

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-7293 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-7293, ST AVOLD, FRANCE.

(FOC) PRAGUIGNAN

*filed 2 June 57
Kirkland
Admpt*

REPORT OF INVESTIGATION
AREA SEARCH **ATTENTION WAR CRIME COMMISSION**

10 August 1946

AGRC Form 10 (Revised)

Date

1 January 1946

NAME **UNKNOWN X-7293**

RANK **UNK**

ASN **UNK**

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 **8 Unknown soldiers**

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

a. Date of above burials **15 April 1945** Common Graves? **Yes**

5. Name and Type of Cemetery **Not buried 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 **Stod, Czechoslovakia WP 9229, N-50** Coordinates _____

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 thereon **Not marked with a cross**

a. From what source was this information obtained? _____

(Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? **No cemetery records**

(Town Hall, cemetery, burgermeister's office)

X-7293

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By 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? Stod, Czechoslovakia Coords WP 9229, N-50
- b. Give basis Civilians
16. Where were the remains found? Stod, Czechoslovakia Coords WP 9229, N-50
- a. By whom? A German civilian
- b. Is sketch attached? No
17. Was a casket used? No Who furnished the 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 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) **Beaten to death**
 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 **There were 9 American P.O.'s beaten to death by Germans on death march near Stod, Czechoslovakia.**

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

41. Were personal effects recovered by the investigating team? **No**

If not, state reason **None found at time of death**

a. Were identification tags found at the time of death? **No**

Where? By whom?

Present disposition

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

- b. Were personal effects found at the time of death? No
 Where? _____ By whom? _____
 Present disposition _____
- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery Register or cross indicate the immunization shot? No
42. Was Deceased given first aid? 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? Yes
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Yes
They were badly beaten
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? Yes
 a. If so, give basis for positive assumption Dr. Vilen Repka, Gígal Vaclav of Stod, Czechoslovakia
 b. If so, has higher headquarters been notified? Yes
47. Was case previously investigated? No By whom? _____
 When? _____
48. Give full names, addresses, and information obtained from each person interviewed Dr. Vilen Repka, Stated that they were beaten to death, Gígal Vaclav, Stod, Czechoslovakia
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
51. Was investigation preceded by advanced publicity? Yes
 (If special investigation, give case number)
52. Give Brief Narrative There were 9 American Paratroopers beaten to death by the Germans on an death march near Stod, Czechoslovakia.
 (Use attached, sheets if necessary)

Vrba

Signature of Interpreter

Vrba, W. O.

Rank

ASN

Czechoslovakian Army
 Organization

Calvin H. Atwood

Signature of Investigator

Calven H. Atwood

T/5

Rank

44131458

ASN

611th QM Gr. Reg. Co.
 Organization

Translated from the original manuscript.

National Council in Střihro, - health dept.

No. 221/222.

To the American Military Mission
 of Czechoslovakia.

DEATHMARCHES REPORT

According to the rules a death-corps was to be transported to Střihro.

who died on an German death march

on April 1945.

at the age of years

in Stod

has to be transported by car

from Stod via Pilsen to Bohnice

to be buried.

As the permission to the commenced transportation of the death-
 corps was given on 10. VII. 1946 at 10 a.

in the company of American Military Mission

All the concerned authorities through whose counties the death-
 corps will be transported are hereby requested not to make any
 difficulties and delays to the transport.

 on 10. VII. 1946.

X-7293

Translated from the original manuscript.

State Police station
STOD, county of SPIRIBRO

2 July 1946

On the 6th and 7th of September 1945 a mass exhumation of 241 bodies took place in the Jewish cemetery of STOD. It was found out that among these victims of the "Death March", there were nine (9) U.S. Soldiers from parachute regiments, who should have been caught in the district of STOD in April 1945, killed and buried in the common grave on the 15th 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 separately from the other bodies, on the left hand side of the common grave, on the northern side.

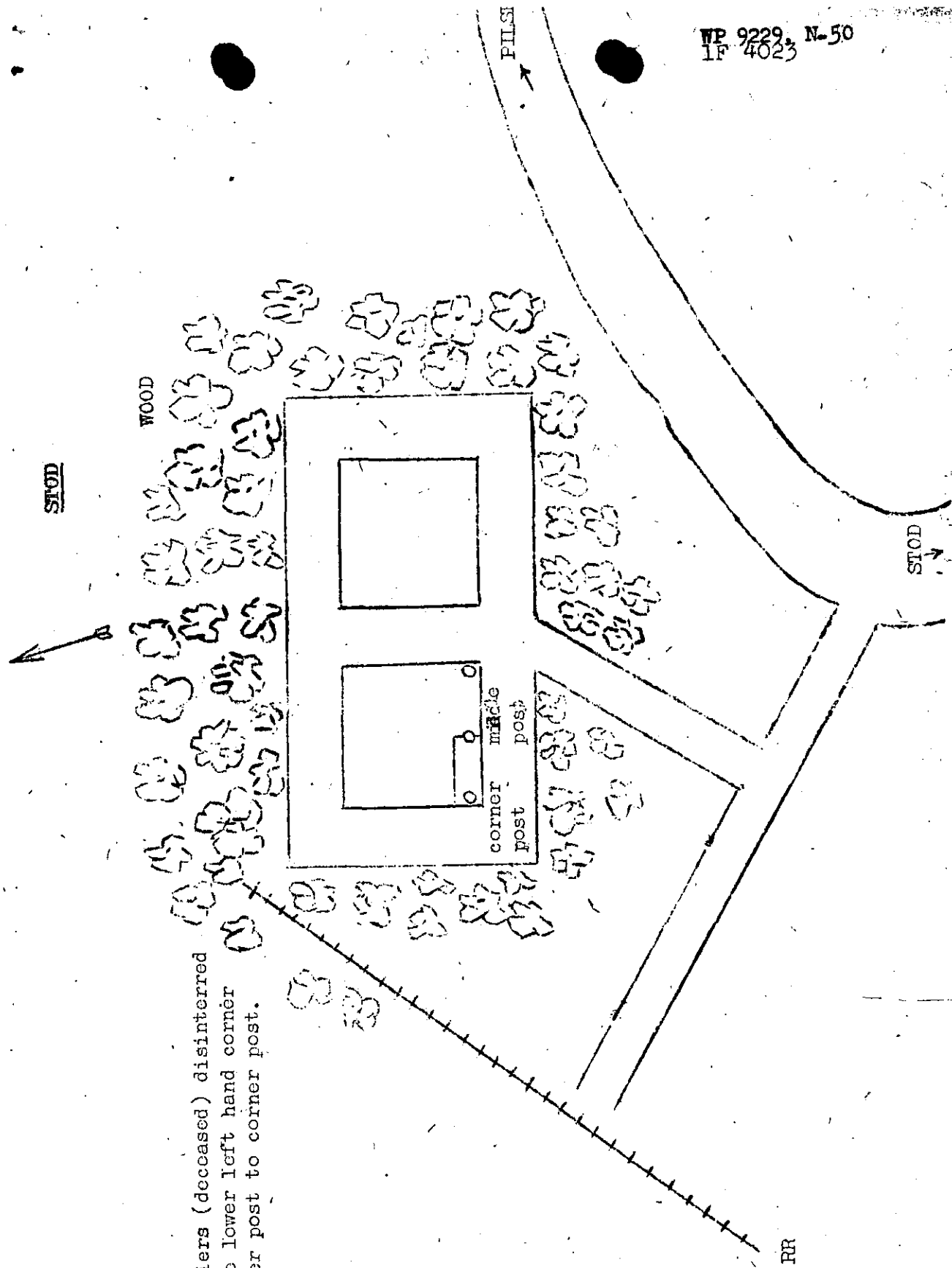
Translated by:
Ervin Lebenhart

I certify that this is a true copy.


ALTON ANDERSON 0-1339028

2nd Lt., Inf.
611 QM Gr. Reg. Co.

X-7293



Nine soldiers (deceased) disinterred
from grave lower left hand corner
from center post to corner post.

X-7293

NOTICE OF DISINTERMENT

Date 13 August, 1946

The below listed U. S. deceased personnel have this date been disinterred from the location as **Strasbourg, France Processing Laboratory** show and have been evacuated to U. S. Military Cemetery,

ST- AVI LD - (2-830-554) for reburial.

| | | | |
|------------------|---------------|-------|---|
| <u>1 Unknown</u> | <u>X-7293</u> | | <u>Stod, Czechoslovakia</u> |
| (Name) | (Rank) | (ASN) | (Place of Disinterment) |
| | | | If communal cemetery show Plot, Row and Grave No, if available. |

Matthew Kennel

.....
 (Officer or NCO in charge of Disinterment)

611 Qm. Gr. Reg. Co.
 (Organization)

Headquarters American Graves Registration Command
 Versailles, France

X-7293

293-Work-France
X-6564-B (St. Avold)

Q. NO. 157 OF 1957

RELEASED

NO. 157 OF 1957

NO. 157

WCL 27156

NO. 157

NO. 157 OF 1957

RELEASED FOR GENERAL INFORMATION OF MEMBERS & OFFICE AND X 7293

AT ST. AVOLD WILL BE PLACED IN THE MUSEUM

X 293 Work-France X-6564-B (St. Avold)

IA

IFV

LHA

mb

NO. 157 OF 1957 (30 NOV 49)

RELEASED

GRAVES

Q. NO. 157 OF 1957
293 GES EUROPEAN

OSI/7018
DEC 49

L. I. B. B. B. B.
CAPT. J. B. B. B.

at
293-UNK-France
X-6564-B (St. Avold)

COMBAT DEPT OF ARMY WASH DC

UNCLASSIFIED

CG AGFC PARIS FRANCE

PRIORITY

WCL 27156

AGFC 7151

FR. COMBAT LEAD AGFC 7151

DETERMINED FOR UNIDENTIFIABLE REMAINS OF SERGEANTS X 6564 AND X 7293
ST AVOLD WILL BE PROCESSED AND FWD SOONEST

293 Unk-France X-7293 (St. Avold)

IA
IFV
IWA

AGFC 7151 IS IN IN NO 79043 (30 NOV 49)

UNCLASSIFIED

GRAVES

COMBAT DEPT OF ARMY WASH DC
293 GRS EUROPEAN

061700Z
DEC 49

D. A. REARDE
CAPT, GRS HEAD DIV

AIRMAIL

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/c

T. H. MITZ
Lt. Colonel, OQMG
Memorial Division

3146 JRS Europe
 TL#4333

Rice/ld
Fey
HED

X 293646 France X-7898- 21 AVOLO

AIRMAIL

AIRMAIL

QMONT 293

1st Ind.

GRS European

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Incls w/d

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

3146 GRS Europe
TL#4333

Rice/id
Foy
REB

X 893 Inclosure for use X-70-95 - 01 5101-0

REB

TEB

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 September 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - ^{7293 F.D.M.}~~7293~~, Plot KKKK
Row 8, Grave 178, 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:

T.P. 4333 15 Sept 49
Received Opel Ring ^{00MG}
Not identifiable from 10 Oct 49
information presently available

Case reviewed by undersigned ^{available} Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

E.D. Mulvanity
Lt. Col. E.D. MULVANY, O-359398

QMC

Major R. BERGER, O-251736

ORD

Edward E. Stout
Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

Gaylord E. Lutz
1/Lt. Gaylord E. LUTZ, O-1595665

QMC

Incl #5

gwa GWA

1

Interred in mber 1949.
D-4-26 D. Dragnan.
s/t HADLEY H. KEATHLEY
Cemetery Superintendent.

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 12 49
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-007293

GRADE

ARM
1

RACE
0

RELIGION
6

CEMETERY
ST AVOLD FRANCE

PLOT
4K

ROW
8

GRAVE
178

DISPOSITION OF REMAINS
3501
12802 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~NEUVILLE EN CONDROZ, BELGIUM~~
DRAGUIGNAN, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED 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 AGRS INSPECTOR

FILED
11 JAN 1950
REPAIRS
EMERSON
AGRS F.W.

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE.
CONSIGNEE and CODE corrected. (Hq. AGRC) **EH**

115

X **af**

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|-------------------------------------|------|-----------------------|------|
| FROM SUNSHINE VSE WINDMILL WATER | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

2. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

3. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

4. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|-------------------------------------|------|-----------------------|------|
| FROM SUNSHINE VSE WINDMILL WATER | | 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 |

Hadley H. Keathley
Interred 14 ~~October~~ 1949.
D-4-26 Draguignan.
HADLEY H. KEATHLEY.
Cemetery Superintendent.

Rights: Open

DISINTERMENT DIRECTIVE

Left: Open.

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-007293

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

CAUSE OF DEATH

PLOT ROW GRAVE COUNTRY

4K 8 178 ST AVOLD FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-007293 Unk 15 Apr 45 26 Apr 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER GRS

Unk

Elijah H Fields Embalmer
NAME AND TITLE e1

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL German P.W. Uniform & mattress cover
CONDITION OF REMAINS Disarticulated & complete
In skeleton form - Fractured R/Fibula

OTHER MEANS OF IDENTIFICATION

Report of Burial w/remains as Unk X-7293

MINOR DISCREPANCIES /

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 Apr 48

BY

Elijah H Fields Embalmer

CASKET SEALED BY

EMBALMER (Signature)

Elijah H Fields
Elijah H Fields

Elijah H Fields Embalmer

CASKET BOXED AND MARKED

~~INSPECTED AND VERIFIED BY~~ All markings, tags & plates verified by

DATE 30 Apr 48 BY Elijah H Fields

James C Anderson
JAMES C ANDERSON 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.

James C Anderson
JAMES C ANDERSON, 1st Lt Inf Hq/Hq Det
531 QM Gp. SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | |
|---|--|
| FROM USCG St Avold France | TO Superintendent Dragunian, France |
| KIND OF CONVEYANCE TRUCK | NAME OF CONVOYER It Inf |
| SIGNATURE OF SHIPPER <i>W. Hubbard</i> | SIGNATURE OF RECEIVER <i>Hadley H. Keathley</i> |
| DATE 8 49 | DATE 10 Nov 49 |

2. SHIPPED

| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

3. SHIPPED

| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

4. SHIPPED

| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

5. SHIPPED

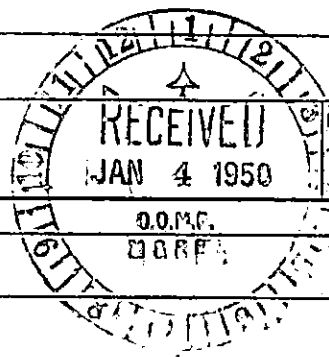
| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

6. SHIPPED

| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

7. SHIPPED

| | |
|----------------------|-----------------------|
| FROM | TO |
| KIND OF CONVEYANCE | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |



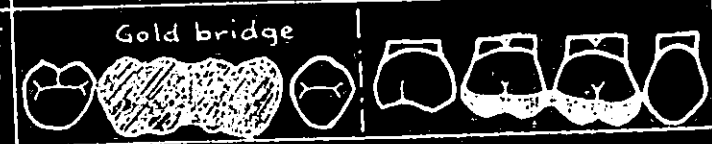
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



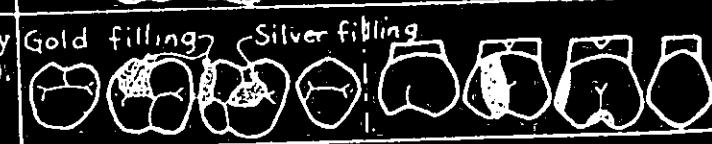
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



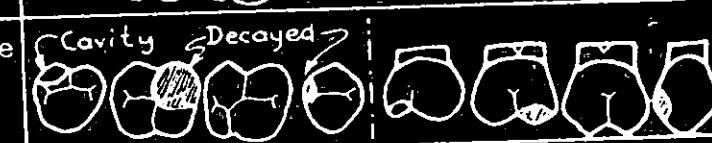
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). 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

Medium size teeth, tobacco stained and lower incisors and cuspids heavily coated with tartar.
L 7 and L 1 missing after death, sockets present.
Remark: R 15 had been broken off for a long time, the root being present but still a shell at the gum line.
L 10 and L 15 missing after death, sockets present.
R 1,2,5,7,8, L 4,8 missing before death, sockets well granulated.
L 1,2 missing after death, sockets present.
Apparently this was an elderly man for his molars had been worn so the occlusal surfaces were flat
There was no fillings present in any teeth.

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-7293~~
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Stod, Czechoslovakia EP 9229
(name of closest town) (coordinates and letter Prefex, maps)
N-50 1/250,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 611 CH CO
(name and organization)
4. Evacuated to Cemetery by CIP
(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

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool OD none

Undershirt, Wool none

Undershirt, Cotton three (3)

Trousers HBT none

*Trousers, Wool OD one (1) pair of german

Belt, Web none

Drawers, Wool none

Drawers, Cotton two (2) pairs

Leggins, Wool none (Note unusual lacing)

Socks, ~~Cotton~~ three (3) pairs of wool socks

*Shoes (type) none

Overshoes none

Web Equipment (Type) none

(Other item) one civilian jacket with blue and brown stripes

(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. UTD

8. Description of Remains :
Age UTD Height ^{EST} 5.5 Weight ^{EST} 140 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 **UTD** (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)

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)

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

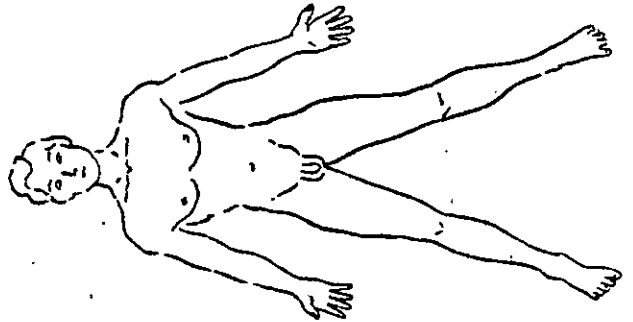
Hernioplasty **UTD** (yes-no; location)

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

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

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

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



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

If not, explain UTD

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

12. Remarks : Processing weight about 40 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.

John S. Martin Jr.
JOHN S. MARTIN Jr.
Officer's Name

WD CIV.
Rank Service

Labor supervisor CIP
Organization

RESTRICTED

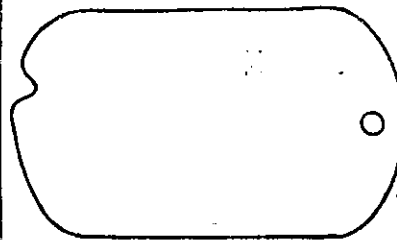
IF 4023 #

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
4 September 1946

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

| | | |
|---|--------------------------------|--|
| NAME (Last, first, middle initial) UNKNOWN X-7293 | | 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 STOD, Gzechoslovakia. | CAUSE OF DEATH BEATEN TO DEATH | DATE OF DEATH 15 APRIL 1945 |
|--|--|---------------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
UNKNOWN

| | |
|--|---|
| IDENTIFICATION TAGS FOUND ON BODY (Y, S, or none) NONE | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) NONE |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) YES | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
NONE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US MILITARY CEMETERY ST AVOLD, FRANCE (Q 260584)

| | | | | | | |
|---|---------------------|--|--|-------------------------|---------------------|-------------------------|
| DATE OF BURIAL 4 September 1946 | HOUR 1630 | BURIED IN (Shroud, blanket, or name of other) WD. CASKET | TYPE OF GRAVE MARKER WD. CROSS | PLOT No. KKKK | ROW No. 8 | GRAVE No. 178 |
|---|---------------------|--|--|-------------------------|---------------------|-------------------------|

| | |
|--|--|
| WAS THIS A REBURIAL? (Yes or no) YES | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. IN WOODEN AREA OUTSIDE THE TOWN OF STOD, Czechoslovakia WP 9229, N-50 1/250,000 |
|--|--|

| | | |
|--|--|--|
| 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 of WD QMC Form 1042 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) RODGERS, WILLIAM R. | RANK Unk | SERIAL No. 0-668780 | ORGANIZATION A.A.F. | GRAVE No. 177 |
|--|--------------------|-------------------------------|-------------------------------|-------------------------|

| | | | | |
|--|--------------------|-------------------------------|-------------------------------|-------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KINGSLEY, G.J. | RANK Sgt | SERIAL No. 12009963 | ORGANIZATION A.A.F. | GRAVE No. 179 |
|--|--------------------|-------------------------------|-------------------------------|-------------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>Ralph W. Sleator</i> RALPH W SLEATOR, Major INF. CIP | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Samuel E. Proctor</i> SAMUEL E PROCTOR, 2nd Lt., INF CIP |
|---|--|

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

27 8-178

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 est 5.5 | WEIGHT est 140 | COLOR OF EYES UTD | COLOR OF HAIR UTD | BIRTHMARKS, SCARS, OR TATTOOS UTD |
|----------------------|----------------------|----------------------|----------------------|--------------------------------------|

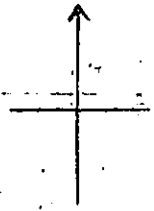
| | | |
|-------------------------------|-----------------------|--|
| WEAPON AND SERIAL No. NONE | LAUNDRY MARKS NONE | WHERE BODY WAS BURIED OR FOUND STOD, Czechoslovakia |
|-------------------------------|-----------------------|--|

OTHER IDENTIFICATION CLUES

none

| | |
|---|--|
| <p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> | <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| <p>CAVITIES</p> <p>CAVITY DECAYED</p> | |
| <p>MISSING TEETH</p> <p>TOOTH MISSING</p> | |
| <p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> | |
| <p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> | |
| <p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> | |

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



REMARKS:

Form 11 Checklist and Form IA Tooth Chart accomplished.
Fingers too badly decomposed for fingerprints.
Est weight of remains 40 lbs