#### 7887 CRAVES DETACHMENT

343 unh H, and 1-1289

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-7289 St Avold

(POC) ST AVOLD

Tiplora Supers AGRC FORM No. 11 Revised 5 January 1946

## CHECK LIST OF UNKNOWNS

(to be completely filled out and attache WD QMC F	ed to each copy of Report of Interment Form 1042)  S 1   W   7299
	Unknown X 7289
•	Cemetery
•	Plot Row Grave
1. Arrived at cemetery	·
(hour) (date)	0000
Place of death Stod, CZ6H WP -	(coordinates and letter Prefex, maps)
(Sheet, scale an	and consider most
3. Remains recovered or disinterred by6lls	
	(name and organization)
Evacuated to Cemetery by OEMINAL IDEA	NTIFICATION POINT (name and organization)
5. Description of clothing and equipment : (if surements).	clothes do not fit, obtain size from body mea-
,	Clothing Indicate unusual markings
'	Markings Sizes Color wear, tear, repairs, etc.
Item	
Hendgear(type)	
	Manage 11 de Januaria de Manage de Manage de La Companya de Manage
Raincoat none	CONTRACTOR TO UNIT OF THE PROPERTY OF THE STATE OF THE ST
• .	•
Overcoat none	Statement and district a to the state of the state of the state of the statement of the sta
Jacket, Field none	
lacket, Combat none	
Mackinaw none	•
Sweater none	——————————————————————————————————————
Jacket, HBT none	1
Shirt, Wool OD O.D. color, non-regu	lation, believed to be sport shir
Undershirt, Wool Long sleeves, does n	ot appear to be American
Undershirt, Cotton none	i'
Frousers HBT none	
Strousers Wool OD none	

	Belt, Web none
•	Drawers, Wool none
	Drawers, Cotton none
	Leggins, Wool none (Note unusual lacing)
	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.
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
Marrette	UPD
8.	Description of Remains:  Est.  Age UTD Height 5'6" Weighl45lbs Description of wounds UTD
	Bandages or dressings none Sears UTD (length, width, location)
	Tattoos UTD
	(Numb. r, location — illustrate on sep, page)
	Outstanding miles, warts or birthmarks UTD (ves-no; description, location)
	Sunburn or tan, other than hands & face UTD
	Complexion UTD ,
	(light, med. dark, cloar, pimples, pocks, freekles)
	Build UTD
	(large, lat, thin, muscular)
	Hair UTD (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair	· UTD	*	
	(bald	ness, widows peak, distinctive cutting or ot	her characteristics).
Sideburr	is UTD	Mustache UTD	Board or UTD
Olucbuil	(color, setting, shape)		ze, shape) (length, heavy)
Gostee	UTD		
CIVITOO	(light, color, extent)		
Evac	UTD	Evolvows UT	. ·
1.1903	(color, setting, shupe)	· in the state of	(color, bushiness, extent across nose)
Noce	TTOTT	Enra UTD	
11056	(size, shape, straight)		
Mouth	T1/117	r ing HTTD	
Mouth	(large, medium, small)	Lips	(small large, full)
Tooth	See Tooth Chart		
1 eem		e, size, uneveness, spacing, noticeable crown	ns, fillings, extract).
CI.	ागां}		•
Chin		(prominent, receding, pointed, dimple,	
	*******		
Jaw	(large, small, normal)	Circumterence of head in	inches 21 1/2 inches (hat band)
	* * * * * * * * * * * * * * * * * * *		IIIID
Neck	(size, length, short, normal,	wrinkled) Larynx	(prominent, normal)
	• •		
Shoulder	(broad, straight, small		Length - 25" (length, muscular, color)
			•
	(extent and quantity of hair		
		,	
Hands	UID.	(«Գ -իկիլ- Վուդիսվուկութ» - բիրկուուսուսուսու <mark>սուկությ</mark> ան <sub>կա</sub> ,	
Fingers	UTD	ort, thick, long, slender, size of knuckles, mi	ssing fingers or joints)
	. •		
		(Unusual characteristics of fingernails)	
Chest	UTD (size o	of nipples, color, quantity & extent of hair, l	
	· ·		****
Back	UTD (quantity & extent of ha		(size of navel, appendectomy, amount)
	•		
· · · · · · · · · · · · · · · · · · ·	(quantity & color of hair)	Circumcisio	n UTD Pubic hair. UTD (color)
٠.	•		(cont)
Herniapl	asty UTD (yes-no; location)	ментопоновичено — — — — — — — — — — — — — — — — — — —	
	• •		
Legs	Inseam - 26"	and a broad based parent quart	
	(inseam, mu	scular, knock-kneed, howed, normal, quanti	try, color of extent of half;
		•	

	Feet	UTD			Toes	UTD	
		(si	ze, corns, callouses, fla	)	1003	(slender, straight, crooked, overlap)	
	Evidence	of healed	factures	None_		arms, legs, etc.)	
				210120	(nose,	arms, legs, etc.)	
9.	Black ou	t parts of l	oody not receive	ed at cemetery	:		
						•	
						SE	/* <u>*</u> 2
							فسنسر
					5		
				··		2	
						The same of the sa	agily.
10.	Have fine	gerprints be	een placed on F	Report of Inter	ment	No	
	/ '	, ,	p.m.v.m. v			(yes-no)	
	If not, ex	plain	too deco	mposed	Model record or a state points the or showing agency.	and the state of t	30
11.	Has tooth	ı chart bee	n prepared	yes	If	not, explain	
				(yes-no)			
			,		#1.754}Ant-pap4passist#hassististahafai-agb-pdg		J
			_				
12.	Remarks	: <u> </u>	lesh was c	ompletely	decompo	sed.	
		<b>A</b> .	17 44-4				
		А.	tr that re	mained wa	s skelet	on	
		E	stimated w	eight of	<b>r</b> ⊖maing	recovered : 25 lbs.	
						1000,0100 20 108	
	***************************************						
	I certify	that I have	personally vie	wed the remai	ns of subjec	deceased and all resulting info	rmation
	has bee	n recorded	to the best of	my knowledge	<b>:</b> .	,	
						Al SMarter	
					JOH	N S. MARTIN	
						Officer's Name	NAME OF THE OWNER O
						•	
					W.D	. Civilian - Lab. Sul	pervisor
			•			Get Alex	
		•				C.I.P:	
			-			Organization	4124)

(IF-4028)

# REPORT OF INVESTIGATION AREA SEARCH

•		
AGRC Form 10 (Revised)		August 1946
1 January 1946 NAME UNICIOUN - X - 7239 A17 BOYE		Date
NAME UNIMEDIA - X - 7229	RANK	ASN UNK.
ORGANIZATION NONE	r Corre	
MEANS OF IDENTIFICATION		
	*	
•	· 	
(All statements above this line will unit processing point.)	be completed, upo	n final) processing, by the clerical staff at th
SECTION A — GENERAL (To be completed by investi	igators in all cases)	
1. Was positive identity acquired for the deceased the		vestigation? No If so, state
the following information:		
a. NAME	RANK	- ASN
b. ORGANIZATION		
2. Was partial identification established?		facts as to whom you believe the deceased to be
a. NAME		
b. ORGANIZATION		
3. NAMES OF OTHER DECEASED BURIED IN IMMEE		I'mlenown coldiowa
(Use reverse side for listing of crew members from		*
a. Date of above burials 15 April 1945	Common Gr	aves? Yes
5. Name and Type of Cemetery Not buried :		
(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 ex		•
a. Town Stod, Czechoslove Riegdinates Wi		•
b. Is Sketch attached? Yes	•	•
c. Is area mined? No		·
9. How is the grave marked? Monument		•
10. If grave is marked with cross, give exact markings th	ereon Not m	arked with a cross.
a. From what source was this information obtained		
a. Hom what source was mis imprinated obtained	·	•
(Identification tame accessed official)		
(Identification tags, personal effects)  1. By whom	•	

c. 89 whom?  12. What is the date of death?  15. April 1945  a. Give basis  Civilians  13. What is the cause of death?  They were beaten to death.  b. Give basis  Information from civilians  14. What is the date of burial?  15. April 1945  a. Give basis  Civilians  15. What was the place of death? Stody Czechoslavskia  CoordsWP 9229, N-50  b. Give basis  Civilians  16. Where were the reamains found?  Stody Czechoslavskia  CoordsWP 9229, N-50  a. 8y whom?  A. German civilian  b. Is sketch attached?  No  Who furnished the casket?  Type of casket  Who made the burial  Germans  Civilian, American Mil. or German Mil.)  a. What are the names and addresses?  Unknown  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 badies 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 we 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?  Enemy Planes?  Collision?  22. Did plane explode in the air?  On ground?  23. Did plane explode in the air?  On ground?  24. What was the direction of the flight?  25. What was the direction of the flight?  26. What was the direction of the flight?  27. What was the direction of the flight?  28. What was the direction of the flight?  29. What was the direction of the flight?	•	an What information was a first till a	
b. Where was the information obtained?  c. 89 whom?  12. What is the date of death?  15. April 1945  o. Give basis  Civilians  13. What is the cause of death?  They ware beaten to death.  b. Give basis  Information from civilians.  14. What is the date of burial?  15. April 1945  o. Give basis  Civilians  15. What was the place of death? \$tody, Czechoslovakia  Soverbasis  Civilians  16. Where were the reamains found?  A German civilian.  b. 4s sketch attached?  No  Who furnished the casket?  How marked?  17. Was a casket used?  No  Who furnished the casket?  How marked?  18. Who made the burial  Germans  (Civilian, Amarican Mil. or German Mil.)  a. What are the names and addresses?  Unknown  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 badies 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 we 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?  Enemy Planes?  Collision?  On ground?  22. Did plane surlode in the air?  On ground?  23. Did plane burn in the air?  On ground?  On ground?			
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Type of casket  Type of casket  How marked?  18. Who made the burial  Germans  (Civilian, American Mil. or German Mil.)  a. What are the names and addresses?  Unknown  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 wa. 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?  Enemy Planes?  Collision?  22. Did plane explode in the air?  On ground?  On ground?  23. Did plane burn in the air?  On ground?  On ground?	. :	b. is sketch attached?	······································
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	(IF-4028)
26.	Had bombs been released prior 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
	(Nighte) (Ddye)
30.	Were parachutists seen? How many? Escaped?
	Prisoners?
SE	TION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member o 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?
	Number of tanks in immediate vicinity at time of disablement
	Does spezific 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?
	CTION 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) Beaten to deat!
	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? Yes
40.	State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed
	deceased Ther were 9 American F.O.W.'s beaten to death by the Germans on a death
	march near Stod, Czechoslovakia.
••••	
SE	TION 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?
	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 untifinal identification is made, or investigation is abandoned.

	b. Were personal effects four at the time of death? No.
	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? No
	Was Deceased given first aid? <u>Unknown</u> If so, where?
	By whom? Are statements from the medical people attached?
	Was deceased evacuated to a German civilian hospital? Unknown
	Where? Names of people concerned :
,	Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? Yes
	Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Yes
	They were badly beaten.  (Burnt? Decapitated? etc)
	Do facts surrounding death show any evidence that it might be an atrocity case?
	a. If so, give basis for positive assumption Dr. Vilem Repka, Gigal Vaclav from Stod,
	b. If so, has higher headquarters been notified?
	Was case previously investigated?  No
,	Give full names, addresses, and information obtained from each person interviewed Dr. Vilem Repka of
	Stod, Gzechoslovskia stated that they were beaten to death. Gigal Vaclay,
	Stod, Czechoslovakia.
	Are all positive statements regarding identification and particulars surrounding death attached? Yes
	Has any information been given concerning isolated burials in the area outside the immediate vicinity? No.
	Was investigation preceded by anvanced publicity?ies
	(If special investigation, give case number)
	Give Brief Narrative There were 9 American paratroopers beaten to death by the Ger-
	mans on a "death march" near Stod, Czechoslovakia. (Use attached, sheets if necessary)
-	· · · · · · · · · · · · · · · · · · ·
	Vuba Calvin H. A Levood
	Signature of Interpreter Signature of Investigator Vrba
	Calvin H. Atwood
	Warrent Officer T/5 44131458 Rank ASN Rank ASN
	Czechoslovakian Army 611 Q.M. Gr.Reg. Co.

Translated from the original manuskript.

Tablogal Council in . Bulling . Mail Capt.

No CO.

<u> 10. 422. 191</u>6.

Matter: transpartation of death- curps, permisseum.

<del>(220):2:2:4:2:2</del>0.

On your request we give you the permission that the death-
CO ()S
years of who died on the 1940 in the contraction of
Cn C
And transported to
The following resolubly ons are to be regarded:
The second gorne will be given to a simple mooden coffin invarily
and outwardly valle seeled.
The covar which be closed and settled hermanically.
To this procedure will be present doubte of this place
who will give out a david-passport.
The transportation will the place on an articlet an
hv Seem as The reason 70 seems
by them the dealmostry will be carried which de us -
cent, well sealed or as least walls present and no combon through but
flowers can be enclosed to the confine. The trensportation will be
accompanied by a special guide the fit or responsible that the to
transportation will contemporately unconservily that at will take the
prescribed and that the corfur will be careers opposed
As soon as the transport will as two to the destangation the relico .
Wing of Property
should be notified,

Translated from the original menuskript. Netional Council in Strike. - health dept. No 929/ adrev. Matter: transportation of death- corps, permission. erloen Wilitery Mission Canahard switch. On your request we give you the permission that the deathyears old who died on \_\_\_\_\_\_194 in \_\_\_\_\_ And transported to The following prescribtions are to be regarded; will be given to a simple wooden ceffin inwardly and outwordly vall seeled. The cover valid be closed and sealed hermevically. To this procedure will be present doctor of this place vibo vill give out a canth-passport. The transportation will-teke place on 12 man A at \_\_\_\_\_ by from via so.

The vehicle on which the deathweerps will be carried should be de cent, well sealed or an least walls covered and no other things but flowers can be enclosed to the confine. The trensportation will be accompanied by a special guide who will be responsible that the tra-

transportation will nowhere aton unaccessfully that it will take the

As soon as the transport will errive to its destanation the folio ..

prescribedweed and that the coffin will be ourners oppened.

wing office should be notified.

Translated from the original manuscript.

National Council in Stribro, - health dept.

No. 929/zdnav.

To the American Hilitary Lission Czechoslovakia.

## DEATONE APTAIS DPRET

According the rules a death-corps en unknown American P	
who died on a German death march	_
on <u>April</u> 194 5	
at the age of years	
in Stribro	
has to be transported by car	
from Stribro via Pilsen to Bohnice	
to be burined.	
As the permission to the commenced transportation of the death	
corps was given on 12. VIII. 1545. at 12.	
in the company ofAmerican Lilitary Lission	
All the concerned authorities through whose counties the death	l~·
corps will be transported are herely requested not to make any	
difficulties and delays to the transport.	
Stribro on 12. VIII. 1945.	

Translated from the original manuscript.

State Police station STOD, county of STRIBRO

2 July 1945

On the 6th and 7th of September 1945 a mass exhumation of 241 bodies took place in the Jewish senegery of SECD. It was found out that amoung these victims of the "Death March", those were name (9) U.S. Sale diers from parachute regiments, was should have been caught in the Hasvitt of STOD in April 1945, killed and bubrned in the common grave on the 19th of April 1945.

No identification was possible, no details about the circumstances of their death.

The American soldiers were buried on the 9th September 1945 into a common grave with the consent officer commanding the U.S. military unit at STOD, Captain Moor.

This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to FILSEN. The coffins with the remains of the U.S. soldiers are placed seperately from the other bodies, on the left hand side of the common grave, on the northern side.

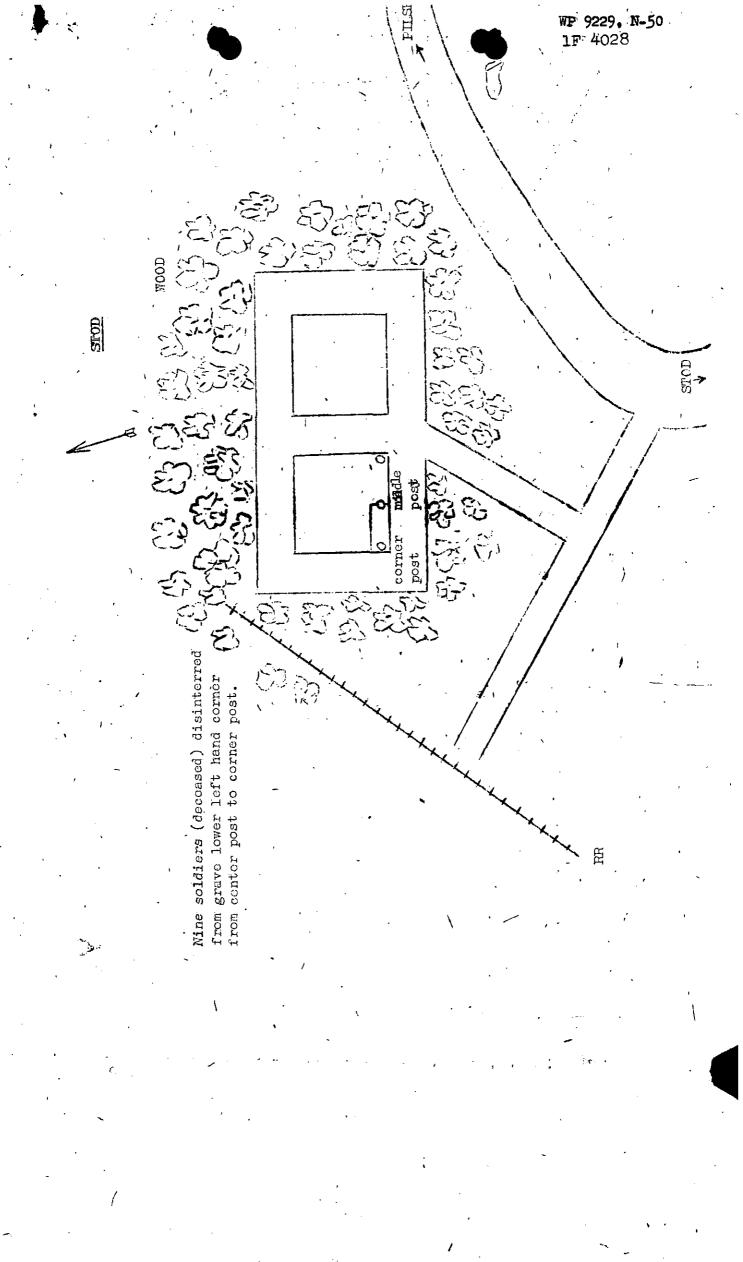
Translated by: Ervin Lebenhart

I certify that this is a true copy.

0-1339028

AITON ANDERSON 2nd Lt., Inf.

611 QM Gr. Reg. Co.



## NOTICE OF DISINTERMENT (AUSGRABUNGSURKUNDE)

GRS-GZ

Form No 8

Date 31 August, 1946

(Datum)

Die unten angefuehrten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militaerfriedhof zur Bestattung ueberfuehrt worden.

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to a U.S. Military Cemetery.

ST-AVOLD,	FRANCE (	Q - 260,584	<u>)                                    </u>		for	reburial
unknown •	- X - 7289	UNK.	UNK.			Czech. 9 - N-50 Cemetery
(NAME)		(RANK) (Dienstgrad)		ings-		INTERMENT) ABUNGSORT)

Falls Gemeindefriedhof, Grabplatz, Reihe, und Grabnummer angeben soweit moeglich

If communal cemetery show Plot, Row and Grave No., if avaible

isolated grave

ALTON ANDERSON - 2nd Lt. Inf.
Officer or NCO in charge of Disinterment

611 QM Gr. Reg. Co. Organization

/

QMGMT 293

1st Ind.

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4333

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

TO: Commanding General, American Graves Registration Command, European Area, APO 58, 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 Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Rice/id Foy REB 3146.688 6

REB

P H

TEU

AIRMAIL

## HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APC 58 US ARMY

RRE 293

14 September 1949 (Date)

#### CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7289, Plot KKKK
Row 5 , Grave 110 , 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. 2041, dated 1-10-46
3. Remarks:
Case reviewed by undersigned Membersyd then Board of Review:
QV // helvanty
Col. H.P. HENRY, 0-12589 QMC Lt. Col. E.D. MULVANITY, 0-359398 QMC
Major R. BARGER, 0-251736 ORD Capt. Jack C. HAYER, 0-1577297 OMC
E. D. Prue & Danger E. Sig
Capt. E.F. PRICE, Jr. 0-1588236 QMC T/DVX YEQWARDOF CONDUCT; YOU X

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	•	-				THE BHR	
This Grave form	ly°occu	pied t	y: UNKN	OWIN I	644	18-C/	
JUSMC ST AVOLD; FRAN	CE DIC		ENT DIRECT		•	()	•
Plot F, Row 5, Grav Date reburied: 11 0		/	sinterre		t 4	. 9	-
Date Toballou. 11 o			DIRECTIVE NUMB			DATE	
☐ SECTION A —	APPLANT.	ART		<u>៏០០០០០</u>		<u> </u>	48
NAME AND BURIAL LOCATION O	F DECEASED CAP			· -		( i ]	YEAR
VAME /// II	NKNOWN	SERIAL NU		RANK	ARM 1	DATE OF DEATH	
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PLOT ROW GRAVE COUNTRY			<u>.</u>		<u> </u>	CODE DIST.	. PT.
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ST. AVOLD, FRANCE		TVAME.	W	NEXT OF KIN			
OT NOCES TRANCE		- 1	Ŋ.				
(BY ADMINISTRATIVE ORDER	)		*:				
SE	CTION C — DISINTE	RMENT AND	DIDENTIFICATION				
	NUMBER	RANK	DATE OF DEATH		DATE	E DISTINTERRED	
UNKNOWN X- 007289		Unk	15 Apr	<b>4</b> 5		23 Apr 48	
IDENTIFICATION TAG ON ORGANIZATION			RELIGION	IDENTIFICATION	N VER	IFIED BY	
REMAINS UNKNOWN			Unk	George	W I	owry, Embalm	ner
A MARKER GAD	0110 00000000	011 05 0514		<u>-</u>		NAME AND TITLE	
AATURE OF BURIAL	ON D PREPARATI				of	right humer	us.
Mattress cover		diste	al ends o	f right	and	l left femur	?
NTUED ASSAULT OF INFLUENCE TION						skeleton fo	rm.
OTHER MEANS OF IDENTIFICATION		Decon	position	compred	ь.		
Report of Burial :	found with	h rema	ins				
AINOR DISCREPANCIES 1		-	· ·				
ANNOR DISCREPANCIES 1			-				
None						•	
EMAINS PREPARED AND PLACED IN CASKET			<del>-</del>				
THURS I WE NEED HIS LEAGED IN CHOICE				•		-	-
ATE 29 Apr 48	ву Geo		1-1	<u>mbalmer</u>			
ASKET SEALED BY		EMBALMER	(Signature)	Lace	u	_	
George W Lowry, Embal	ner	⊸Geo 	rge W Lo	wry, Emb	a.l.m	íer	
ASKET BOXED AND MARKED		_	ARDRESE XERIFIED		ark	ings, tags a	nd
29 Apr 48 George W Lowry,	Embalmer	pley	es verif	ied by			
I hereby certify that all the foregoing	operations wer	re conduc	arshall ( ted and accom	C <u>Dickin</u> plished under	son my	<del>, 1st Lt FA</del> immediate supervisi	ion
and that the report above is correct.	•			•	•		₹
	11	110	VI. 1			~ · ½	,
·	Marsh	all C	Dickinson	n, lst L	t F	A. 337 Q	'n
SIGNATURE OF GRS INSPECTOR -							
Prepare Discrepancy Report QMC Form	1194a for major	discrepan	cies.		<u>~</u> 1	2 NOV 1949 0	
					<i>(</i> 2	MILEA IDAGO	
MC FORM 1104				<del></del>		BRANGH C	
MC FORM 1194						***** * · · · · · · · · · · · · · · · ·	

MC FORM EV 15 MAR 46 1194

## RECORD OF CUSTODIAL TRANSFER

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KIND OF CONVEYANCE	<del></del>	NAME OF CONVOYER
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	6. SH	IIPPED ·
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KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER
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	7. SI	HPPED
FROM		10
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER :	DATE	SIGNATURE OF RECEIVER DATE

() IF - 4028 X-7289

OFFICE OF THE CHIEF QUARTERMASTER

#### TOOTH CHART

31 August, 1946 UNK. THE . UNKNOWN - X - 7289 Serial No. Rank Air Borne Unit UNK. Beaten to death Stod, Czch. \_\_\_\_\_15 April 1945 Cause of Death Date of Death Place of Death Left Right 6 5 4 3 2 2 3 8 Side views **UPPER** VIEWS Side Views 16 15 13 14 11 12 1010 12 11 15 14 16

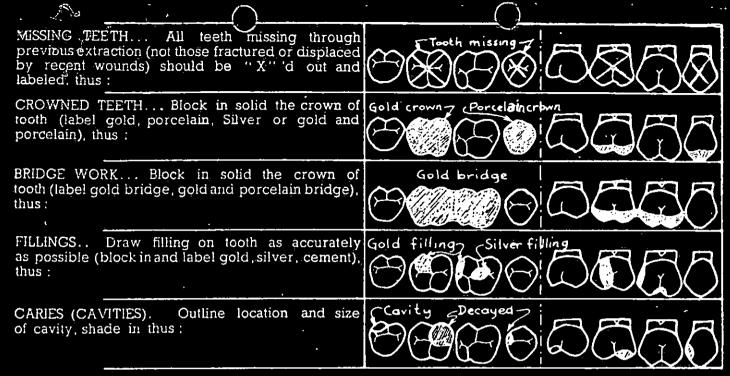
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

RALPH. W. SLEATOR, Hajor Inf. C.I.P.

Versuld by G. R. S. Oificer

94

GRAVES RECISTRATION



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

#### ADDITIONAL SPACE FOR FURTHER REMARKS

Teeth # 16-R and 16-L unerupted Tooth # L- 3 extracted recently before death: socket not closed up Teeth # 8-R and # 8-L unerupted

no fillings or cavity - teeth in perfect repair all stained heavily, brown bands halway down from crowns to Jum lines
Teeth large, regularly aligned, even spacing of average closeness
Bullet hole in left madible directly under # 14, # 15-L at bottom of bone.

AGRC FORM No. 11 Revised 5 January 1946

## CHECK LIST OF UNKNOWNS

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

			7289	
<b>:</b>		Plot	Row	- Grave
1. Arrived at cemetery	T	. 1	1.7% - E	Jan 1
2. Place of death	(hour) (date)	- 9229 <u>- 17</u>	tes and letter Prefex, m	aps)
· · · · · · · · · · · · · · · · · · ·		le and serials used;	#. H.	III WHEN I'M HE WAS TO SHEET THE STATE OF TH
	or disinterred by 61.	' (name and or	rganization)	dans , , and part upon the common to
4. Evacuated to Cemet	tery by CENTRAL IDE	entipication poi	im	-
		(name and organizati	onl	
<ol> <li>Description of clot surements).</li> </ol>	thing and equipment : (	if clothes do not fit,	obtain size fro	m body mea-
		Clothing Markings Sizes		nusual markings ar, repairs, etc.
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·Headgear None	11/10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,	
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Sweater none				* *
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	g sleeves, doos	•		The state of the s
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Trousers HBT	none	n i moonomaanaan oo ahaa saa ahaa ahaa ahaa ahaa ahaa ah	howanny, aparameter and a second and	hardedara (manasana) (pp. 15) — adopte salandare
*Trousers, Wool OD	none			

Belt, Web	nono.	the commence of		
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Drawers, Cotton	nons	· · · · · · · · · · · · · · · · · · ·		
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'Shoesnone	(type)	H. C. SERBERGE SEC. C. CONT. C.		made a abl solve to
Overshoes	nono.,	· 4 .		
Web Equipment	none (Type)	a po y		eq : 4
(Other item)	none	· · · · · · · · · · · · · · · · · · ·		
	rone izes of these items should be			
Chevrons or	tiono (type &	è location : shirt, jacket, cont, he		• -
Shoulder Patch	nòne		ILANGO ANTO A CONTRACTOR ANTONIO A	erereriidekundenn -w
Does clothing indi	cate that deceased was a n	nember of the Air, Gro	ound or Naval Forces	
ominanta manana man Tanàna	CEU	to the second se		
B. Description of Ren	Eet.		কৰ্মণ্ড <b>্</b>	
.,	5'6" Weight 1451b5	•	VAE/	
Bandages or dress	ings <b>nono</b>	Scars	(length, width, location)	
annia di manangan sama anasayan sama	(North a leaving		nte vantumkhanidhelisistemaannevaannevaannen i ini ea	nemer alter
Outstanding miles	, warts or birthmarks	n — illustrate on sep, page)  UED  (yes-no : de	scription, location)	
				· • •
Sunburn or tan, o	ther than hands & face	UZO		
Complexion	UID ·	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		
·	(light, n	ned. dark, cloar, pimples, pocks,	freekles)	
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Hair	. AZD				hitte	
		ness, widows peak, distinctiv	e cutting or other	characteristics).		
Sideburns	440157	Mustache W	nh		Doond on	TIONS
Sideburns	(color, setting, shape)	NitiStache	(calor, size, s	hape)	Doard or	(length, heavy)
<b>a</b>	e-western					
Goatee	(light, color, extent)	NEW TEAMS (				
	CHIES		#1812 <b>4</b>			
Eyes	(color, setting, shape)			(color, bushiness,	atlant corose nos	
•			6	(rolor, business,	extent herosa nos	=1
Nose	(size, shape, straight)	Ears	UED)			***************************************
				size, set close to or l	,	
Moùth	† to the	Lips	UTD			**************************************
	(large, medium, small)			(small large,	full)	
Tooth Q	oo Tootia Chari					
16610	(white	e, size, uneveness, spacing, n	ioticeable crowns, f	illings, extract).		
	erietis.			•		
Chin	UZD	- (prominent, receding, po		ıhle		
	-		·	,		;
Jaw	(learn annul parmul)	Circumference of	f head in inc	hes 21 1	B incl	108
	(large, small, normal)				(hat band)	
Neck	UD		Larvnx	UND		1
	(size, length, short, normal,	wrinkled)			ninent, normal)	
Chauldona	UD .		A	tonoch	OBD	
Snoulders	(broad, straight, small,		ATIIIS	(length, r	nuscular, color)	
	(extent and quantity of hair	•				
		•			•	
Hands	VID	THE PARTY WAS A STREET OF THE PARTY OF THE P			resiliated verbuse and the state of the stat	ng Principal and Angles of Charles and Company of Company
	•					
Fingers	UID ,		**************************************			
1	(sho	rt, thick, long, slender, size o	of knuckles, missing	f fingers or joints)		
	•					
rand white the specimen areas a more		(Unusual characteristics	s of fingernails)			
Chart UI	70					
Chest		of nipples, color, quantity & e	extent of hair, large	, small normal)		***************************************
David UTL	<b>,</b>		99	13		
Back	(quantity & extent of hai		st	(size of navel, appe	endectomy, amour	it)
	, .,		تع	errore.	•	<del>grapite</del>
***************************************		Ci	rcumcision		oic hair	บบ
	(quantity & color of hair)			(yes-no)		(color)
Herniaplasty	vUID					
	(yes-no; location)					
Tarta X	ingoni = 26"					
Legs	***************************************	scular, knock-kneed, bowed,	normal, quantity,		ir)	
		٠				
						9 -9-1484-44

	Feet Toes Toes	$a^2 = \sqrt{-1}$
	(size, corns, callouses, flat) (slender, straight, crooked, overlap)	1
	Evidence of healed factures (nose, arms, legs, etc.)	
9.	Black out parts of body not received at cemetery :	
		/ N. 3.
	STENT OF THE PROPERTY OF THE P	
	Section 2	•
		- B
0.	Have fingerprints been placed on Report of Interment	
	If not, explain 500 Coomposed	-
1.	Has tooth chart been prepared (yes-no) If not, explain	
.2.	Remarks: £1000 was completely decomposed.	· · · · · · · · · · · · · · · · · · ·
	1	
	All that remained was eleloten	_
	<b>*</b> · "	
	All that remained was almioton  Estimated veight of remains recovered : 25 lbs.	
	<b>*</b> · "	
	Estimated noteth of remains recovered a 25 lbs.  I certify that I have personally viewed the remains of subject deceased and all resulting info	
	Estimated weight of remains recovered , 25 lbs.	
	Estimated noteth of remains recovered a 25 lbs.  I certify that I have personally viewed the remains of subject deceased and all resulting info	
	Estimated noteth of remains recovered a 25 lbs.  I certify that I have personally viewed the remains of subject deceased and all resulting info	
	I certify that I have personally viewed the remains of subject deceased and all resulting info has been recorded to the best of my knowledge.  Officer's Name	Ormation
Ņ	Estimated weight of remains recovered a 25 lbc.  I certify that I have personally viewed the remains of subject deceased and all resulting info has been recorded to the best of my knowledge.  Amalian	Ormation
Ņ	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.    Cartify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.    Cartify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.	Ormation

That,		RESTR	ICTED	#	IF - 4	1028	#
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	•	REPORT OF (AR 30-1810 and			1	of REPORT eptember	r 1946
Imprint Identification T. DO NOT TYP		Section 1.—IDENTIFICATION.  NAME (Last, first, middle initial)  UNKNOWN - X	<b>-</b> 7289		SERIA	l no. JNK	
	0)	GRADE UNK	organization JNK			ch of service r Born Lt	
		RACE UNK	RELIGION UNK.	·:	IF OTHER TH NAME OF CO	AN U. S. DEAD DUNTRY	), GIVE
Stod, Czech. WP - 9229 -	N-50	cause of death Beaten to	death			of death April	1.945
EMERGENCY ADDRESSEE (Na	me, relationship, an	d address) UNK			·	-	
IDENTIFICATION TAGS FOUND (1, 2, or none) NONE		IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS O	FIDENTIFICATION (If	unidentified, fil	l in section 5 c	т гечетве)
WERE SUBSTITUTE TAGS PRO	VIDED!( Fes of no)				-		
LIST PERSONAL EFFECTS FOU		None					
NAME, NUMBER, COORDINATI	ES, AND LOCATION	lished cemetery, furnish sketch tof CEMETERY TERY, ST_AVOLD,			34)		
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER Temp. Wood	PLOT No.	ROW No.	GRAVE No.
4 September 46	1630	casket		Cross	KKKK	5	110
WAS THIS A REBURIAL? (Yes or no) Yes	Stod WP -	indicate name, number, coord Czech 9229 – N-50			PLOT ME	ROW NO.	erery
TYPE OF RELIGIOUS CEREMONY		TING BURIAL RITES	CONTAINERS B	JRIED WITH BODY	DESCRIBETION TO FORM	1842	DATA AND
General Service  IDENTIFICATION TAG BURIED BODY (Yes or no) NO	O WITH- IDENT	A. Lee, 1st Lt. TIFICATION TAG ATTACHED TO RKER (Yes or no) s-embossed plat	Repor	rt of Inter	menta p		in th
BODY BURIED ON DECEASED  Unknown X-736	-	, first, middle initial)	rank Unk	SERIAL NO. Unk	AAF	on gravi	
BODY BURIED ON DECEASED Unknown X-72		st, first, middle initial)	RANK Unk	SERIAL NO. Unk	ORGANIZATI	ON GRAV	
SIGNATURE OF PERSON PREPARING REPORT  RALPH W. SLEATOR  Major, Industry Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General							
		nal for U.S. and allied dead, si les for retention in theater as p			dead, to the	guartermas	ier General

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RESTRICTED

16-43997-1

#### RESTRICTED

	Section UNIDENTIFIED REMAINS	3.	· · ·
LEFT LITILE FINGER	mains. Fill in anatomical characteristics of social security number; position of planes, vehicles, and tanks	teristics below, and any other f body found in airplanes, veh	es for the future identity of unidentified re- er clues under "Other," such as shoe size, icles, and tanks; and serial numbers of air- ues. Imprint all fingers and thumbs in the s can be secured, the condition of each and ith diagram below." Tooth chart will not be
LEFT RING FINGER	accomplished if one or more finge  HEIGHT EST. UT  145 1hs	FEYES   COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS UTD
MIDDLE FINGER	WEAPON AND SERIAL NO	LAUNDRY MARKS • None	where body was buried or found Stod, Czech.
, GE	None		
LEFT INDEX FINGER	FILLINGS SI	LVER FILLING LD FILLING	2 0 0 2
LEFT	CAVITIES	CAVITY 5 DECAYED 7	4 CONTROL OF STATE OF
RIGHT Тнимв	MISSING TEETH	OTH MISSING	IM REPRESENTS THE MOUTH WIDE OPEN
RIGHT INDEX FINGER		GOLD BRIDGE	13 13 13 12 13 12 13 12 11 10 10 10 11
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE	AND COORDINATES FOR BURIAL	IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:		
RIGHT LITTLE FINGER	Form lA Toot Form ll check have been acc No fingerprin	h chart list of unknow omplished ts, fingers dec ght of remains	omposed