

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

REF 293

28 February 1949
(Date)

293 *Unk. Luxembourg (Hamm)* X-324

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-324, Plot GG, Row 8, Grave 185, U.S.C. HAMM, LUXEMBURG, 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.

Report of Reprocessing of remains was forwarded to your Office by Transmitted Ltr. No 2690, dated 12 March 1948.

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrnell

Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr., O-1588236 OIC 1/Lt. Edward E. STOUT, O-1594512 CE

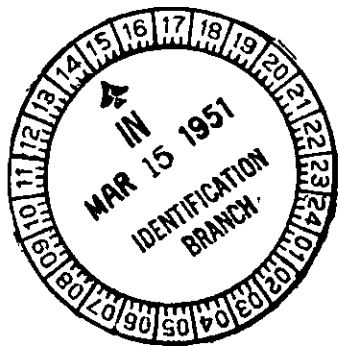
Ernest J. Oglesby

1/Lt Ernest J. OGLESBY, O-149004 OIC

In. It. # 3533, 2 Mar 49
Subj: Unident. Remains
Received 9 Mar 49 OOMG
Not identifiable from
information presently
available

m Ph
6 May 49

Incl #19



CFT *FW*

1

USMC HAMM
PLOT: G ROW: 8 GP : 4
DATE OF BURIAL *14-AT-49* DISINTERMENT DIRECTIVE

VERIFIED BY
[Signature]
AGRS OFFICER

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 6020 00165
DATE: 15 08 48
DAY MONTH YEAR

NAME: UNKNOWNX - 000324
SERIAL NUMBER: 000324
GRADE: /
ARM: Q
RACE: /
RELIGION: 6
CEMETERY: HAMM LUXEMBOURG
PLOT: GC ROW: 8 GRAVE: 185
DISPOSITION OF REMAINS: 6001 80
CODE DIST CTR

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HAMM, LUXEMBOURG
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: / 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAT FILE
REC'D AS ANNOTATED
MAY 5 1949
NAB WIMBERLY

mp

RECORD OF CUSTODIAL TRANSFER

MINNEAPOLIS

1 SHIPPED

REG. NO. 12345678
SIDE

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

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

ALL INFORMATION SHIPPED TO POST

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

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000324

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

CAUSE OF DEATH

PLOT ROW GRAVE COUNTRY

GC 8 185 HAMM LUXEMBOURG

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

UNKNOWN

SERIAL NUMBER

X-000324

RANK

UNK

DATE OF DEATH

DATE DISTINTERRED

10 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER GR-5

UNK

WILFRED C BECK
1/LT INF

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

EMERGENCY COVER

CONDITION OF REMAINS HANDIBLE, R & L/ULNA &
RADIUS MISSING - ADVANCED DECOMPOSITION

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER CASE

DATE 12 MAY 48

BY WILFRED D HARRIS EMBALMER

CASKET SEALED BY R JAMES MURRAY
TO DIS.

EMBALMER (Signature)

CASKET BOXED AND MARKED W E RAFFERTY JR.
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE July 1948

R JAMES MURRAY
ALL MARKINGS TAGS PLATES
VERIFIED BY
R E LEWIS CAPT CAV.

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

EXCEPT CASKEETING

FRITZ V. TOLTZIEN 1/LT FA

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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

IDENTIFICATION CHECK LIST

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

Ex. O. # 641, dated 5 Dec 47

Unknown X -324
 Cemetery Hamm, Luxembourg.
 Plot GG Row 8 Grave 185

- Date reprocessed: 5 Feb 48
 1 ~~Revised at cemetery~~ (Hour) (Date)
- 2 Place of death (Name of closest town) (Coordinates and letter Prefix, maps)
 (Sheet, scale and serials used)
- 3 Remains ~~recovered~~ disinterred by and reprocessed by I.S. 1st Zone.
 (Name and organization)
- 4 Evacuated to Cemetery by (Name and organization)
- 5 Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc
* Headgear	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		

MAR 23 1948

Belt, web. None
 Drawers, wool None
 Drawers, cotton None
 Leggings, wool None
 Socks, ~~wool~~ One(1) pair, white, wool.
 * Shoes None (type)
 Overshoes One(1) pair, snow packs.
 Web Equipment None (type)
 (Other item) None
 (Other item) None

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

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

Shoulder Patch None

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

6. Description of Remains R. TIBIA- 39.3 R. HUMERUS - 32.5
 R. FIBULA- 38.3
 Age UTD Est. Height 5'8 3/4" Weight UTD Description of wounds UTD
 Bandages or dressings None found Scars UTD
 (Length, width, location)
 UTD Tattoos
 (Number, location - illustrate on separate page)
 Outstanding moles, warts or birthmarks UTD
 (Yes-no, description, location)
 Sunburn or tan, other than hand and face UTD
 Complexion UTD
 (Light, medium, dark, clear, pimples, poeks, freckles)
 Build UTD
 (Large, fat, thin, muscular)
 Hair None found
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair UTD
 (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns UTD Mustache UTD Beard or UTD
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

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

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

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

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

Teeth **See tooth chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **55.0 cm**
 (Large, small, normal) (Hat band)

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

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

Hands **Missing**

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

(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **None found**
 (Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

9 Remarks Estimated weight of reprocessed remains: 75 pounds. Clothing, found in debris, bore no markings. One Burial Report recovered -No GRS tag. Case consists mostly of articulated bones and a large amount of decomposed flesh. Teeth found attached to the skull.

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

Woodrow W. Wolf
WOODROW W. WOLF

(Officer's Name)

CAPT

QMC

Rank

Service

OPERATIONS OFFICER, IS FIRST ZONE

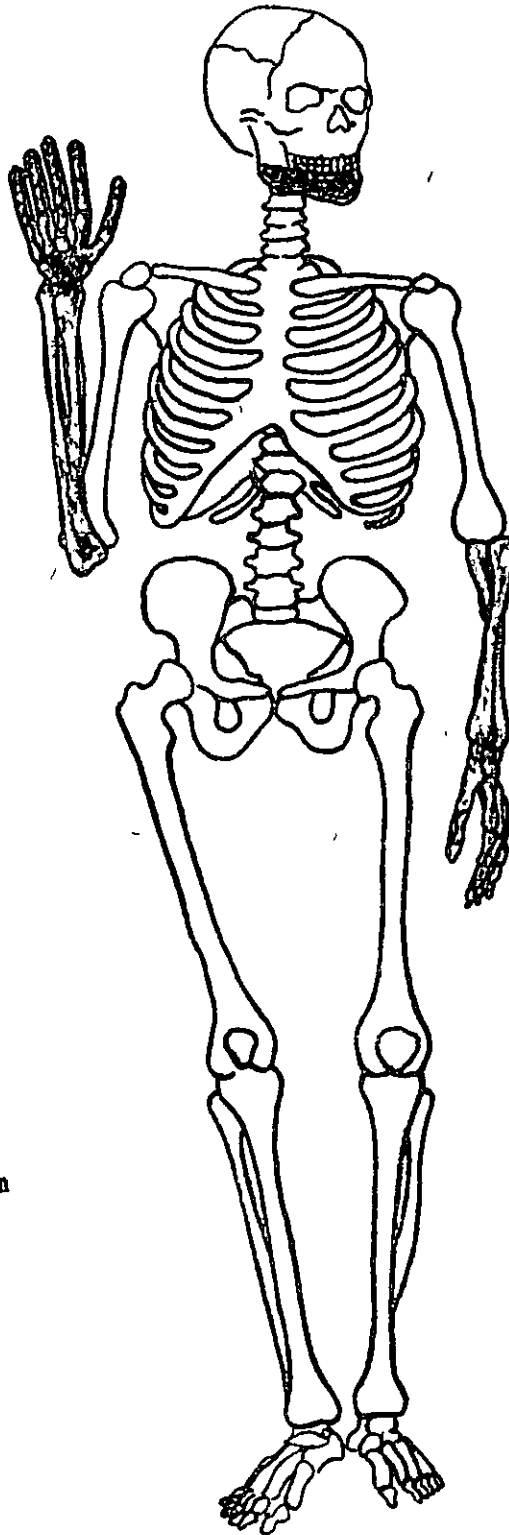
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS.....32.5.....cm

TIBIA.....39.3.....cm

FIBULA.....38.3.....cm

Est. HEIGHT.....5'8 3/4"

TOOTH CHART

E.O. #641

5 Feb 48

Date

Unk X-324

Unk

Unk

Last Name

First

Initial

Rank

Serial No

Unk

ACP

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
	A O			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		A MO	A O
Side views																
TOP																
VIEWS																
Side Views																
	M	A	N	D	I	B	L	E		M	I	S	S	I	N	C
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

SEE REMARKS

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

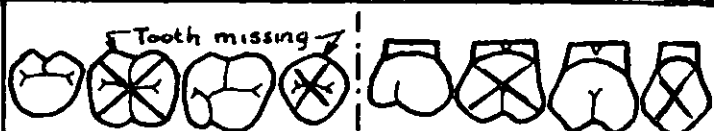
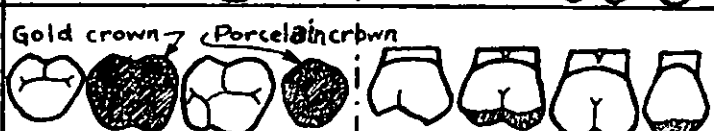
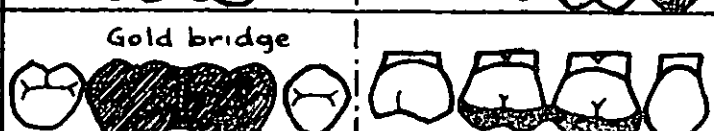
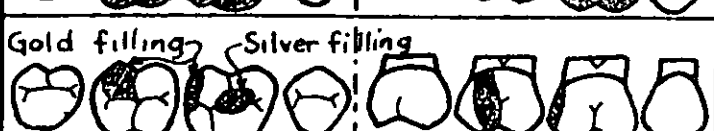
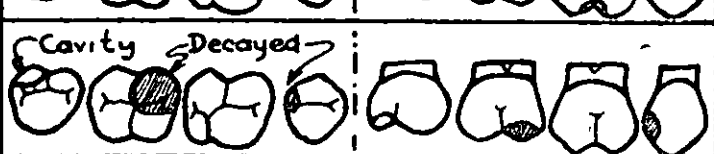
IVOR J. FOSMO
 US DA CIV IS

/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
 CAPT CMC OPER. OFF.

Verified by G R S Officer

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

P - Posthumously missing
P-4 has a lingual version (Very noticeable)

Color : White Ivory
Size : Large
Alignment : Good.

TOOTH CHART

18 MARCH 1946

X - 324

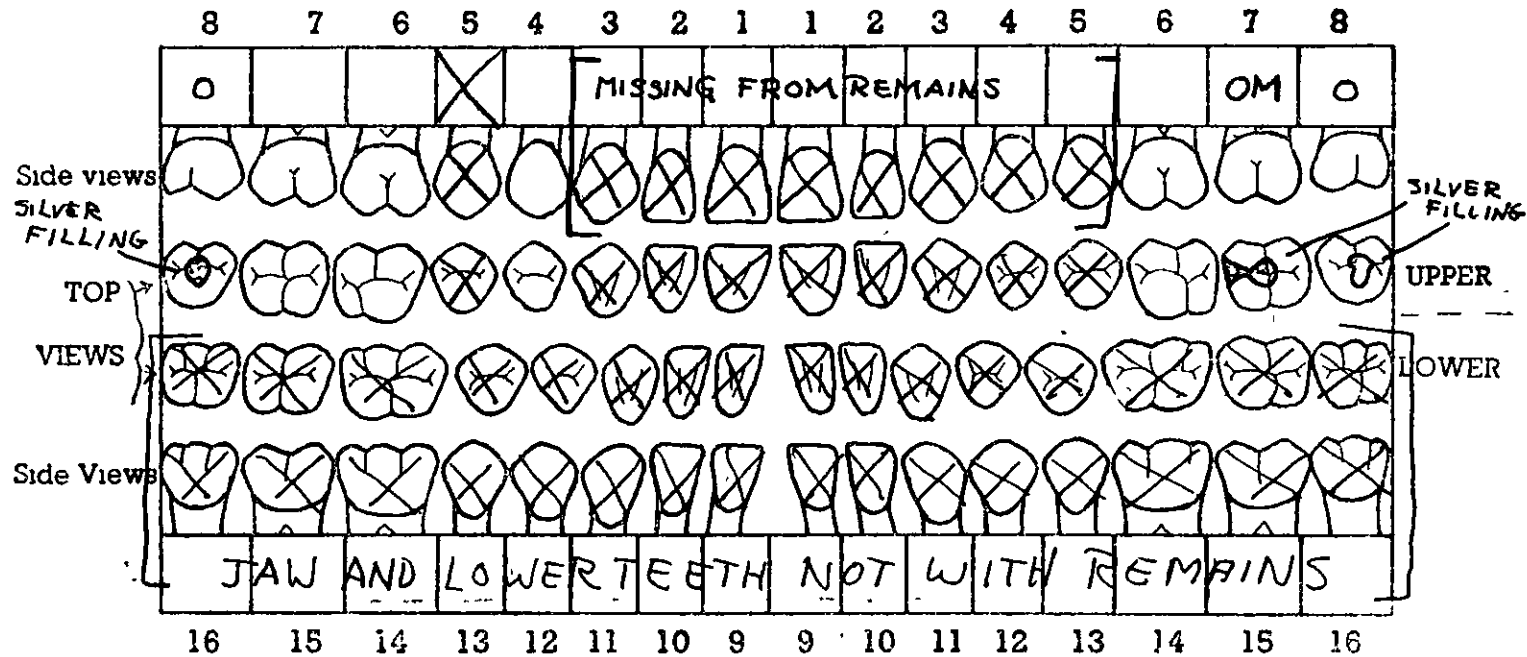
UNK.

Date
UNK.

Last Name	First	Initial	Rank	Serial No
UNK.			UNK.	
Unit	Date of Death		Organization	
UNK.	EST. 20 JAN. 1945		UNK.	
Place of Death	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

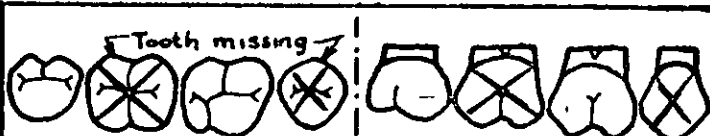
Robert D. Michalak

Signature of Officer or other person who prepared Tooth chart

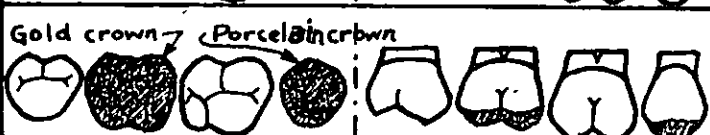
ROBERT MICHALAK - 36968314

Verified by G R S Officer

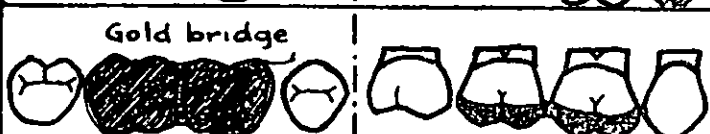
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



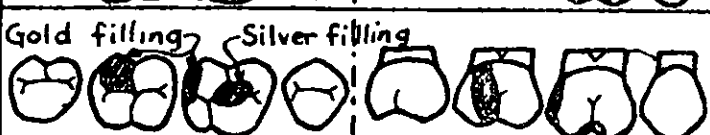
CROWNED TEETH .. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



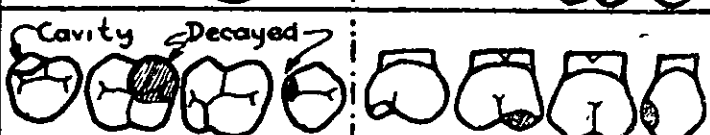
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

NO LOWER JAW WITH REMAINS ONLY TEETH NO., 4, 6, 7, 8, RIGHT
 TOP TEETH AND 6, 7, 8, LEFT
 TOP TEETH PRESENT.

CHECK LIST OF UNKNOWN
 (to be completely filled out and attached to
 each copy of Report of Interment WD (IC
 Form 1042)

Unknown X 324
 Cemetery HAMM CEMETERY
 Plot GG Row 8 Grave 185

1. Arrived at cemetery 1500 18 MARCH 1946
 (Hour) (date)

2. Place of death UNK.
 (Name of closest town) (coordinates and letter
 Prefix, maps)

Sheet, scale and serials used

3. Remains recovered or disinterred by DET. "A" 531st QM GP
 (Name and organization)

4. Evacuated to Cemetery by DET. "A" 531st QM GP
 (Name and organization)

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

Item	(clothing berkins	Sizes	Color	Indicate unusual markings here: tear, repairs, etc.
*Heldgauer <u>None</u> (type)				

Reincoat NONE

Overcoat NONE

Jacket, Field NONE

Mackinaw NONE

Sweater NONE

Jacket, MBI NONE

*Shirt, Wool, OD NONE

Undershirt, Wool NONE

Undershirt, Cotton NONE

Trousers MBI NONE

*Trousers, Wool OD NONE

Belt, web NONE

Drawers, Wool NONE

Drawers, Cotton NONE

Leggings, wool NONE (note unusual leeing)

Socks, ~~WOOL~~ **WOOL, ENGLISH STYLE** BLUE

*Shoes (type) SNOW PACKS SIZE 8 C

Over-shoes NONE

Foot Equipment (type) NONE

(Other item) FUR LINER FOR JACKET

Other items
The body is too small for the items should be completed by measuring the remains.

6. Chevrons or
Emblems NONE
(type & location: shirt, jacket, coat, necktie)

Shoulder Patch NONE

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval
Forces GROUND FORCES

8. Description of remains
Age UNK. Height 5'8" Weight 160 Description of wounds UNK.

Bandages or dressings NONE Scars: UNK.
(length, width, location)

Tattoos UNK.
(Number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands and face NO

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

Build MEDIUM
(large, fit, thin, muscular)

Hair UNKNOWN
(color, length, quantity, curly, wavy, straight, curls, or brittle parting).

Hair UNK.
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UNK. Mustache UNK. Beard or Goatee
 (color, setting, shape) (color, size, shape) (length, heavy,
UNK.
 light, color, extent)

Eyes UNK. Eyebrows UNK.
 (color, setting, shape) (color, bushiness, extent across nose)

Nose UNK. Ears UNK.
 (size, shape, straight) (size, set close to or far from head)

Mouth UNK. Lips UNK.
 (large, medium, small) (small, large, full)

Teeth SEE TOOTH CHART
 (white, size, unevenness, spacing, noticeable crowns, fillings, extracted)

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

Jaw UNK. Circumference of head in inches UNK.
 (large, small, normal) (hat band)

Neck UNK. Larynx UNK.
 (size, length, short, normal, wrinkled) (pronounced, normal)

Shoulders UNK. Arms UNK.
 (broad, straight, small, rounded) (length, muscular, color)
 (extent and quantity of hair)

Hands UNK.

Fingers UNK.
 (short, thick, long, slender, size of knuckles, missing fingers or
 joints.) (Unusual characteristics of fingernails)

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

Back UNK. Waist UNK.
 (quantity & extent of hair) (size of navel, appendectomy, arched
 quantity & color of hair) Circumcision Pubic hair
 (yes-no) (color)

Hernioplasty UNK.
 (yes-no; location)

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

Feet 8 - C EXCELLENT ARCH Toes SLENDER
(Size, corns, Callouses, Flat) (slender, straight, crooked, overlap)

Evidence of healed fractures NO
(nose, arms, legs, etc.)

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



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

If not, explain PARTS MISSING FROM REMAINS

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

12. Remarks: BODY LEFT IN BANK OF RIVER AS A RESULT OF THE TIDE. HEAD & TORSO IN SKELTON FORM, LEGS BLOATED, FEET IN GOOD CONDITION. BODY NUDE EXCEPT FOR SHOES AND JACKET LINER.

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.

Wilbur H. Bergen
Officers Name

WILBUR H. BERGEN

2ND LT., INF.

Rank

Service

DET. "A" 531st QM GP

Organization

Sketch
for X-324

WEILERBACH -
LUXEMBOURG

(02,8 - 37,9)

TRIER

Scheet T1

(1 100 000)

FACTORY

DESTROYED BRIDGE

ECHTERNACH

TOWN
WEILERBACH

49 490 - 6.25E

FOREST

HOUSES

LUXEMBOURG

ROAD

RAIL-ROAD from DIEKIRCH to ECHTERNACH

SAUER-RIVER

ROCKET

BOLLENDORF (1,3)

BUSHES and
TREES

TREES

BODY

MINE-FIELD

BOLLENDORF (1,2 km)

ECHTERNACHERBRICK (2 km)

49.49 - 6.26

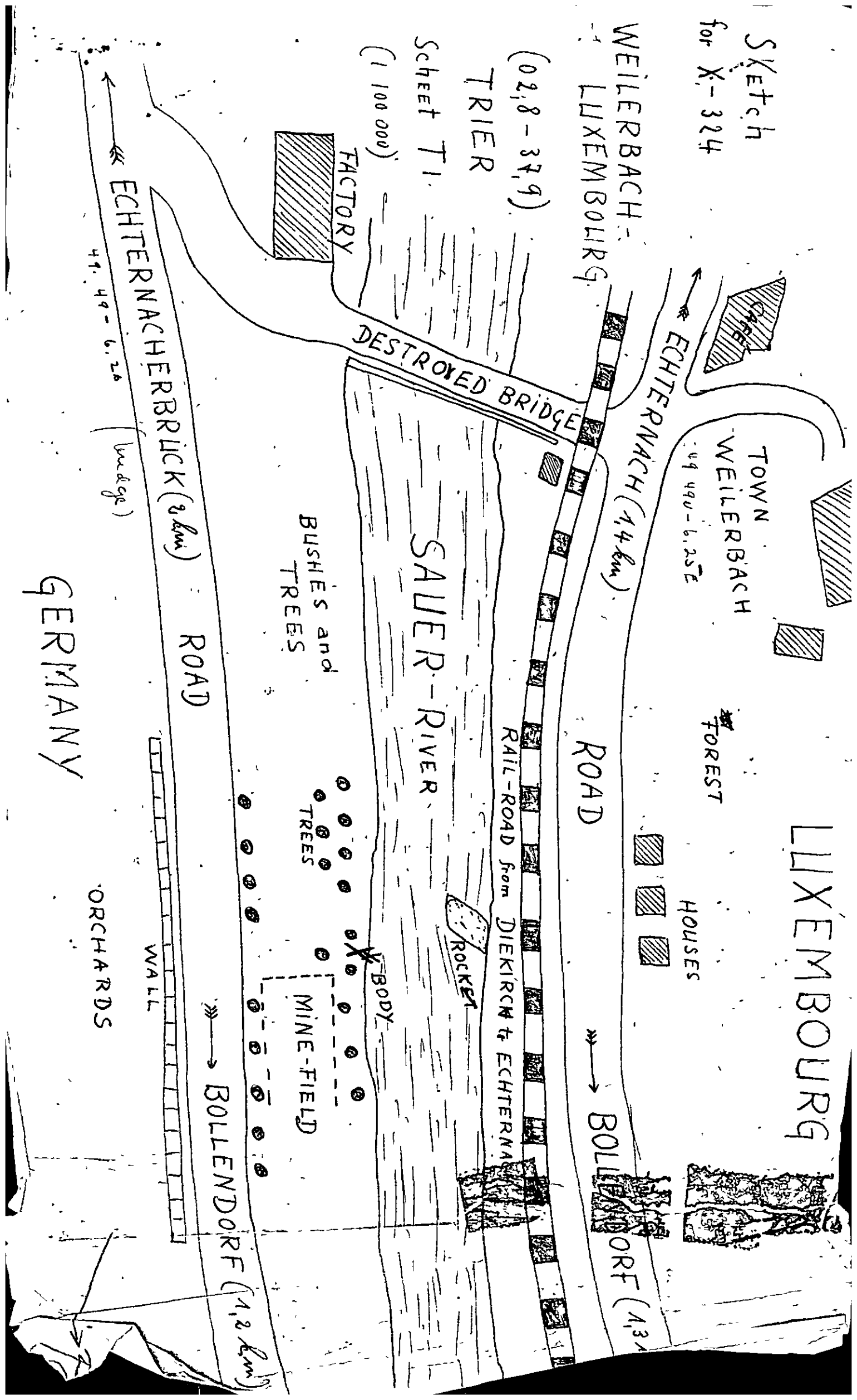
(bridge)

ROAD

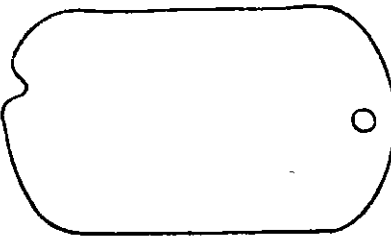
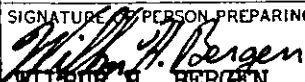
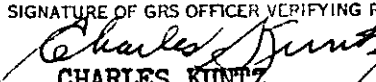
WALL

ORCHARDS

GERMANY



RESTRICTED

WD OMC FORM 1042 (Rev 1 Apr 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 18 MARCH 1946						
Inprint Identification Tag If Possible DO NOT TYPE 		Section 1—IDENTIFICATION NAME (Last, first, middle initial) UNKNOWN X - 324									
		GRADE UNK.		ORGANIZATION UNK.	SERIAL No UNK.						
		RACE WHITE		RELIGION UNK.	BRANCH OF SERVICE GROUND FORCES						
				IF OTHER THAN U. S. DEAD GIVE NAME OF COUNTRY							
PLACE OF DEATH FOUND IN RIVER NEAR ECHTERNACH, LUXEMBOURG.		CAUSE OF DEATH UNK.		DATE OF DEATH EST. 20 JAN. 45							
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) UNIDENTIFIED									
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) 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 HAMM MILITARY CEMETERY NO. I (LUXEMBOURG SHEET 34/30 VP - 883137 1:50,000)											
DATE OF BURIAL 19 MARCH 1946	HOUR 0900	BURIED IN (Shroud blanket or name of other) BURIAL BOX	TYPE OF GRAVE MARKER CROSS	PLOT No GG	ROW No 8	GRAVE No 185					
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE <table border="1"> <tr> <td>PLOT No</td> <td>ROW No</td> <td>GRAVE No</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					PLOT No	ROW No	GRAVE No			
PLOT No	ROW No	GRAVE No									
TYPE OF RELIGIOUS CEREMONY C. P. J.	PERSON CONDUCTING BURIAL RITES JOSEPH O'BRIEN CAPT.		IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY BURIAL BOTTLE WITH BODY EMBOSSED TAG ON CROSS								
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) NO	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) NO										
BODY BURIED ON DECEASED LEFT NAME (Last first middle initial) HESEK, FRANCIS J.		RANK UNK	SERIAL No 31464036	ORGANIZATION 6TH ARMD DIV	GRAVE No 186						
BODY BURIED ON DECEASED RIGHT NAME (Last, first middle initial) DE ZWAAN, STANLEY		RANK UNK.	SERIAL No 36896851	ORGANIZATION UNK.	GRAVE No 184						
SIGNATURE OF PERSON PREPARING REPORT  WILBUR H. BERGEN		2ND LT., INF. DISINTERING OFF. "A" DET. 531st QM GP		SIGNATURE OF GRS OFFICER VERIFYING REPORT  CHARLES KUNTZ							
				1 ST. LT., INF. CEM. REP. 2ND FIELD HDQS.							
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

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.


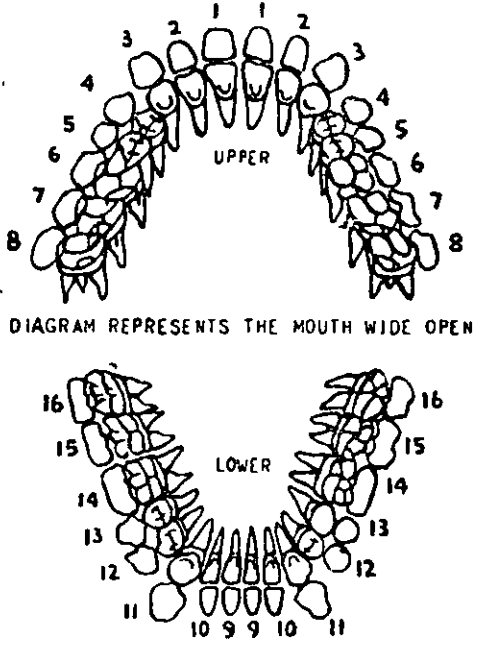




(b) A fingerprint or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT 5'8"	WEIGHT 160	COLOR OF EYES UNK.	COLOR OF HAIR UNK.	BIRTHMARKS SCARS OR TATTOOS UNK.
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WEAPON AND SERIAL NO NONE	LAUNDRY MARKS NONE	WHERE BODY WAS BURIED OR FOUND WEILERBACH, PARK GERMANY
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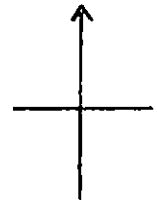
OTHER IDENTIFICATION CLUES
NONE

PARTS MISSING

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

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

SEE SKETCH ATTACHED



REMARKS.

**BODY DECOMPOSED AND NUDE
EXCEPT FOR SHOES**