

943 unk St. Avold X-7525

7887 GRAVES DETACHMENT

AP0 757

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-7525, ST AVOLD

(FCC) HAMM

*File
8 march 51*

M Martin Id Doc.

(S-Advent)

REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

21 September 1946

1 January 1946

Date

NAME UNKNOWN X-7525 RANK Unknown ASN Unknown
 ORGANIZATION Unknown (Prisoner of War)
 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 Unk RANK Unk ASN Unk
 - b. ORGANIZATION Unk
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Luce, Donald E.

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

- a. Date of above burials Febuary 1945 Common Graves? _____
5. Name and Type of Cemetery Waldfrisdhof Military Cemetery
(Military or Civilian)
6. Map Coordinates of the Cemetery (WM-1090)
 - a. Town Diez Country Germa ny
7. Give exact location in cemetery of the remains:
 - a. Section _____ Row 5 Grave 10
 - b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
 - a. Town _____ Coordinates _____
 - b. Is Sketch attached? Yes
 - c. Is area mined? No
9. How is the grave marked? Wooden Cross
10. If grave is marked with cross, give exact markings thereon No Markings

a. From what source was this information obtained? Dr. Schmidt Swartzenburg
 (Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? Town Hall Using
 (Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Date of Death and Cause of Death
- b. Where was the information obtained? Dr. Schmidt Swartzenburg Stalag Xll A.
- c. By whom? Dr Schmidt Swartzen burg Stalag Xll A.
12. What is the date of death? Est Febuary 1945
- a. Give basis Dr. Schmidt Swartzenburg Stalag Xll A.
13. What is the cause of death? Wounds or Diptheria (See Atta ched Statements)
- b. Give basis Dr. Schmidt Swartzenburg
14. What is the date of burial? Est Febuary 1945
- a. Give basis Dr. Schmidt Swartzenburg Stalag Xll A
15. What was the place of death? Stalag XllA PW Ca mp Diez Ger. Coords (wM-1090)
- b. Give basis Dr. Schmidt Swartzenburg Stalag Xll A
16. Where were the remains found? Stalag PW Camp Diez Ger. Coords (wM-1090)
- a. By whom? German Civilians
- b. Is sketch attached? Yes
17. Was a casket used? No Who furnished the casket? _____
 Type of casket _____ How marked? _____
18. Who made the burial German Military Personnel
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Johne Kline, Limberg, Bbere Fleisch Cassa #7
Dr. Schmidt Swartzenburg Staffel/Lahn by Limberg

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? DOES NOT APPLY
- 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? DOES NOT APPLY
 a. Give specific position in tank from which deceased was removed
 (Radio man, driver, assistant driver or . . . front, side, or back)
 b. Near wreckage?
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 a. Type of tank
 b. Markings and/or name of tank
 c. Numbers on motors, machine guns, ammunition, instruments, etc
- 33. What was the type of enemy action that resulted in the tank's disablement?
- 34. Did tank explode? Burn?
- 35. Number of tanks in immediate vicinity at time of disablement
- 36. Does specific time and date of disablement correspond with date of death of above named deceased?
- 37. Precise time and date of destruction of tank
 (Night?) (Day?)

- 38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

- 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)
 If so, give complete and thorough results of the interrogation.
 a. Are all certificates and statements of people who possessed knowledge of the case attached?
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased. Johanne Kline, Limberg, Obere Fleisch Gasse #7
Dr. Schmidt Swartzenburg Staffel/Lahn by Limberg

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

- 41. Were personal effects recovered by the investigating team? No
 If not, state reason
- a. Were identification tags found at the time of death? 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? _____

Where? On Remains By whom? American PW Doctor

Present disposition Unknown

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

42. Was Deceased given first aid? Yes If so, where? Stalag XLL A

By whom? _____ Are statements from the medical people attached? Yes

43. Was deceased evacuated to a German civilian hospital? No

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No

(Burnt? Decapitated?. etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? _____ By whom? _____

When? _____

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

Johanne Kline , Limberg Obere Fleisch Casse #7

Dr. Schmidt Swartzenburg, Staffel/Lahn by Limberg

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 All information pertaining to deceased are attached to this form. No further information is available.

(Use attached, sheets if necessary)

Signature of Interpreter

Ivor J. Fosmo
Signature of Investigator
IVOR J. FOSMO

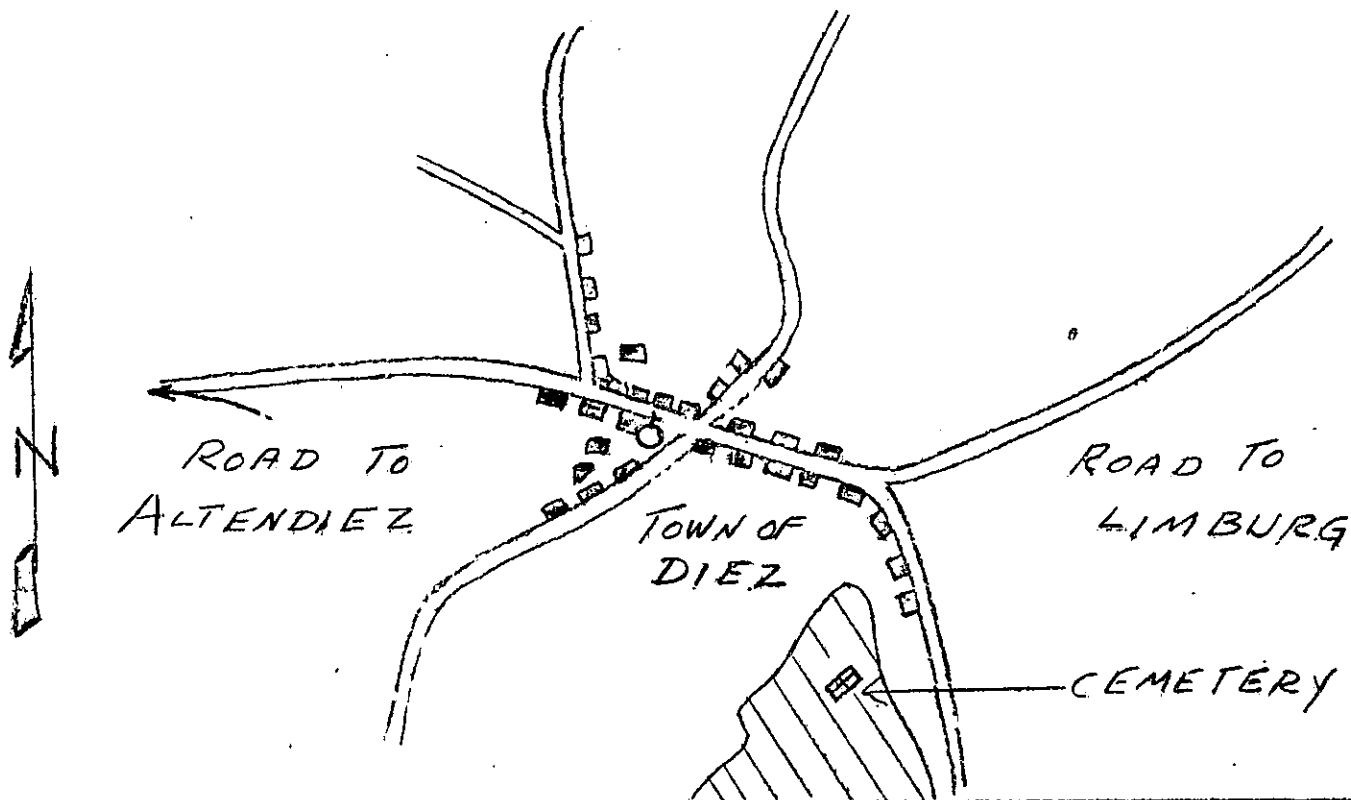
Rank ASN

2nd Lt. Inf. 0-2020412
Rank ASN

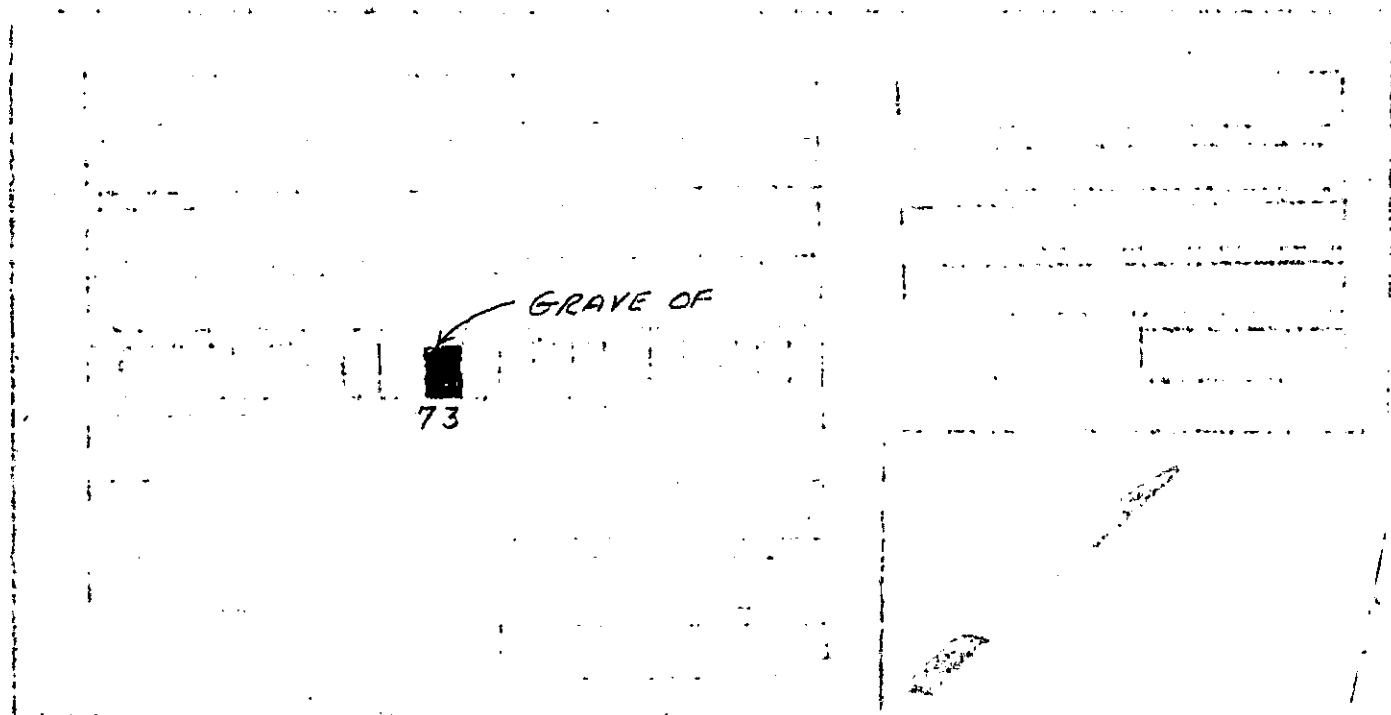
Organization

610 QM GR CO Trittenhien Mosel D
Organization

Map: Germany 1/100
Sheet: S-2
Coordinates: WM 1090
Location: Die z, Germany
Sketch: By T/5 H all
610 QM GR Co
Date: 2 September 1946
NOT TO SCALE



WALDFRIEDHOFES CEMETERY



S T A T E M E N T

On the 28 September 1944, I buried an American Major at the Waldfriedhof (forest-cemetery) at DIE, who had been killed in the hospital in Limburg/Lahn during an air-raid. During an air-raid on the 23 December 1944, 62 Americans were killed. These were buried on the 28 December. 14 Americans were killed and buried in February 1945, cause of death is unknown. Further 25 Americans were buried in March 1945, cause of death is unknown.

Johannes Klein
Fleischgasse No. 17
Limburg/Lahn

A TRUE TRANSLATION

Ivor J. Fosmo
IVOR J. FOSMO
2nd Lt. INF.
G. R. Officer

S T A T E M E N T

As Camp-Doctor of the Prisoner of War Camp XII A, STALAG, I can remember that about 70 American Officers were killed during the air-raid on the 23 December 1944. Between 8 and 10 American soldiers died during the months of January and February 1945. They had come from the front with a bad attack of Diptheria and although they were treated with Serum injections, but there was no help for them.

Dr. Schmitt-Schwarzenberg
Staffel/Lahn
Landweg 8

A True Translation.

Ivor J. Fosho

IVOR J. FOSHO
2nd Lt. Inf
G. R. Officer

CHECK LIST OF UNKNOWN

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

Unknown X - 7525
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(Hour) (date)

2. Place of death Stalag XII A, Diez, Germany
(Name of closest town) (coordinates and letter Prefix, maps)
(W M - 1090)
Sheet, scale and serials used.

3. Remains recovered or disinterred by 610 th QM.GR
(name and organization)

4. Evacuated to Cemetery by C.I.P.
(name and organization)

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

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

*Headgear none
(type)

Raincoat none

Overcoat none

Jacket, Field none Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool, OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD none

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggings, Wool **none** (Note unusual lacing) **none**

Socks, Cotton **none**

*Shoes (type) **none**

Overshoes **none**

Web Equipment (type) **none**

(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 **Utd.**

8. Description of Remains:

Age **Utd.** Height **5' 9 1/2"** ^{Est.} Weight **Utd.** Description of wounds **Utd.**

Bandages or dressings **Utd.** Scars **Utd.**
(length, width, location)

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

Outstanding moles, warts or birthmarks **Utd.**
(yes-no; description, location)

Sunburn or tan, other than hands & face **Utd.**

Complexion **Utd.**
(light, med, dark, clear, pimples, pocks, freckles)

Build **Utd.**
(large, fat, thin, muscular)

Hair **Brown 1" long straight**
(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 Goatee Utd. (length, heavy)

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 Regular (wide, narrow, normal) Circumference of head in inches 20 (hat band)

Neck Utd. (size, length, short, normal, wrinkled) Larynx Utd. (prominent, normal)

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

Utd. (extent and quantity of hair)

Hands Utd.

Fingers Utd. (short, thick, long, slender, size of knuckles, missing fingers or joints)

Utd. (unusual characteristics of fingernails)

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

Back Utd. (quantity & extent of hair) Waist Utd. (size of navel, appendectomy, amount)

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

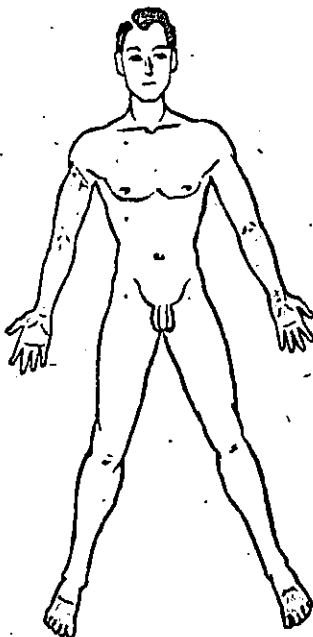
Hernioplasty Utd. (yes-no; location)

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 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 too badly decomposed

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

12. Remarks: Entire body recovered in skeleton form except as noted on dia-
gram. No clothing was found with remains. Est. weight of remains reco-
vered 20 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.

R.G. Johnson
Officers Name

R.G. Johnson

2nd Lt. Inf. Lab. Off.

Rank

Service

C.I.P.

Organization

AIRMAIL

293 Unknown - France - (St. Avold) (St. Avold)
X-7525 X-7985 X-7988

QUEST 293

19 January 1950

QRS European

293 Unknown - France - X-7525

SUBJECT: Certificates of Unidentifiability
Transmittal Letter #4522 dated 29 November 1949

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

1. This Office approves the classification of Unknowns X-7525, X-7985 and X-7988, USMC St. Avold, France, as Unidentifiable.

2. Other Unknowns listed in Transmittal Letter #4522 will be the subject of separate letters.

FOR THE QUARTERMASTER GENERAL:

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

Handwritten notes and stamps: "W 23 10 09 1950", "MAIL & RECORDS DIVISION", "RECEIVED", "1950 JAN 20 10 09 AM".

Marks/nscj
Foy off
REB

X 293 Unknown - France - X 7985
X 293 " " " X 7988

Handwritten initials and "REG" stamp.

Large handwritten scribble at the bottom of the page, including "copy for" and "293 Unknown - France - X-7525 (St. Avold)", "X-7985", "X-7988".

AIRMAIL

AIRMAIL

293 Unknown - France - (France) (St. Arnaud)
~~X-7525 X-7985 X-7988~~

QUART 293

19 January 1950

QRS European

293 Unknown - St Arnaud X 7525

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Transmittal Letter #4522 dated 29 November 1949

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7887 Graves Registration Detachment
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FOR THE QUARTERMASTER GENERAL:

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

MAIL ROOM
MAIL & RECORDS SECTION
MAR 23 10 09 AM '50

Marks/nsj
Foy wjf
REB

X 293	Unknown	St Arnaud	X 7525	
X 293	"	"	X 7985	
			X 7988	TEC.

paper for
~~293 Unknown - France X-7525 (St. Arnaud)~~
~~" " " X-7985 "~~
~~" " " X-7988 "~~

AIRMAIL

AIRMAIL

JAN 28 1950

RECEIVED
MAIL

POST OFFICE
JAN 28 1950

AIRMAIL

USMC HAMM
Flot. G. Row: 7 Col. 31
Date of Burial: 30 June 50 **DISINTERMENT DIRECTIVE**
Verified by GRS Officer
Robert W. GANSEL, 1st LT QMC

776
19/1/50

SECTION A
NAME AND BURIAL LOCATION OF DECEASED
Robert W. Gansel
DIRECTIVE NUMBER
3574 00000
DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN X-007525
SERIAL NUMBER
RANK
ARM
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST AVOLD - METZ
DISPOSITION OF REMAINS
3503 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
4L 3 57 FRANCE
CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE
~~ST AVOLD, FRANCE~~ **HAMM, LUXEMBOURG**
(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-007525
SERIAL NUMBER
RANK
Unk
DATE OF DEATH
Est Feb 45
DATE DISTINTERRED
26 May 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER
GRS
ORGANIZATION
UNKNOWN
RELIGION
Unk
IDENTIFICATION VERIFIED BY
Elijah H Fields Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress cover
CONDITION OF REMAINS
Disarticulated - In skeleton form - R/Humerus, R/L/Radius & Ulna missing

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains
NAT **FILE**

MINOR DISCREPANCIES
None
RECORDS ANNOTATED
DATE **27 JUL 50**
NAME **R. T. Johns**
BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE **8 June 48** BY **Elijah H Fields, Embalmer**

CASKET SEALED BY
Elijah H Fields Embalmer
EMBALMER (Signature)
Elijah H Fields
Elijah H Fields

CASKET BOXED AND MARKED
DATE **8 June 48** BY **Elijah H Fields**
SHIPPING ADDRESS VERIFIED BY ALL markings plates & tags verified by:
Henry F. Alzmann
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.

Henry F. Alzmann
HENRY F. ALZMANN 1st Lt Inf, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

CONSIGNEE CORRECTED - Reg. Div.

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>F. B. Callaghan</i>	DATE 25 Oct 49	SIGNATURE OF RECEIVER CPL VINCENT P MATOZZO RA 32707218	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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST AVOLD FRANCE	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 U.S. France (misc) St. Avold
X-7525 X-7985 X-7988

GROUP 293
LSC European

15 January 1950

1944-47: Certificate of Unidentifiability
Transmittal Letter #1522 dated 27 November 1949

20 : Chief, Registration Division
7837 Graves Registration Detachment
Apt 50, c/o Postmaster
New York, New York

1. This Office approves the classification of Unknowns X-7525,
X-7985 and X-7988, LSC St. Avold, France, as unidentifiable.

2. Other Unknowns listed in transmittal letter #1522 will be
the subject of separate letters.

FOR THE QUALIFICATION DIVISION:

T. H. 1875
Lt. Colonel, G-1
Memorial Division

Karles/nmj
Foy
REB

X 293 U.S. France X-7525 (St. Avold)

AIRMAIL

AIRMAIL

293 Unknown France (misc) St. Avold
X-7525 X-7985 X-7988

QUART 293
QNS European

19 January 1950

SUBJECT: Certificates of Unidentifiability
Transmittal Letter #4522 dated 27 November 1949

TO : Chief, Registration Division
7807 Graves Registration Detachment
APO 50, c/o Postmaster
New York, New York

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FOR THE QUARTERMASTER GENERAL:

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

Marks/nsj
Foy
RUB

X 293 Unknown France X-7525 (St. Avold)

AIRMAIL

AIRMAIL

QMGMT 293

1st Ind.

GRS European

SUBJECT: Identification Check Lists
Transmittal Letter #4516

Department of the Army, OCMG, Washington 25, D. C., 5 December 1949

TO: CG, AGRC, European Area, APO 58, c/o PH, New York, New York

1. Reference is made to Check Lists for the above-listed Unknowns, USMC St. Avold, France.
2. Check Lists for Unknowns X-7389, X-7525 and X-7988 indicate tooth charts were accomplished, however, they were not received with Check Lists.
3. Request the above-mentioned tooth charts be forwarded.

FOR THE QUARTERMASTER GENERAL:

4 Incls w/d

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

cc: Adm Sect
Ruditz/id
Foy
REB

X 89 23rd France X-7525 - ST AVOLD

REB
TEC

3/4.6 JRS Europe
T/L# 4516

AIRMAIL

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

RRE 293

23 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7525, Plot LLLL, Row 3, Grave 57, 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. 4516, dated 23 November 1949.
3. Remarks: See Case History attached.

Received ~~29 Nov 1949~~ OQMG
Not identifiable from
information presently
available + L# 4522-29 Nov 1949
2 marks

Case reviewed by undersigned Members of the Board of Review: 18 Jan 50

E. D. Mulvanity
MC

Col. H. P. HENRY, O-12589

MC

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

MC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

MC

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

CAV

CWO Frank GEER, W-2102925

USA

Capt. Jack C. HAYES, O-1577297

MC

Incl #12

T. L. # 4522, 29 Nov 49

CASE HISTORY

UNKNOWN No. X-7525

U.S. MILITARY CEMETERY ST. Avold, France

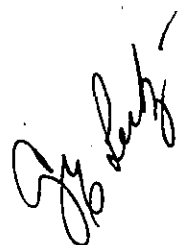
Remains of X-7525 were disinterred from a Cemetery at Limburg/Diez, Germany. This cemetery received the remains of deceased Prisoners of War who were interned in Stalag XIIA; Limburg/Diez.

Dental and physical records of all American Prisoners of War known to have succumbed at Stalag XIIA have been accumulated with the view to comparing the information with physical and dental information (applied to skeletal and tooth charts) appended to individual Unknown X-cases representing each decedent disinterred from Diez Cemetery. The comparison in this case was negative.

In view of the negative results of the investigation and records comparison mentioned above, it is recommended that these remains be declared UNIDENTIFIABLE.



T. J. Murphy



6

DISINTERMENT DIRECTIVE

213 unk France X-7525 (St. Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000	DATE 15 01 73 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME UNKNOWN X-007525	SERIAL NUMBER	RANK	ARM J	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 9503 80 CODE DIST. PT.
PLOT 4L	ROW J	GRAVE 57	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> 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 /	

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.

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

23

RRB 314.6

SUBJECT: Identification Check Lists
Transmittal Letter #4516

TO: The Quartermaster General
Washington 25, D.C.
ATTENTION: Memorial Division.

Forwarded herewith for your files are four (4) copies of Identification Check Lists, pertaining to the remains indicated below:

X-7389	St. Avold	LILL	7	162
X-7525	St. Avold	LILL	3	57
X-7985	St. Avold	NNNN	12	297
X-7988	St. Avold	0000	1	11

FOR THE COMMANDING GENERAL:

4 Incls
Ident Check Lists

/s/ Gaylord E. Lutz
1st Lt. QMC
Actg Asst Adj Gen

1st Ind.
TO: CG AGRC EUROPEAN AREA, APO 58, c/o PM New York, New York

1. Reference is made to Check Lists for the above listed Unknowns, USMC, St Avold, France.

- X-7525
2. Check Lists for Unknowns X-7389, X-~~7525~~, X-7988 indicate tooth charts were accomplished, however, they were not received with Check Lists.
3. Request the above-mentioned tooth charts be forwarded.

FOR THE QUARTERMASTER GENERAL:

T H METZ

2nd Ind

TO: The Quartermaster General, Washington 25, D.C.
ATTENTION: Memorial Division

1. Reference is made to paragraph 3, preceding Indorsement.
2. Inclosed herewith for your information are copies of tooth charts for Unknowns X-7389, X-7525 and X-7988, USMC, St Avold, France.

FOR THE COMMANDING GENERAL:

GAYLORD E LUTZ
1st Lt QMC
Actg Asst Ad Gen

3 Incls
Tooth Charts

COPY

TOOTH CHART

22 Sept. 1949

Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death

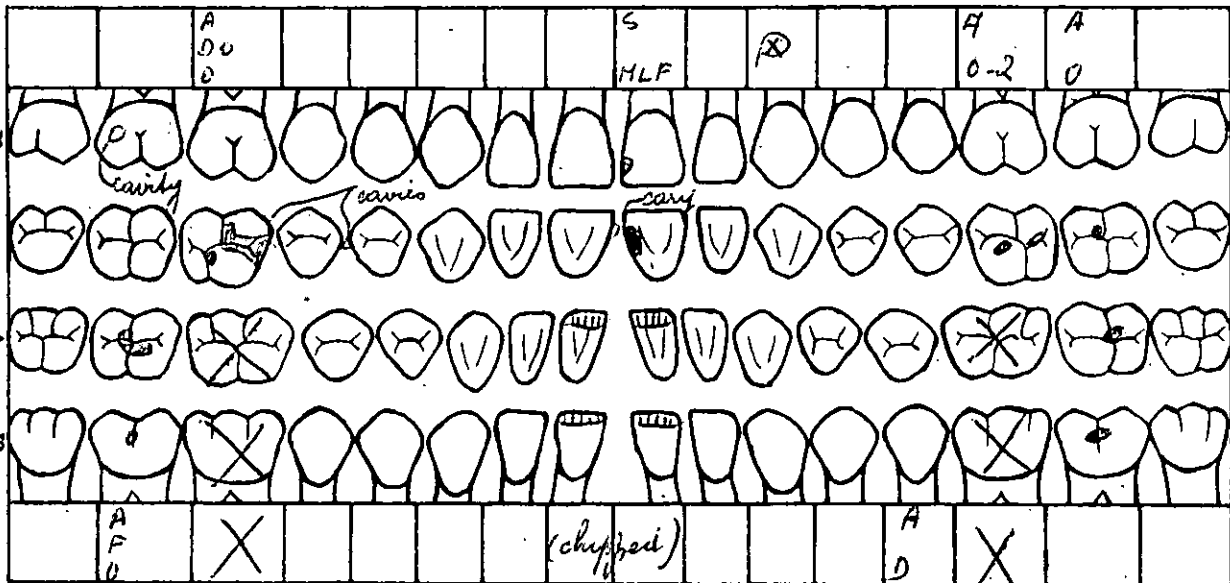
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16


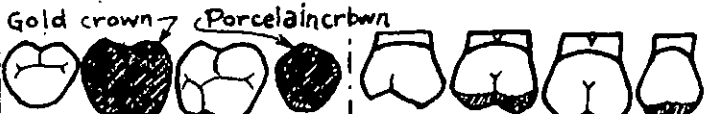

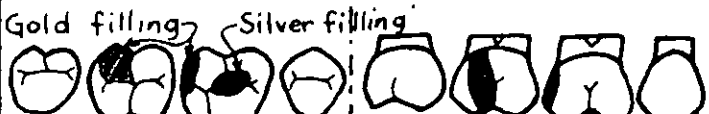

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

s/ Odin Ralseth

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

Odin Ralseth

<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

Size Average
Color Ivory
Stain Heavy lingual
Calculus Medium
Spaces R13 to R15 2½mm L13 to L15 5mm
Alignment Very Good

TOOTH CHART

21 September 1946
Date

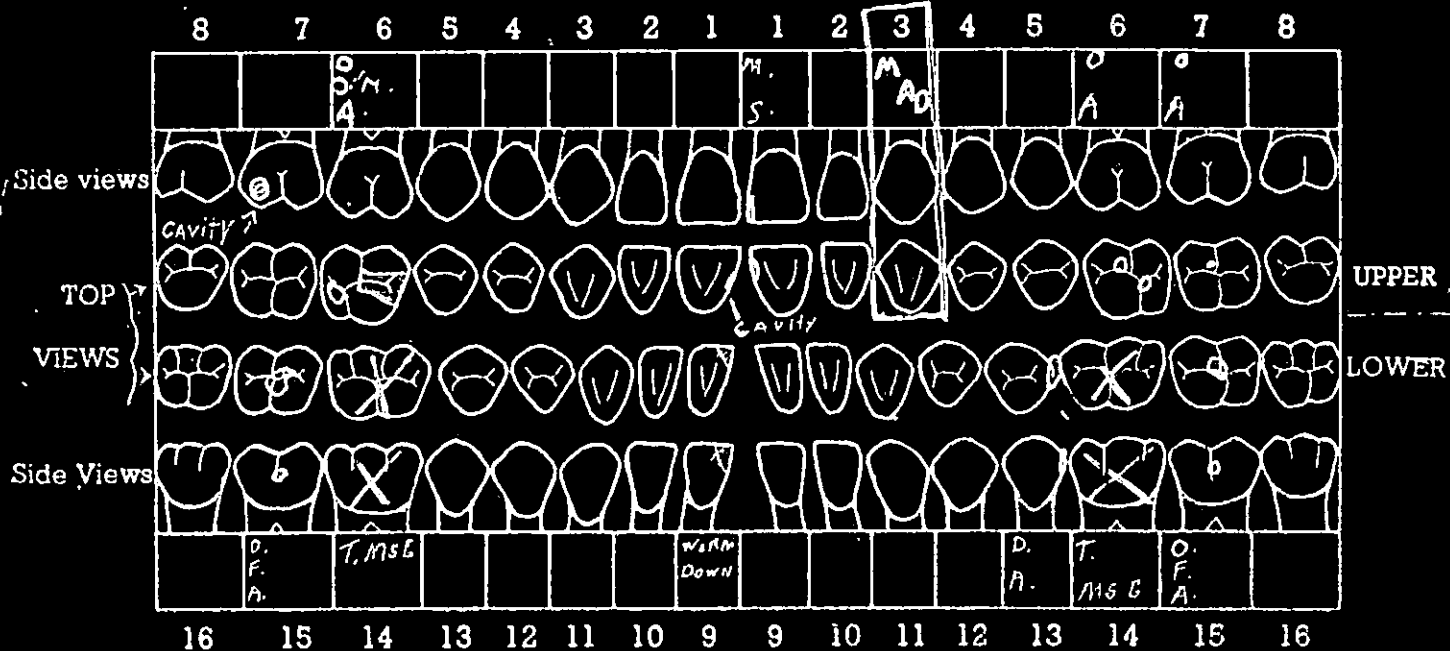
UNKNOWN X - 7525 Unknown Unknown
Last Name First Initial Rank Serial No.

Unknown Unknown
Unit Organization

Stalag XII A PW Camp, Diez Est. Feb. 1945 Wounds or diphtheria
Place of Death Germany 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), 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.

F. Donald S. Steele B-211463 *W.D.H.*
Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Macintyre
Verified by C. R. S. Officer
Ellsworth T. Macintyre
Captain Q.M.C. C.I.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 :



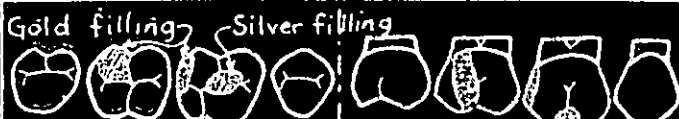
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Missing BD - fossa closed; R 14, L 14

Missing AD - Socket present; L 3

R Q; mesial half of incisal surface worn sharply away distal tip protrudes pointedly

R 12, 13 shifted slightly to distal - Gap of 2mm between R 11 & R 12

Teeth larger than average

Alignment very good - upper incisors slightly crowded

Light facial stains upper

Color; dull ivory with pink tinge

Very heavy brown stain lingual incisors

Teeth unclean - lingual stain bands all teeth at gum line

Spacing close and regular

E.O. - 2348

BRITISH

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN

UNIC-X-7225

2. DATE OF REPORT

22 SEPT - 44

3. NAME OF CEMETERY

USMC ST-CAULD

4. PLOT

LLL

5. ROW

3

6. GRAVE

57

7. DATE OF

DISINTERMENT

REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT

187.66

9. ESTIMATED HEIGHT

5' 10"

10. COLOR OF HAIR

ADONET FOLLOWS

11. RACE

VTC

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED?

YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?

YES NO

TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

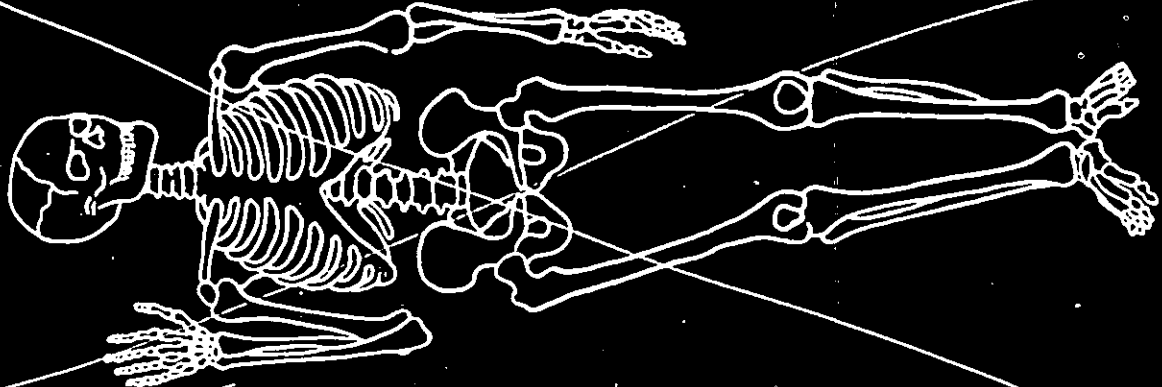
None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

22

19. BLACK OUT PARTS OF BODY NOT COVERED



SEE SKELETAL CHART

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM, EMBOSSED PLATES MARKED 7228 RECEIVED WITH REMAINS, DISPOSITION REPINNED TO BLANKET CONTAINING REMAINS

HAIR - NONE FOUND ON
TEETH SEE TOOTH CHART
EST. AGE 19 TO 23
EST. HT. 5' 10"

BYRD
GREEN

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

John A. Bepko dec 3

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

X-7625
 P-4L
 R-3
 G 57 E.O. 2348

STERNUM

HUMERUS

34.7

HUMERUS

ULNA

RADIUS

ULNA

RADIUS

FEMUR

47.1

FEMUR

TIBIA

FIBULA

39.6

TIBIA

39.

FIBULA

- FRACTURED

- SHATTERED

- MISSING

- BURNED

COLOR OF HAIR UTD

ESTIMATED AGE 18 TO 23 Yrs

ESTIMATED HEIGHT 5 Ft. 10 In

ESTIMATED WEIGHT 155 LBS

R.F. Peterson
 Signature

CHART "A"

29

CHECK LIST OF UNKNOWN

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

Unknown X - 7525
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(Hour) (date)

2. Place of death Stalag XII A, Diez, Germany
(Name of closest town) (coordinates and letter Prefex, maps)
(W M - 1090)
Sheet, scale and serials used.

3. Remains recovered or disinterred by 610 th QM.GR
(name and organization)

4. Evacuated to Cemetery by C.I.P.
(name and organization)

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

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

*Headgear none
(type)

Raincoat none

Overcoat none

Jacket, Field none Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool, OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD none

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggings, Wool none (Note unusual lacing) none

Socks, Cotton none

*Shoes (type) none

Overshoes none

Web Equipment (type) none

(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 Utd.

8. Description of Remains:

Age Utd. Height Est. 5' 9 1/2" Weight Utd. Description of wounds Utd.

Bandages or dressings Utd. Scars Utd.
(Length, width, location)

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

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

Sunburn or tan, other than hands & face Utd.

Complexion Utd.
(light, med, dark, clear, pimples, pocks, freckles)

Build Utd.
(large, fat, thin, muscular)

Hair Brown 1" long straight
(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 Goatee Utd. (length, heavy, 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, poticeable crowns, fillings, extract)

Chin Utd. (prominent, receding, pointed, dimple, double)

Jaw Regular (large, small, normal) Circumference of head in inches 20 (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. (sort, thick, long, slender, size of knuckles, missing fingers or joints)

Utd. (unusual characteristics of fingernails)

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

Back Utd. (quantity & extent of hair) Waist Utd. (size of navel, appendectomy, amount)

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

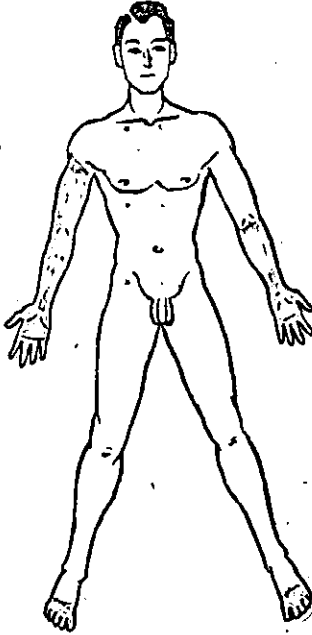
Hernioplasty Utd. (yes-no, location)

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 fractures Utd. (nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Internet no
Yes-no

If not, explain too badly decomposed

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

12. Remarks: Entire body recovered in skeleton form except as noted on dia-
gram. No clothing was found with remains. Est. weight of remains reco-
vered 20 lbs.

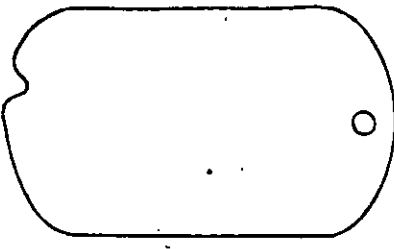
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

R.G. Johnson
.....
Officers Name

R.G. Johnson

2nd Lt. Inf. Lab. Off.
Rank Service

C.I.P.
Organization

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 23 September 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-7525			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown (Prisoner of War)	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Stalag XII A PW Camp, Diez, Germany		CAUSE OF DEATH Wounds or diphtheria (see statement)			DATE OF DEATH Est. Febr. 1945	
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) 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 U, S, MILITARY CEMETERY (Q.260584) St-Avoid FRANCE						
DATE OF BURIAL 23 September 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) casket		TYPE OF GRAVE MARKER Wood-Cross	PLOT No. 3	GRAVE No. 57
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE Waldfriedhof Diez, Germany (W. M - 1090)					
	PLOT No. 5	ROW No. 5	GRAVE No. 10			
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES CH. Ch.R.Williams, 1st Lt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC 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-7508			RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 56
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Soriano, Joe			RANK Unk	SERIAL No. 38365528	ORGANIZATION A.A.F.	GRAVE No. 58
SIGNATURE OF PERSON PREPARING REPORT Ellsworth T. MacIntyre Captain G.M.C. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT Verne C. Edmunds 2nd Lt. Inf. C.I.P.			
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.						

OCT 28 10 48 AM '46
 REGISTRATION BRANCH

33

3-57

RESTRICTED

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. 5'9 1/4"	Utd.	Utd.	Brown 1* straight	Utd.

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
none	none	Diez, Germany

OTHER IDENTIFICATION CLUES

none

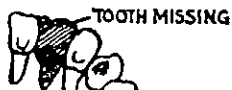
FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

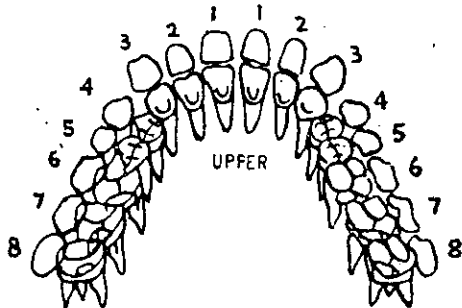
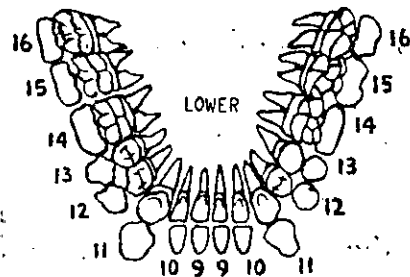


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Form 11 check list of unknowns and Form 1A Tooth Chart accomplished
 Too badly decomposed for fingerprints
 Est. weight of remains recovered 20 lbs.