

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-6972 *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-6972 St Avold

(POC) ST AVOLD

*File  
E. F. B. R.  
J. B. R.  
26 Feb 51*

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 - 6972  
Cemetery **ST AVOLD, FRANCE**  
Plot **CCCC** Row **9** Grave **108**

- Arrived at cemetery **1430** **9 August 1946**  
(hour) (date)
- Place of death **Farmers field near Herrlisheim, Bas-Rhin, France.**  
(name of closest town) (coordinates and letter Prefex, maps)  
Map: **1:250.000** Sheet: **K-49** Coord: **R-1114**  
(Sheet, scale and serials used)
- Remains recovered or disinterred by **535th QM Group.**  
(name and organization)
- Evacuated to Cemetery by **Major WM.J.Pelton HQ Third Field Command AGRC**  
(name and organization)
- Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item .....

\*Headgear ..... **Helmet Steel**  
(type)

~~Boots~~ **Two (2) GI gas masks one burned**

~~Gas mask~~ **US M.I. Mask**

Jacket, Field **None**

Jacket, Combat **None**

Mackinaw **None**

Sweater **One (1) none regulation**

Jacket, HBT **None**

\*Shirt, Wool OD **One (1) marked " R-1597 "**

Undershirt, Wool **None**

Undershirt, Cotton **One (1) size UTD no markings**

Trousers HBT **None**

\*Trousers, Wool OD **One (1) size 32 - 31**

Belt, Web **One (1)**

Drawers, Wool **One (1) size UTD no markings**

Drawers, Cotton **None**

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

Socks, Cotton **One (1) pair cotton and one (1) pair wool**

\*Shoes (type) **One (1) left service size 66**

Overshoes **One (1) size large**

Web Equipment (Type) **None**

(Other item) **One (1) right wool glove size 10. German glove, jacket, blanket and leggin. Remnants of trousers of German Air Force**

(Other item) **One (1) German drawers; remnants of German shirt possible SS insignia of German SS trooper on jacket American chewing gum, American tooth brush**

\*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.

**Ground 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 (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD (light, color, extent)

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

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

Mouth UTD (large, medium, small) Lips UTD (small large, full)

Teeth See Tooth Chart (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (prominent, normal)

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

UTD (extent and quantity of hair)

Hands UTD

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

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

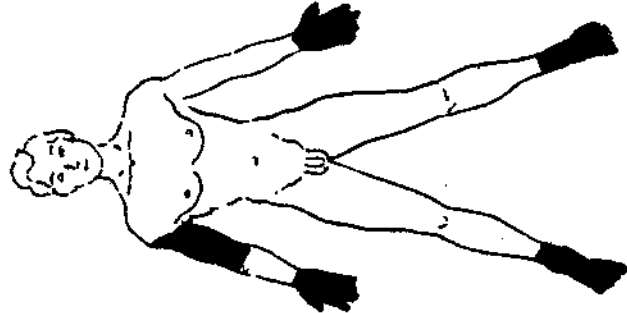
Hernioplasty UTD (yes-no; location)

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

Feet UTD Toes UTD  
(size, corns, callouses, flat) (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 Yes If not, explain  
(yes-no)

12. Remarks : Entire body received as noted on diagram. Skull badly fractured. Right Femur broken. Flesh completely decomposed. Est. weight of remains recovered: 151 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*  
Officer's Name Wm. J. Pelton

Major QMC  
Rank Service

HQ Third Field Command AGRC  
Organization

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

**REINTERRED**  
U. S. MIL. CEM. ST-AVCLD  
PLOT 1000 ROW 9 GRAVE 108

24 July 1946  
Date

NAME Unknown X-6972 RANK Unk. ASN Unknown

ORGANIZATION Ground Forces

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?  
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 \_\_\_\_\_

None

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

a. Date of above burials Not buried Common Graves? \_\_\_\_\_

5. Name and Type of Cemetery Remains were not in cemetery.  
(Military or Civilian)
6. Map Coordinates of the Cemetery \_\_\_\_\_  
a. Town \_\_\_\_\_ Country \_\_\_\_\_
7. Give exact location in cemetery of the remains.  
a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_  
b. Is Sketch attached? \_\_\_\_\_
8. If remains are not located in a cemetery, give exact location.  
a. Town Herrlisheim Coordinates 1:250.000  
Sht. K-49  
Coord: R-1114  
b. Is sketch attached? Yes  
c. Is area mined? No
9. How is the grave marked? None
10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_  
Not marked.  
a. From what source was this information obtained? \_\_\_\_\_  
(Identification tags, personal effects)  
b. By Whom \_\_\_\_\_
11. Where are the cemetery records? \_\_\_\_\_  
(Town Hall, cemetery, burgermeister's office)  
a. What information was contained thereon? \_\_\_\_\_  
b. Where was the information obtained? \_\_\_\_\_  
c. By Whom? \_\_\_\_\_
12. What is the date of death? Est. Feb. 1945  
a. Give basis \_\_\_\_\_
13. What is the cause of death? GSW ( shrapnel )  
b. Give basis \_\_\_\_\_
14. What is the date of burial? Unknown  
a. Give basis \_\_\_\_\_

Found at Farmers field

1: 250.000  
Sht. K-49  
Coord: R-1114

15. Where was the place of death? near Herrlisheim Coords \_\_\_\_\_

Give basis Found at Farmers field 1: 250.000

16. Where were the remains found? near Herrlisheim Coords Sht. K-49  
Coord: R-1114

a. By Whom? Investigators

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? \_\_\_\_\_

Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_

18. Who made the burial Not buried  
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? \_\_\_\_\_

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? \_\_\_\_\_

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

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

b. Near wreckage? \_\_\_\_\_

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

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? \_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_
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 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) \_\_\_\_\_

It 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 \_\_\_\_\_

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

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? \_\_\_\_\_ **Unknown** \_\_\_\_\_

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

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

- c. Was deceased identified by living members of the crew at the time of death? \_\_\_\_\_
- d. Did Cemetery register or cross indicate the immunization shot? \_\_\_\_\_
42. Was Deceased given first aid? **Unknown** If so, where? \_\_\_\_\_  
 By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_
43. Was deceased evacuated to a German civilian hospital? **No**  
 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? **Unknown**  
 a. If so, give basis for positive assumption \_\_\_\_\_  
 b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? **Unknown** By Whom? \_\_\_\_\_  
 When? \_\_\_\_\_
48. Give full names, addresses, and information obtained from each person interviewed **None**
49. Are all positive statements regarding identification and particulars surrounding death attached? **No**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

None Burial

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number)

52. Give Brief Narrative Parts of American, and German clothing also few bones on top of the ground near tank wreckage.

(Use attached sheets, if necessary)

sigend: *Shukei Sugawara*  
Shukei Shukei Sugawara

Signature of Interpreter

Signature of Investigator

Rank ASN

Prte. 30117563

Rank ASN

Organization

555 QM GR Group.

Organization

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

9 June 1949

(Date)

293 Unknown France (St. Avold) X-6972

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6972, Plot CCCC  
Row 9, Grave 108, 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. Not of, ~~date~~ record.
3. Remarks:

Case reviewed by undersigned Members of the Board of Reviews:

Col. H.P. HENRY, O-12589

CMC

*E.D. Mulvanity*

Lt. Col. E.D. MULVANITY, O-359498

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

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

Not identifiable from  
information presently  
available

*Edward E. Stout*  
Lt. Edward E. STOUT, O-1594512

CE

*OPANG, 28 June 49*  
*T.P. # 4007, 10 June 49*

Incl #7



SKELETAL CHART

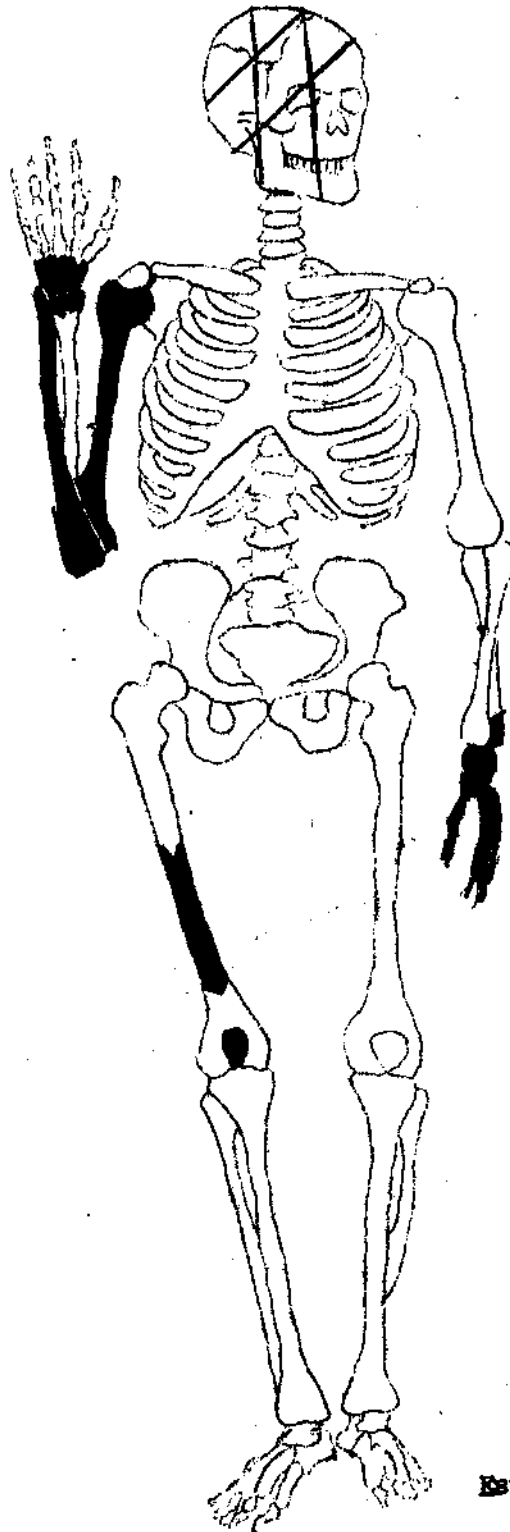
2 August, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6972

USMC St. Avoird

CCCC : 9 : 108



HUMERUS 34.8

RADIUS 24.8

FEMUR 47.3

TIBIA 38.4

TIBULA 38

Est. HEIGHT: 5' 8½"

# TOOTH CHART

E.O. # 790  
USMC St. Avold  
CGGC : 9 : 108

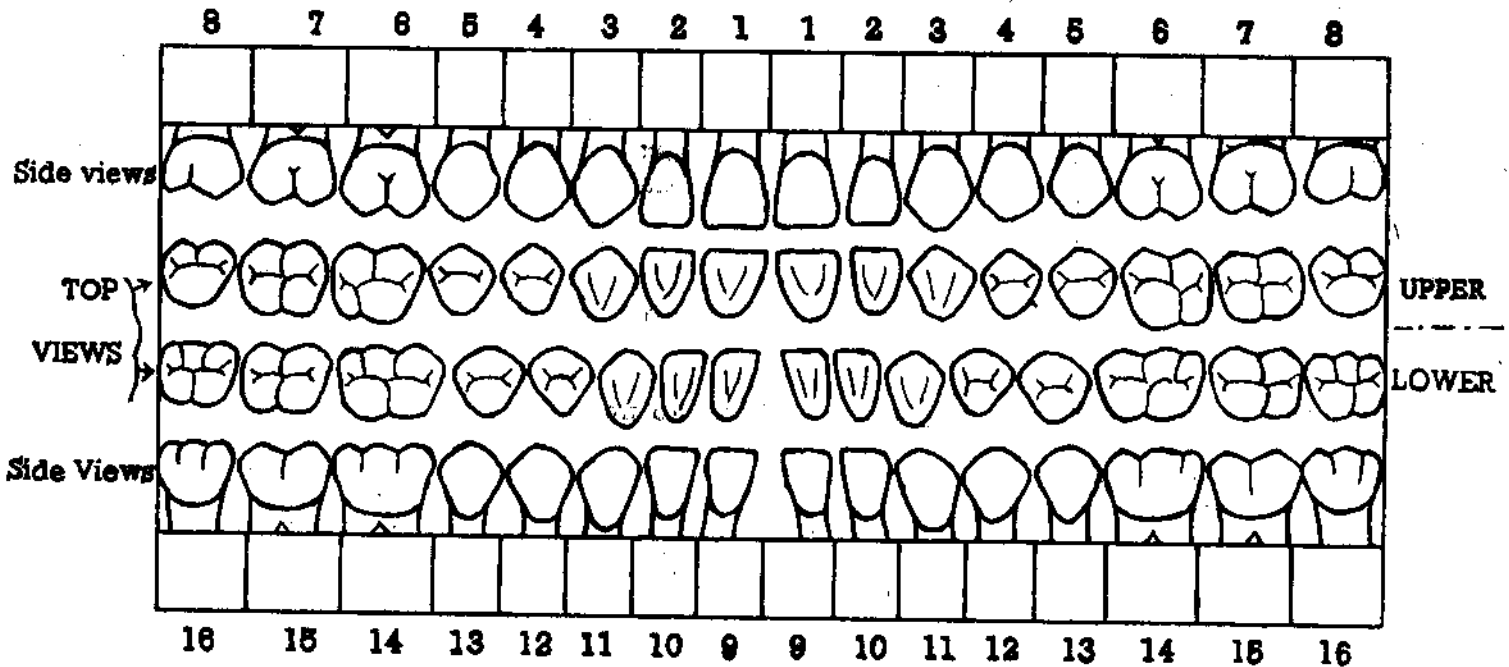
2 August, 1948

I - 6972		Unk.	Date Unk.
Last Name	First	Initial	Grade
Unit		Organization	

Place of Death	Date of Death	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.






CERTIFIED TRUE COPY :

*George A. Freeman*  
GEORGE A. FREEMAN  
1st Lt QMC

/s/ Ivor J. Fosmo  
Signature of Officer or other person who prepared Tooth chart



Verified by G. R. C. Officer



<b>MISSING TEETH...</b> All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :	
<b>CROWNED TEETH...</b> Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :	
<b>BRIDGE WORK...</b> Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
<b>FILLINGS...</b> Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :	
<b>CARIES (CAVITIES).</b> Outline location and size of cavity, shade in thus :	

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

-  : Posthumously Missing
-  : Broken or Chipped
- COLOR** : White Ivory
- SIZE** : Average
- ALIGNMENT:** Good
- R-8** : Unerupted and has a Lingual Version
- L-7** : Badly Decayed

1	This Grave formerly occupied by: STALBACH, Charley FVT 33513745	
	USMC St Avold, France Plot G, Row 3, Grave 25 Date reburied: 21 June 49	
<b>DISINTERMENT DIRECTIVE</b>		Date disinterred: 21 June 49.
SECTION A - NAME AND BURIAL LOCATION OF DECEASED L. R. SWART CAPT QMC		DIRECTIVE NUMBER 3574 00000
		DATE 15 12 47 DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK
UNKNOWN X-006972		
CEMETERY	ARM	DATE OF DEATH
ST AVOLD - METZ	1	DAY MONTH YEAR 0 3503 80
FLOT	ROW	GRAVE
4C	9	108
COUNTRY		DISPOSITION OF REMAINS
FRANCE		CODE DIST. PT. 6
SECTION B - CONSIGNEE AND NEXT OF KIN		
NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN
SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)		
SECTION C - DISINTERMENT AND IDENTIFICATION		
NAME	SERIAL NUMBER	RANK
UNKNOWN X-006972		
		DATE OF DEATH
		18 June 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION
<input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER GRS	USAGF	
		IDENTIFICATION VERIFIED BY
		Richard F Peterson Embalmer NAME AND TITLE
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT		
NATURE OF BURIAL	CONDITION OF REMAINS	
Mattress cover	Totally disarticulated - No flesh - Fractures of Skull, R/Femur - Missing R/Ulna & Mandible	
OTHER MEANS OF IDENTIFICATION		
Report of Burial found with remains		
MINOR DISCREPANCIES 1		
None		
REMAINS PREPARED AND PLACED IN CASKET		
DATE 4 Aug 48	BY	Richard F Peterson, Embalmer
CASKET SEALED BY	EMBALMER (Signature)	
Richard F Peterson, Embalmer	<i>Richard F Peterson</i> Richard F Peterson	
CASKET BOXED AND MARKED	ALL markings, plates and tags verified by:	
DATE 4 Aug 48 by Richard F Peterson	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:		
<i>Bruce E Blair</i> BRUCE E BLAIR 1st Lt QMC		<i>Bruce E Blair</i> BRUCE E BLAIR, 1st Lt QMC, 7857 AGRC, Zone 3 Hq. SIGNATURE OF GRS INSPECTOR
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.		<b>FILE</b>
		19 JUL 1949 REPATRIATION BRANCH

NLN

10704

**REENTERED**  
 U. S. MIL. CEM. ST-AVOLD  
 PLOT CCC ROW 9 GRAVE 108

## IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

27, July 1946.

X-6972 DATE

UNKNOWN
UNKNOWN
UNKNOWN
UNKNOWN

LAST NAME
FIRST
INITIAL
RANK
SERIAL NO.

UNIT
GROUND FORCES

ORGANIZATION

Farmers Field near
HERBLISHHEIM, FRANCE
(Isolated grave near the village)















PLACE OF DEATH
PLACE OF BURIAL
PLOT
ROW
GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	A				P	P	P	P		P					TYPE	
LOCATION			O	O											O	O	P	LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																		TYPE	
LOCATION																		LOCATION	

### KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	

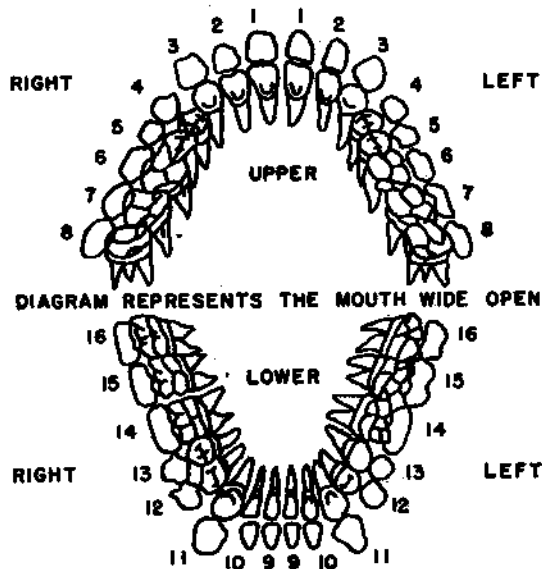
**INSTRUCTIONS:**

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:** Maxillary was fractured between 1 right and number 1 left.  
There was no mandible with the body.

*Thomas W. Turner* (FE)  
SIGNATURE OF PERSON WHO PREPARED CHART

Thomas L. Turner

NAME AND RANK TYPED OR PRINTED  
HQ. THIRD FIELD COMMAND, AGRC.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JACK S. CASEY

NAME AND RANK TYPED OR PRINTED  
CHIEF SUPERVISOR W.D. CIV.

DATE

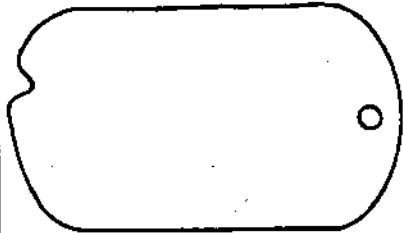
RESTRICTED

Case No. 10304

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  
**9 August 1946**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p style="text-align: center;">Unknown X-6972</p>			SERIAL No. <p style="text-align: center;">Unknown</p>
	GRADE <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>	BRANCH OF SERVICE <p style="text-align: center;">Ground Forces</p>	
	RACE <p style="text-align: center;">Unknown</p>	RELIGION <p style="text-align: center;">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
	PLACE OF DEATH <p style="text-align: center;">Herrlisheim, Bas-Rhin France</p>			CAUSE OF DEATH <p style="text-align: center;">GSW (Shrapnel)</p>

EMERGENCY ADDRESSEE (Name, relationship, and address)  

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p style="text-align: center;">None</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p style="text-align: center;">Yes</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  

One (1) Blue american tooth brush.  
 \*Forwarded to effects depot\*

MEMORIAL  
 SECTION  
 OCT 1 3 01 PM '46  
 RECORDS BRANCH

**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 (Q-260584) St. Avold, France

DATE OF BURIAL <b>9 August 1946</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Temp Wooden Cross</b>	PLOT No. <b>0003</b>	ROW No. <b>9</b>	GRAVE No. <b>108</b>
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WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">No</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Herrlisheim (Found in farmers field) Bas-Rhin France Sheet K-49 1/250,000 Coord: 1114	PLOT No. ROW No. GRAVE No. <p style="text-align: center;">surface of ground</p>
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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 One Copy W.D. Q.M.C. Form 1042 * Report of Interment * Placed in burial bottle and buried with remain.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center;">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes-Embossed Plate</p>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN X-6972</p>	RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>AAF</b>	GRAVE No. <b>107</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">END OF ROW</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT Sgt. Harvey Klafke <i>H. Klafke</i> HQ. THIRD FIELD COMMAND A.G.R.C.	SIGNATURE OF OFFICER VERIFYING REPORT RALPH W. SLEATOR, <i>R. W. Sleator</i> 3rd Field Command, Major Inf.
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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

