





DDMG FORM 194  
16 JUN 50

ADJUSTMENT OF RECORDS  
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

UNK. X-6776-A

CEMETERY

USMC ST. AVOLD, FRANCE

PLOT

HHHH

ROW

8

GRAVE

87

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> APPROVED IDENTIFICATION | <input type="checkbox"/> REDESIGNATION |
| <input type="checkbox"/> CANCELLATION                       | <input type="checkbox"/> NEW X-NUMBER  |
| <input type="checkbox"/> CONSOLIDATION                      | <input type="checkbox"/>               |

REMARKS

Ident. as: Jablonski, Edward A. J.  
1/SGT, 32622543.

M. H. Keane

OCMG DEPT OF THE ARMY WASH DC  
CO 7887 GERREG DET LIEGE BELGIUM

OCT 51 UNCLASSIFIED  
101331Z DEFERRED  
X

FROM OCMGT

DA 31474

REQST PROCESSING XRAY 6761 XRAY 6776 A XRAY 6929 XRAY 6947 XRAY 6949  
XRAY 6959 XRAY 6963 XRAY 7115 XRAY 7134 XRAY 7144 B AND C XRAY 7186 XRAY 7189  
A AND B XRAY 7208 AND XRAY 7409 ST AVOLD PD MAJ COX WILL HAVE SUMMARIES AND  
FORMS 371

X 293 Unknown At Council X 6776

S. McKenzie/can  
Foy  
cc—Administrative Section

UNCLASSIFIED

(GRAVES)

CAPT JOHN M. NEFF

OCMGT 293 GRS EUROPEAN

52462

J C WHICHER  
LT COL OMC MEMORIAL DIVISION

*Idina*

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6776 *mp*

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-6776 St Avold

(POC) ST AVOLD

*File  
C. H. ...  
St Av.  
26 Feb 57*

REG. DIV. ~~REPORT~~  
CASUALTY ~~REPORT~~  
REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

SEARCHED	INDEXED
SERIALIZED	FILED
HHHH	8 87

17 July, 1944.

NAME UNKNOWN X6776 RANK UNK ASN UNKNOWN

ORGANIZATION A.A.F.

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 \_\_\_\_\_

**See attached list**

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

a. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

5. Name and Type of Cemetery Civilian  
(Military or Civilian)
6. Map Coordinates of the Cemetery See attached list
- a. Town Vienna Country Austria
7. Give exact location in cemetery of the remains.
- a. Section 85 Row 4 Grave 21/III
- b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location. Y
- 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 exact markings thereon
- (1) Unknown American
- a. From what source was this information obtained? Unk.  
(Identification tags, personal effects)
- b. By Whom \_\_\_\_\_
11. Where are the cemetery records? Cemetery Office  
(Cemetery, church, cemetery, burgermeister's office)
- a. What information was contained thereon? See list
- b. Where was the information obtained? Unk.
- c. By Whom? \_\_\_\_\_
12. What is the date of death? Unk.
- a. Give basis \_\_\_\_\_
13. What is the cause of death? Unk.
- b. Give basis \_\_\_\_\_
14. What is the date of burial? Unk.
- a. Give basis \_\_\_\_\_

15. Where was the place of death? Unk. Coords \_\_\_\_\_  
 Give basis \_\_\_\_\_
16. Where were the remains found? Unk. Coords \_\_\_\_\_  
 a. By Whom? \_\_\_\_\_  
 b. Is sketch attached? \_\_\_\_\_
17. Was a casket used? Yes Who furnished the casket? German Mil.  
 Type of casket Wooden box How marked? None
18. Who made the burial German Mil. (Civilian, American Mil. or German Mil.)  
 a. What are the names and addresses? Unk.  
 \_\_\_\_\_  
 b. Are certificates and statements attached? \_\_\_\_\_

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? Unk.  
 a. Give location in plane from which the bodies were removed Unk.  
 \_\_\_\_\_  
 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)  
 b. Near wreckage? Unk.
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom). Impossible to locate scene of crash.  
 a. Type of Plane \_\_\_\_\_  
 b. Markings and/or name on plane \_\_\_\_\_  
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_
21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
 Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_



22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? **Unk.** \_\_\_\_\_
26. Had bombs been released prior to the crash? **Unk.** \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named deceased?  
\_\_\_\_\_ **Unk.** \_\_\_\_\_
28. Number of planes in formation prior to crash \_\_\_\_\_ **Unk.** \_\_\_\_\_
29. State precise time and date of plane crash \_\_\_\_\_ **Unk.** (Night? Day?) \_\_\_\_\_
30. Were parachutists seen? **Unk.** 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 must 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 \_\_\_\_\_ **None found**

a. Were identification tags found at the time of death ? \_\_\_\_\_ **Unk.**

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 ? \_\_\_\_\_ **Unk.**

Where ? \_\_\_\_\_ By Whom ? \_\_\_\_\_

Present disposition \_\_\_\_\_

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? \_\_\_\_\_ **Unk.** If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_

43. Was deceased evacuated to a German civilian hospital? \_\_\_\_\_ **Unk.**

WHERE? \_\_\_\_\_ Names of 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 investigation to obtain from civilian sources the condition of the remains? \_\_\_\_\_

**No**

(Burnt? Decapitated? etc)

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? \_\_\_\_\_ **Yes** By Whom? \_\_\_\_\_ **GPO, USA**

When? \_\_\_\_\_

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

**ALOIS BARNETT, Iron burial commission XII Goldengasse 14, Wien, Austria**

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?

**Yes**

51. Was investigation preceded by advanced publicity? **Yes**

(If special investigation, give case number) **None**

52. Give Brief Narrative **Impossible to obtain any information detailed or relative to this case**

(Use attached sheets, if necessary)

Signature of Interpreter

Rank ASN

Organization



Signature of Investigator

**ROBERT L. OWENS**  
**2nd Lt. O-2080196**

Rank ASN

**347 ON St.**

Organization

VIENNA CENTRAL CEMETERY

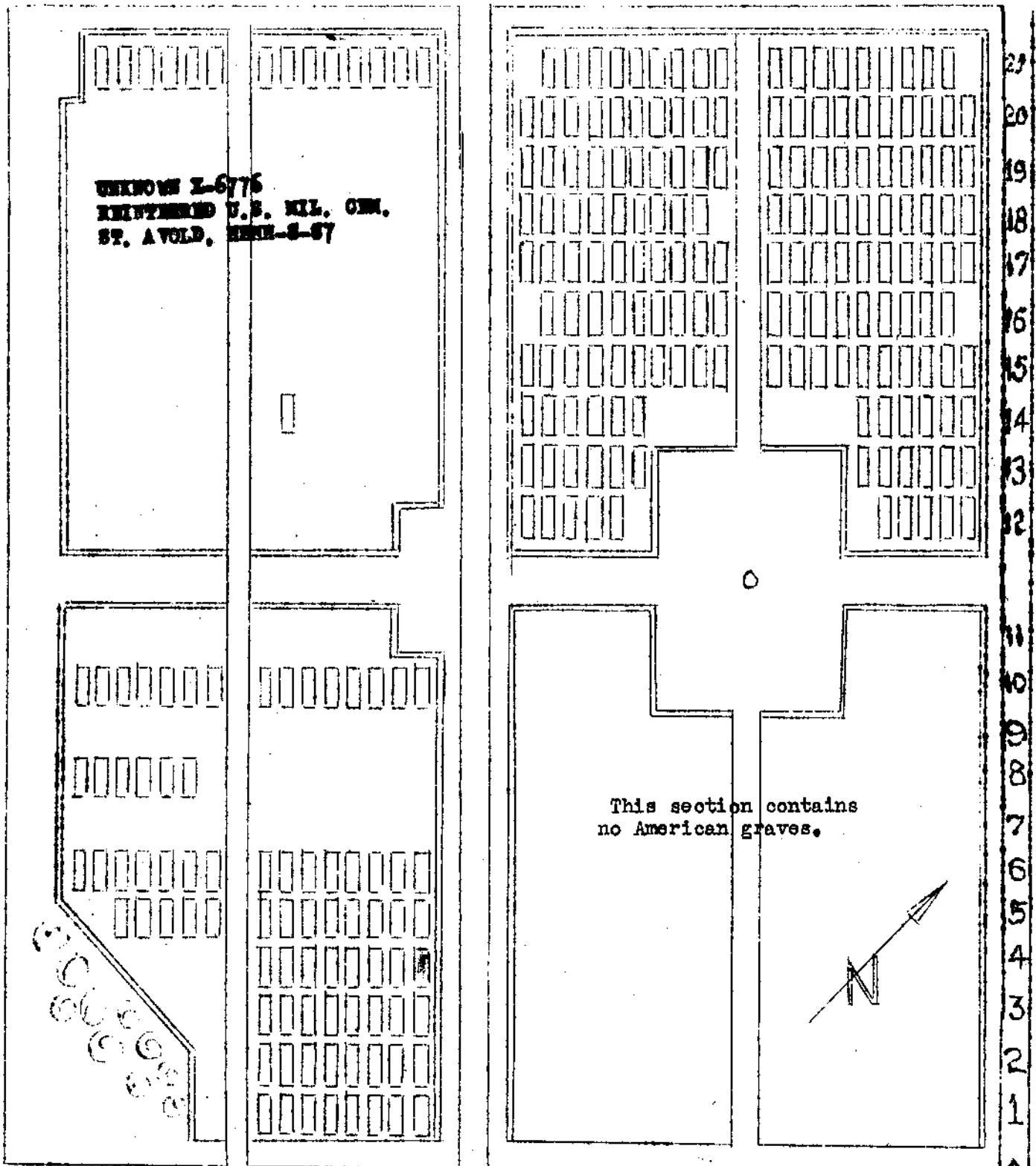
PLOT # 88

Scale 1:300

Reference: x# 4590,  
sheet P-49, "WIEN",  
1/250,000, Austria

(Note: Grave shown in color applies to  
this particular case)

*Robert L. Owens*  
ROBERT L. OWENS  
2nd Lt., Infantry  
Operations



(graves are numbered from right to left)

rows numbered up

DR/5/SGT. M. FRATANGELO

# AIRMAIL

1st Ind.

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

Transmittal letter #4172

Department of the Army, GSA, Washington 25, D. C., 13 October 1949

TO: Commanding General, American Graves Registration Command  
European Area, APO 30, c/o Postmaster, New York, New York

1. Reference is made to basic communication.

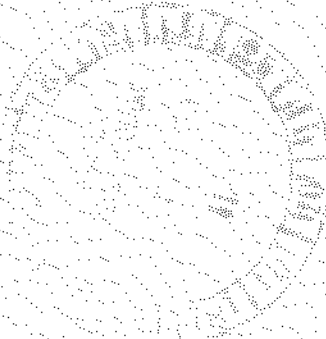
2. Subject cases have been accepted by this Office and approved as identifiable, with the exception of E-671, E-681, E-682, which was suspended to your Headquarters by letter, this Office, dated 16 September 1949, File 291, GSA European, Subject: Identification of World War II Personnel.

FOR THE ASSISTANT CHIEF OF STAFF:

Incls w/c

J. H. HARRIS  
Lt. Colonel, USA  
Memorial Division

cc: Mr. Cook  
Kiss/11  
747  
103



103  
103

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION COMMAND  
 EUROPEAN AREA  
 APO 58 US ARMY

RRE 293

28 July 1949  
 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6776 A, Plot HHHH  
 Row 8, Grave 87, 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. 2932, dated 27-7-49.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

*[Signature]*  
 Col. H.P. HENRY, O-12589

CMC

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

CMC

*[Signature]*  
 Major E. BARGER, O-251736

CRD

Capt. *[Signature]* Rice, O-1517297

CMC

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

CMC

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

CE

*[Handwritten]* T.S. # A171, 29 July 49

*[Handwritten]* 1#13

1	This Grave for rly occupied by: UNKNOWN 006179					
	USMC ST AVOLD, FRANCE		<b>DISINTERMENT DIRECTIVE</b>			
Plot F, Row 12, Grave 7			Date disinterred: 29 Sept 49			
Date reburied: 29 Sept 49			DIRECTIVE NUMBER		DATE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED CAPT QMC			3574 00000		15 01 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH	
UNKNOWN		X-006776A		1		
CEMETERY					DISPOSITION OF REMAINS	
ST AVOLD - METZ					3503 80 DAY MONTH YEAR	
PLOT	ROW	GRAVE	COUNTRY	CODE	DIST. PT.	
4H	8	87	FRANCE			
					CAUSE OF DEATH	
					6	
<b>SECTION B - CONSIGNEE AND NEXT OF KIN</b>						
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN			
ST. AVOLD, FRANCE						
(BY ADMINISTRATIVE ORDER)						
<b>SECTION C - DISINTERMENT AND IDENTIFICATION</b>						
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED	
Unknown X-006776-A					22 June 1948	
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY		
<input type="checkbox"/> REMAINS		UNKNOWN		Richard F Peterson, Embalmer		
<input checked="" type="checkbox"/> MARKER GRS				NAME AND TITLE		
<b>SECTION D - PREPARATION OF REMAINS FOR SHIPMENT</b>						
NATURE OF BURIAL			CONDITION OF REMAINS			
Uniform			Totally disarticulated. No flesh. All major bones fractured and/or missing			
OTHER MEANS OF IDENTIFICATION						
Report of Burial found with remains SEE ATTACHED WORK SHEET						
MINOR DISCREPANCIES /						
UNKNOWN X NUMBER CORR. (H. AGRO) Old plates read: "UNKNOWN X-006776".						
REMAINS PREPARED AND PLACED IN CASKET						
DATE		BY				
26 June 1948		Richard F Peterson, Embalmer				
CASKET SEALED BY			EMBALMER (Signature)			
Karl K Kasca, Embalmer			Karl K Kasca			
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY			
4 Mar 49 Karl K Kasca			All markings, plates & tags verified by: Rafael T Ruiz, 1st Lt FA			
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.						
<div style="font-size: 24pt; font-weight: bold;">FILE</div>						
Bruce E Blair, 1st Lt QMC, 7857 AGC 2 NOV 1948 SIGNATURE OF GRS INSPECTOR						
Frank B Callaghan, 1st Lt FA BRANCH						
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.						



AUG 3 1948

**IDENTIFICATION CHECK LIST**

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

E.O. #790

Unknown X 6776  
 Cemetery St. Avoild France  
 Plot HDPH Row 8 Grave 87

**Date reprocessed**

1. ~~Approximate~~ 24 June 1948  
 (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ reprocessed by Mobile Team # 1, I.C.  
 (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	None		
	(Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, <del>Wool</del> <b>Flak</b>	Remnants		
* Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

*Incl 22*

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

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

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

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

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

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

Overshoes ..... **None**

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

(Other item) ..... **Remnants of "Mac Vest" marked " EDWARD"**

(Other item) ..... **Remnants of parachute harness.**

\* 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? **AAF**

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

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **NONE** 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**  
(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 **No teeth found**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull Fractured**  
(Large, small, normal) (Hal band)

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

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

Hands **Missing and/or too decomposed**  
**Missing and/or too decomposed**

Fingers **Missing and/or too decomposed**  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **NONE**  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**  
(Yes-no; location)

Legs **UTD**  
(Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

Evidence of healed fractures **NONE**  
(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 Fingers missing and/or too decomposed

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

9. Remarks Remains received in skeletal form with small amount of flesh in last stage of decomposition. No teeth found. Report of burial found, No GRS Tags. Clothing found in debris, bore no markings. "Mac West" bore marking " EDWARD" Estimated height UTD all major bones fractured and/or missing. No evidence of old or healed fractures or amputations found.  
See narrative of segregation.

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.

/s/ Carlo Rice  
(Officer's Name)

SP-7 ACRC  
Rank Service

Mobile Team 1, I.S.  
(Organization)

A CERTIFIED TRUE COPY

G. V. Carlson  
GLEN V. CARLSON  
WOJG WRA

NARRATIVE OF SEGREGATION

CONCERNING X- 6776 and X- 13024 .

Upon reprocessing case X-6776 , parts of two remains were found .  
The new case was assigned Unk. X-13024. The cross had "X-6776"  
stencilled once indicating that only one remains were known to be  
buried.

Segregation was accomplished because parts found were in excess of the  
remains X-6776.

Clothing was reburied with case X-6776.

Report of Burial Found , No GRS Tags

Estimated weight of case : X-6776 : 20 lbs.

X-13024 : 1 lb.

Case X-6776 was reassigned to grave from which disinterred,

that is : Plot - H H H

Grave -87

Row -8

Case X-13024 - In storage .

X-6776  
25 June, 1948  
St. Avold France  
HHS-8-87

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

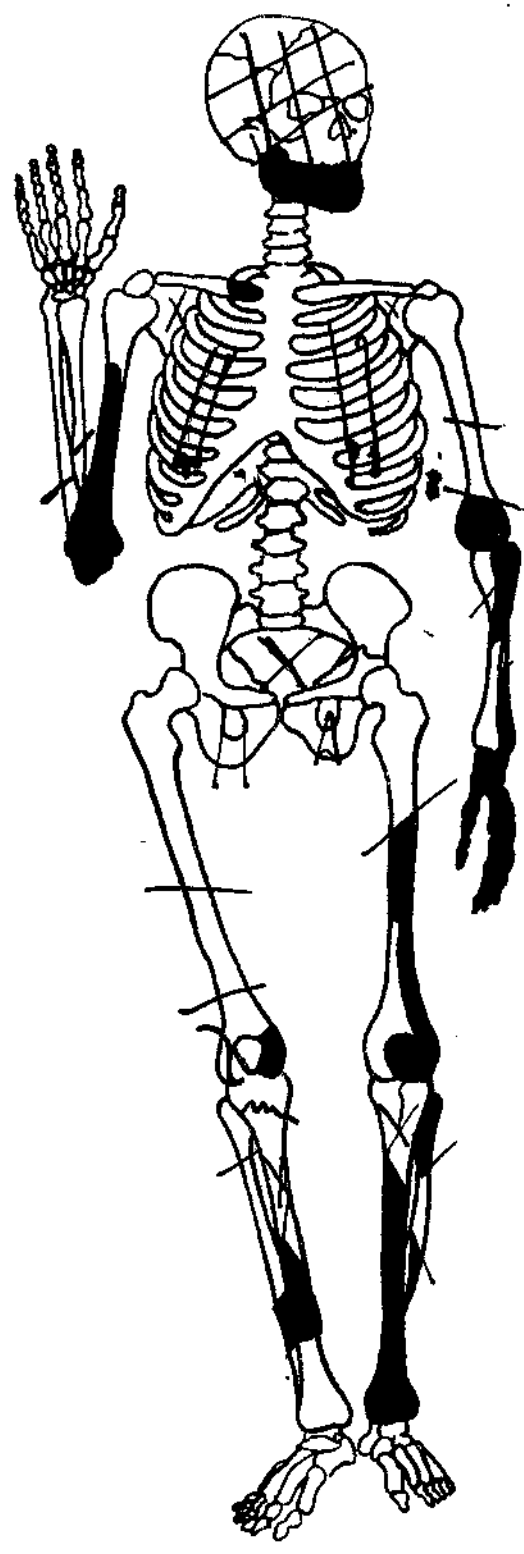


CHART "A"

Estimated Height UED

# CHECK LIST OF UNKNOWNNS

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

Unknown X 6776  
Cemetery Q-260584 St Avold  
Plot XXXX Row 8 Grave 87

1. Arrived at cemetery 1530 29 July 1946  
(hour) (date)
2. Place of death VIENNA, AUSTRIA ( X 4590 )  
(name of closest town) (coordinates and letter Prefex, maps)  
Sheet P.48 Map 1/250.000  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 349th QM. Bn. 538th QM Gp.  
(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).**

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	None		
	(type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
*Shirt, Wool OD	None		
Undershirt, Wool	One (1)		
Undershirt, Cotton	None		
Trousers HBT	None		
*Trousers, Wool OD	None		

Belt, Web None

Drawers, Wool None

Drawers, Cotton One (1)

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) None

Overshoes None

Web Equipment (Type) None

(Other item) remnants of mae west marked "EDWARD", furline flyer's hood

(Other item) and furline flyer's jacket, unopen parachute, flyer's coveralls

\*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 FORCE**

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(light, med. dark, clear, pimples, 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  
 (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 Unable to obtain  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw UTD Circumference of head in inches UTO  
 (large, small, normal) (list 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 UTD  
 (quantity & color of hair) (yes-no) (color)

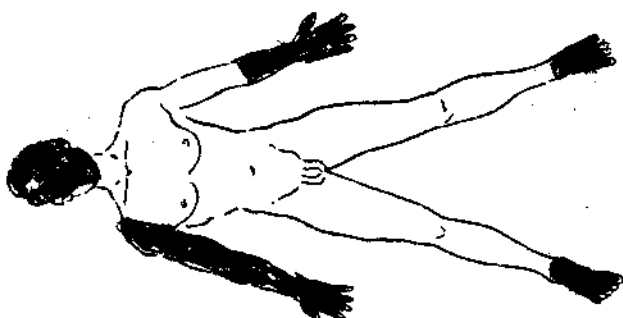
Hernioplasty UTD  
 (yes-no; location)

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

Feet UTD (size, curve, 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 NO HANDS

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

12. Remarks : Body burned and broken in small pieces.

Est. weight of remains recovered 45 pounds.

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 (sk)*  
**Wm. J. PELTON**  
Officer's Name

**Major, G.M.C.**  
Rank Service

**Hq. Third Field Command, AGRD**  
Organization

**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

24 June 1948

Date

33622543

<del>LAST</del> <b>JABLONSKI</b>		<b>EDWARD A J</b>		<b>I SGT</b>		Serial No.	
Last Name		First		Rank			
Unk		Unk		Unk		Unk	
Unit		Organization		Cause of Death			
B.F.B. Vicinity of Vienna, Austria		Est. Mar. 1948		B.F. Burnt and Mangled			
Place of Death		Date of Death		Cause of Death			
1600 29 July 1946		USMC St. Avold France		Q-260581			
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location			
87		E.H.H.H.		Temp Wdn Cross			
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? Upon reprocessing X-6776, parts of a previously unrec-  
orded remains were found. These new remains are  
assigned Unk. X-1302h.

Ident. by fld, accepts by Maj. Coy. (Mr. Mann) 21 Nov 51.  
What means of identification were buried with the body?  
One copy of GRS Form # 1 placed in burial  
and put with remains.

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

Who is buried on:	X-6768	Unk.	Unk.	AAF	88
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X-6773	Unk.	Unk.	AAF	86
	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 Unk.  
Name

Unk.  
Address

Unk.  
Religion

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

Remains previously buried in same grave as now assigned This corrected copy of report of burial prepared at I.S. Hqs First Zone, APO, EA, APO, 58, US Army by

A CERTIFIED TRUE COPY

*Clare V. Carlson*  
CLARE V. CARLSON  
USA

*Albert G. Richardson*  
Albert G. Richardson USDA Civ.  
Signature of Officer or other person reporting burial

*Jesse H. Ward*  
Jesse H. Ward Capt.  
Verified by G.R.S. Officer

*AAF included  
Grave file 51  
28 Nov 51  
1507  
St. Br.*

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

# REPORT OF BURIAL

24 June '48

Date

*JABLONSKI, EDWARD A. J.*

*1/SGT*

*33 622 543*

Last Name First Initial Rank Serial No.

Unk AAF

BTB:Vicinity of Vienna, Austria Date of Death: 29 Mar '44 Cause of Death: Burnt and Mangled

1600 - 29 July '46 USMC ST AVOLD, France G-260584

87 8 HHHH Temp Wdn Cross

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

If No Identification Tags How were remains identified? Upon reprocessing case X-6776, parts of a previously unrecorded remains were found. Case X-8776 was changed to case X-6776 A and B.

What means of identification were buried with the body? One copy of GRS Form #1 placed in burial bottle and put with remains.

*Associated by fld., accepted by Maj. Coy, (Mr. Mann) 20 Nov. 51*

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

Who is buried on :					
Deceased's Right :	X-6768 Name	Unk Serial No.	Unk Rank	AAF Organization	89 Grave No.
Deceased's Left :	X-6773 Name	Unk Serial No.	Unk Rank	AAF Organization	86 Grave No.

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



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

Emergency Address: Unk Name

Unk Address

Religion: Unk

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

Remains previously buried in same cemetery, same grave

A CERTIFIED TRUE COPY

*George L. Freeman*  
GEORGE L. FREEMAN  
1/LT CMC

Albert G. Richardson, US DA Civ  
Signature of Officer or other person reporting burial

Jesse R. Ward, Capt  
Verified by G.R.S. Officer

*NAT  
Records Amended  
File  
28 Nov. 51  
Mistake  
Ident. Br.*

*Inc 1 #5*

### 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 Rife :  
 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. :

Left Hand

RECORDS BRANCH  
 NOV 18 12 44 PM '48

Thumb

Right Hand

Thumb

#### TOOTH CHART

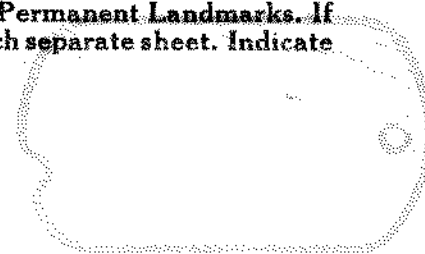
		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
Lower	8								

Indicate: missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ◊ ; lining 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.

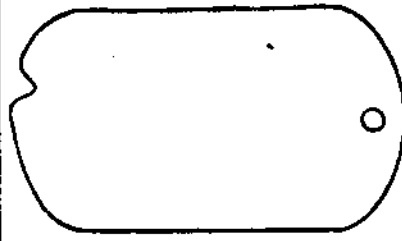


WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
29 July 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <del>UNKNOWN X-6773</del> <b>JABLONSKI, EDWARD A.</b>		SERIAL No. <b>33622543</b> <del>Unknown</del>
GRADE <del>Unknown</del> <b>TSGT.</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>A.A.F.</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH **B.T.B.**  
in vicinity of **VIENNA,**  
**AUSTRIA**

CAUSE OF DEATH  
**B.T.B. BURNT AND MANGLED**

DATE OF DEATH **Est.**  
**March, 1944**

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)  
**None**

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)  
**NONE**

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  
**Yes**

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Identified by field, accepted by Maj. Gen. (Hon. Name) [Signature]*

AUG 30 1 00 PM '46  
 REGISTRATION DIVISION  
 HEADQUARTERS  
 ARMY  
 WASHINGTON, D.C.

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**U.S. Military Cemetery, St. Avold France (O.260-584)**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 July 1946	1600	Casket	Temp wood case	HHHH	8	87

WAS THIS A REBURIAL? (Yes or no) <b>YES</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Civilian cemetery VIENNA, AUSTRIA, Sht. P.49 Scale 1.250.000 ( X 4590)</b>	PLOT No. <b>88</b>	ROW No. <b>4</b>	GRAVE No. <b>21/III</b>
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TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>Ch. H.A. LEE, 1st Lt</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy WD QMC Form 1042 - Report of interment placed in burial bottle and buried with remains.</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>NO</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes, embossed plate</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-6773</b>	RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>AAF</b>	GRADE No. <b>86</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN L-6768</b>	RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>AAF</b>	GRADE No. <b>88</b>

SIGNATURE OF PERSON PREPARING REPORT: **Dorothea G. Verbeek, Dorothea G. Verbeek**  
 Hq. Third Field Command, AGRC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: **RALPH W. SLEATOR**  
 Major, 1st 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.

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>-UNIDENTIFIED REMAINS.</b>				
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	UTD	UTD	UTD	UTD	UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
	NONE		YES		VIENNA, AUSTRIA
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
	One (1) portion mae west marked "Edward"				
LEFT THUMB	FILLINGS				
	CAVITIES				
	MISSING TEETH				
RIGHT THUMB	CROWNED TEETH				
RIGHT INDEX FINGER	BRIDGE WORK				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
RIGHT RING FINGER					
RIGHT LITTLE FINGER	REMARKS: <b>ATTACHED: FORM 11 CHECK LIST OF UNKNOWNNS</b>				
	<p>Impossible to obtain tooth chart or fingerprints because of missing portions.                  Est. weight of remains recovered 45 Lbs.</p>				

**RESTRICTED**