

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

19 September 1949
 (Date)

RRE 293

295 Unknown France (St. Avold) X-7987

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7987, Plot 0000
 Row 4, Grave 79, 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. 2103, dated 3-12-46.

3. Remarks: Tooth chart obtained for the remains of X-7987 has been compared with available dental records for all unresolved casualties in Map Sheet Ger 3, 2a & 3a, and Holland with negative results. Efforts to associate subject remains with unresolved casualty or casualties by all other means have proven negative.

R. SUGIMOTO

Received *Opal Hill*
 Case reviewed by undersigned Members of the Board of Review:
 Not identified from *10 Dec 49*
 information presently available

Henry
 Col. H.P. HENRY, O-12589

QMC Lt. Col. E.D. MULVANY, O-359598 QMC

M.G. = 43A2, 10 Sept 49

Major R. BERGLER, O-251736

ORD Capt. Jack C. HAYES, O-1577297 QMC

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

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

able from
 on presently

Incl #3

RUC

1

This Grave formerly occupied by: UNKNOWN -007234-B
 USMC ST AVOLD, FRANCE
 Plot D, Row 17, Grave 38
 Date reburied: 20 Oct 49 Date disinterred: 20 Oct 49

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED M. R. SWART CAPT QMC		DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
NAME	SERIAL NUMBER 2013 UNKNOWN X-007987	RANK	ARM 8
CEMETERY ST AVOLD - METZ	DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
LOT 40	ROW 4	GRAVE 79	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 UNKNOWN X-007987	SERIAL NUMBER	RANK	DATE OF DEATH Est Feb 45.	DATE DISTINTERRED 17 Mar 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USAAF	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H. Fields, Embalmer. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover.	CONDITION OF REMAINS Body disarticulated. Right and left Ulna, Radius, Hand & left Clavicle missing.
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains.	

MINOR DISCREPANCIES
None.

REMAINS PREPARED AND PLACED IN CASKET
DATE 25 Mar 48 BY Elijah H. Fields, Embalmer.

CASKET SEALED BY
Elijah H. Fields, Embalmer.

EMBALMER (Signature)
Elijah H. Fields, mbalmer.

CASKET BOXED AND MARKED
DATE 25 Mar 45 BY Elijah H. Fields, Embalmer.

IDENTIFICATION VERIFIED BY
All markings, tags and plates verified by
Frank B. Callaghan, 1st Lt FA.

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

Frank B. Callaghan
FRANK B. CALLAGHAN, 1st Lt. FA, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECEIVED
BRANCH
24 APR 1948
Callaghan

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		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 (ON WHITE LINE/175 0000)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER S. VAGED BANCE	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

• FILE UNDER NO. 293 - Unk France X- 7987 (St. Avoird)

I N D E X S H E E T

INDEX

SYNOPSIS

8 March 47

FROM: OCS
TO: Westover Fld., Mass.

SUBJ: Identification of Unkn Deceased

 BRANTON, Jr. William J. SS702420 S/Sgt. who was
stationed at Westover Fld.; May 44.

DOCUMENT FILED UNDER NO. 293 - Unks (Info) St. Avoird, France

ju

• FILE UNDER NO. 293 - Unk France X- 7987 (St. Avoird)

I N D E X S H E E T

LETTER

SYNOPSIS

5 March 47

FROM: OCMG
TO: Westover Fld., Mass.

SUBJ: Identification of Unkn Deceased

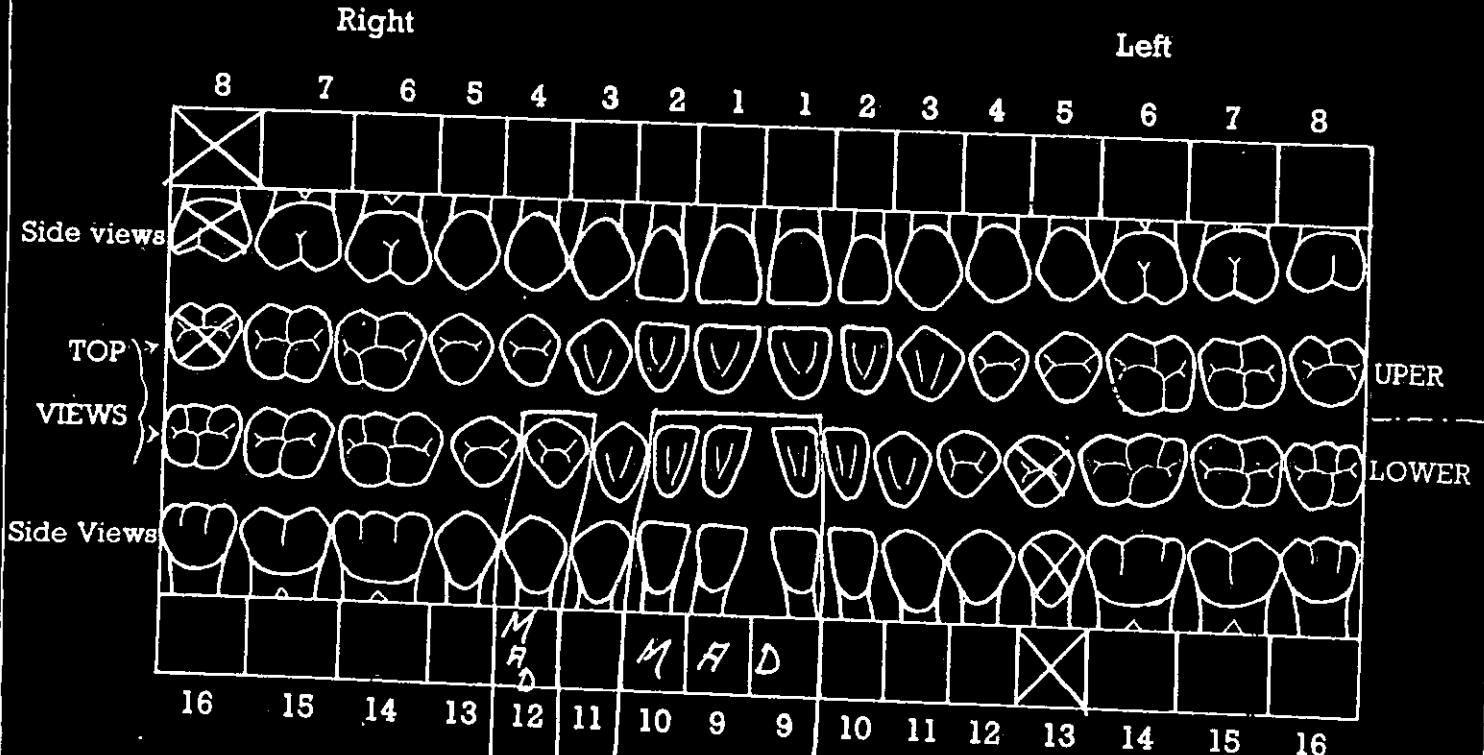
BRANTON, Jr. William J. 33702420 S/Sgt. who was
stationed at Westover Fld.; May 44.

DOCUMENT FILED UNDER NO. 293 - Unks (Misc) St. Avoird, France

JW

TOOTH CHART

Unknown X - 7987 23 Oct. 1946
 Last Name: Unknown First: Unknown Date: Unknown
 Rank: A A F Serial No.:
 Unit: BTB.: HEINSBURG or UNTERBRUCK, Est. Febr. 1945, Organization: K.I.A.
 Place of Death: Germany Date of Death: Cause of Death:

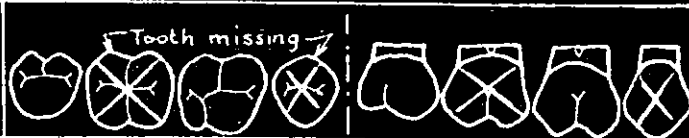


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

(64)

Edward Sebastian
 Signature of Officer or other person who prepared Tooth chart
Ellsworth T. MacIntyre
 Verified by G. R. S. Officer
 ELLSWORTH T. MAC INTYRE
 Captain OMC. 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 :



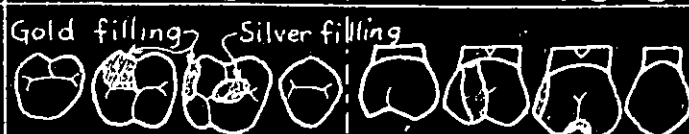
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



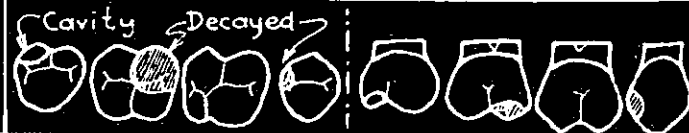
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Teeth missing before death R-6 and L-13.
 Teeth missing after death, sockets present, R-9,10,12 and L-9.
 Tooth impacted probably unerupted before death R-16
 Tooth malformed undersized L-8.
 Medium sized, slightly uneven, white teeth with no fillings in the teeth present.

65

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 - **7987**
Cemetery **St. Avold - France**
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death **believed to be HEINSBURG or UNTERBRUCK, Germany**
(name of closest town) (coordinates and letter Prefex, maps)
Sheet R-1, V K 8876, 1/100.000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **610th QM GR Co.**
(name and organization)
4. Evacuated to Cemetery by **Central Identification Point**
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

- Item _____
- *Headgear **leather flying helmet**
(type)
 - Raincoat _____
 - Overcoat _____
 - Jacket, Field _____
 - Jacket, Combat _____
 - Mackinaw _____
 - Sweater _____
 - Jacket, HBT _____
 - *Shirt, Wool OD _____
 - Undershirt, Wool _____
 - Undershirt, Cotton _____
 - Trousers HBT _____
 - *Trousers, Wool OD _____

NO CLOTHING FOUND ON BODY

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, Cotton none

Shoes pair (type) leather service, size 8 C

Overshoes none

Web Equipment (Type) none

(Other item) flying boots, remnants of gabardine flying coverall

(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.

A A F

8. Description of Remains :

Age Utd Height Est. 5'7" Weight Utd Description of wounds Utd

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

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

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

Sunburn or tan, other than hands & face Utd

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

Build medium
(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** Mustache **Utd** Beard or **Utd**
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee **Utd**
(light, color, extent)

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

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

Mouth **Small** Lips **Utd**
(large, medium, small) (small large, full)

Teeth **See tooth chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw **normal** Circumference of head in inches **20½"**
(large, small, normal) (hat band)

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

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

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** Navel **Utd**
(quantity & extent of hair) (size of navel, appendectomy, amount)

Utd Circumcision **Utd** Pubic hair **light brown**
(quantity & color of hair) (yes-no) (color)

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

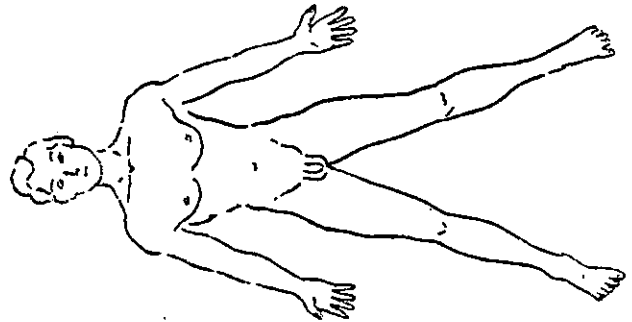
Legs **approx. 28" inseam**
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

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

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

See attached chart.



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

If not, explain too decomposed

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

12. Remarks : Body consists of skeleton and some decayed flesh, for missing parts see attached chart. Body fluoroscoped: Negative.

Est. weight of remains recovered 60 Lbs

Nothing found to warrant Chem. Lab. examination.

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.

Officer's Name

R. G. JOHNSON

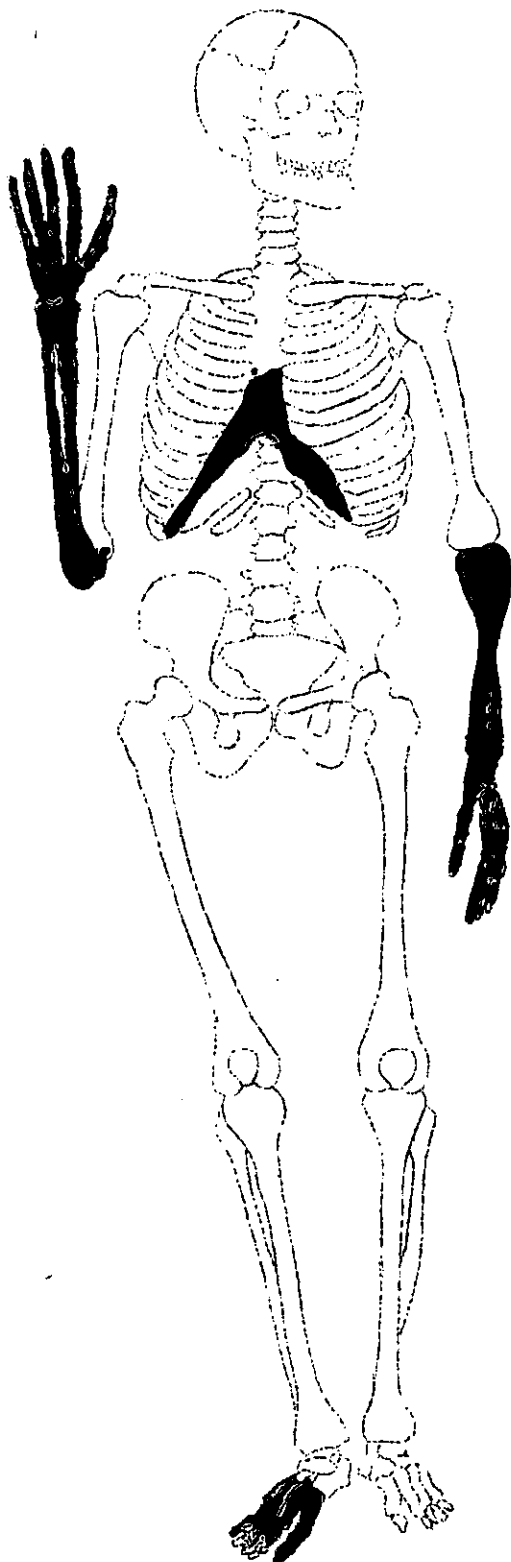
2nd Lt. Inf. Lab. Off.

Rank

Service

Central Identification Point

Organization



ACIEXC

1st Ind.

DAC/inf

HEADQUARTERS, 161th QUARTERMASTER BATTALION (M), APO 757, US ARMY. 10 October 1946
HEADQUARTERS, 610th QUARTERMASTER GRAVES REGISTRATION COMPANY, APO 757, US ARMY.

TO: Commanding Officer, Central Identification Point, APO 164, Strassburg/France.

1. Reference is made to basic communication.

2. A special investigating team was sent to UNTERBRUCK (VK-8876) Germany and Disinterred the remains of an unknown American soldier. The date of death and place of death is definitely unknown as far as the people were concerned in the towns of HEINSBERG and UNTERBRUCK. It is estimate that the deceased was killed or drowned during the month of February because the fighting took place in that area at that time. The grave was marked with a plain wooden cross with "Unknown British Soldier".
No further information is available.

FOR THE COMMANDING OFFICER:

DAVID A. COON
2nd Lt. Inf
Adjutant

REPORT OF INVESTIGATION

ATTN: REG. DIV. AG.R.C.

AREA SEARCH FOR USE IN CASUALTY CLEARANCE

AGRC Form 10 (Revised)

24 October 1946

1 January 1946

Date

NAME Unknown X - 7987RANK UnknownASN UnknownORGANIZATION A A FMEANS 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 Unknown RANK Unknown ASN Unknown
 - b. ORGANIZATION Unknown
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY None

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

 - a. Date of above burials October 25 1945 Common Graves? _____
5. Name and Type of Cemetery Civilian Cemetery
(Military or Civilian)
6. Map Coordinates of the Cemetery VI-0876
 - a. Town Unterbrunn Country Germany
7. Give exact location in cemetery of the remains.
 - a. Section _____ Row 1 Grave 3
 - b. Is Sketch attached? yes
8. If remains are not located in a cemetery, give exact location.
 - a. Town _____ Coordinates _____
 - b. Is Sketch attached? _____
 - c. Is area mined? No
9. How is the grave marked? Plain Wooden Cross
10. If grave is marked with cross, give exact markings thereon

" Unknown British Soldier "

 - a. From what source was this information obtained? Burgemeister Office
(Identification tags, personal effects)
 1. By whom Burgemeister
11. Where are the cemetery records? Burgemeister's Office
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Date of Burial
- b. Where was the information obtained? Burgemeister's Records
- c. By whom? Burgemeister
- 12. What is the date of death? Unknown (see narrative)
 - a. Give basis Burgemeister
- 13. What is the cause of death? Unknown (see narrative)
 - b. Give basis Burgemeister
- 14. What is the date of burial? 25 October 1945
 - a. Give basis Burgemeister's records
- 15. What was the place of death? Unknown Coords Unknown
 - b. Give basis Burgemeister's records
- 16. Where were the remains found? In ROER, River near Fehnsburg Coords VZ-8575
 - a. By whom? Common Civilian
 - b. Is sketch attached? yes
- 17. Was a casket used? yes Who furnished the casket? Common Civilian
 Type of casket Plain Wooden Box How marked? No markings
- 18. Who made the burial Common Civilian
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses? Wilhelm Goertz, Unterbruck # 21; Joseph Winkens, Unterbruck #10; Herman Hames, Unterbruck # 13; Heinrich Holtan, Unterbruck # 17; Anton Holtan, Unterbruck # 17.

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) **No**
- 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? **No**
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **Wilhelm Goertz, Unterbruck / 21; Joseph Winkens, Unterbruck / 10; Herman Homos, Unterbruck / 13; Heinrich Holten, Unterbruck / 17; Anton Holten, Unterbruck / 17.**

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 were found with remains**
- a. Were identification tags found at the time of death? **No**
- Where? By whom?
- Present disposition **Unknown**

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

b. Were personal effects found at the time of death? **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? **No** If so, where?

By whom? Are statements from the medical people attached? **No**

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

**Wilhelm Goerte, Unterbruck / 24; Joseph Winkens, Unterbruck / 10; Herman Hanne, Unterbruck / 13
Heinrich Kolten, Unterbruck / 17; Anton Holten, Unterbruck / 17**

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 **(SEE ATTACHED NARRATIVE)**

(Use attached, sheets if necessary)

Signature of Interpreter

Signature of Investigator

**IVCE J. FOSCO
2nd Lt. Inf. 0-2020112**

Rank ASN

Rank ASN

Organization

**610 Q1. CR. Co.
Organization**

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? **No** If so, where? _____
By whom? _____ Are statements from the medical people attached? **No**

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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: **Wilmhelm Goerts,**
Unterbruck # 21; Joseph Ankers, Unterbruck # 10; Herman Hanne, Unterbruck # 13
Heinrich Holton, Unterbruck # 17; Anton Holton, Unterbruck # 17

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(If special investigation, give case number) _____

52. Give Brief Narrative **(SEE ATTACHED NARRATIVE)**
(Use attached, sheets if necessary)

Signature of Interpreter

Signature of Investigator

IVOR J. FOSMO
2nd Lt. Inf. 0-202012

Rank ASN

Rank ASN

Organization

610 W. GR. Co.
Organization

NARRATIVE.

A special investigating team was sent to Unterbruck (vK-8876) Germany and disinterred the remains of an unknown American Soldier.

The date of Death and place of Death is definitely unknown as far as the people were concerned in the towns of Heinsberg and Unterbruck.

It is estimated that the deceased was killed or drowned during the month of February because the fighting took place in that area at that time.

The grave was marked with a plain wooden cross with "Unknown British Soldier."
No further information is available.

Ivor J. Fosko

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

MAP: GERMANY 1/10 00

SHEET: R-1

COORD. vK-8876

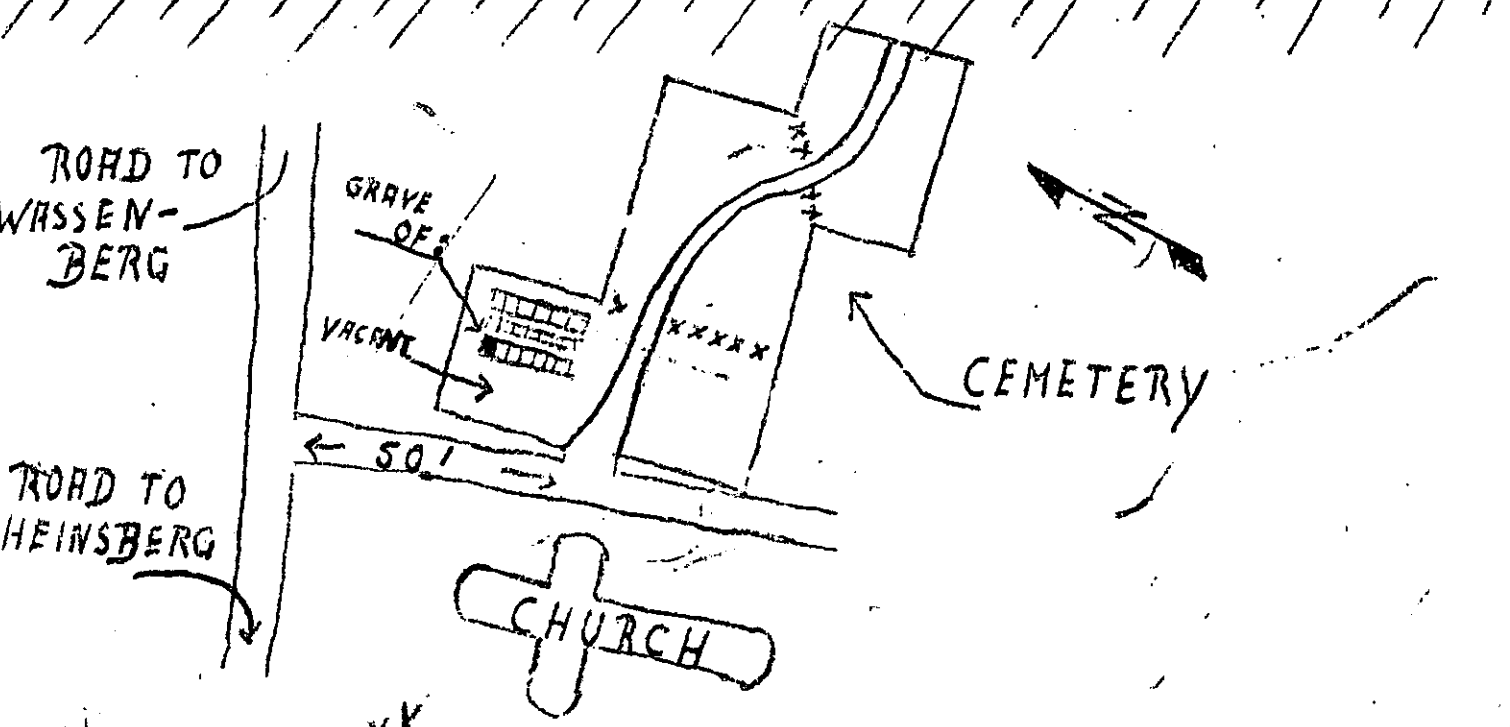
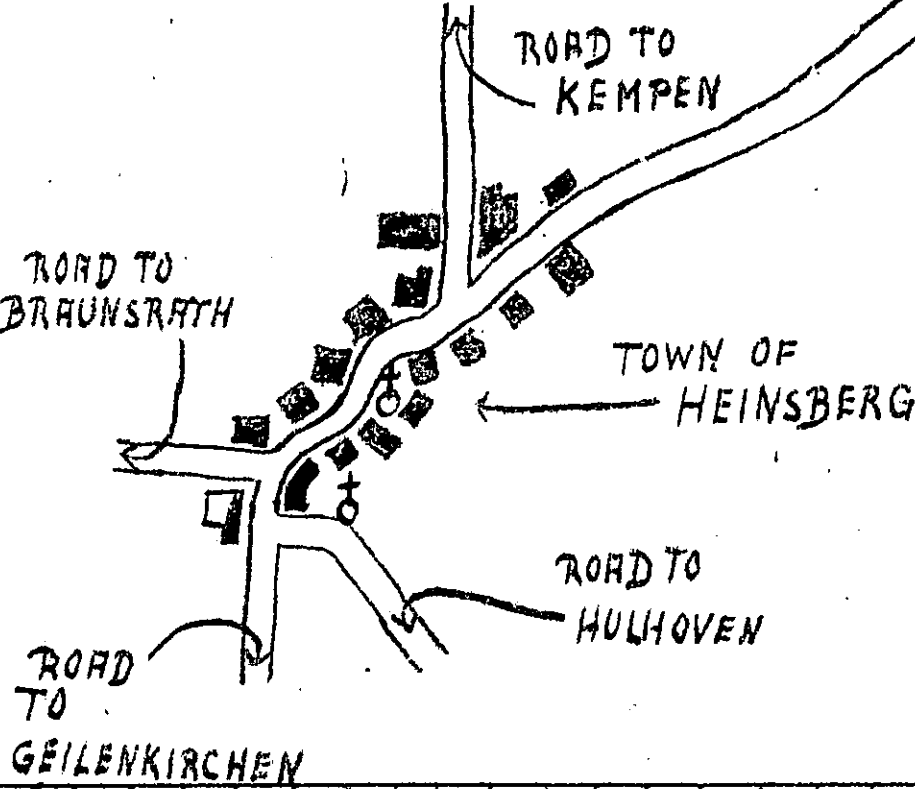
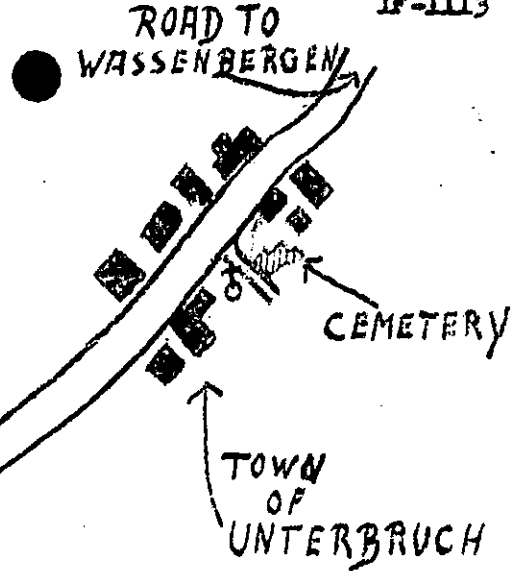
LOCATION: UNTERBRUCH, GERMANY

SKETCH BY: P.G. DUMIN

610th QM GR Co.

DATE: 11 October 1946

NOT TO SCALE




H1

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 25 October 1946	
Imprint: Identification Tag If Possible. (DO NOT TYPE)		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unknown X - 7987			SERIAL NO. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE A A F
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH BTB.: HEINSBURG or UNTERBRUCK, Germany		CAUSE OF DEATH BTB.: - K.I.A. or drowned (See attached statements)			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		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
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 St. Avold - France - Q 260584 -						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 October 1946	1500	casket	temp. wooden cross	0000	4	79
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civ. Cem. UNTERBRUCK, Germany Sh. R-1, V K 8876, 1/100.000			PLOT No. -	ROW No. 1	GRAVE No. 3
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES Ch. H. M. Trebaol, Capt. Ch. Chas. R. Williams, 1/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) Rollins, William L.		RANK S/Sgt	SERIAL NO. 34871443	ORGANIZATION 358 Inf Regt	GRAVE No. 78	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Eckert, Charles A.		RANK Unk	SERIAL NO. 0-686897	ORGANIZATION AAF	GRAVE No. 80	
SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC INTYRE Captain QMC C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT GOTTFRIED PLETZER 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.						

DEC 28 10 47 AM '46
 MEDICAL DIVISION
 RECORDS AND INFORMATION BRANCH

RESTRICTED

	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>			
LEFT RING FINGER	HEIGHT Est. 5'7"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. none		LAUNDRY MARKS none	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER				
RIGHT RING FINGER				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: right; margin-top: 20px;">  </div>			
	<p>REMARKS:</p> <p>Form 11 Checklist of Unknowns accomplished. Unable to obtain fingerprints because of decomposition. Est. weight of remains recovered 60 lbs.</p>			