

7887 GRAVES DETACHMENT

... APO 757

943 unk St. Avold X-3276 A *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 - 3276. A St Avold

(POC) ST AVOLD

*Given
to Thomas
J. Brown
26 Feb 51*

~~XXXXXX~~ X-3276A

This should be IDENTIFICATION DATA

1. REMAINS OF UNKNOWN XXXXXXXXXXXXXXXXXXXX				2. DATE OF REPORT 12 Jan 49	
3. NAME OF CEMETERY		4. PLOT QQ	5. ROW 6	6. GRAVE 147	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 20/25 16 <i>Age</i>	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR <i>None found</i>	11. RACE
---	-------------------------------	--	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
*Over 10 *Age**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <i>Skull crushed</i>
---	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
None found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

Find 1

SK A 10/1/49

~~X-3276-19~~

TOOTH CHART

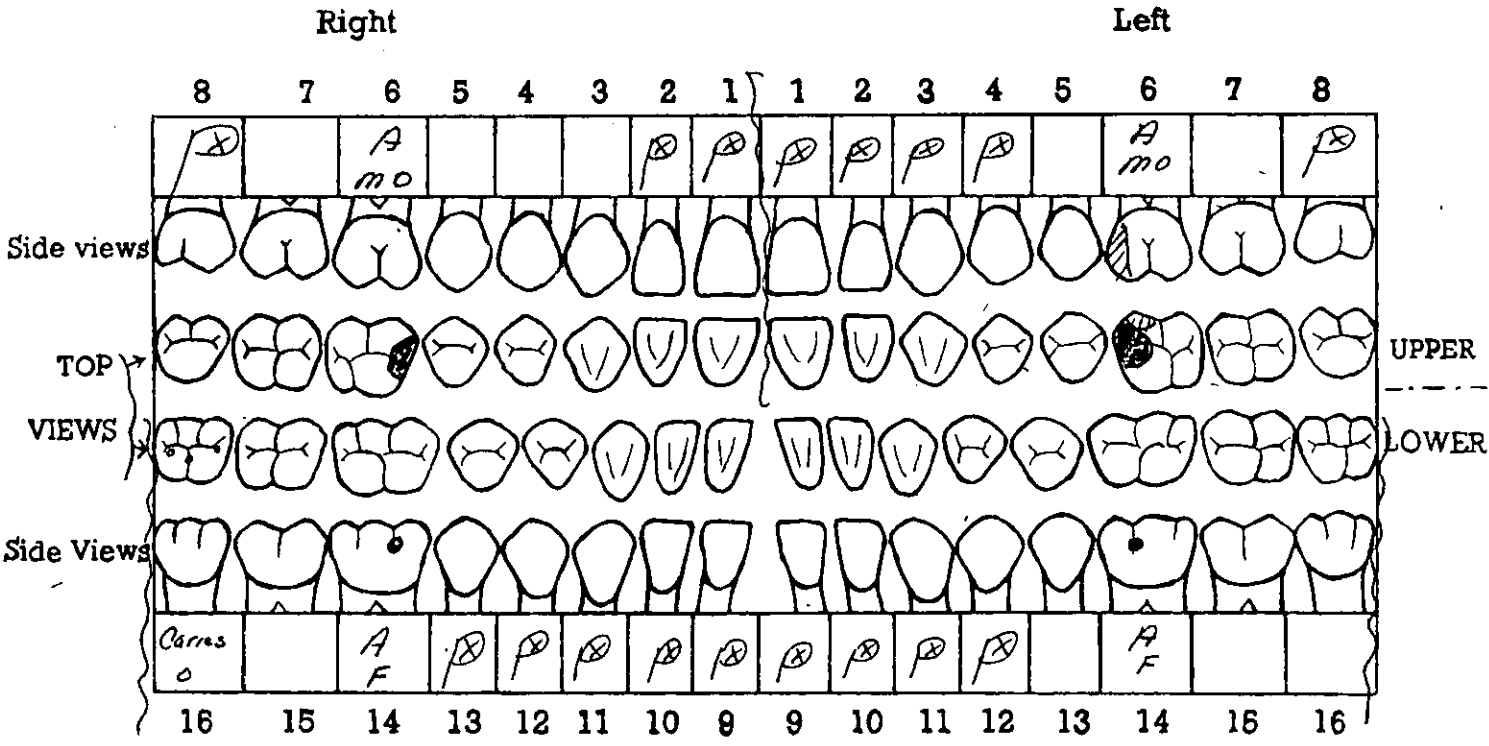
This should be x-3276A
~~with GRIDER 00-6-149~~

Date _____

Serial No. _____

Unit _____ Organization _____

Place of Death _____ Date of Death _____ Cause of Death _____

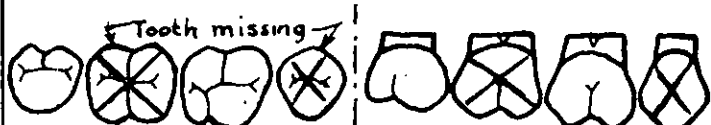
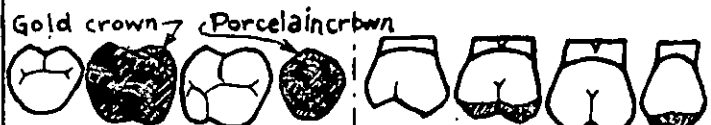
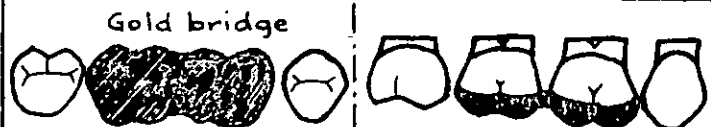
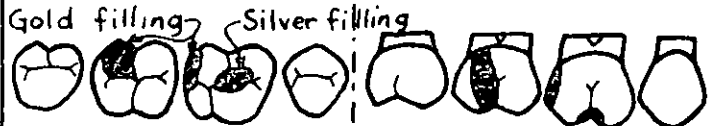



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

Final 1
 ET FORM 1-22 (29 AUG. 46)
 (OLD GRAVE REGISTRATION FORM 1-A)

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

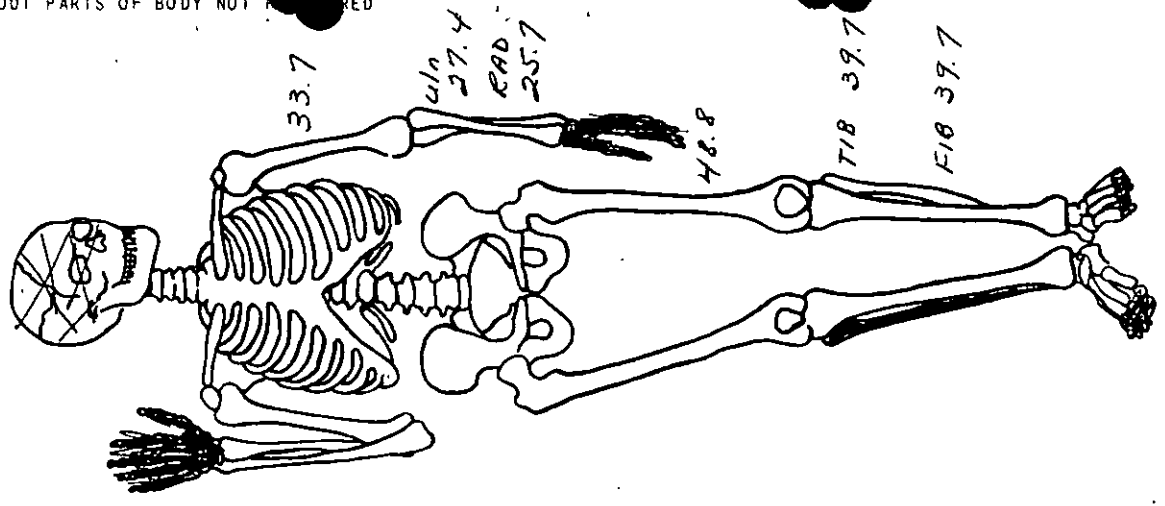
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

X-3276A

~~Robert G. Fisher~~ This should be ~~X-3276A~~

19. BLACK OUT PARTS OF BODY NOT MEASURED



Foot 16 1/2" 5' 10"

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Fidel /

TOOTH CHART
 St. Avold Cem
 147-6-22

10 January 1946
 Date

Unidentified X-3276 (St Avold)

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

90th Div.

Unit

Approximate

Organization

Borg, Germany (IL 0601)

Feb. to March 1945

Head Wounds

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

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.

Wendell Clapp

Signature of Officer or other person who prepared Tooth chart

WENDELL CLAPP

1st Lt. QM

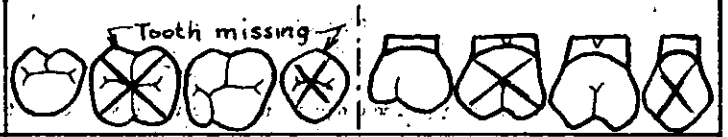
Commanding S. Officer

CLAUDE J. DAVIS

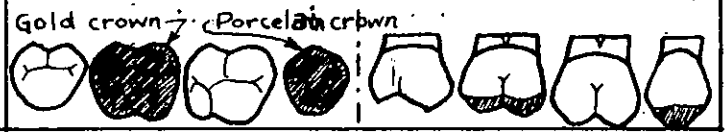
2nd Lt. Inf.

Co. 1st Inf. Div.

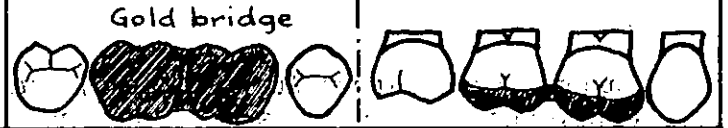
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



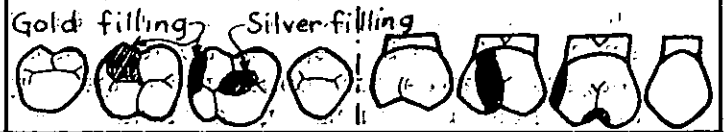
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



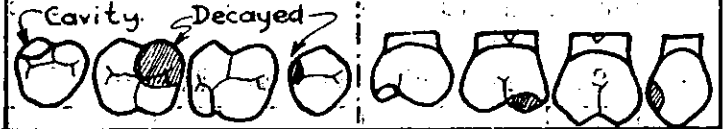
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

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 completely filled out if identification tags are
are not available.

If information is unavailable, so indicate.

PART I

(Positive Identification)

1. Unidentified 1-3276 (St Avola) * Unit 90th Div.
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached No Identification Tags

3. Give exact location from which disinterred, furnishing coordinates and map series used Berg, Germany (NL 0691) Scale 1/100,000 Sheet U-1 Neunkirchen
CGCS 4416 Nord de Guerre Grid

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) Unburied Remains

5. Approximate or established date of burial (give basis for date established) Unburied Remains

6. Approximate or established date of death (state which & give basis for date selected) Approximate Feb. to March 1945
Information from Burgmeister

7. Manner in which graves were marked and all information that was on the marker No Markers - body was found lying on the ground.

8. List personal effects found in possession of civilians or unauthorized military personnel, furnishing name and address of individual concerned None

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 other possessing important information) French Military Gov.
Johann Blav - Burgmeister

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) Unknown

11. 5' 9" 150 Hissing (deceased) Brown 2 1/2"
(Est. Height) (Est. Weight) (Color of Eyes) (Color of Hair)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcisions, tattoos, length of hair, presence of mustache or beard, etc. Body decomposed.
hair 2 1/2" long

13. Give as detailed description as possible of condition and amount of remains

Body Decomposed, Parts of skull missing, and feet missing.

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned?)

Head Wounds

15. Give minute description of all effects, clothing & shoes, indicating clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design 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:

2 O.D. Shirts

O.D. Trousers

Field Jacket

Woolen sweater

Loggings

Gloves - Leather Palm

Web Belt

M.B.Y. Jacket

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

None

None

None

None

None

(Type)

(WD Serial No.)

(Organization)

(Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal

Does not apply

18. If buried in a coffin; give description and markings

Unburied remains

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

One more deceased identified

as ROBERT W. BOLLISH 59148520 was found in the same vicinity.

ST. AVOLD - RA-6-146 - 315 ENGR C BN - 24 NOV 44 -

20. Other pertinent information which would aid in establishing identity

None

7/5 4105113 5058 ON GR. Co.

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

JOE J. KENNER

Tomato U. Persons

2nd Lt. Inf. 5916216

5046-2028 () Co. 2nd Army

Disinterment Officer

6 January 1946

()

CHECK LIST FOR UNKNOWN'S

GRSC USPET
Form No. 11
9-7-45

UNKNOWN X- 3276 St. Avold Cem.
CEMETERY St. Avold Pr.
PLOT 03 ROW 6 GRAVE 147

Arrived at cemetery _____ From Strehren Cemetery
(hour) (date) (collecting point)

Place of death Berg, Germany (W 641)
(name) (coordinates and landmarks)

Remains recovered by Joe Kozick 5050M. OR. Co.
(name and organization)

Evacuated to cemetery by 5045 OR. Co.
(name and organization)

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

Unknown starred No Are circumstances described which may indicate organ-
(yes-no)

ization of the deceased Yes If only part of a body was received, was a
(yes-no)

careful search made for other parts of Yes known.
(yes-no)

If remains come from vehicle, plane, etc: Does Not Apply
(type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list None
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use _____

If organization Does Not Apply which vehicle or plane was assigned or if names of all other
deceased are not known, give detailed information concerning vehicle or plane

(part 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 _____
(Indicate exact pocket or part of body)

where found 50 Personal Effects



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	None			
Overcoat	None			
Jacket, Field	None	Dkt	HBT	None
Jacket, Combat	None			
Mackinaw	None			
Sweater	None	Dkt	OD	None
Jacket, HBT	None	None	HBT	None
*Shirt, Wool OD	None	34-35	OD	No ne
Undershirt, Wool	None			
Undershirt, Cotton	None			
Trousers, HBT	None			
*Trousers, Wool OD	None	Dkt	OD	None
Belt, Web	None	56		None
Drawers, Wool	None			
Drawers, Cotton	None			
Leggings Wool	None	Med		None (note unusual markings)
Socks Cotton	None			
*Shoes (type)	None			
OverShoes	None			
Web Equipment (type)	None			
(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 (years)	Height (ft-in)	Weight (lbs)	Description of Wounds	

Banadages or dressings None Scars Unk
(length, width, location)

Tattoos Flesh Decomposed
(number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands and face Flesh Decomposed

Tobacco stain on fingers or teeth Flesh Decomposed
(designate where, extent)

Complexion Flesh Decomposed Build Medium
(light, red, dark, clear, pimples, pocks, freckles) (large, fat, thin)

Hair Brown 2 1/2" Straight
(Muscular)
(color, length, quantity, curly, wavy, straight, whorls; or definite parting)

baldness, widows peak, distinctive cutting or other characteristics)

Sideburns None Mustache Missing Beard or goatee Missing
(color, setting, shape) (color, size, shape) (length)

heavy, light, color, extent)

Eyes Decomposed Eyebrows Missing
(color, setting, shape) (color, bushiness, extend across nose)

Nose Head Crushed Ears Missing
(size, shape, straight) (Size, set close to or far from head)

Forehead Head Crushed Mouth Head Crushed Lips Head Crushed
(high, wide, wrinkled) (Large, medium, small) (small, large, full)

Teeth SEE ATTACHED TOOTH CHART
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Head Crushed Impossible to determine Cheekbones Impossible to determine
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw Head crushed Circumference or head in inches Head Crushed
(large, small, normal) (hat band)

Neck Decomposed Larynx Decomposed Shoulders
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

Arms Decomposed
Straight (length) (muscular, color, extent, & quantity of)

Hands Decomposed
Hair, vaccination scar, size of wrists) (large, small, normal, calloused)

None
Noticeable, marks on fingers indicating that rings were worn)

Fingers Flesh Decomposed
(short, thick, long, slender; size of knuckles)(missing fingers or joints)

(unusual characteristics of fingernails)

Chest Flesh Decomposed
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back Decomposed Waist Decomposed X-3276-A
(quantity and extent of hair) (size at navel, appendectomy, amount & color)

Circumsized Decomp Pubic hair Missing Hernioplasty Flesh Decomposed
of hair) (yes-no) (color) (yes-no) (location)

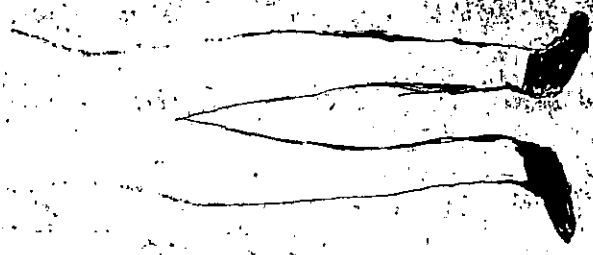
Legs Flesh Decomposed
(inscam)(muscular, knock-kneed, bowed, normal)(quantity, color, & extent of

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

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

Black out parts of body not received in country

Head crushed parts missing



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

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

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

Remarks

Thomas N. Parsons
2nd Lt. Inf. 0-131916
3046-5058 QM. Co.

Signature of GRO and Organization
2nd Lt. Inf. 0-131916

00
+10

MOSELLE RIVER

OMUNZINGEN

OBERLEUKEN

BORG

10
+00

PILLINGERHOF

PERL



ROBERT W BOLLIS^M
X-3276

SHEET U-1
NEUNKIRCHEN
SCALE 1/100,000
6565.4416
NORD DE GUERRE
GRID



293 uncl 74... X-3276A (St Avold)

U.S. DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7387 GBRIG DEU
LIEGE BELGIUM

DEFENSE

wel 48401

FROM GBRIG PARA 1 UNITR 23 FEB 50 FILE REF 314.6 SUBJECT BUREAU LHO.

LAST PAD EMPLOYING WPTS MAY 3276A ST AVOLD

John
TECH

2:47
APR 19 3 33 PM '50

O. O. M. S.
TEL & CAB SECTION



Lee
Lee:cam
Clements

UNCLASSIFIED

191900Z

Allen GRAY S

ORIG CAPT DREW LIT 72947
293 X-3276A (ST AVOLD)

APR 50

D. A. [Signature]
CAPT, GSC, GBRIG DEU

716

293 uncl France X-3276A (Stivald) *Em*

OGC DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GIBRG DET
LIEGE BELGIUM

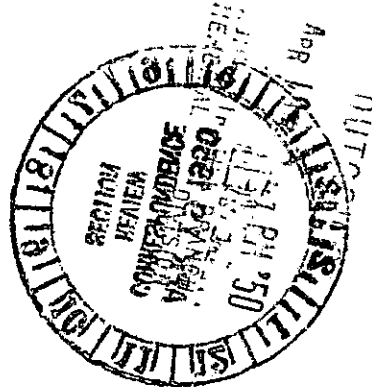
DEFERRED

wel 48401

FROM GIBRG PARA 1 UFFNR 23 FEB 50 FILE RBE 314.6 SUBJECT BURIAL INFO.
RGT. RND REPROCESSING REPTS XRAY 3276A ST AVOLD

247
APR 19 3 33 PM '50
O. O. M. S.
TEL & CAB SECTION

John
JMN
TECH
[Signature]



Lee
Lee:cam
Clements

UNCLASSIFIED

191900Z

[Signature] GRAVES

ORIG CAPT BERRY EXT 72947
293 X-3276A (ST AVOLD)

APR 50

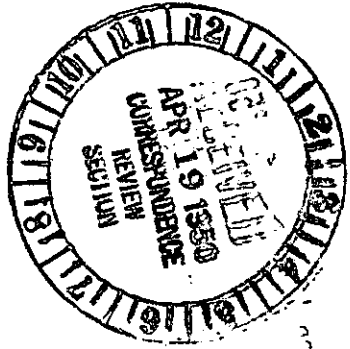
D. A. [Signature]
CAPT, OGC, LHM DIV

916

U.S. DEPARTMENT OF JUSTICE

[Handwritten signature]

Stowenpa
pac.ew



APR 19 3 33 PM '50

LETTER BOX SECTION
O.D.M. 9.

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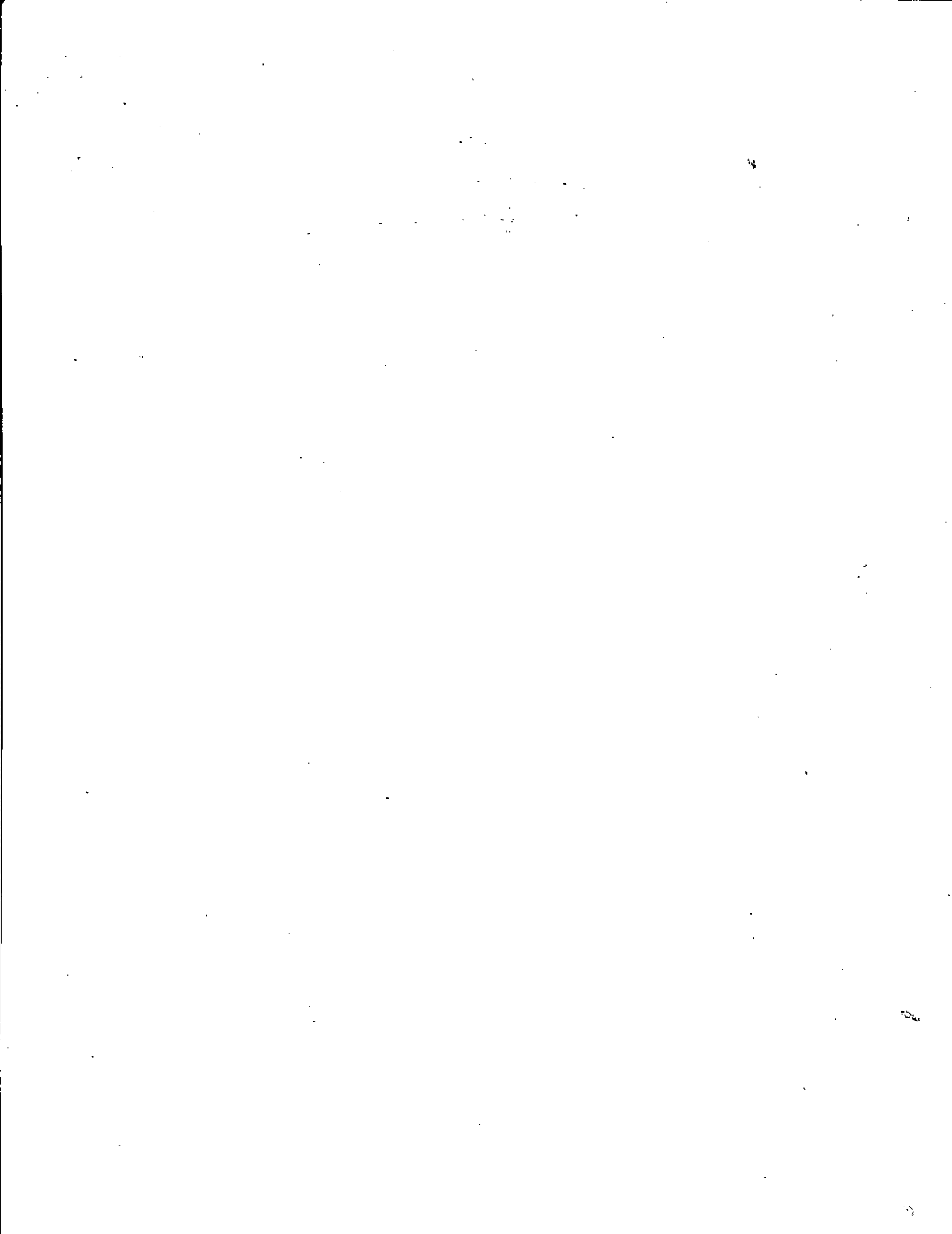
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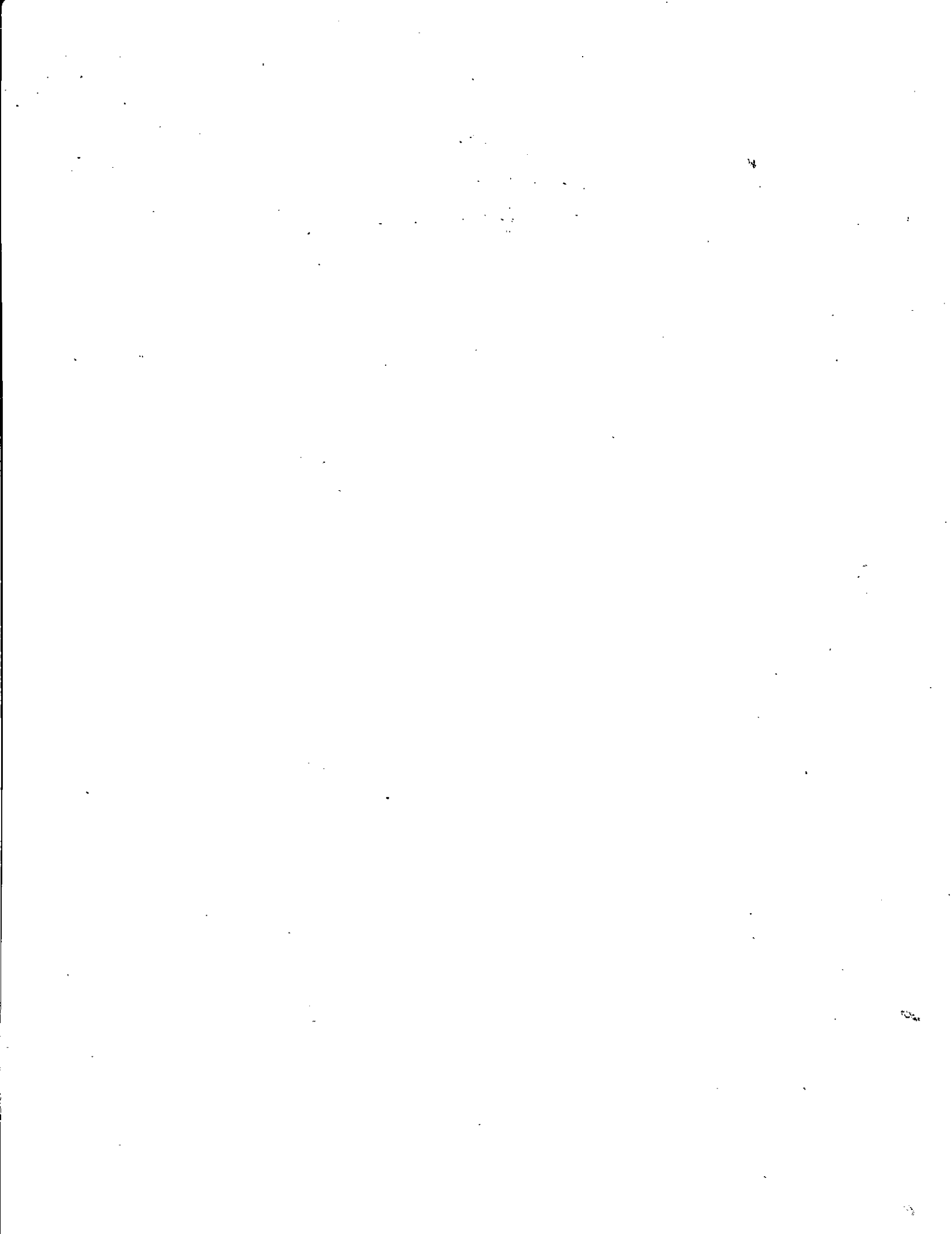
U.S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION

WASHINGTON, D.C.

[Handwritten text]







HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRE 200.2

18 April 1950

SUBJECT: Identification Check List
Transmittal Letter # 4842

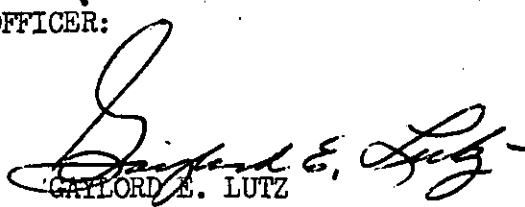
TO: The Quartermaster General
Washington 25, D. C.
ATTENTION: Memorial Division

Forwarded herewith for your files is one (1) copy of identification check list, QMC Form 1044, for the following deceased:

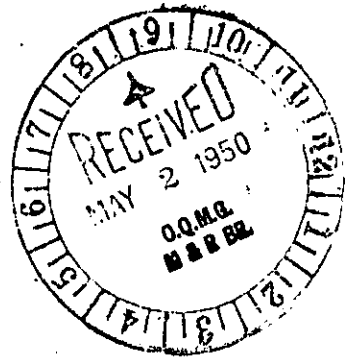
<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-3276-A	St. Avold	QQ	6	147

FOR THE COMMANDING OFFICER:

1 Incl
QMC Form 1044


GAYLORD E. LUTZ
1st Lt, QMC
Registration Division

953 Unknown Graves X-3276-A - (St. Avold)



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293-Club-France X-3276 A (St. Avold)

24 August 1949

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-3276 A, Plot QQ,
Row 6, Grave 147, 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. 2703, dated 18-3-48. No
further information is available.

FOR THE COMMANDING GENERAL:

Remarks: Tooth charts of remains have been compared with available dental re-
cords for all casualties in the same map sheet with negative results. Efforts
to associate subject remains with unresolved casualty or casualties by all other
means have proven negative.

/s/ J. Lacortiglia
/t/

Case reviewed by undersigned Members of the Board of Review:

- (s) Col. H.F. Henry, O-12589 QMC
- (s) Lt. Col. E.D. Mulvanity, O-359598 QMC
- (s) 1/Lt. Gaylord E. Lutz, O-1595665 QMC

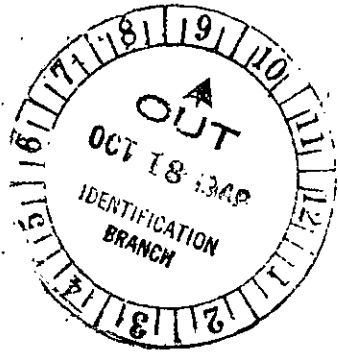
Received 17 OCT 1949 OQMG
Not identifiable from
information presently
available

File - NAT
J. Parker
Ed. Branch
12 Oct. 1949

4710

01220007

06000



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 3276 A, Plot QQ
Row 6, Grave 147, 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. 2703, dated 18-3-48.

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

Received 17 OCT 1949 OQMG

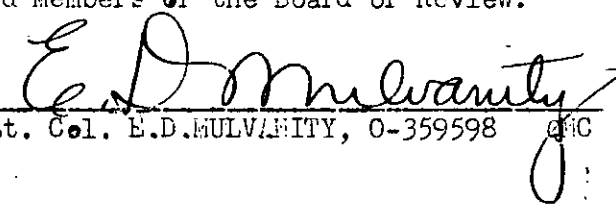
Not identifiable from
information presently
available

J. LACORTIGLIA

Case reviewed by undersigned Members of the Board of Review:


Col. H.F. HENRY, O-12589

QMC


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

QMC

Major R. BERGER, O-251736

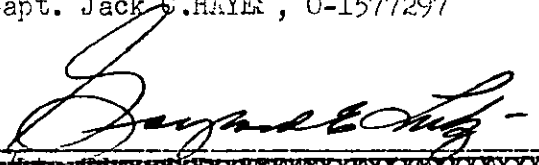
ORD

Capt. Jack S. HAYES, O-1577297

QMC

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

QMC


1/Lt. Gaylord E. LUTZ, O-1595665

QMC

Incl #26

Parker

USMC ST. AVOLD FRANCE Buried at deceased Left
Plot D, Row 9, Grave 9
Date reburied: 21 Dec 48

DISINTERMENT DIRECTIVE

Right:

Donald H. Tackett

P.B. Lurton

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DONALD H TACKETT 1/Lt QMC DIRECTIVE NUMBER 3574 00000 DATE 15 08 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER 003276 GRADE 0 ARM 0 RACE 0 RELIGION 6

CEMETERY ST AVOLD FRANCE PLOT 00 ROW 6 GRAVE 147 DISPOSITION OF REMAINS 3503 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

Plates and Stencil made to read " UNKNOWN X - 003276 A. "

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY Millard H. Mc Whorter, Embalmer EMBALMER (Signature) Millard H. Mc Whorter, Embalmer

CASKET BOXED AND MARKED 13 Oct 48 Millard H. Mc Whorter DATE BY Embalmer SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by: Rafael T. Ruiz 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.

Rafael T. Ruiz
Rafael T. Ruiz 1st Lt FA, 7857 AGRC Zone 3 Hq.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS PREVIOUSLY DISPATCHED - UNKNOWN X-3276
NAT FILE RECORDS ANNOTATED DATE MAR 25 1949 NAME R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

FROM		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

DISINTERMENT DIRECTIVE

Section A		Directive Number		Date	
Name & Burial Location of deceased		3574			
NAME		Serial Number	RANK	ARMY	Date of death
UNKNOWN		X-3276-A			
CEMETERY		Disposition of Remains			
ST. AVOLD		Poll-Doubtful			

PLOT	ROW	GRAVE	Country	Code Dist. Pt.
2Q	6	147	France	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	Serial Number	RANK	Date of Death	Date Disinterred
UNKNOWN X -3276 - A				28 July 48
Identification Tag on remains	Organization	Religion	Identification verified by	
x Marker GRS			Charles W. Fredricks Embalmer	
			Name & Title	

Section D - Preparation of Remains for Shipment

Nature of Burial _____ All Major bones fractured Condition of Remains
Mattress/cover _____ and/or missing. Skeleton form.

Other Means of Identification

NONE

Minor Discrepancies:

No Report of Burial found with remains
Remains prepared and placed in transfer box

Date 4 Aug 48

By Charles W. Fredricks, Embalmer

Jasket Sealed by _____

Embalmer (Signature)

Casket

Marked

All markings, tags and plates verified

Date

By

By

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

H. Mad
H. MAD. Capt. C.S. 7857 AGRC

Zone 3 Hq

Signature of GRS Inspector (Grade & Orgn).

1. Prepare Discrepancy Report GRS Form 1194a for major discrepancies.

GRS Form 1194 - This form modified by Hq Third Zone, AGRC, EA, APO 58 US ARMY

Dated 4 March 1948

TOOTH CHART

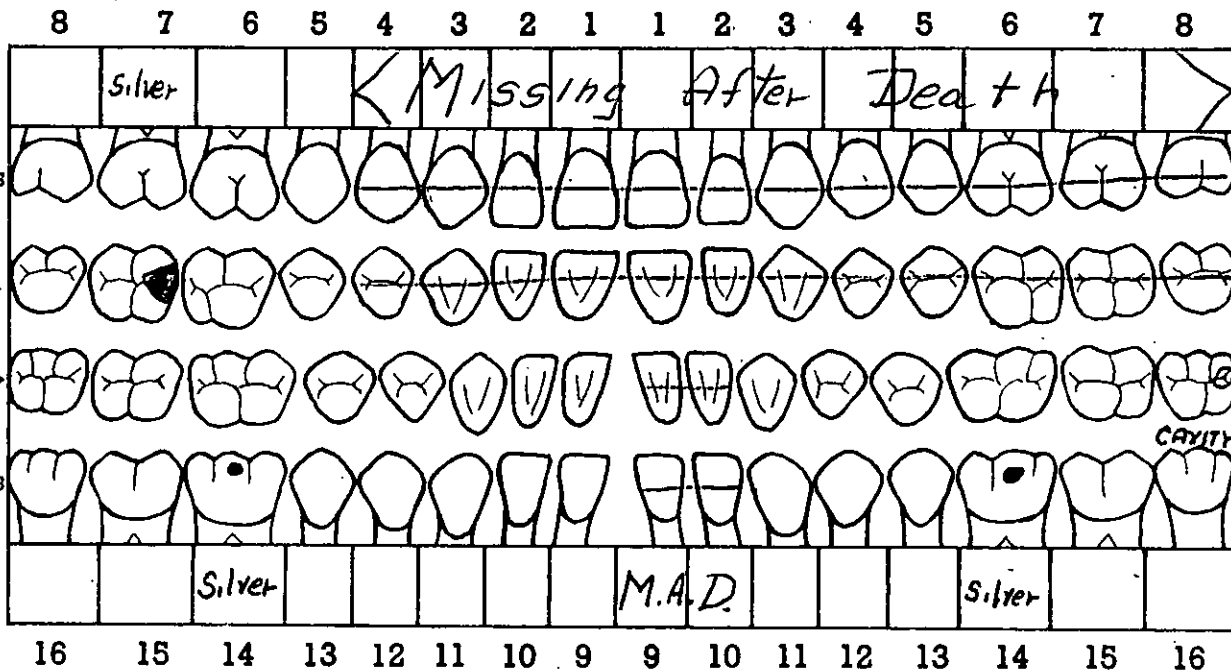
St. Avold Cem.
 147-6-00

10 January 1946
 Date

Unidentified X-3276 (St Avold) *
 Last Name: Unk Rank: Unk
 First: 90th Div. Initial: Serial No.:
 Unit: Borg, Germany (WL 0601) Approximate Date of Death: Feb. to March 1945 Organization: Head Wounds: Cause of Death:

Right

Left



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.

Wendell Clapp

Signature of Officer or other person who prepared Tooth chart

WENDELL CLAPP

1st Lt. QMC

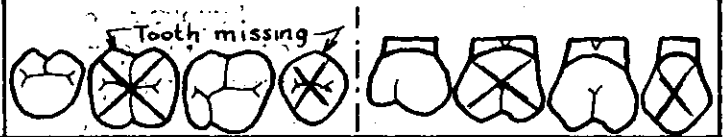
Commanding G. R. S. Officer

~~CLAUDE J. DAVIS~~

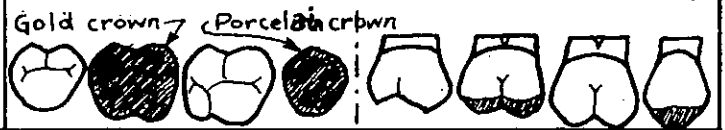
2nd Lt. Inf.

608th QM Co.

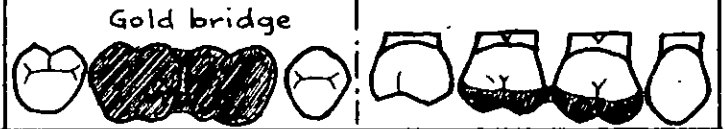
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



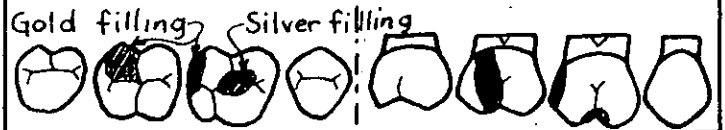
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

CHECK LIST FOR DISINTERMENTS

To accompany Report of Burial

Only Part I should be completed if identification tags are available
BOTH Part I & II should be completely filled out if identification tags are
are not available.

If information is unavailable, so indicate.

PART I

(Positive Identification)

1. Unidentified X-3276 (St Avoild) ** Unk. 90th Div.
(Full name of deceased), (Rank) (ASN) (Organization)
 2. State if identification tags were attached to remains, how many, and where attached No identification Tags
 3. Give exact location from which disinterred, furnishing coordinates and map series used Borg, Germany (WL 0601) Scale 1/100,000 Sheet U+1 Neunkirchen GSGS 4416 Nord de Guerre Grid.
- 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) _____
Unburied Remains
 5. Approximate or established date of burial (give basis for date established) _____
Unburied Remains:
 6. Approximate or established date of death (state which & give basis for date selected) Approximate Feb. to March 1945.
Information from Burgemeister:
 7. Manner in which graves were marked and all information that was on the marker No Markers - body was found lying on the ground.
 8. List personal effects found in possession of civilians or unauthorized military personnel, furnishing name and address of individuals concerned _____
None
 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 other possessing important information) _____
French Military Gov.
Johann Blav - Burgemeister:

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office). Unknown
11. 5' 9" 150 Missing (decomposed) Brown 2 1/2"
(Est. Height) (Est. Weight) (Color of Eyes) (Color of Hair)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcisions, tattoos, length of hair, presence of mustache or beard, etc. Body decomposed.
Hair 2 1/2" long

13. Give as detailed description as possible of condition and amount of remains
Body Decomposed, Parts of skull missing, and feet missing.

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned?) Head Wounds.

15. Give minute description of all effects, clothing & shoes, indicating clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design 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: 2 O.D. Shirts.

O.D. Trousers

Field Jacket

Woolen sweater

leggings

Gloves - Leather Palm

Web Belt

H.B.T. Jacket

16. Give description of any vehicle found in the area that could be connected with the death of the deceased None

None

None

None

None

(Type)

(WD Serial No.)

(Organization)

(Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal
Does not apply

18. If buried in a coffin; give description and markings
Unburied remains.

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains One more deceased Identified as ROBERT W. BOLLISH 39148588 was found in the same vicinity.

20. Other pertinent information which would aid in establishing identity
None

(Individual in Charge of Disinterment) TV/5 44034145 (Rank) 3058 QM GR. Co. (ASN) (Organization)

JOE J. KONICEK

Tomas W. Parsons

2nd Lt. Inr 1513916

3046-3078 GR. Co. Jointly

Disinterring Officer

January 1946
(Date)

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

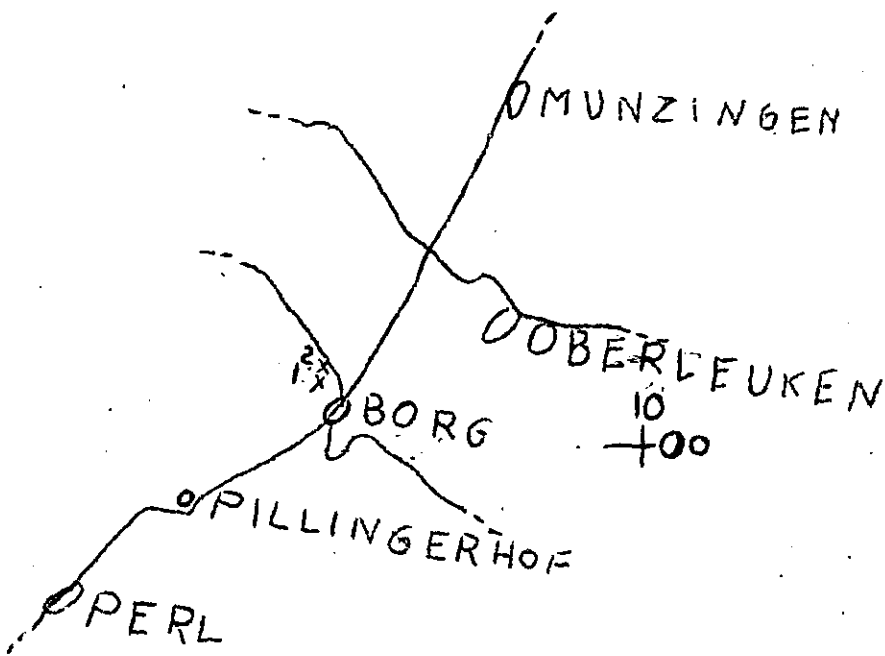
1. Unidentified X-3276 (St Avoild)) * Unk. 90th Div.
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) No Identification Tags
3. Give exact location of isolated grave, furnishing coordinates and letter prefix map sheet, scale and series used Borg, Germany (WL 0601) Scale 1/100,000
Sheet U-1 Neunkirchen GSGS. 4416 Nord de Guerre Grid
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) _____
Unburied Remains
5. Approximate or established date of death (state which & give basis for date selected) Approximate Feb. to March 1945 - Information from Burgemeister
6. Approximate or established date of burial (give basis for date established) _____
Unburied remains
7. Manner in which grave was marked and all information contained on the marker _____
NO Marker - Body was found lying on the ground.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned _____
None
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 other possessing important information) _____
French Military Gov.
Johann Blav - Burgemeister
10. If buried in a coffin, give description and markings (To be filled out at disinterment) _____
Unburied Remains
11. Action taken Evacuated and placed in U.S. Mil Cem St. Avoild, France
Thomas W. Parsons
Disinterment approved by _____ Unburied remains 2nd Lt. Inr. O-1313916
~~Disinterment made by~~ 610 GR Co. Jointly
Date of *burial/~~reburial~~: 19 Jan 1946 Disinterring Officer
Place of *burial/~~reburial~~ U.S. Military Cemetery: St. Avoild, France
Plot Q2 Row 6 Grave 147

NOTE: Additional particulars regarding investigation will be placed on reverse side

*Cross out word not applicable

Thomas W. Parsons
Signature of Investigating Officer
THOMAS W. PARSONS
Rank 2nd Lt. O-1313916
ASN

00
+10



10
+00

1. ROBERT W BOLLISH
2. X-3276

SHEET U-1
NEUNKIRCHEN
SCALE 1/100,000
6565 4416
NORD DE GUERRE
GRID.

CHECK LIST FOR UNKNOWN

UNKNOWN X- 3276 St. Avard Cem.
COUNTRY St. Avard Fr.
FLOT 00 ROW 6 GRAVE 147

Arrived at cemetery _____ From Stromberg Germany
(hour) (date) (collecting point)
Place of death Borg, Germany (VII 0601)
(name) (coordinates and landmarks)

Remains recovered by Joe Konicek #05801 GR Co.
(name and organization)

Evacuated to cemetery by 3046 QI GR Co.
(name and organization)

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

Unknown started No Are circumstances described which may indicate organiza-
(yes-no)

tion of the deceased Yes If only part of a body was received, was a careful
(yes-no)

search made for other parts of Unknown: Yes
(yes-no)

If remains come from vehicle, plane, etc.: Does Not Apply
(type of vehicle or plane, nicknames,

serial number, organization or symbols)

Crew list None
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use _____

Does Not Apply

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 _____

None No No
(Parts of markings or symbols) (burned) (pierced by shell fire - where)

No No
(found in town, field, by road, etc.) (damaged by mine explosion)

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

Detailed description of personal effects _____
(Indicate exact pocket or part of body

NO Personal Effects
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)				
Raincoat None				
Overcoat None				
Jacket, Field	None	Unk	HBT.	None
Jacket, Combat None				
Mackinaw None				
Sweater	None	Unk	OD.	None
Jacket, HBT	None	None	HBT.	None
Shirt, wool OD *	None	42-44	53 OD.	None
Undershirt, wool None				
Undershirt, cotton None				
Trousers, HBT None				
Trousers, wool OD *	None	Unk	OD.	None
Belt, Web	None	36		None
Drawers, wool None				
Drawers, cotton None				
Leggins wool	None	Med.		(None unusual lacing)
Socks, Cotton None				
Shoes, (type) None				
Overshoes None				
Web Equipment (type) None				
(other item)				
(other item)				

If body is nude, sizes of these items should be computed by measuring the remain.
 Chevrons or None Shoulder Patch None

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

Description of Remains:
 Age Unk Height Unk Weight Unk Description of wounds Unk
 (years) (ft-in) (lb)

Banadages or dressings none Scarves none
 (length, width, location)

Tattoos decomposed
 (number, location - illustrate on separate page)

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

Sunburn or tan, other than hands and face Flesh decomposed

Tobacco stain on fingers or teeth Flesh decomposed
 (designate where, extent)

Complexion Flesh decomposed Build medium
 (light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin)

(Muscular)

Hair Brown 2 1/2" straight
 (color, length, quantity, curly, wavy, straight, waves, or definite parting)

baldness, widows peak, distinctive cutting or other characteristics)

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

Eyes decomposed Eyebrows missing
 (color, setting, shape) (color, business, extend across nose)

Nose Head crushed Ears decomposed missing
 (size, shape, straight) (Size, set close to or far from head)

Forehead head crushed Mouth head crushed Lips head crushed
 (high, wide, wrinkled) (Large, medium, small) (small, large, full)

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

Chin Head crushed impossible to determine Cheekbones Impossible to determine
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw Head crushed Circumference or head in inches Head crushed
 (large, small, normal) (hat band)

Neck decomposed Larynx decomposed Shoulders straight
 (size, long, short, normal, wrinkled) (prominent, normal) (broad)

straight Arms decomposed
 straight, small, rounded) (length) (muscular, color, extent, & quantity of)

Hands decomposed

Hair, vaccination scar, size of wrists) (large, small, normal, calloused)
none

Noticeable, marks on fingers indicating that rings were worn)

Fingers Flesh decomposed
(short, thick, long, slender; size of knuckles)(missing fingers or joints)

(unusual characteristics of fingernails)

Chest Flesh decomposed
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back decomposed Waist decomposed
(quantity and extent of hair) (size at navel, appendectomy, amount & color)

Circumsize decomp. Pubic hair missing Hernioplasty Flesh decomposed
of hair) (yes-no) (color) (yes-no) (location)

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

Foot missing Toes missing
hair) (size, corns, callouses, flat) (slender, straight, crooked overlap)

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

Black out parts of body not
received in comstory

*Hand Crushed
Parts Missing*

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

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

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

Remarks _____

Thomas W. Parsons,
2nd. Lt. Inf. O-131916
3046-3058 QM GR Co.

Signature of GRO and Organization
2nd. Lt. Inf. O-131916

E.O. #2785 (Top Priority)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3276 A				2. DATE OF REPORT 26 January 1950	
3. NAME OF CEMETERY St. Avoild, France		4. PLOT QQ	5. ROW 6	6. GRAVE 147	7. DATE OF DISINTERMENT XXXX
				REINTERMENT XXXX	

PHYSICAL DESCRIPTION

8. ESTIMATED SEX AGE: 21-25	9. ESTIMATED HEIGHT 5'10 5/8"	10. COLOR OF HAIR No hair found	11. RACE UTD
--	---	---	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Embossed Plate

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None available

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None evident

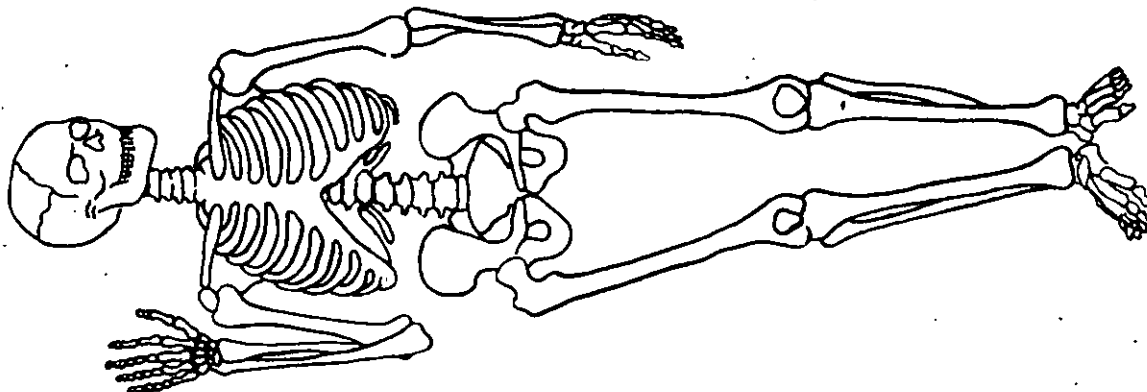
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None found

A TRUE COPY:


GAYLORD E. LUTZ
 1st. Lt. QM C

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains were received in skeletal state, and are almost complete; no flesh was present; teeth were recovered and charted (SEE ATTACHED TOOTH CHART)

Est. Height 5'10 5/8"
 Est. Age 21-25
 Techs Shpak & Shaw
 Clerk Rec Hodge

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

S/ Michael Shpak

SKELETAL CHART

CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

E.O. 2785
Remains of Unknown
X-3276A

SKULL _____ inc

STERNUM _____

HUMERUS 34.0 cm

HUMERUS _____ cm

ULNA 27.5 cm

ULNA _____ cm

RADIUS 25.7 cm

RADIUS _____ cm

FEMUR 48.6 cm

FEMUR _____ cm

TIBIA 40.2 cm

TIBIA _____ cm

Left FIBULA 39.6 cm





FIBULA _____ cm

Est. Age 21-25

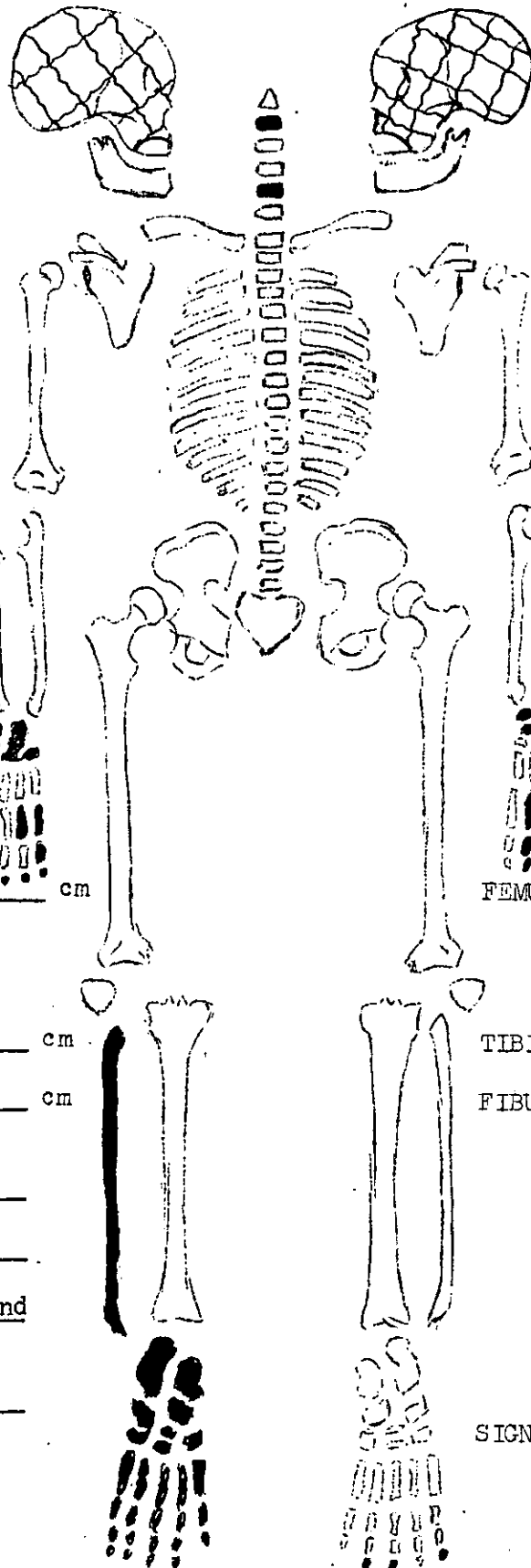
Est. Height _____

Color Hair None found

Healed Fractures _____

-  - Missing
-  - Burned
-  - Fractured
-  - Shattered

SIGNATURE _____



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
A.P.O. 887 U. S. ARMY

Now -

Was -

WHEELER, Richard L. S/Sgt.
18162670
St. Avold QQ-6-149
E.O. 2785

TOOTH CHART

25 Jan 1950

Date

X-3276-A

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		

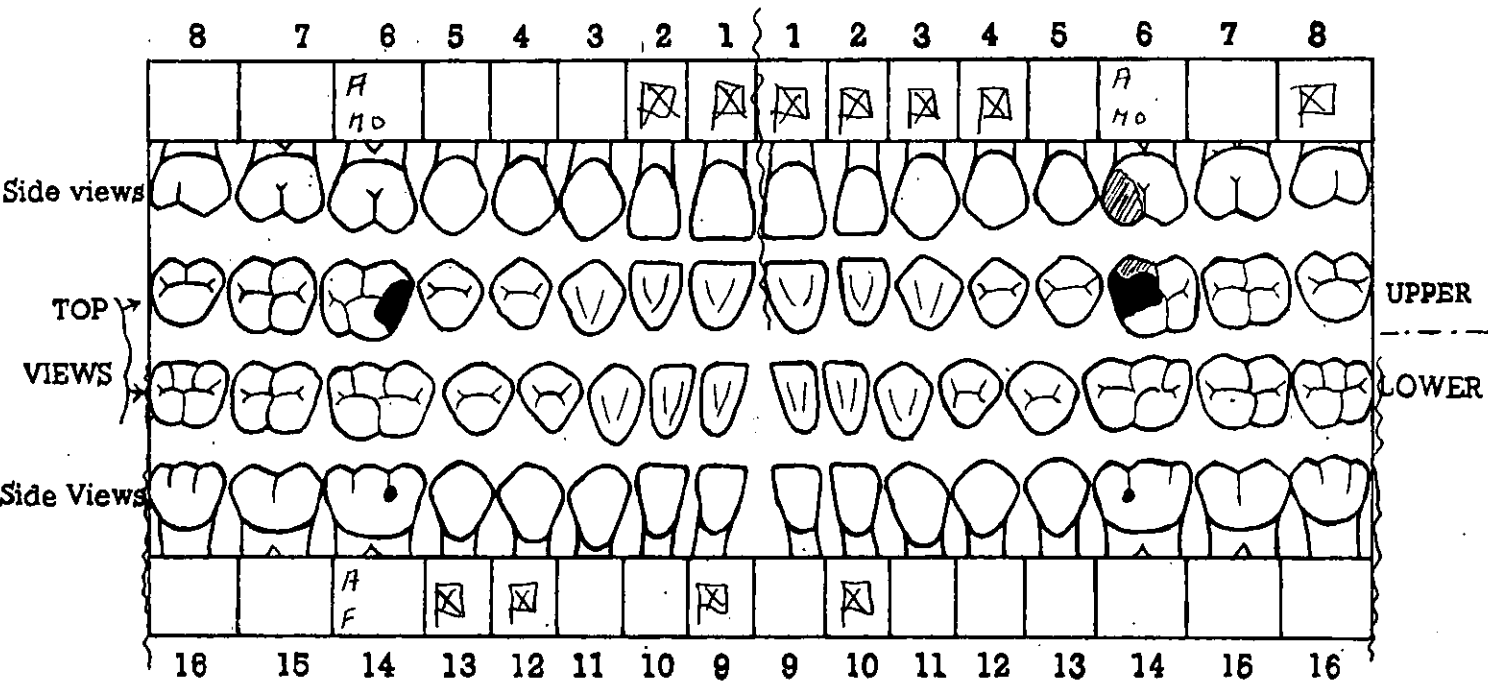
Place of Death

Date of Death

Cause of Death

Right

Left




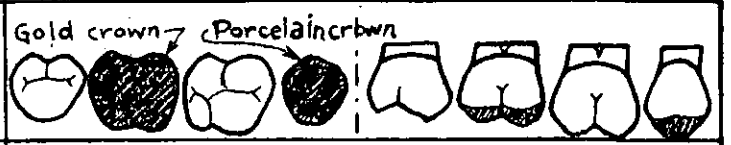
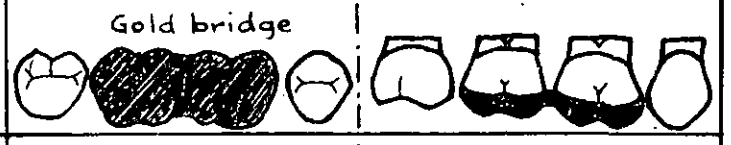
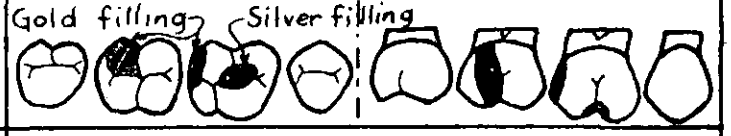
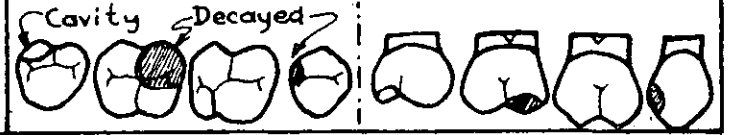
See Remarks

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), 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.

s/ Harold D. Wheeler

Signature of Officer or other person who prepared Tooth chart

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

Size Large
Color Ivory
Posthumously missing R2, 1, 9, 12, 13; L1, 2, 3, 4, 8, 10.

R8 and L8 small
Alignment Good
Occlusus Slight

EO #2785 TOP PRIORITY

26 January 1950

- 1) The remains of Unknown X-3276, (A), St.Avoid QQ-6-147 and S/Sgt. Richard L. GRIDER, St.Avoid QQ-6-149 were reprocessed this day as directed in subject E.O.
- 2) New Check Lists, Tooth Charts & Skeletal Charts are submitted herewith.
- 3) Upon processing the findings were that the remains were transposed as you indicate in this E.O., therefore, the tags were changed accordingly.
- 4) Remains that are now designated as GRIDER are in comparison with Form #371 of GRIDER. Age, height and color of pubic hair are in agreement. Due to the absence of the first cervical vertebrae it was impossible to articulate the spine with the fragment of the base of the skull which is present.
- 5) The remains of Unknown X-3276 (A) have no comparison whatsoever with the remains of GRIDER. The teeth articulate favorably with the remains of X-3276 (A).
- 6) For further information and guidance, refer to attached Forms #1044, skeletal charts and tooth chart.

MICHAEL SHPAK

IDENTIFICATION CHECK LIST

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

D.D.# 660, dated 15 Dec 47

Unknown X- 3276 (A)B

Cemetery St. Avold, France

Plot 00 Row 6 Grave 147

Date reprocessed by

1. ~~Arrived at cemetery~~ 20 Jan 48
(Hour) (Date)

2. Place of death Borg, Germany (W.L. 0601)
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by and reprocessed by Mobile Team #1, 1st. Zone
(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>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of, wool O.D.</u>		
Jacket, HBT	<u>Remnants of</u>		
* Shirt, Wool OD	<u>Remnants of two (2)</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, web Remnants of

Drawers, wool None

Drawers, cotton None

Leggings, ~~wool~~ Remnants of, canvas, one (1)

Socks, ~~cotton wool~~ Remnants of, wool O.D.

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) Remnants of leather faced gloves.

(Other item) Remnants of pocket comb.

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

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

Shoulder Patch None

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

6. Description of Remains:

<u>R. Humerus</u>	<u>33.8</u>	<u>R. Ulna</u>	<u>27.3</u>
<u>R. Radius</u>	<u>25.5</u>	<u>R. Femur</u>	<u>48.2</u>
<u>R. Fibula</u>	<u>39.6</u>	<u>R. Tibia</u>	<u>40.0</u>

Age UTD Height 5' 10" 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 **Fractured**
(Large, small, normal) (Hat band)

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

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

.....

Hands **UTD**

Fingers **UTD**
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....
(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **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.

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

If not, explain Skeletal form

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

9. Remarks Remains received in skeletal state, no wrappings or container.
Burial Report present. Clothing remnants, found in debris, bore no markings.
Estimated weight of processed remains : 20 Lbs. See narrative below.

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.

Case received as a mass burial of two persons. Remains were segregated into cases "A" and "B". Case "A" comprising nearly a complete skeleton. Case "B" consists of portion of maxilla fracture between "R 1 and R 2" and extends to L-8, right portion of maxilla missing. Case "A" reburied in : Plot 09, Row 6, Grave 147 Case "B" buried in separate grave : Plot FPPP, Row 6, Grave 70.

Woodrow W. Wolf
 WOODROW W WOLF
 (Officer's Name)

CAPT

Rank

QAC

Service

OPERATIONS OFFICER

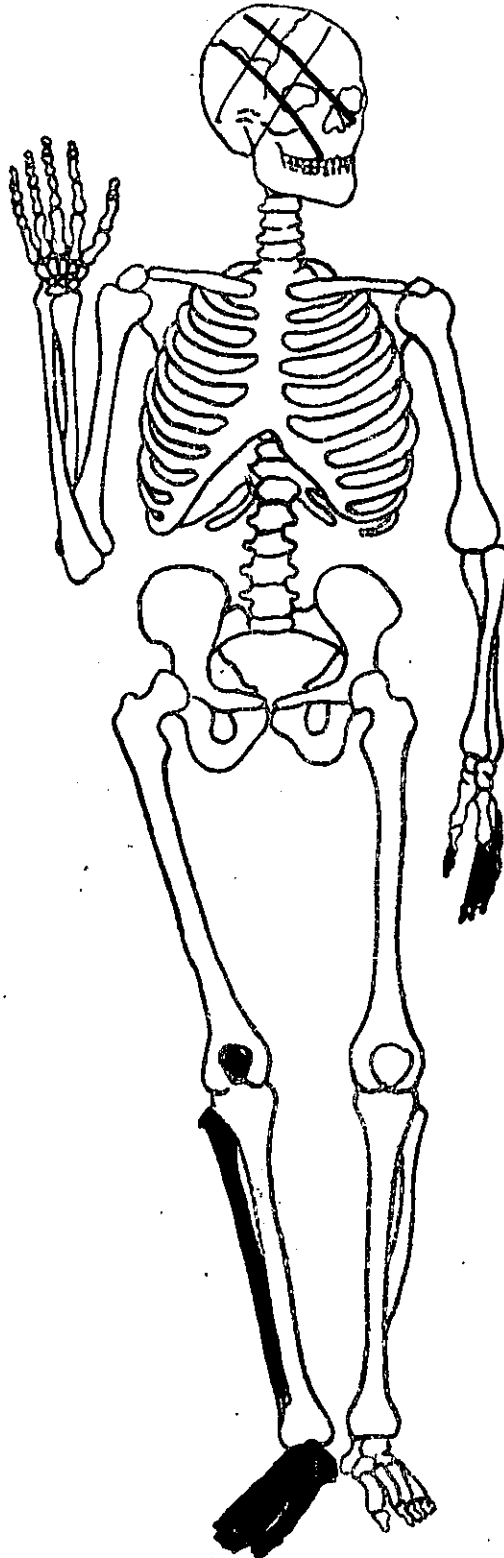
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



HUMERUS 33.8 cm

RADIUS 25.5 cm

ULNA 27.3 cm

FEMUR 48.2 cm

FIBIA 40.0 cm

FIBULA 39.6 cm

Est. Height : 5' 10"

TOOTH CHART

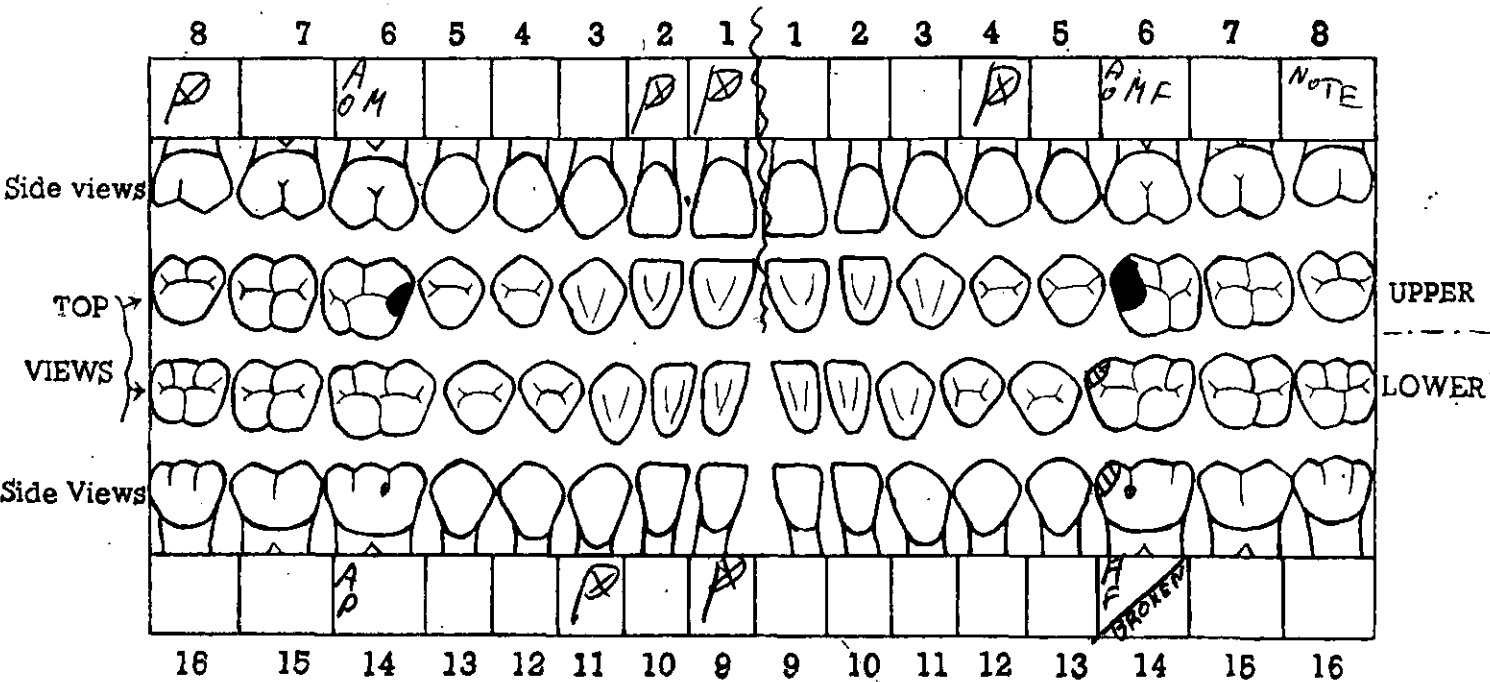
20 Jan 1948

Date

Unknown X - 3276 (A)B	Unk	Unk	Unk
Last Name	First	Initial	Grade
Unk	Unk	Unk	Unk
Unit	Organization		Serial No.
Borg, Germany	Est. Feb.-March 1945		Head wounds.
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.

WALTER J JABLONSKI
US DA CIV IS

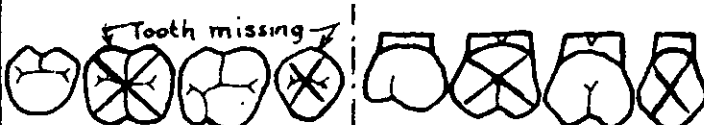
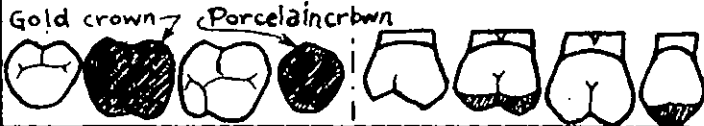

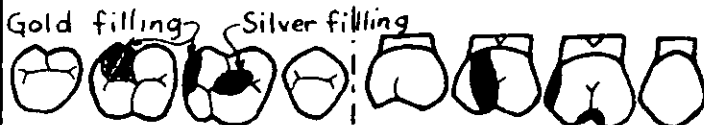
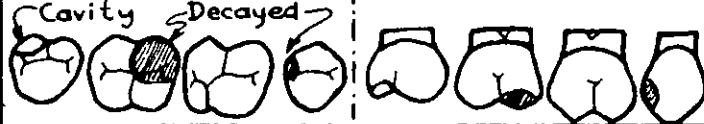
s/s/ Walter J Jablonski

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPEN OFF

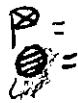
Woodrow W Wolf
Verified by G. R. C. Officer

5/10/48
en.

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

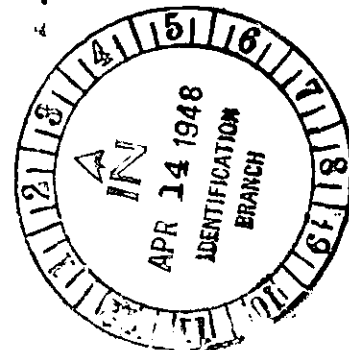
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS



Teeth posthumously missing : R-1-2-8-9-11, L-4.
 Teeth chapped or broken : L-14
 L-8 is a very small, round, tooth.
 Color : dull ivory
 Size : teeth are larger than average
 Alignment : good

Teeth were found among the remains of one body.
 Teeth and Chart will remain with case (A).



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

REPORT OF BURIAL

6 Feb 1948

Unknown X - 3276 (A)B

Serial No. Unk

Last Name

First

Initial

Rank

Unk

Serial No.

Unk

Unit

Unk

Organization

Borg, Germany (WL 0601)

Place of Death

Feb-March 45

Date of Death

Head wounds

Cause of Death

1400

19 Jan 46

USMC, St. Avold, France

(C-260584)

Time and Date of Burial

147

6

Temp. Wdn. Cross

Type of Marker

Grave Number Row Number Plot Number

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

If No Identification Tags

How were remains identified?

This deceased was segregated from former Unknown X - 3276.

What means of identification were buried with the body?

One (1) copy of GRS Form #1 placed in a burial bottle and buried with remains.

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

Who is buried on :

Deceased's Right :

Bollish

39148588

Unk

Unk

146

Deceased's Left :

Unidentified at present

Unk

Unk

148

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

If print of identification tags not affixed fill in below:



Emergency Addressee

Unk

Name

Unk

Address

Religion

Unk

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

None

This corrected copy of Report of Burial prepared at I.S., 1st. Zone, AGRC, APO 58, US Army, by :

LEO H LAMPRECHT
US DA CIV IS
WOODROW W WOLF
CAPT QMC
OPERATIONS OFFICER

Leo H. Lamprecht

Signature of Officer or other person reporting burial

Woodrow W. Wolf

Verified by G.R.S. Officer

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

6 Feb 1948 Date

Unknown ^A - 3276 (A)B Last Name

Unk First Initial Rank

Unk Organization

Borg, Germany (WL 0601) Place of Death

Est. Feb-March 45 Date of Death

Head wounds Cause of Death

1400 19 Jan 46 Time and Date of Burial

USMC, St. Avold, France (Q-260584) Name of Cemetery Name or Coordinates of Location

147 6 00 Grave Number Row Number Plot Number

Temp. Wdn. Cross 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? **This deceased was segregated from former Unknown X - 3276.**

What means of identification were buried with the body?

One (1) copy of GRS Form #1 placed in a burial bottle and buried with remains.

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

Who is buried on :

Deceased's Right :	<u>Bollish</u> Name	<u>39148588</u> Serial No.	<u>Unk</u> Rank	<u>Unk</u> Organization	<u>146</u> Grave No.
Deceased's Left :	<u>Unidentified at present</u> Name				<u>148</u> 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 Addressee: Unk Name

Unk Address

Religion: Unk

List only Personal Effects Found on Body and disposition of same: **None**

This corrected copy of Report of Burial prepared at I.S., 1st. Zone, AGRC, ETA APO 58, US Army, by :

LEO H LAMPRECHT
US DA CIV IS

WOODROW W WOLF
CAPT QMC
OPERATIONS OFFICER

Leo H. Lamprecht
Signature of Officer or other person reporting burial

Woodrow W. Wolf
Verified by G.R.S. Officer

Left Hand

Thumb			
1	2	3	4

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. :

Right Hand

Thumb			
1	2	3	4

TOOTH CHART

	Deceased's Left															
Upper	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 ○ 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.

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

40
Date

Unidentified - 374 Ser. void

Last Name	First	Initial	Rank	Serial No.
			90th Div.	
Unit		Organization		
608th (M.C.) Amph. Bn.		608th Div.		
Place of Death		Date of Death	Cause of Death	
1400		19 January 1946	M.I. Ser. 374 void	
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location	
147			(P.O. Zone)	
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?
Unidentified

What means of identification were buried with the body?

228 # 001 In Glass RXXX Bottle

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

Who is buried on:	Robert Roalish	99148208	Unit	Unit	146
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unidentified at present				145
	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 Addressee Unit Name

Unit Address

Religion Unit

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

No Personal Effects

Thomas J. Parsons
2nd Lt. Inf. C-151218
3040 - 3055 Gr. Co. Company
Disinterment Officer

Disinterment Officer
Reinterment Officer

Thomas J. Parsons
Signature of Officer or other person reporting burial
Thomas J. Parsons C-151218
Claude J. Davis
Verified by G.R.S. Officer

CLAUDE J. DAVIS, 2nd Lt., Inf., 608th QM CR Co.

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

9 Jan. 46

Unidentified X-5276 St. Avon * **Unk** **Unk**

Last Name **Unk** First **Unk** Initial **Unk** Rank **Unk** Organization **Unk**

Unit **Unk**

Borg, Germany (WLOO) **Unk** to March 45 **Unk** **Unk**

Place of Death **Unk** Date of Death **Unk** Cause of Death **Unk**

1400 19 January 1946 **Unk** **Unk** **Unk**

Time and Date of Burial **Unk** Name of Cemetery **Unk** Name or Coordinates of Location **Unk**

14/ **Unk** **Unk** **Unk** **Unk** **Unk**

Grave Number **Unk** Row Number **Unk** Plot Number **Unk** Type of Marker **Unk**

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

If No Identification Tags
How were remains identified?
Unidentified

What means of identification were buried with the body?
GRS Form #1 In Glass ~~Box~~ Bottle

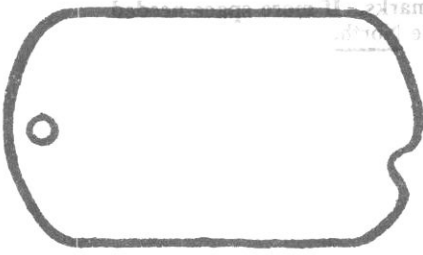
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Name	Serial No.	Rank	Organization	Grave No.
Robert Boblish	39148588	Unk	Unk	146
Unidentified at present				148

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 **Unk** Name **Unk**

Unk Address **Unk**

Religion **Unk**

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

No Personal Effects

Tomas W. Parsons
2nd Lt. **Unk** O-1313916
3046 - **Unk** Gr. Co. Jointly
Disinterment Officer

Disinterment Officer
Reinterment Officer

Thomas W. Parsons
Signature of Officer or other person reporting burial
Tomas W. Parsons O-1313916
Claude J. Davis
Verified by G.R.S. Officer
CLAUDE J. DAVIS, 2nd Lt., Inf., 608th QM GR Co.

Incl #24

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, and describe any scars, birthmarks, moles, deformities, etc.

Position of any scars, moles, deformities, etc. (Indicate with body Yes No)

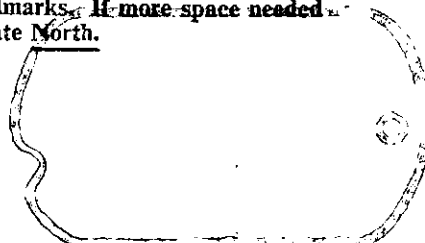
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

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

Name: _____ Rank: _____ Serial No.: _____
 Organization: _____ Rank: _____ Serial No.: _____

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.



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

Personal Effects

Laboratory Officer

AG P BR HQ SOS /22560

Deceased's Right

Left Hand

	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 ○; linkings anchor teeth; replacements by artificial teeth X

SEE ATTACHED TOOTH CHART

Emergency Address: _____
 Address: _____
 Religion: _____
 Signature of Officer or other person reporting: _____
 Date: _____
 Verified by Officer: _____
 Date: _____

BRAIN DECOMPOSED

LOLE

BOTH HANDS

Right Hand

Thumb

Thumb

4

3

2

1

Thumb

4

3

2

1

Thumb

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

ADJ