

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-6434 m

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-6434 St Avold

(POC) ST AVOLD

~~File~~
E. F. Lopez
J. B. B. W.
26 Feb 51

X-6434
ST. AVOLD

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
of Report of Interment WD QMC Form 1042) E. O. 783



Unknown X 6434
Cemetery ST. AVOLD
Plot EEEE Row 1 Grave 11

1. REPROCESSED
Arrived-at-cemetery 3 Aug. 48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered-or-disinterred-by REPROCESSED BY MOBILE TEAM #1
(Name and organization)

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

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

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|-------------------|-------|--|
| * Headgear | (Type) | | |
| Raincoat | | | |
| Overcoat | | | |
| Jacket, Field | | | |
| Jacket, Combat | | | |
| Mackinaw | | | |
| Sweater | | | |
| Jacket, HBT | | | |
| * Shirt, Wool OD | | | |
| Undershirt, Wool | | | |
| Undershirt, Cotton | | | |
| Trousers, HBT | | | |
| * Trousers, Wool OD | | | |

NONE

X

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

X Leggings, wool MIDE-WEEST, REMNANTS OF

Socks, cotton NONE

* Shoes (type) NONE

Overshoes NONE

X Web Equipment HARNES (type) PARACHUTE, REMNANTS OF

X (Other item) SUIT, FLYING ELECTRICALLY HEATED REMNANTS OF

(Other item) _____

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

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

Shoulder Patch _____

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

AIR FORCE

6. Description of Remains:

Age U/D Height 5'7 5/8 Weight U/D Description of wounds U/D

② ULNA 27.9

③ HUMERUS 32.3

Bandages or dressings _____ Scars (Length, width, location) U/D

Tattoos (Number, location - illustrate on separate page) _____

Outstanding moles, warts or birthmarks (Yes-no; description, location) _____

Sunburn or tan, other than hand and face U/D

Complexion (Light, medium, dark, clear, pimples, pocks, freckles) _____

Build (Large, fat, thin; muscular) _____

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

Hair U/D (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache U/D Beard or U/D (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts) *NONE FOUND*

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

Jaw (Large, small, normal) Circumference of head in inches *FRACTURED AND PARTS MISSING* (Hat band)

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

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

Hands *MISSING*

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

..... (Unusual characteristics of fingernails)

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

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

Back (Quantity and extent of hair) *W* Circumcision *(W)* Pubic Hair *NONE FOUND* (Color)

Hernioplasty (Yes-no; location)

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

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

Evidence of healed fractures *NONE* (Nose, arms, legs, etc.)

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

X-64
ST AV
110
(Yes-no)

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

If not, explain FINGERS MISSING

8. Has tooth chart been prepared? NO If not, explain NONE FOUND
(Yes-no)

CASE DRESSING PER F.O. 783

9. Remarks REMAINS RECEIVED IN SKELETAL FORM. CLOTHING FOUND
IN DERRIS, BEARS NO MARKS. NO TEETH REMAINED. EXTRA

ANATOMICAL PARTS: DISTAL 1/3 LEFT TIBIA, DISTAL 1/2 LEFT FIBULA AND
SHAFT

MIDDLE PORTION LEFT FEMUR FOUND AMONG REMAINS AND BONE C.I.L
#3370 ST. AVOL. FOR ADDITIONAL INFORMATION SEE ATTACHED FIDERS.
NO EVIDENCE OF HEALED FRACTURE OR AMPUTATIONS. REMAINS

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.

BADLY BURIED. BURIAL REPORT NO GRS THE RECOVERED.
ESTIMATED WEIGHT OF REDRESSED REMAINS 14 LBS.

Mr. TURNER
Mr. RIFE
Mr. DE PASS

Thomas W. Turner
(Officer's Name)

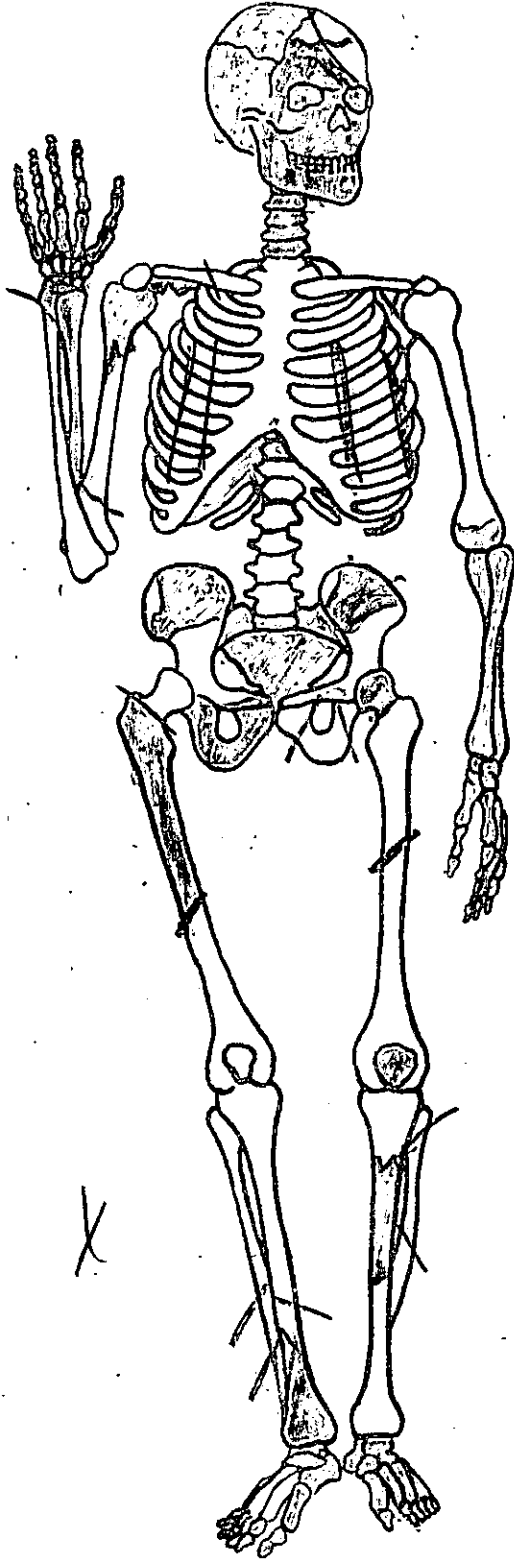
Rank Service

(Organization)

X-64

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



ULNA 27.9

Humerus 32.8

X

EST HEIGHT 5' 7 5/8"

CHART "A"

AGRC

FORM No. 11

Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X 6434
Cemetery ST. AVOLD, FRANCE
Plot B2EE Row 1 Grave 11

1. Arrived at cemetery 1900 27 June 1946
(hour) (date)
2. Place of death Isny, Germany - Sheet L-48 Coord.: 832-103 - 1:250,000
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by 538th QM GR. Co.
(name and organization)
4. Evacuated to Cemetery by Major Wm. J. Pelton, HQ, Third Field Command AGRC
(name and organization)

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

| | | | |
|--|----------|---------------------------|---------------------------------|
| | Clothing | Indicate unusual markings | |
| | Markings | Sizes | Color wear, tear, repairs, etc. |

- | | |
|--------------------|--|
| Item | |
| *Headgear | <u>none</u> (type) |
| Raincoat | <u>none</u> |
| Overcoat | <u>none</u> |
| Jacket, Field | <u>xxx electric flying jacket-suit</u> |
| Jacket, Combat | <u>none</u> |
| Mackinaw | <u>none</u> |
| Sweater | <u>none</u> |
| Jacket, HBT | <u>none</u> |
| *Shirt, Wool OD | <u>none</u> |
| Undershirt, Wool | <u>yes</u> |
| Undershirt, Cotton | <u>none</u> |
| Trousers HBT | <u>none</u> |
| *Trousers, Wool OD | <u>none</u> |

Belt, Web yes

Drawers, Wool yes

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, ~~Katks~~ one (1) wool

•Shoes none (type)

Overshoes none

Web Equipment (Type) no markings - see remarks

(Other item) Mae West jacket - no markings found

(Other item)

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

6. Chevrons or Insignia none
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch none

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

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings SEE REMARKS Scars UTD
(length, width, location)

UTD 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, blond, pimples, poeks, freckles)

Build UTD
(large, fat, thin, muscular)

Hair UTD
(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 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, extract).

Chin UTD
 (prominent, receding, pointed, dimple, double)

Jaw UTD Circumference of head in inches UTD
 (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)

..... UTD
 (extent and quantity of hair)

Hands UTD

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

..... UTD
 (Unusual characteristics of fingernails)

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

Back UTD UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount)

..... UTD Circumcision UTD Pubic hair black
 (quantity & color of hair) (yes-no) (color)

Hernioplasty UTD
 (yes-no; location)

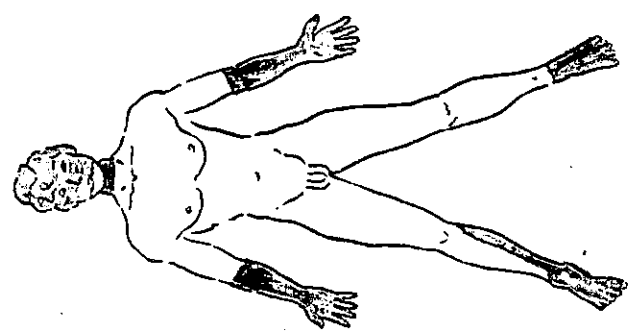
Legs UTD
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed factures UTD
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment No
(yes-no)

If not, explain impossible to obtain, because of missing portions.

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

Two teeth portion mandible only

12. Remarks : Parachute belt marking "T-504"

-504 appears on the cushion without the "T" marking, cushion
badly burnt.

Final stage of decomposition. Est. weight of remains received
85 lbs.

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

Wm. J. Pelton (md)

Wm. J. Pelton

Major

QMU

Rank Service

HQ, Third Field Command, AGRC

Organization

1 January 1946

1005 538 GRP

REPORT OF INVESTIGATION AREA SEARCH

| |
|--|
| REINTERRED |
| U. S. MIL. CEM. St-AVOLD |
| PLOT <u>538</u> ROW <u>1</u> GRAVE <u>11</u> |
| <u>20 May, 1946</u> |
| DATE |

Name Unknown X-6434 RANK Unk. ASN Unknown

ORGANIZATION AAF

MEANS OF IDENTIFICATION None

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

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

1. Was positive identity acquired for the deceased through the surface investigation? No if so, state the following information:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? No. If so, state the facts as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

4 Unknown Americans

(Use reverse side for listing of crew members from MACR)

A. Date of above burials 18 July, 1944 Common Graves? No

4. Deleted _____

5. Name and type of cemetery Civilian Cemetery Isny Wangen
(Military or Civilian)

6. Map Coordinates of the Cemetery 832-103 Sheet 148 1/250,000 Map of
Germany

a. Town Isny Country Wurttemberg, Germany

7. Give exact location in cemetery of the remains.

a. Section on foreigners Row I Grave 758 4

B. In sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

Does Not Apply

a. Town _____ Coordinates _____

b. Is sketch attached? _____

c. Is area mined? _____

9. How is the grave marked? Wooden Cross

10. If grave is marked with cross, give the exact marking thereon Hier Ruhen 5

Amerikanische Flieger Gefallen biden Luftschlacht Uber Isny Am 18/7/44

a. From what source was this information obtained? Burgermeister's Office
(Identification tags, personal effects)

b. By Whom? William A. Shaw

11. Where are the cemetery records? Burgermeister's Office
(Town Hall, cemetery, burgermeister's office)

a. What information was contained thereon? See Attached Burial Certificate

b. Where was the information obtained? Burial Certificate

c. By whom? Burgermeister

12. What is the date of death? 18 July, 1944

a. Give basis See attached Burial Certificate

13. What is the cause of death? Plane Crash, Body burned and crushed by impact

b. Give basis See attached burial Certificate

14. What is the date of burial? 18 July, 1944

a. Give basis See Attached Burial Certificate

15. What was the place of death? Isny Kreis Wangen Wurttemberg Germany Coords 7.21-103 Sheet L4B

Give basis See attached Burial Certificate

16. Where were the remains found? Isny Kreis Wangen Wurttemberg Germany Coords 832-103 Sheet L4B

a. By Whom? Josef Maeukle, Isny

6. Is sketch attached? Yes

17. Was a casket used? Yes No furnished the casket? Civilian

Type of casket Wood How marked? No Marking

18. Who made the burial? Civilian

(Civilian, American Mil. or German Mil.)

a. What are the names and addresses?

Josef Maeurle, Police Master, Isny

b. Are certificates and statements attached? Yes

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? Yes

a. Give location in plane from which the bodies were removed Front

(Tail gunner, pilot, radio turret, etc., or front, side, of plane).

b. Near wreckage? No

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane (4) Four Engine Bomber

b. Markings and/or name of plane Not Available

c. Give numbers on motors, machine guns, instruments, radios or other equipment: None

21. How did crash occur? Enemy Planes Anti-aircraft

Enemy Planes? Yes Collision? ----

22. Did plane explode in the air? Yes On the ground? Yes

23. Did plane burn in the air? No On the ground? Yes

24. What was the direction of the flight? East to West

25. What was the civilian opinion regarding the destination of the plane?

To bomb Airfield in Memmingen

26. Had bombs been released prior to the crash? No

27. Does specific time and date of crash correspond with date of death of above named deceased? Yes

- 28. Number of planes in formation prior to crash _____
- 29. State precise time and date of plane crash _____
(Night? Day?)
- 30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

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

- 31. Were remains found in wreckage of a tank? _____
 - a. Give specific position in tank from which deceased was removed. _____
(Radio man, driver, assistant driver or... front, side, or back)
 - b. Near wreckage? _____
- 32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank _____
 - b. Markings and/ or name of tank _____
 - c. Numbers on motors, machine guns, ammunition, instruments, etc. _____
- 33. What was the type of enemy action that resulted in the tank's disablement? _____
- 34. Did tank explode? _____ Burn? _____
- 35. Number of tanks in immediate vicinity at time of disablement _____
- 36. Does specific time and date of disablement correspond with date of death of above named deceased? _____
- 37. Precise time and date of destruction of tank _____
(Night? Day?)
- 38. Did any of the crew members escape? _____ Prisoners _____

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

- 39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) _____
 - If so, give complete and thorough results of the interrogation.
 - a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

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

41. Were personal effects recovered by the investigating team No
If not, state reason Effects taken by German Gestapo

a. Were identification tags found at the time of death? No
Where? _____ By Whom? _____
Present disposition _____

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

b. Were personal effects found at the time of death? Yes
Where? On Body By Whom? Josef Maernerle, Police Master
Present disposition Unknown., taken by Gestapo

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery register or cross indicate the immunization shot? No

42. Was deceased given first aid? No If so, where? _____
By Whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German hospital? No
Where? _____ Names of the people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface of investigation to obtain from civilian sources the condition of the remains? Burned and Crushed
(Burnt? Decapitated? et c.)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? No By Whom? _____
When? _____

48. Give full names, addresses, and information obtained from each person interviewed. Lang, Burgermeister, Isny

Josef Mauerle, Police Master, Isny

See attached Certificates

49. Are all positive statements regarding identification and particulars surrounding death attached? Yes

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No

51. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) _____

52. Give brief narrative _____

(Use attached, sheets, if necessary)

H. P. ...
Signature of interpreter

William A. Shaw
Signature of investigator

Rank: ASN

Det 38615924
Rank ASN

Organization _____

5380116P. NCBI
Organization

X-6434

C. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

REENTERED
U. S. MIL. CEM. ST-10LD
PLOT ~~111~~ ROW. I. GRAVE 11

TOOTH CHART

JUNE 5, 1944

Date

X-6434

Unknown

Last Name

Unknown

First

Unknown

Initial

Unknown

Rank

Unknown

Serial No.

Unknown
Unit

A.A.F.
Organization

Isny, Wangen, Wuerttemberg, Ger.
Place of Death

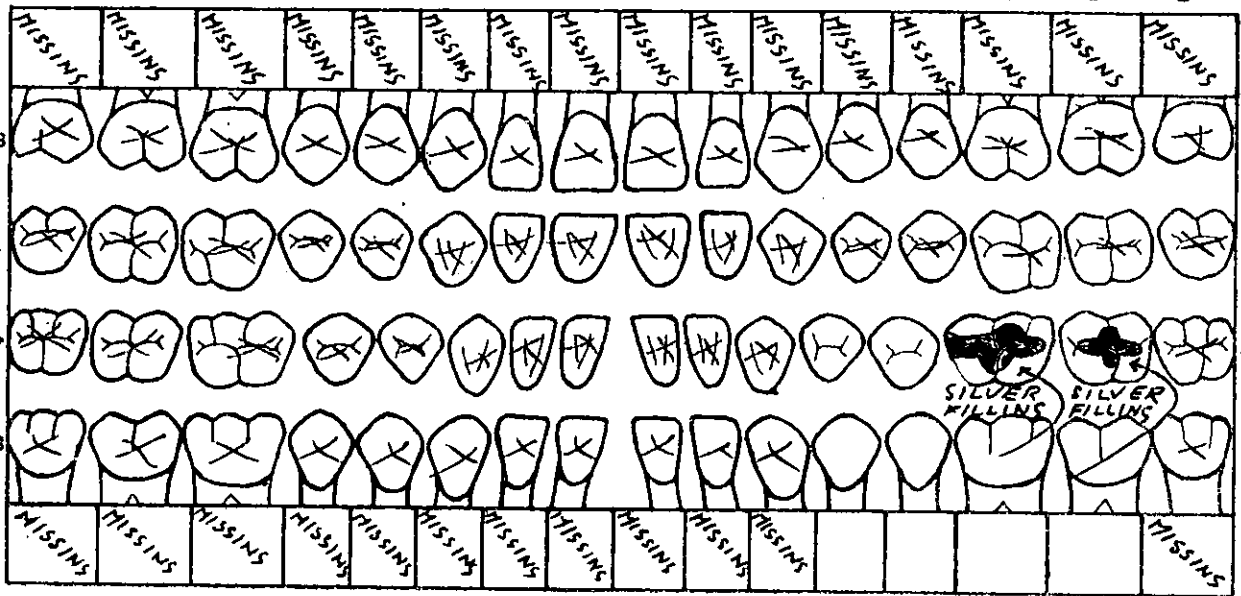
Est. July 1944
Date of Death

Plane crash
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.


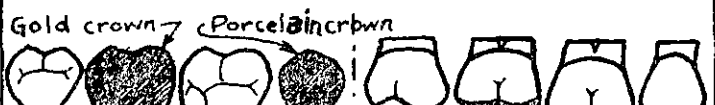

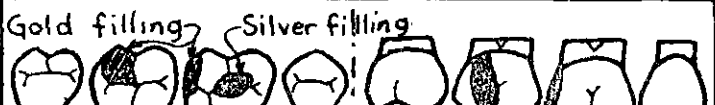

Thomas W. Turner

Signature of Officer or other person who prepared Tooth chart

Ralph W. Stead
R. S. Officer

X-6434

504

| | |
|---|--|
| <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

The lower mandible jaw bone was missing from 11 to 9 left and 16 to 9 right, also mandible was fractured between 15 and 16 left.

There was no upper jaw bone.

NAME AND ARMY SERIAL NUMBER

X: 2134

| | | | | | |
|---|----------------|-----|------|---------------------|---------------------|
| GRADE Unknown | ARM OR SERVICE | AGE | RACE | NATIVITY | SERVICE, YEARS |
| LOCATION WHERE TAGGED: AAF Unk Unk | | | | DATE: Unk | HOUR: Unk |
| Isny, Wengen, Attbg. | | | | 20 May 46 | |
| DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED Germany | | | | 1100 | |

Body Crushed & Burned

LINE OF DUTY:

TREATMENT GIVEN:

Yes

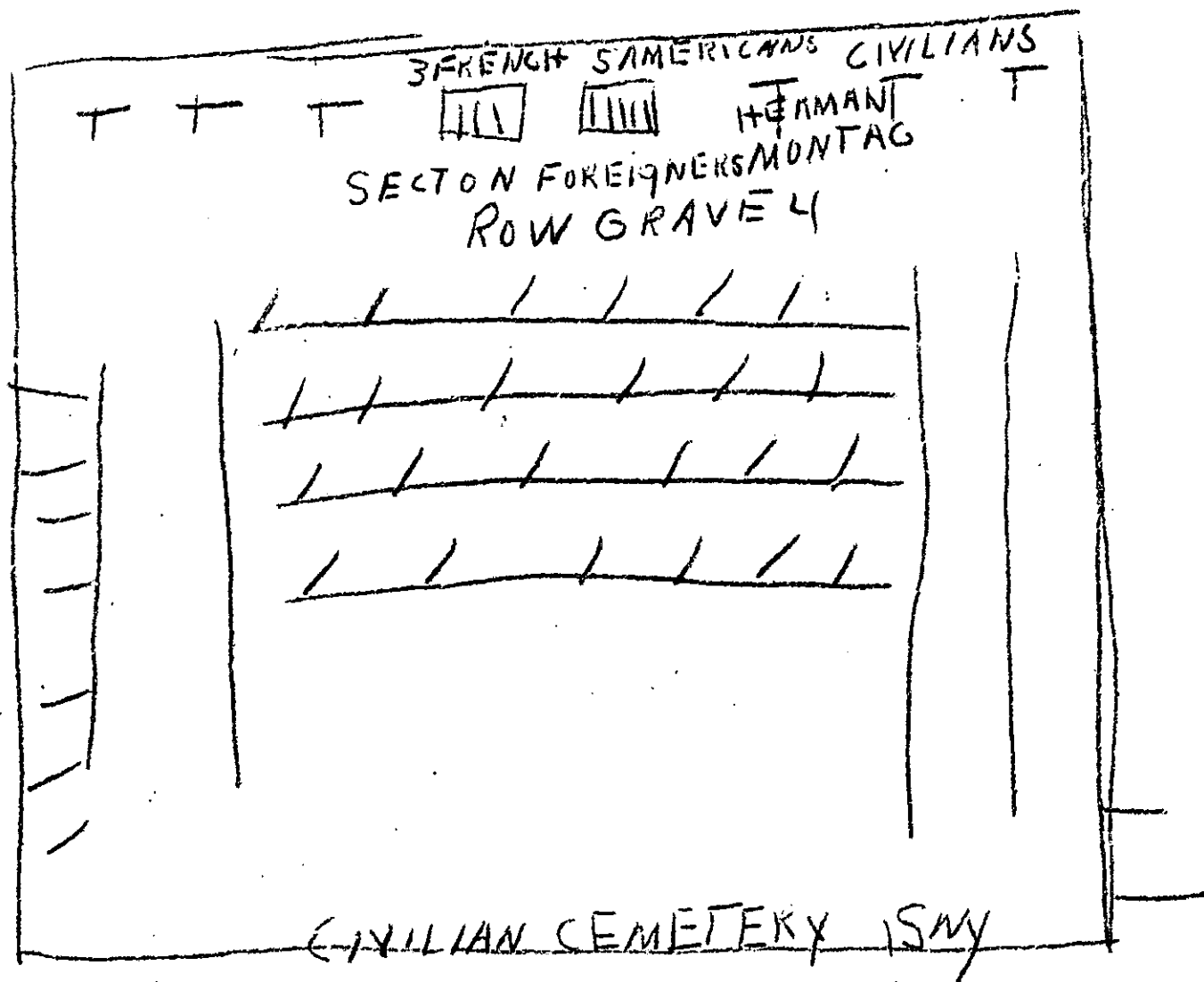
REINTERRED
None, CEM. ST-AVOLD
PLATE # FROW 1 GRAVE 11

TETANUS TOXOID: DOSE TIME:
OR
ANTITETANIC SERUM: DOSE TIME:
MORPHINE: DOSE TIME:

| | | |
|---------------------------------|----------------|------|
| DISPOSITION: | DATE | HOUR |
| U.S. Mil. Cem. St. Avold | | |
| SIGNATURE, WITH RANK: | France. | |

Adrian A. Munsch 2d Lt Inf

UNKNOWN X- 6434
REINTERRED U.S. MIL. GEN.
ST. AVOLD - 3333 - 1- 11



ISNY, WANGEN, Wuert. Germany

L-48 832-103 - 1:250,000

C E R T I F I C A T E

I do hereby certify that 5 (five) unknown American Airmen were killed and buried there in the Civilian Cemetery of ISNY on the 18. July 1944 as a result of an Airplane crash.

B E S C H E I N I G U N G .

Hiermit bescheinige ich, dass fuenf amerikanische unbekannte Flieger am 18. Juli 1944 als Opfer eines Flugzeugabsturzes getoetet wurden und auf dem Zivilfriedhof in ISNY beigesetzt wurden.

J. J. M. M.
Minister des Landespolizei

X 6434

314.6 AFS European
R's Riv.

OCMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 ORREG DET LIEGE BELGIUM

DEFERRED

X

FROM OICIR

WEL 42336

RQST STATUS OR DUP NR 1 COPIES DISINTERDIRS FOR APPROVED UNIDENTIFIABLE XRAYS
1114 CMA 7154 CMA 6434 ST AVOLD AND 279 ST JAMES PD NOT LISTED ON QZ OR QZ 10 ROSTERS
PD CPMRQST

FOR RECORD ONLY:

EMR

Duplicate #1 copy of Disinterment Directives requested to complete
on the approved unidentifiable Unknowns

FJF

CMC

LFA

UNCLASSIFIED

GRAVES

OICIR CAPT ODENWALDER X73836

071815Z
SEPT 1950

D. A. RENNER
CAPT., QIC, MFI. DIV.

293 GRS EUROPEAN

293 Wm R
X-6434 ST. AVOLD, FRANCE



POST OFFICE

1
2/3

This Grave formerly occupied by: UNKNOWN X-003313 B
USMC ST AVOLD FRANCE
Plot D, Row 20, Grave 28
Date reburied: 15 Aug 49 Date disinterment: 15 Aug 49.

DISINTERMENT DIRECTIVE

SECTION A t/M. R: SWART CAPT. QMC
NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
3574 00000 15 12 47
DAY MONTH YEAR

NAME Unknown St Avold X6434 SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X-006434 1 0 6

CEMETERY ST AVOLD - METZ FRANCE PLOT ROW GRAVE DISPOSITION OF REMAINS
4-E 1 11 3503 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
UNKNOWN X- 006434 2 Aug 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOW
 MARKER GRS Elijah H Fields, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Uniform Missing: skull, mandible
R&L/radius and L/ulna. All major bone
OTHER MEANS OF IDENTIFICATION fractured except R/ulna. Disarticulated.
Last stage of decomposition.

Report of Burial found with remains

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 4 Aug 48 BY Elijah H Fields, Embalmer
CASKET SEALED BY EMBALMER (Signature)

Elijah H Fields, Embalmer Elijah H Fields

CASKET BOXED AND MARKED All markings plates & tags verified by:

DATE 4 Aug 48 BY Elijah H Fields, Embalmer Bruce E Blair, 1st Lt QMC
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

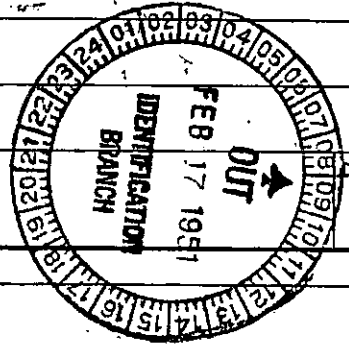
Final casketing by
Bruce E Blair, 1st Lt QMC
Bruce E Blair, 1st Lt QMC, 7857 AGRC Zone 3
SIGNATURE OF AGRS INSPECTOR Hq.

REMARKS AND SPECIAL INSTRUCTIONS
CERTIFIED TRUE COPY
C. W. STEINSIEKE 25 Aug 50
Capt, QMC

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 |

AIRMAIL

~~CLASSIFIED~~

1st Ind

ONS European

7/12/50

**SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4763**

Dept. of the Army, GAG, Washington 25, D. C., 7 March 1950

To: Commanding Officer, 7857 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

This office approves the classification of the Unknowns listed
in basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

2 Incls:
w/d

T. H. MITE
Lt Colonel, GSC
Memorial Division

Schrothardt
Clements
REB

Handwritten notes on right margin:
JMN
TEC
1000
11/11/50
D. J. ...
6434
J. J. ...

Handwritten text at bottom center:
A. J. ...
...

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

7 Feb 50

(Date)

293 unk France X-6434 (St Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6434, Plot EEEE,
Row 1, Grave 11, USMC St. Avold, France,
have been reviewed and it is the opinion of the Board of Review, this
headquarters, that sufficient evidence is not available to establish
the identity of the deceased concerned, therefore, these remains should
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office
of The Quartermaster General by Transmittal Letter No. 3106, dated
27-9-48.

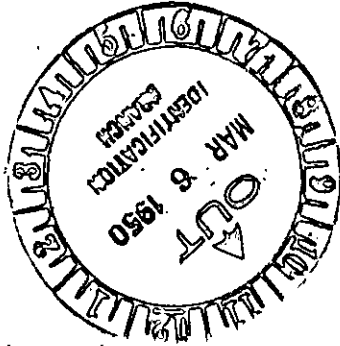
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Lt. Col. E.D. Mulvanity, O-359598
Capt. Edward F. Price, Jr., O-1588236
CWO Leodore Goudreau, W-2113434

6 Mar 50
Not identifiable from
information presently
available OQMG

*NAN
file 6 Mar 50
C. Schwartz
21 Dec*



[Faint, mostly illegible typed text, likely a memorandum or report body.]

[Faint line of text, possibly a signature or reference line.]

[Faint text, possibly a date or reference number.]

TO: SAC, [illegible]
 FROM: [illegible]
 SUBJECT: [illegible]



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO. 757 US ARMY

RFE. 293

7 February 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6434, Plot EEEE, Row 1, Grave 11, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of the Quartermaster General by Transmittal Letter No 3106, dated 27-9-48.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

Col. H. P. HENRY, O-12589 QMC

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

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

1st Lt. Gaylord E. LUFZ, O-1595365 QMC

Leodore Goubeaud
CWO Leodore GOUBEAUD, W-2113434 USA

Received 6 Mar 50 OQMG
Not identifiable from
information presently
available

Incl # 2

CASE HISTORY

UNKNOWN NO. 6434

U.S. MILITARY CEMETERY

St-Avoid, France

(Location)

1. The remains of X-6434, St-Avoid, were previously determined Unidentifiable by this Headquarters, however OQMG returned the Certificate of Unidentifiability pending a complete investigation of Unknowns recovered from the area, Memmingen-Buchenberg, Germany (QMGMT 293 X-6434 of 27 September 1949).

2. The remains of X-6434, St-Avoid, were recovered, from a civilian Cemetery at Isny-Wangen, Germany, with four (4) other remains, three (3) of which were Identified at the time of disinterment as crew members of AC 42-102927.

3. The remaining crew member of AC 42-102927 to be accounted for, S/Sgt Barlow William H., Jr., 15340780 can not be associated with the remains of X-6434 due to the lack of Identifying clues present with the remains of X-6434. There are no teeth present with the remains of X-6434.

4. The remains of X-6291, St-Avoid, the fifth remains recovered from the above cemetery has been declared Unidentifiable and approved by OQMG.

5. It has been impossible to associate the remains of X-6434 with any casualty suffered by the 483 Bombardment Group in the raid on Memmingen, Germany, on the 18 July 1944.

6. A marking found on the web equipment from the remains of X-6434, (T-504) has been checked in the World Casualty book with negative results.

7. Therefore, due to the lack of Identity clues present with the remains of X-6434 it is recommended that this case can be submitted as UNIDENTIFIABLE.

*X-6434 checked against
unrecovered casualties of 18 July 44
w/ neg. results.*

X-6434 may not be assoc w/ already reported cas. of 962 42-102927

or w/ Barlow

*Info in Barlow's 293 indicates tail was shot off so he
may not have crashed with plane or in same place as other casualties*

Off 2

T/C will orig. B/R

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date _____

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X-6434
interred in Plot EEEE, Row 71, Grave 11, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

MAE WEST : Remnants
PARACHUTE HARNESS : Remnants
FLYING SUIT : Electrically Heated Remnants
HEIGHT : 5' 7 5/8"
TEETH : Not recovered

No evidence of healed fractures or amputations

FOR THE COMMANDING GENERAL :

George L. Freeman
GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

1 Incl. : Skeletal Chart

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6484 X-6434

ULNA 27.9

HUMERUS 32.3

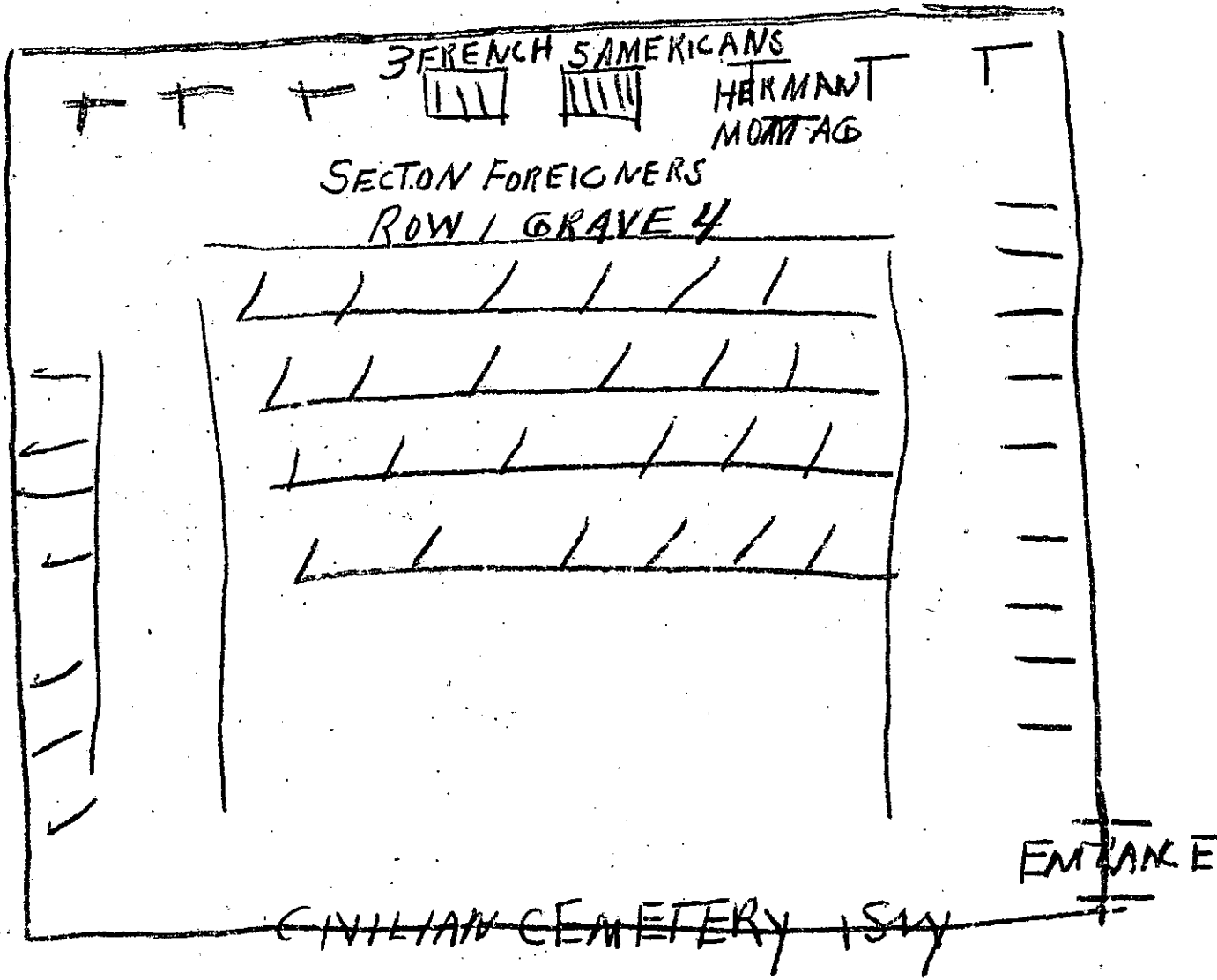


Est. HEIGHT : 5' 7 5/8"

UNKNOWN X- 6434

REINTERRED U.S. MIL. CEM.

ST. AVOLD -EEEE- 1- 11



ISNY, WANGEN, Wuent. Germany

L-48 832-103 - 1:250,000

X 6434

X-6434

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1012)

Unknown **X-6434**
Cemetery **ST. AVOLD, FRANCE**
Plot **EEEE** Row **1** Grave **11**

1. Arrived at cemetery **1300** **27 June 1946**
hour (date)
2. Place of death **Isny, Germany - Sheet L-48** Coord.: **832-105 - 1:250,000**
name of closest town (coordinates and letter Prefix maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by **538th QM GR. Co.**
(name and organization)
4. Evacuated to Cemetery by **Major Wm. J. Pelton, HQ, Third Field Command AGRC**
(name and organization)

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

| | |
|----------|---------------------------------------|
| Clothing | Indicate unusual markings |
| Markings | Sizes Color wear, tear, repairs, etc. |

| Item | |
|-----------------------|-------------------------------|
| *Headgear | none <small>(type)</small> |
| Raincoat | none |
| Overcoat | none |
| Jacket, KM | electric flying jacket-suit |
| Jacket, Combat | none |
| Mackinaw | none |
| Sweater | none |
| Jacket, HBT | none |
| *Shirt, Wool OD | none |
| Undershirt, Wool | yes |
| Undershirt, Cotton | none |
| Trousers, HBT | none |
| *Trousers, Wool OD | none |

2770

Belt, Web **yes**

Drawers, Wool **yes**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)

Socks, ~~Cotton~~ **one (1) wool**

*Shoes **none** (type)

Overshoes **none**

Web Equipment (Type **no markings - see remarks**)

(Other item) **Mae West jacket - no markings found**

(Other item)

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

6. Chevrons or Insignia **none**
(type & location - shirt, pocket, cuff, helmet)

Shoulder Patch **none**

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

Air

8. Description of Remains :

| | | | | | | | |
|---|-----|--------|-----|-------------|-----|-----------------------|---|
| Age | UTD | Height | UTD | Weight | UTD | Description of wounds | UTD |
| Bandages or dressing | | | | SEE REMARKS | | Scars | UTD <small>(type, width, location)</small> |
| | | | | UTD | | Tattoos | UTD <small>(Number, location - illustrate on sep. page)</small> |
| Outstanding moles, warts or birthmarks | | | | | | | UTD <small>(type, description, location)</small> |
| Sunburn or tan, other than hands & face | | | | | | | UTD |
| Complexion | | | | | | | UTD <small>(light, med. dark, fair, pimples, poeks, freckles)</small> |
| Build | | | | | | | UTD <small>(large, fat, thin, muscular)</small> |
| Hair | | | | | | | UTD <small>(color, length, quantity, curly, wavy, straight, whorls, or definite parting)</small> |

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, lushness, 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, extract)

Chin ----- UTD
 (prominent, receding, pointed, dimple, double)

Jaw ----- UTD Circumference of head in inches ----- UTD
 (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)

----- UTD
 (extent and quantity of hair)

Hands ----- UTD

Fingers ----- UTD
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

----- UTD
 (Unusual characteristics of fingernails)

Chest ----- UTD
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back ----- UTD Navel ----- UTD
 (quantity, & extent of hair) (size of navel, appendectomy, amount)

----- UTD Circumcision ----- UTD Pubic hair ----- black
 (quantity & color of hair) (yes-no) (color)

Hernioplasty ----- UTD
 (yes-no; location)

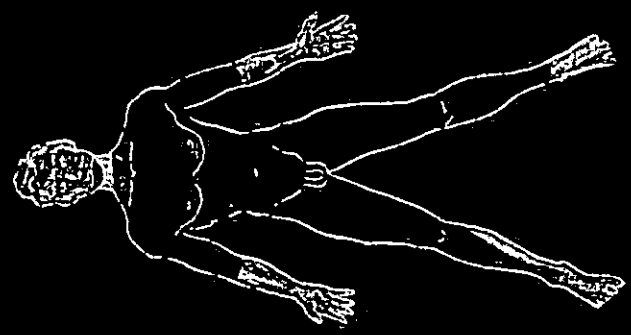
Legs ----- UTD
 (in seam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

X-6434

Feet UTD (size, color, 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 :



10. Have fingerprints been placed on Report of Interment No (yes-no)

If not, explain impossible to obtain, because of missing portions.

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

Two teeth portion mandible only

12. Remarks : Parachute belt marking "T-504"

-504 appears on the cushion without the "T" marking, cushion badly burnt.

Final stage of decomposition. Est. weight of remains received 85 lbs.

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

Wm. J. Pelton (ms)

Officer's Name Wm. J. Pelton

Major QM Service Rank

HQ, Third Field Command, AGRC Organization

413

X-6434

TOOTH CHART

DATE: 11 11

JUNE 5, 1944

Dr:

X-6434

Unknown
Last Name

Unknown
First

Unknown
Initial

Unknown
Rank

Unknown
Serial No.

Unknown
Unit

A.A.F.
Organization

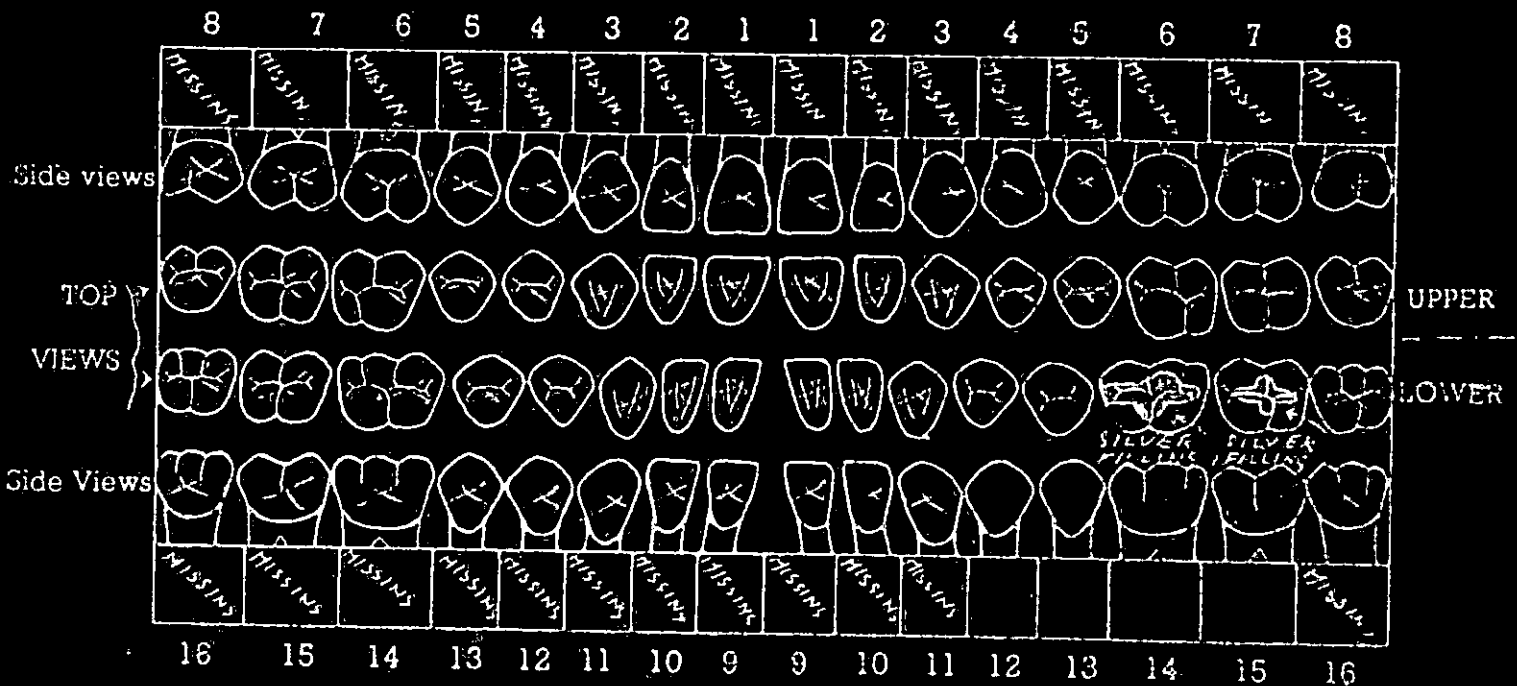
Isny, Wangen, Wuersttenberg, Ger.
Place of Death

Est. July 1944
Date of Death

Plane crash
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), 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.

Handwritten signature

Signature of Officer or other person who prepared Tooth chart

Handwritten signature

X-6434

507

| | |
|---|--|
| <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

The lower mandible jaw bone was missing from 11 to 9 left and 16 to 9 right, also mandible was fractured between 15 and 16 left.

There was no upper jaw bone.

314.2

~~SECRET 293~~

1st Ind

~~ORS European~~

~~SUBJECT: Certificates of Unidentifiability of Americans
Transmittal Letter #4188~~

Dept of the Army, GCMR, Washington, D.C., 26 October 1949

TO: Commanding General, American Graves Registration Command, European Area,
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknowns listed on
basic communication as Unidentifiable with the following exceptions:

US Military Cemetery, ST. AVOLD, France

| | | | |
|----------------|-----------|-------|-----------|
| Unknown I-6434 | Plot ENEE | Row 1 | Grave 11 |
| Unknown I-6548 | Plot FFFF | Row 9 | Grave 102 |
| Unknown I-6619 | Plot GGGG | Row 7 | Grave 83 |

2. Unknowns listed above will be the subject of separate
communications.

FOR THE QUARTERMASTER GENERAL:

25 Incls:
w/d

T. H. MEYER
Lt Colonel, GCMC
Memorial Division

Holdem: cdt
Clements
REB

X 493 Unit France
REB
X-6434
TEC
/ St. Avold

AIRMAIL

Att
4-29-49

QMGMT 293
Unknown X-6434
St. Avold, France

27 September 1949

SUBJECT: Identification of World War II Deceased

**TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York**

1. Reference is made to letter this Office dated 29 April 1949, Subject: Unidentifiable Remains, File: QMGMT 293, GRS European in which five Certificates of Unidentifiability were returned pending completion of your investigation regarding Unknowns recovered from the Memmingen - Buchenberg, Germany, area which might be associated with casualties suffered by the 483rd Bombardment Group in a raid on Memmingen 18 July 1944.

2. Transmittal Letter Number 4188, dated 5 August 1949, forwarded a Certificate of Unidentifiability for Unknown X-6434 St. Avold; however, inasmuch as the date and place of death of X-6434 indicate that this Unknown may also be associated with the above mentioned casualties, the Certificate of Unidentifiability is being returned pending completion of your investigation.

FOR THE QUARTERMASTER GENERAL:

1 Incl:
Certif of Unident for (X-6434)

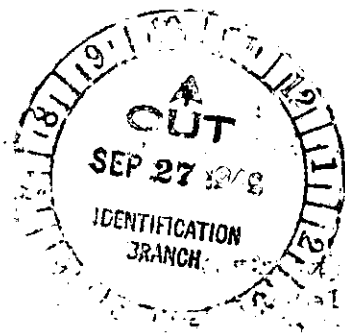
T. H. METZ
Lt. Colonel, QMC
Memorial Division

mac
Parker, vmt.
Clements
REB
SEP 27 11 50
O. O. H. C.
MAIL & RECORDS

13
REB
TEC
[Signature]

AIRMAIL

AIRMAIL



AIRMAIL

JLJ

DISINTERMENT DIRECTIVE

293 unk. France X-6434 (Signature)

6

Chw

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5574 00000

DATE 15 12 47 DAY MONTH YEAR

NAME SERIAL NUMBER 293 UNK - 000434 RANK ARM 1 DATE OF DEATH

CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 3503 000 CODE DIST. PT.

PLOT 4E ROW 1 GRAVE 11 COUNTRY FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

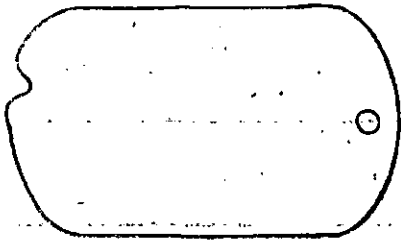
SIGNATURE OF GRS INSPECTOR

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

RX my


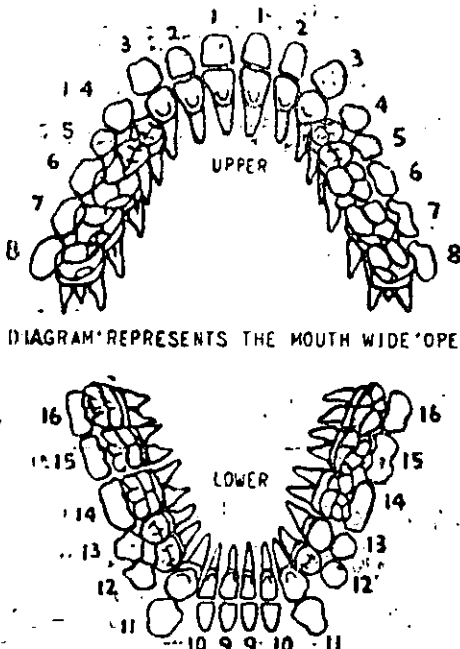





RESTRICTED

#1

| | | | | | | |
|--|---|---|---|---------------------------------|--------------|--------------------------------|
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | | DATE OF REPORT 27 June 1946 |
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | | | | |
| | NAME (Last, first, middle initial) Unknown X-6834 | | | SERIAL NO. Unknown | | |
| | GRADE Unknown | ORGANIZATION Unknown | | BRANCH OF SERVICE AAF | | |
| | RACE Unknown | RELIGION Unknown | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | | |
| PLACE OF DEATH Isny, Wangen, Wuerttemberg, Germany 721-103 | CAUSE OF DEATH Plane crash | | | DATE OF DEATH Est. July 1944 | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes | | | | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None | | | | | | |
| Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse | | | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery (Q-260584) St. Avold, France | | | | | | |
| DATE OF BURIAL 27 June 1946 | HOUR 1330 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER Temp. wood-cross | PLOT No. EEEE | ROW No. 1 | GRAVE No. 11 |
| WAS THIS A REBURIAL? (Yes or no) yes | IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Isny, Wangen, Wuerttemberg, Germany Sheet L-48 Coord. 832-103 -1:250,000 On foreigners I | | | PLOT No. | ROW No. | GRAVE No. 4 |
| TYPE OF RELIGIOUS CEREMONY General Service | PERSON CONDUCTING BURIAL RITES CH. J.B. JOHNSON, 1st Lt. | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form # 1042 Report of Interment placed in Burial Bottle and buried with remains. | | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes-embossed plate | | | | | |
| BODY BURIED ON DECEASED LEFT; NAME (Last, first, middle initial) UNKNOWN X- 6433 | RANK UNK | SERIAL NO. UNK | ORGANIZATION AAF | GRAVE No. 10 | | |
| BODY BURIED ON DECEASED RIGHT; NAME (Last, first, middle initial) UNKNOWN X- 6391 | RANK UNK | SERIAL NO. UNK | ORGANIZATION AAF | GRAVE No. 12 | | |
| SIGNATURE OF PERSON PREPARING REPORT Max M. Schiff <i>Max M. Schiff</i> HQ, Third Field Command, AGRC. | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Sleator</i> RALPH W. SLEATOR, Major Inf. 3rd Field Command. | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. | | | | | | |

RECORDS DIVISION
Aug 26 3 07 PM '46
MEMORIAL DIVISION

RESTRICTED

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| | Section UNIDENTIFIED REMAINS. | | | |
| LEFT LITTLE FINGER | INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured. | | | |
| LEFT RING FINGER | HEIGHT UTD | WEIGHT UTD | COLOR OF EYES UTD | COLOR OF HAIR UTD |
| LEFT MIDDLE FINGER | WEAPON AND SERIAL No. None | | LAUNDRY MARKS yes | BIRTHMARKS, SCARS, OR TATTOOS Isny, Germany |
| LEFT INDEX FINGER | OTHER IDENTIFICATION CLUES One portion parachute belt T-504 One portion cushion marked "T-504" | | | |
| LEFT THUMB | FILLINGS  SILVER FILLING GOLD FILLING |  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | | |
| RIGHT THUMB | CAVITIES  CAVITY DECAYED | | | |
| RIGHT INDEX FINGER | MISSING TEETH  TOOTH MISSING | | | |
| RIGHT MIDDLE FINGER | CROWNED TEETH  PORCELAIN CROWN GOLD CROWN | | | |
| RIGHT RING FINGER | BRIDGE WORK  GOLD BRIDGE | | | |
| RIGHT LITTLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div> | | | |
| RIGHT LITTLE FINGER | REMARKS: Attached Form 11 Check List of Unknowns and Form 1A Tooth Chart. Impossible to obtain fingerprints because of missing portions. Est weight of remains received 85 Lbs. | | | |