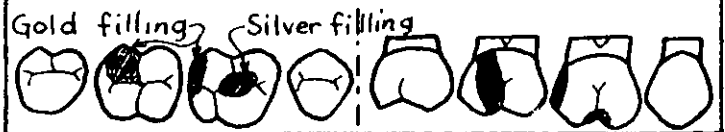
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

RESTRICTED

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

REPORT OF BURIAL

7 Sept. 1945

UNKNOWN SOLDIER X-285	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
Last Name	First	Initial	Rank	Organization	Serial No.
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
Koditz, Ger. J-925-008	1500 hrs. 27 Aug. 1945	US MIL CEM ST AVOLD, FRANCE	15 April 1945	Undetermined	Q-260-584
Place of Death	Time and Date of Burial	Name of Cemetery	Date of Death	Registration	Cause of Death
1500 hrs. 27 Aug. 1945	248	CROSS	15 April 1945	Undetermined	Q-260-584
Grave Number	Row Number	Column Number	Plot Number	Block	Type of Marker
248	10				Cross

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 (See Reverse)

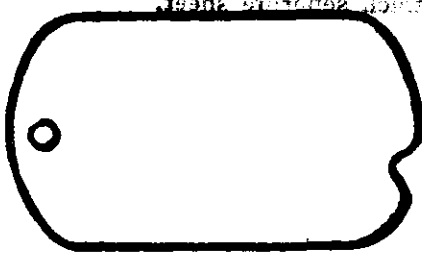
If No Identification Tags
 How were remains identified? Disinterred from the Koditz Civilian Cemetery, Koditz, Ger. Coord J-925-008, Sheet 56, Central Europe 1:100,000.

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:	REBERT	18208331			247
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	MACHI	35203789			249
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	L. Joergens	36491991	Sgt.	606th QM GR Co.	

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



If printed identification tag is not affixed fill in below:

Emergency Addressee: Unknown

Address: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: No

REBURIAL

Previously buried in isolated grave
 located at Koditz, Ger.
 J-925-008 SH: 56
 1:100,000
 Civ. Cemetery

Signature of Officer or other person reporting burial: *[Signature]*
 Verified by G. R. S. Officer: *[Signature]*
 GERARD L. HORNBER, 1st Lt., MC, 610th QM GR Co.

RESTRICTED

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

REPORT OF BURIAL

7 Sept. 1945

TM 10-630 AND AR 30-1815

UNKNOWN	SOLDIER X-285	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
Koditz, Ger.	J-925-008	est. 15 April 1945	Undetermined	1500 hrs. 27 Aug. 1945	US MIL CEM ST AVOLD, FRANCE
248	10		Cross		

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 (See Reverse)

If No Identification Tags
 How were remains identified? Disinterred from the Koditz Civilian Cemetery, Koditz, Ger. Coord J-925-008, Sheet 56, Central Europe 1:100,000.

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:	HEBERT	18208331			247
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	MACHI	35203789			249
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	L. Joergens	Sgt. 36491991		606th QM GR Co.	

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



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

Emergency Addressee: Unknown

Address: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: No

REBURIAL

Previously buried in isolated grave
 located at Koditz, Ger.
 J-925-008 SH: 56
 1:100,000

Signature of Officer or other person reporting burial
 Verified by G. R. S. Officer
 GERARD L. HORNER, 1st Lt., MC, 610th QM GR Co.

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' 10" est. Laundry Marks:
 Weight: 160 est. Number of Rifle:
 Color of Eyes: Wear Glasses?
 Color of Hair: Brown 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.

Body in advanced state of decomposition.
 Fingerprints impossible to obtain. Tooth chart taken and attached. See attached check list for disinterments for additional information and also Cemetery sketch.

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

Waist - est 32"
 Chest - est 36"
 Arms - est 18"
 Inseam - est 31"
 Neck - est 15"
 Shirt - est 15 x 32
 Trousers - est 32 x 31

TOOTH CHART

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
Upper								Lower							

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

Characteristics :

Other Data :

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.

