

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc. (misc.) St. Arnold
X-7039 X-7120 X-7140 X-7464

SYNOPSIS AND DATES

misc. filed
NEW CLASSIFICATION 293 Misc. - St. Arnold X-7039

RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

3unk St. avold APO 757 X-7140

ms

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-7140, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 mar 51
Kinkland
Ident.*

REPORT OF INVESTIGATION

AREA SEARCH

6587

AGRC Form # 10 (Revised)

1 January 1946.

16 August 1946

Date

NAME Unknown - X 7140 RANK Unknown 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 _____
See attached sketch

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

 - a. Date of above burials See sketch Common Graves? _____

X

X-7140

Wiener Neustadt Cemetery (Civilian)

5. Name and Type of Cemetery _____
(Military or Civilian)
6. Map Coordinates of the Cemetery XX 3548; 0-48; 1:250,000
- a. Town Wr. Neustadt Country Austria
7. Give exact location in cemetery of the remains.
- a. Section K Row 6 Grave -----
- b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
- 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 None
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? Cemetery
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? None
- b. Where was the information obtained? _____
- c. By Whom? _____
12. What is the date of death? Est Oct 1943
- a. Give basis Statement of Civilian
13. What is the cause of death? Unknown
- b. Give basis _____
14. What is the date of burial? Oct 1943
- a. Give basis Statement of Civilian

15. Where was the place of death? Vicinity Wiener Neustadt Coords
 Give basis Burial in Wiener Neustadt
16. Where were the remains found? Unknown Coords _____
 a. By Whom? Unknown
 b. Is sketch attached? No
17. Was a casket used? Yes Who furnished the casket? Town
 Type of casket Wooden How marked? None
18. Who made the burial Unknown
 (Civilian, American Mil, or German Mil).
 a. What are the names and addresses? Unknown

 b. Are certificates and statements attached? No

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? Unknown
 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). Wreckage removed by German Military
 a. Type of Plane No information available
 b. Markings and/or name on plane _____
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

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

22. Did plane explode in the air? Unknown On ground? Unknown
23. Did plane burn in the air? Unknown On ground? Unknown
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of plane? Unknown
26. Had bombs been released prior to the crash? Unknown
27. Does specific time and date of crash correspond with date of death of above named deceased? Unknown
28. Number of planes in formation prior to crash Unknown
29. State precise time and date of plane crash Unknown
(Night ? Day ?)
30. Were parachutists seen? Unknown 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 Removed by German Military
- a. Were identification tags found at the time of death ? Unknown
- Where ? _____ By Whom ? _____
- Present disposition Unknown
- 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 Unknown

c. Was deceased identified by living members of the crew at the time of death? _____

Unknown

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

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? Unknown

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? GRO-USFA

When? Approx Feb 1946

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

JOSEPH STROBL, Wiener Neustadt Cemetery

JOHANN SCHROENER

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

Yes

c. Was deceased identified by living members of the crew at the time of death? _____

Unknown

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

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? Unknown

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)

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JOSEPH STROBL, Wiener Neustadt Cemetery

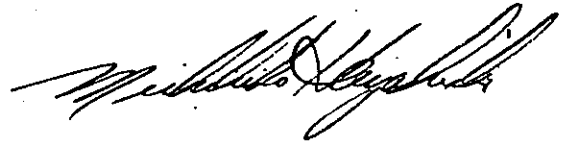
JOHANN SCHROENER

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? No
 (If special investigation, give case number) Unknown
-
52. Give Brief Narrative Case in Russian Zone; no publicity
 Impossible to get more detailed information under circumstances
-

(Use attached sheets, if necessary)



 Signature of Interpreter

 Rank ASN

 Organization

 Signature of Investigator
 MICHIIHIKO HAYASHIDA
 2nd Lt. 0-1338230

 Rank ASN

347 QM Bn

 Organization

X-7140

List of American flyers buried in the cemetery in Wiener

Neustadt

Number & Names of the flyers	Correct or .presumable date of death	Cause of death	Remarks
28 flyers of several grades	1 - 10 - 43	Plane crash	Found in several places and buried here in a mass grave
2	2 - 11 - 43		
1 flyer	1 - 10 - 43		Found after 1/10/43 in neighborhood Rax works
1 flyer	1 - 10 - 43	Came down by parachute and found dead hanging in a tree	Was found in Burgenland and buried here in a mass grave
1 Latiner	May 1944	Plane crash	Found in several places & buried here in a mass grave
1	May 1944	" "	
1	May 1944	" "	
1	May 1944	" "	

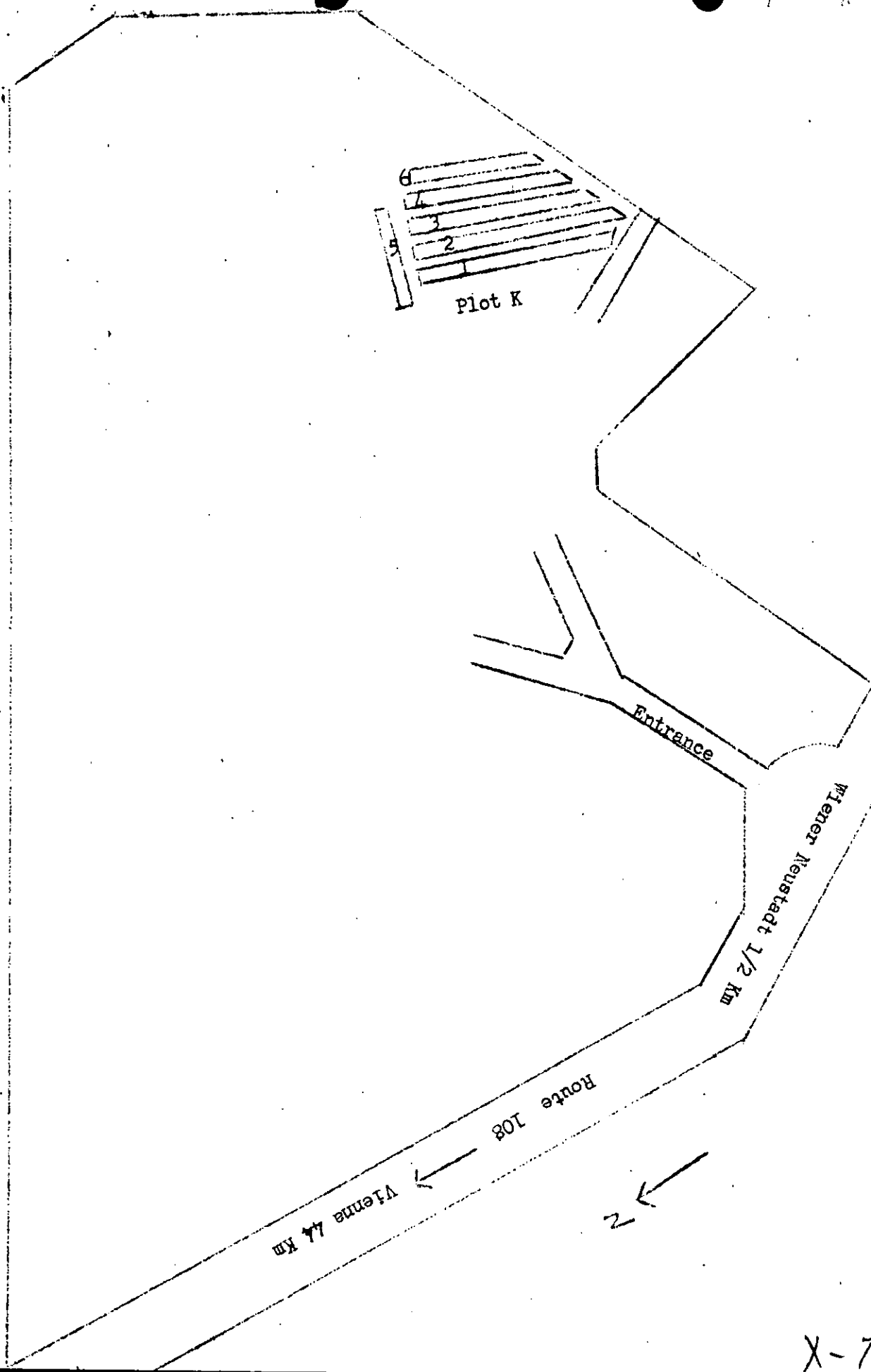
This information is correct to the best of my knowledge but I cannot say that it is complete

Translation

S/Schoerner, Johann

X-7140

Cemetery plan of Wiener Neustadt, Cemetery, Wiener Neustadt, Austria
Coords (xx 3548), Sheet 0-48; 1:250,000, Graz; Showing Location of American Graves



X-7140

mtg
J

APP
7/2/50

USMC, DRAGIUGNA
Plot: D Row: G Gr: 26
Date of Burial: 18 Jul 50
Verified by GRS Officer:
R. W. GANSEL, 1/Lt., OMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

1

NAME 93unk Lt avold CEMETERY ST AVOLD - METZ	SERIAL NUMBER UNKNOWN X-007140	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR 0 8 50 80 CODE DIST. PT.
PLOT 4J	ROW 5	GRAVE 105	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE DRAGUIGNAN, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)
--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007140	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est Oct 43	DATE DISTINTERRED 13 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS.	ORGANIZATION USAAF	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform - Mattress cover	CONDITION OF REMAINS All major bones fractured - In skeleton form ^a - Final stage of decomposition
--	---

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains -

MINOR DISCREPANCIES None	NAT FILE RECORDS ANNOTATED DATE 3 May 50 NAME [Signature] BR. MEN. DIV.
-----------------------------	--

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May 48 BY Elijah H Fields, Embalmer

CASKET SEALED BY
Elijah H Fields, Embalmer
EMBALMER (Signature) [Signature]
Elijah H Fields, Embalmer

CASKET BOXED AND MARKED
DATE 18 May 48 BY Elijah H Fields, Embalmer
SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by: Henry F Alzmann, 1st Lt INF

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

[Signature]
HENRY F ALZMANN, 1st Lt INF, 397 GM BN
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

Consignee corrected - Reg. Div. [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 28 Oct 49	SIGNATURE OF RECEIVER CH. JOHN MOUNTFORD 39107628	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 (A VENTILIBUVAE OLDES)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CH. VACOD EDNICE	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

293 unk France (misc) X-7039, X-7120, X-7140
+ X-7464 (Stavold)

OSMET 293
CIC European

7 February 1950

SUBJECT: Identification of World War II Deceased

TO: Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to Transmittal Letter #4522, dated 29 November 1949, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of Unknowns X-7039, X-7120, X-7140 and X-7464, interred in USMC St. avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Rice/ld
Foy
REB
Cy furnished: Adm Sect

T. H. BLYE
Lt. Colonel, GPO
Memorial Division

293 unk X-7140 - ST AVOLD France

JM
TB

AIRMAIL

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

RRE 293

25 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7140, Plot JJJJ, Row 5, Grave 105, 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. 2649, dated 6-2-48.

3. Remarks:

See Case History attached

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

E. D. Mulvanity
 Lt. Col. E. D. MULVANITY, O-359598

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

JMC

Frederick S. David
 1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GIER, W-2102925

Received
 Not identifiable from
 USA present
 available

Opal Rice
 Capt, Jack C. HAYES, O-1577297

JMC

T.O. # 4522, 29 Nov 49

Incl #8

UNKNOWN NO. X-7140

U.S. MILITARY CEMETERY

St Avold, France

(Location)

1. Unknown X-7140 was disinterred from a common grave in the civilian cemetery of Wiener-Neustadt, Austria, with the remains of thirty-three (33) other American casualties. A total of twenty-three (23) of subject casualties have been interred as Knowns in USMC at St Avold.

2. Reprocessing of the remains of X-7140 on 10 Dec. 1947 revealed no further identifying clues or associating factors.

3. Tooth chart obtained for X-7140 has been checked against the tooth charts for Known casualties in Austria (Map sheets O-48 & O-49), insofar as possible, with negative results.

4. It is recommended that X-7140 St Avold be made unidentifiable.

ARTHUR E. DAROIS

Art E. Darois

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

mtg JS

6

293
Unk - France X - 7140 (St. Avold)

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3374 00000

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X - 007140				1	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 3501 00 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
41	3	103	FRANCE		6

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	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAAF			
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES /

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

IDENTIFICATION CHECK LIST

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

DD # 570, dated 4 November 1947

Unknown X-7140

Cemetery St Avoild, France

Plot JJJJ Row 5 Grave 105

Date reprocessed: 10 December 1947

1. ~~Reinterred at cemetery~~ (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~~ and reprocessed by Mobile Team # 1, First Zone
(Name and organization)

4. Evacuated to Cemetery by (Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</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>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

FEB 20 1948

L

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) None

(Other item) None

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

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

Shoulder Patch None

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

6. Description of Remains: **HUMERUS 32.5**
FEMUR 45.2

Age UTD Est. Height 5'4 1/2" Weight UTD Description of wounds UTD

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

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD**
 (Light, color, extent)

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

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

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

Teeth **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

.....

Hands **UTD**

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

.....
 (Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **Missing**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **UTD**
 (Nose, arms, legs, etc.)

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

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

If not, explain Too decomposed

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

9. Remarks Remains received in skeleton form wrapped in mattress cover, in U.K. box.
No clothes. Burial Report found. No GRS tags. Fluoroscopic examination: negative.
Est. weight of remains: 16 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.

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

CAPT QMC
Rank Service

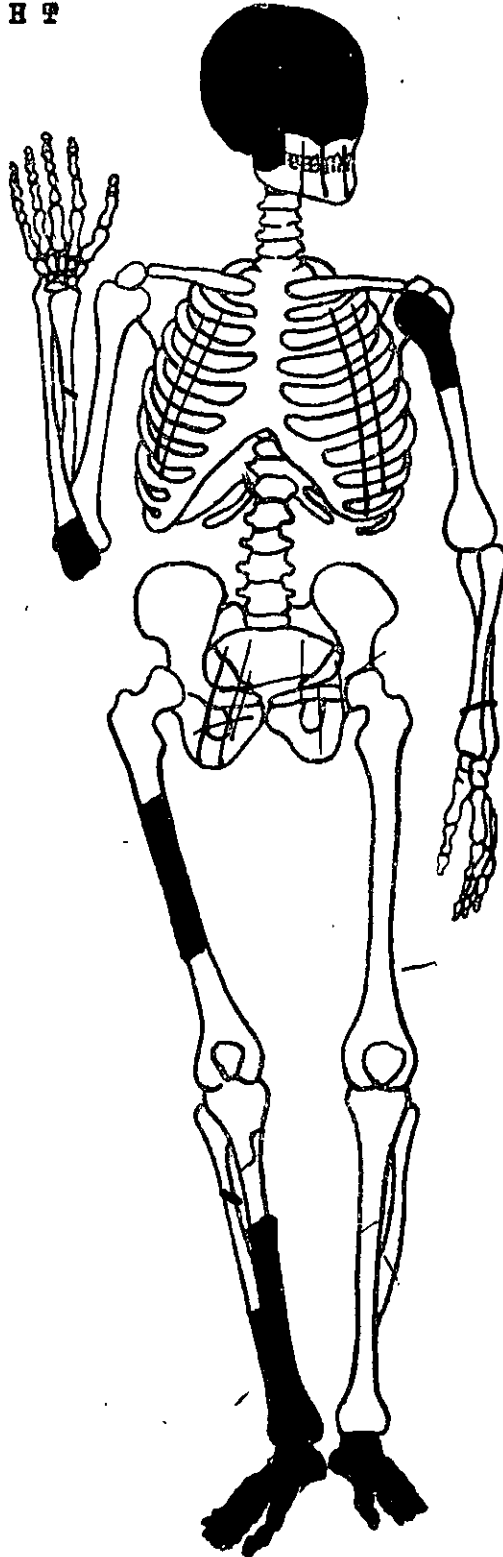
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



HUMERUS 32.5 cm

FEMUR 45.2 cm

HEIGHT 5' 4 $\frac{1}{2}$ "

CHART "A"

TOOTH CHART

10 December 1947
 Date

Unk X-7140
 Last Name

First

Initial

Unk
 Rank

Unk
 Serial No.

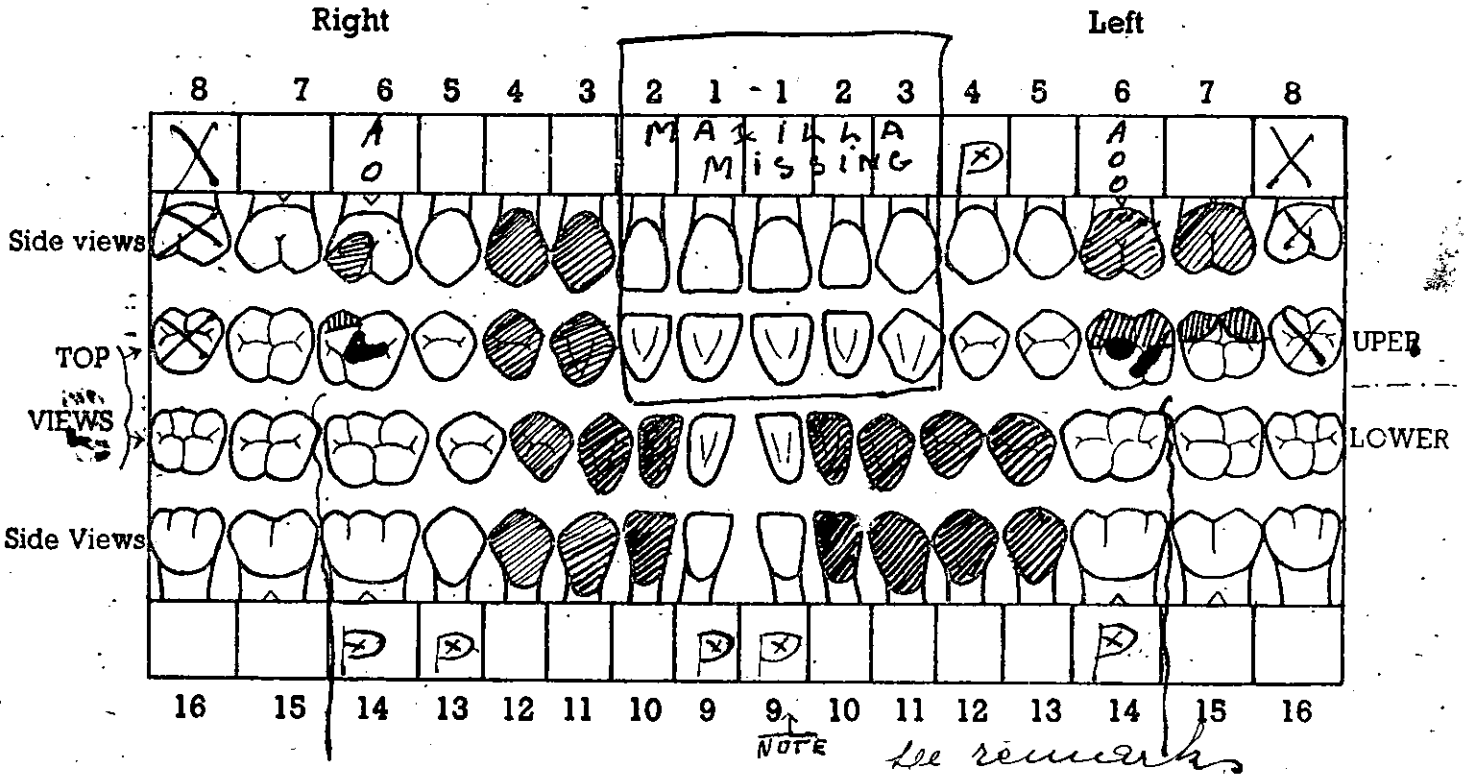
Unit

Organization

Place of Death

Date of Death

Cause of Death



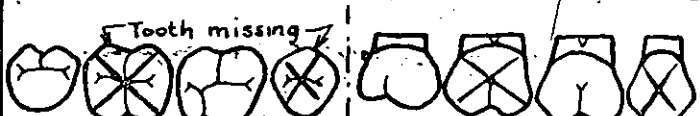




This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

IVOR J. FORMO
 2nd Lt., Inf.

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



WOODROW W. WOLF
 CAPT QMC OPER OFF

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

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

-  : posthumously missing
-  : broken or chipped

L-9 is marked and has "note" printed underneath it. This tooth looks as though it were abscessed just recently before death.

Teeth badly burnt.

Color : dull ivory
 Size : average
 Alignment: good

TOOTH CHART

16 August 1946

Date

Unknown - X 7140

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

AAF

Unit

Organization

Vicinity of Wiener Neustadt,

Est. Oct. 1945

BTB; Plane crash

Place of Death

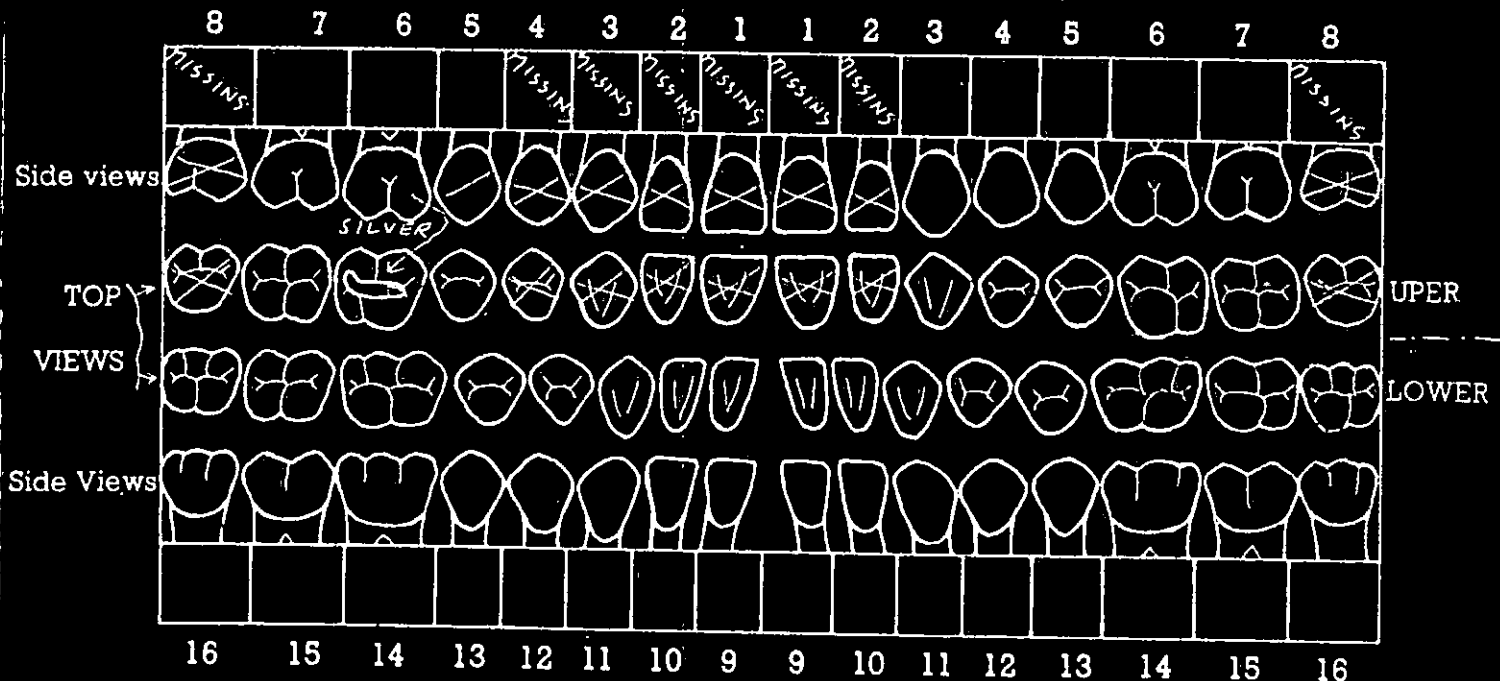
Austria

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.

Thomas W. Turner

Signature of Officer or other person who prepared Tooth chart:

Robert L. Owens

Verified by G. R. S. Officer

Robert, L. Owens 2nd Lt. Inf.
Central Identification Point.

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X-7140

<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 mandible was fractured between 14-15 right and between 13-14 left.
 These teeth are badly burnt: from 14-13-12-11-10-9 right and number 9-10-11-12-13 left
 Maxillary was missing from number 4-3-2-1 right and number 1-2-3- left.
 Number 7-6 chipped on the facial side.

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X-7140

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS # 6587

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

Unknown X - 7140
Cemetery ST. EVOLD, FRANCE C- 260-524
Plot JJJJ Row 5 Grave 105

1. Arrived at cemetery 0930 (date) 21 August 1946
2. Place of death Wiener Neustadt, Austria, Sheet: C-48 Map: 1/250,000 Coord: XX 3548
(name of closest town) (coord. date and letter (sheet, map))
3. Remains recovered or disinterred by 347 QM Bn. 530th QM Gr. AGRC.
(name and organization)
4. Evacuated to Cemetery by Central Identification Point.
(name and organization)

5. 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	None (type)
Raincoat	None
Overcoat	None
Jacket, Field	None
Jacket, Combat	None
Hackinaw	None
Sweater	None
Jacket, HBT	None
*Shirt, Wool Cotton	remnants of officer's shirt.
Undershirt, Wool	None
Undershirt, Cotton	None
Trousers HBT	None
*Trousers, Wool OD	None

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X-7140

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton None

Shoes None (type)

Overshoes None

Web Equipment (type) None

(Other item) remnants of furled jacket, remnants of parachute harness

(Other item) None

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

6. Chevrons or Insignia None (type & location: shirt, jacket, cap, 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: Est. 5'8" Weight UTD Description of wounds UTD

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

Outstanding moles, warts or birthmarks UTD (type, description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD (light, med, dark, clear, pimples, spots, freckles)

Build UTD (large, fat, thin, muscular)

Hair Brown, straight 2" long. (color, length, quantity, curly, wavy, straight, wavy, or definite parting)

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X-7140

Hair UTD (Baldness, wavy, peak, distinctive cutting or other characteristics.)

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

Goatee UTD (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 skull shattered (dist. band)

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

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

Hands UTD (extent and quantity of hair)

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

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

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

Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

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

2170

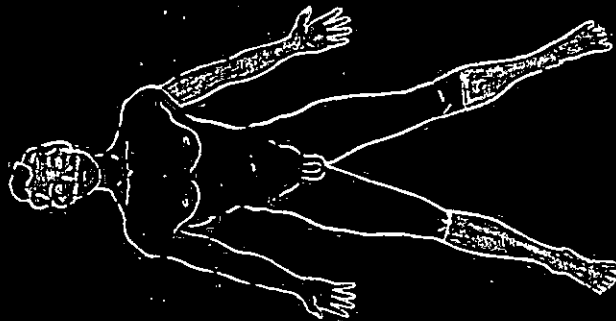
X-7140

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

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

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



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

If not, explain decomposed

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

12. Remarks : Body badly burned and brocken up.

Est. weight of remains recovered 30 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:

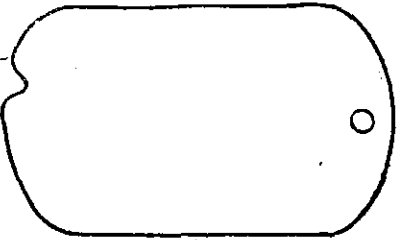
Robert L. Owens
(Officer's Name)
Robert, L. Owens 2nd. Lt. Inf.

2nd Lt. Inf.
Rank Service

Central Identification Point.
Organization

1-97

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 21 August 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) Unknown * X-7140	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 Vicinity of Wiener Neustadt, Austria	CAUSE OF DEATH B.T.B. Plane crash	DATE OF DEATH Est. Oct. 1943
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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 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) yes	None

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

U.S. Military Cemetery (Q 260584) St. Avold, France.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 August 1946	1000	casket	temp. wooden cross JJJJ		5	105

WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian cemetery Wiener Neustadt, Austria Coord: XX 3548 Sheet: 0-48 Map; 1/250,000	PLOT No. K	ROW No. 6	GRAVE No. -
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TYPE OF RELIGIOUS CEREMONY GENERAL SERVICE	PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 1st Lt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD. OMC. 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- 7152	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 104
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BODY BURIED ON DECEASED RIGHT; NAME (Last, first, middle initial) UNKNOWN X- 7130	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 106
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SIGNATURE OF PERSON PREPARING REPORT Robert, L. Owens 2nd. Lt. Inf. Central Identification Point.	SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL E. PROCTOR Jr. 2nd Lt. 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 proscribed by theater commander.

Section 3. UNIDENTIFIED REMAINS.

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.


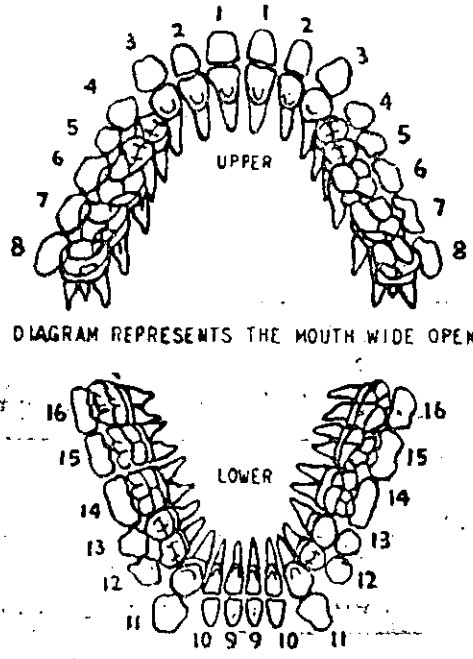




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible— if no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
Est. 5'8"	UTD	UTD	Brown 2" straight	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	None	Wiener Neustadt, Austria

OTHER IDENTIFICATION CLUES

None

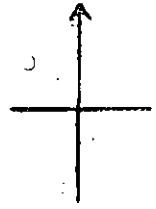
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

MEMORIAL DIVISION

SEP 30 1 50 PM '46

RECORDS BRANCH



REMARKS:

Attached Form 11 Checklist of Unknowns and Form 1-A tooth chart.

Too badly decomposed for fingerprints.
Est. weight of remains recovered 30 Lbs.