

CHARGE OUT FOR FILES

FILE NO.

293 Unit X-1050 France

DATE CHARGED	CHARGED TO <small>(Organization and Person)</small>	LAST ACTION	CHARGED BY	DATE RETURNED
8/23/46	KB (Hawley)	Memo 7/25/46	Runnell	8-29-46
9/24/46	"	9/9/46		10-1-46
10-14-46	KB	9-9-46 56	7-25-46 Kerklan	
2-23-51	Martin Sweeney	7-27-50	...	3/16/51
6/11/53	Leftridge FdC	3/14/51	Ball	6-15-53

7887 GRAVES DETACHMENT

*243 unk St. Avold X-1050*

APO 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-1050 St Avold

(POC) ST LAURENT

UNKNOWN X <sup>2050</sup> US Mil. Gen. St. Avoird, France  
CEMETERY  
PLOT 00 ROW 8 GRAVE 197

Arrived at cemetery 14 Nov. 1945 From Vic. of D'Arc-Sur-Noselle  
(hour) (date) (collecting point)  
Place of death Unknown  
(name) (coordinates & landmarks)

Remains recovered by 3049th QM GR Co  
(name and organization)

Evacuated to cemetery by 3049th QM GR Co  
(name and organization)

Is load list attached No Are names of deceased found in same  
(yes-no) area as this Unknown starred No Are circumstances described  
(yes-no)

which may indicate organization of the deceased No If only  
(yes-no) part of a body was received, was a careful search made for other

parts of Unknown Yes  
(yes-no)

If remains come from vehicle, plane, etc: Unknown  
(type of vehicle or plane,

nickname serial number, organization or symbols)

Crew list None  
(names of other deceased and positions in which found)

If a tank, which hatches Not applicable and available for escape use

If organization to which vehicle or plane was assigned or if names  
of all other deceased are not known, give detailed information con-  
cerning vehicle or plane Not applicable

(parts of markings or symbols) (burned)  
Not applicable

(pierced by shell fire - where) (found in town, field, by road)  
Not applicable

(damaged by mine explosion) (names of men who escaped)  
Not applicable

(description of other vehicles or planes in area)  
Detailed description of personal effects None found

(Indicate exact pocket

or part of body where found)

*2050  
14 March 51  
H. Martin*

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat	No clothing found. Remains consist of			
Mackinaw	a skull and face bones			
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggins Wool				(unusual lacing)
Socks Cotton				
*Shoes (type)				
Overshoes				
Web Equipment (type)				
Other item				

\*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or  
Shoulder Patch (type & location; shirt, jacket, coat, helmet)

Description of Remains:  
Age (yrs) Height (ft-in) Weight (lbs) Description of wounds

Unable to determine any of the above information due to the condition of the remains

Bandages or dressings None found Scars Unable to determine  
 (length, width, location)

Tattoos Unable to determine, most of body missing  
 (number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Unable to determine  
 (yes-no) (description, location)

Sunburn or tan, other than hands and face Unable to determine, most of body missing  
 Tobacco stain on fingers or teeth Hands missing, none on teeth

Complexion Unable to determine (designate where, extent) Build Unable to determine  
 (light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair None found  
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns None found Mustache None found Beard or goatee None found  
 (color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Missing Eyebrows Missing  
 (color, setting, shape) (color, bushiness, extend across nose)

Nose Missing Ears Missing  
 (size, shape, straight) (Size, set close to or far from head)

Forehead Normal Mouth Missing Lips Missing  
 (high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth See attached tooth chart  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Unable to determine Cheekbones Normal  
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw Normal Circumference of head in inches 20 inches  
 (large, small, normal) (hat band)

Neck Missing Larynx Missing Shoulders Missing  
 (size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded) Arms Missing  
 (length) (muscular, color, extent & quantity of hair)

Hands Missing  
 (vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Unable to determine, hands missing  
 (marks on fingers indicating that rings were worn)

Fingers Unable to det. size, Missing  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)  
(unusual characteristics of fingernails)

Chest Missing  
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Missing Waist Missing  
(quantity and extent of hair) (size at navel, appendectomy, amount & color of

Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown  
hair) (yes-no) (color) (yes-no) (location)

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

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

Evidence of healed fractures Unable to determine  
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain Not warranted  
(yes-no)

Have fingerprints been placed on GRS # 1 No If not, explain No hands  
(yes-no)

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

Remarks: Upon authorization by the 551st Composite Service Group, the 3049th AM  
GN Co. disinterred this body (supposedly that of Pvt Bruce J. Matron,  
ASN 35508380, 30th Inf. KIA 2 Nov. 1944 per letter). Disinterment and  
processing revealed no information as to this identity. Body was disinterred  
from the exact coord. given in the letter.

*Robert D. Heilman*  
Signature of GRO and Organization  
**ROBERT D. HEILMAN, 1st Lt, Inf., 610th AM GN Co**

U S ARMY CEM ST AVOLD, FRANCE  
 Grave 197, Row 8, Plot 02

G. R. & E. DIV.  
 OFFICE OF THE CHIEF QUARTERMASTER  
 HQ. COM. ZONE, ETOUSA

# TOOTH CHART

17 Nov. 1945

UNKNOWN X-1050

UNKNOWN

UNKNOWN <sup>Date</sup>

UNKNOWN <sup>Name</sup>

First

Initial

Rank

UNKNOWN

Serial No.

UNKNOWN <sup>Unit</sup>

Est 1944

Organization

UNKNOWN

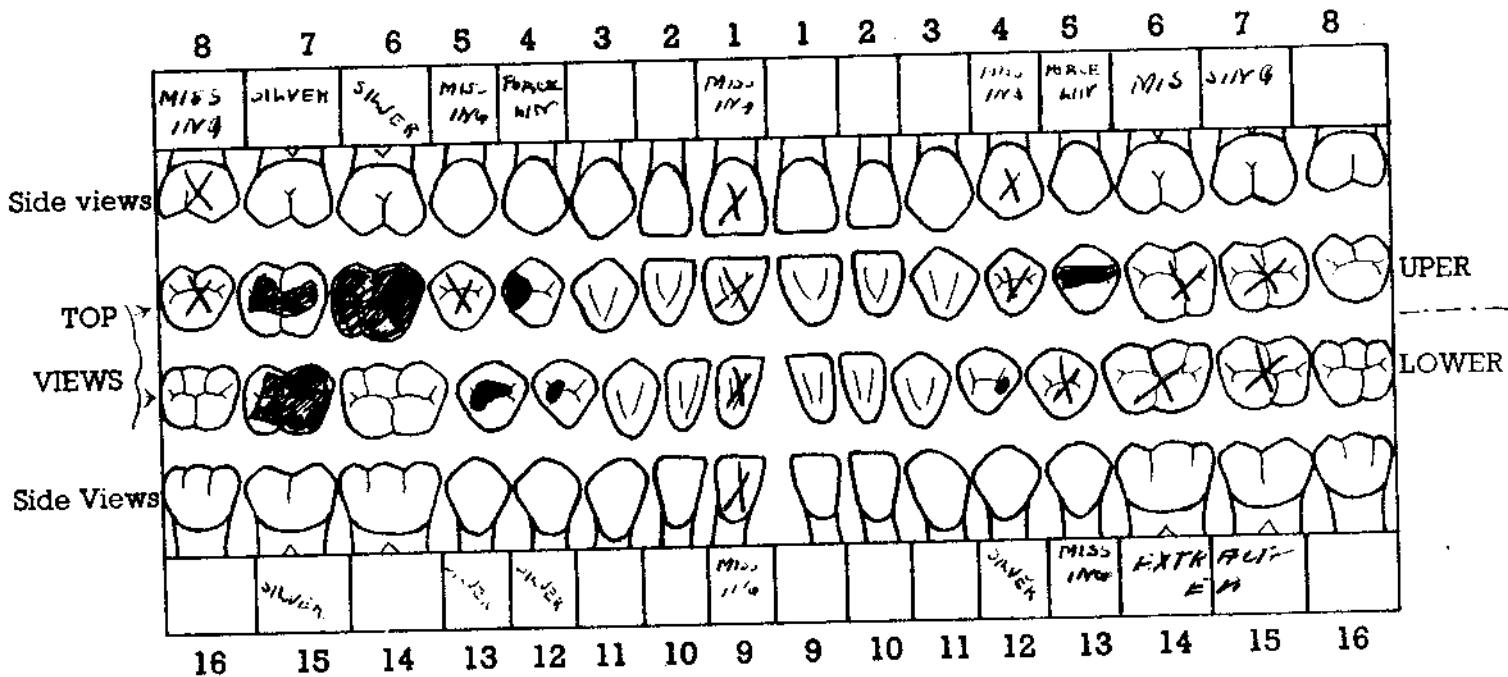
Place of Death

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.

S/Sgt Roy Cornish, 610th QM GR Co

Signature of Officer or other person who prepared Tooth chart

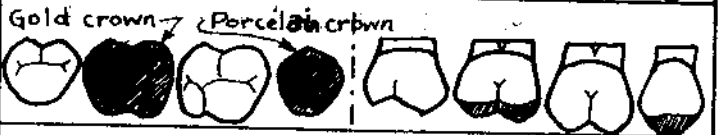
*Robert D. Heilman*

ROBERT D. HEILMAN, 1st Lt, S. Inf., 610th QM GR Co

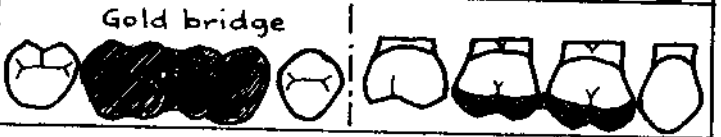
**MISSING TEETH** . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



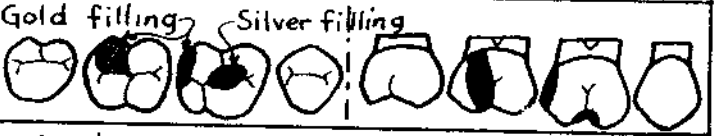
**CROWNED TEETH** . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**



MOSELLE  
2864

Gravelotte



77

56

74

PLACE

336.3

BOIS DES OGNONS

55

CHAMBLEY (N.E.) Sheet 111-13 (75.7-55.5)  
FRANCE 1:250,000

HEADQUARTERS 3RD PLATOON  
30 QM GRAVES REGISTRATION COMPANY  
APO 143 US ARMY

2860  
MOSELLE

10 November 1945

SUBJECT: Isolated Burial.

TO : Commanding Officer, 551st Composite Service Group, APO 513, US Army.

The following information is forwarded to your headquarters concerning the attached letter requesting disinterment and reburial of an isolated burial:

1. At the point of coordinates given in attached letter, an isolated grave was found. The grave was marked by an American helmet hanging on a cross made of two (2) sticks. A note was tied to the cross which read: "Here lies an American soldier killed in the war of 44-45." Upon disinterment, the only remains consisted of a skull, mandible and clavicle bones. There were no identification tags or other means of identification.
2. The mayor of the nearest village, D'ARS-SUR-MOSELLE, was contacted and he knew nothing of the burial except the man was recovered and buried by a French Bomb Disposal Unit. Upon further contacting a Mr. Supper, who heads the French Demolition Units for the Metz area and who is located in the Palais de Justice building at Metz, the French officer in charge of the unit who had originally recovered the body and made the burial was contacted. He stated that the remains were placed in a small wooden box and buried exactly as they were recovered by his unit. He stated there were no means of identification when the body was recovered.
3. The remains were taken to St. Avold Military Cemetery where they were turned over to the proper authorities with the information listed herein. Also the correspondence concerning the said isolated burial which was received by this unit from your headquarters was turned over to the St. Avold authorities.



*William F. Wright, Jr.*  
WILLIAM F. WRIGHT, JR.  
1st Lt., Infantry  
Commanding

Incls:  
1- Letter of Isolated Burial.

293.9

1st Ind.

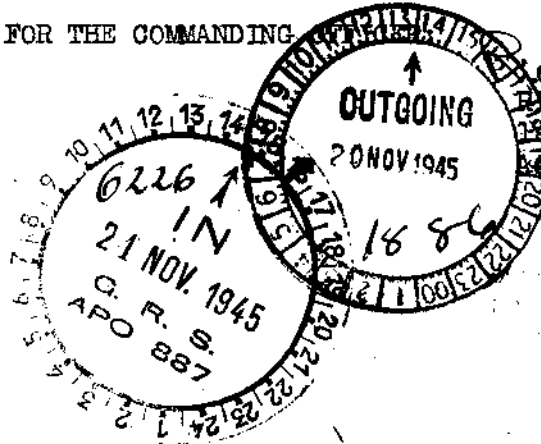
RMC:mp1

HEADQUARTERS, 615TH QUARTERMASTER BATTALION, APO 513, US Army. 20 November 1945

TO: Commanding General, American Graves Registration Command, APO 887, US Army.

Forwarded for your information. Form 1, Report of burial will be forwarded soon as received from St. Avold.

FOR THE COMMANDING



*Richard M. Combs*  
 RICHARD M. COMBS  
 1st Lt.,  
 Adjutant.  
 QMC

Incls: n/c

*[Faint, mostly illegible typed text follows, appearing to be the body of a letter or report.]*



AGRC

2nd Ind.

NJB/IVW/lfp  
(S: 1 Jan. 1946.)

HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, THEATER SERVICE FORCES,  
EUROPEAN THEATER, APO 887, U.S. ARMY, 17 December 1945.

TO: Commanding Officer, 551st Composite Service Group, APO 513, U.S. Army.

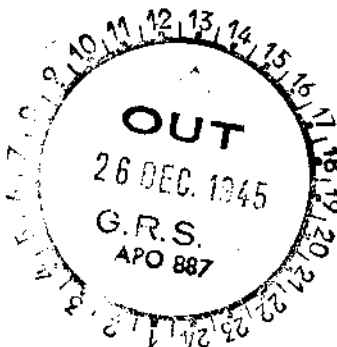
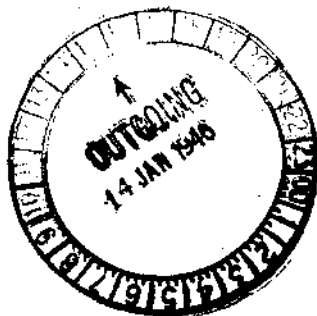
1. Attention is invited to basic communication and inclosures.
2. It is requested that this headquarters be advised as to whether the remains were reburied in St. Avold Cemetery and, if so, a Report of Burial should be forwarded.
3. Reply will be made by indorsement.

BY COMMAND of MAJOR GENERAL LITTLEJOHN:

*V. J. Blondell*  
 V. J. BLONDELL  
 Lt. Col., A. G. D.  
 Adjutant General

Incl.

- 1- Letter of Isolated Burial.



AGRC

3rd Ind.

PDW/lg

Headquarters, 551st Composite Service Group, APO 772, U.S. Army. 14 January 1946

TO: Commanding Officer, 615th Qm. Battalion, APO 513, U.S. Army.

Forwarded as a matter pertaining to your command.

*Paul D. Wells*  
 Paul D. WELLS  
 1st Lt. Inf.  
 Commanding

Incl: N/C

*gr 6870  
834*

AGRF

4th Inf.

EWK/hr

S/ 18 February 1946

Headquarters Sector III, Eastern France, AGRC, APO 164, U.S. Army. 11 Feb 1946

TO: Commanding Officer, 6828 QM Graves Reg Det, APO 164, U.S. Army. (St. Avold)

Your attention directed to basic communication and inclosures.

BY ORDER OF LT. COL. RAILLEY:

*Elwood W. Krueger*

ELWOOD W. KRUEGER  
2nd Lt., Infantry  
Operations Officer

NANCY - Tel: 8415  
Incls: N/C

5th Inf.

Headquarters, 6828 QM GR DETCH., APO 164, U.S. Army.

14 Feb 1946

TO: Commanding Officer, Sector III, AGRC, APO 164, U.S. Army.

1. Subject deceased buried at St. Avold Cemetery, Plot QQ, Row 8, Grave 197 as X-1050.
2. Report of Burial enclosed as requested.

*Robert D. Heilman*

ROBERT D. HEILMAN  
1st Lt., Inf.  
Commanding.

Incl: 1 GR Form #1

AGRF

5th Inf.

EWK/hr

Headquarters, Sector III, Eastern France, AGRC, APO 164, U.S. Army. 16 Feb 1946

TO: Commanding General, American Graves Registration Command, APO 887, U.S. Army.

Forwarded for your information.

FOR THE COMMANDING OFFICER:

NANCY - Tel: 8415

21	22	23	24	1	2	3
20	- IN -			4	5	6
19	1908 - 8			7	8	9
18	26 FEB 1946			10	11	12
17	AGRC			13	14	15
16	APO 887			16	17	18


*Elwood W. Krueger*

ELWOOD W. KRUEGER  
2nd Lt., Infantry  
Operations Officer

*Out 826  
20  
6810  
1624  
Out 6570  
12741*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avold, France</b>		TO <b>OIC, Nouville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Capt Vincent P. Matoszo, RA-32707218</b>	
SIGNATURE OF SHIPPER 	DATE <b>2 Nov 49</b>	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

1  
 0300 St. Laurent  
 Plot: B, Row: 20, Gr: 43  
 Date of Burial: 16/6/1950  
 Verified by GRS Officer:  
 R. J. Collins  
 R.I. RODRIGUES, CWG USA  
**DISINTERMENT DIRECTIVE**  
 app  
 9/2/50

SECTION A —  
 NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER: 3574 00000  
 DATE: 15 01 48  
 DAY MONTH YEAR

NAME: *RJB*  
 SERIAL NUMBER: UNKNOWNX-001050  
 RANK:   
 ARM: 0  
 DATE OF DEATH:   
 DAY MONTH YEAR

CEMETERY: ST AVOLD - METZ  
 DISPOSITION OF REMAINS: 350 25 80  
 CODE DIST. PT.

PLOT: 00 ROW: 8 GRAVE: 197 COUNTRY: FRANCE  
 CAUSE OF DEATH: 6

SECTION B — CONSIGNEE AND NEXT OF KIN  
 NAME AND ADDRESS OF CONSIGNEE: ST LAURENT, FRANCE.  
 ST AVOLD, FRANCE  
 (BY ADMINISTRATIVE ORDER)  
 STOMMES, FRANCE  
 NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-18 Jan 50)

SECTION C — DISINTERMENT AND IDENTIFICATION  
 NAME: UNKNOWN X - 001050  
 SERIAL NUMBER:   
 RANK:   
 DATE OF DEATH:   
 DATE DISTINTERRED: 28 July 48

IDENTIFICATION TAG ON:  REMAINS  MARKER  
 ORGANIZATION: UNKNOWN  
 RELIGION:   
 IDENTIFICATION VERIFIED BY: Geo W. Lowry, Embalmer  
 NAME AND TITLE:

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL: Mattress/cover  
 CONDITION OF REMAINS: ~~entire content of skull &~~  
 Mandible, Rt. Pelvis, Decomposition complete.

OTHER MEANS OF IDENTIFICATION:   
 Report of Burial Board will remain   
 NAT FILE

MINOR DISCREPANCIES:   
 NONE  
 RECORDS ANNOTATED  
 DATE 27 JUL 50  
 NAME R. T. Johns  
 RJB HQ. AGRC DIV

REMAINS PREPARED AND PLACED IN CASKET  
 DATE: 14 JUL 48 BY: Geo W. Lowry, Embalmer

CASKET SEALED BY: Geo W. Lowry, Embalmer  
 EMBALMER (Signature): *Geo W. Lowry*

CASKET BOXED AND MARKED  
 SHIPPING ADDRESS VERIFIED BY: *Geo W. Lowry*  
 & tags verified: *Geo W. Lowry*  
 DATE: 14 JUL 48 BY: Geo W. Lowry

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 Final casketing by: *Geo W. Lowry*  
 SIGNATURE OF GRS INSPECTOR: *Geo W. Lowry*

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
 Consignee changed by Reg Div. *RJB*

AIRMAIL

FORM 314.6

1st Ind

US European

SUBJECT: ~~Certificates of Unidentifiability of Remains~~  
Transmittal Letter #4677

Dept. of the Army, OJBI, Washington 25, D. C., 9 February 1950

TO: Chief, Registration Division, 7827 Graves Registration Detachment,  
APO 51, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknowns X-1050,  
X-1076 and X-1060, interred in United States Military Cemetery St. Avold,  
France, as Unidentifiable.

2. Unknown X-1135 was suspended to your headquarters by radio dated  
2 February 1950.

3. The remaining unknowns listed on basic communication are under  
investigation. It is recommended that all action in connection with these  
cases be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

T Incist  
w/a

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

Holder:cam  
Clements  
HEB

JEM

TIC

X-1050  
X-1076  
X-1060  
X-1135  
X-1050  
X-1076  
X-1060  
X-1135

AIRMAIL



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

RRE 293

12 January 1950  
(Date)

*293 unk France X-1050 (Stavold)*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1050, Plot 02,  
Row 6, Grave 197, 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. 2607, dated  
5-1-48.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. E. P. Henry  
Capt. Edward F. Price, Jr.  
CWO Ledore Goudreau

Received 3 FEB 1950 6028  
Not identifiable from  
information presently  
available

File

3 FEB 1950

*W. J. [Signature]*  
Identified by 6028

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

RRE 293

12 January 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 1050, Plot 00, Row 8, Grave 197, 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 2607, dated 5-1-48.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

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

*Edward F. Frice, Jr.*  
Capt. Edward F. FRICE, Jr., O-1588236 QMC

1st Lt. Gaylord E. LUTZ, O-1595665 QMC

*Ledore Goudeau*  
CWO Ledore GOUDEAU, W-2113434 USA

FILE 9 FEB 1950

Not identifiable from  
information presently  
available

Incl #1

CASE HISTORY

UNKNOWN NO. X-1050

U.S. MILITARY CEMETERY

St Avold, France

(Location)

X-1050 was recovered from an isolated grave near D'Ars sur Moselle, (Moselle) France. Exact place of death is undetermined as is date of death.

The condition of the teeth indicate that dental work was in progress on this remains shortly before death. However after thorough investigation, no association could be made through comparison of dental information. Condition of the remains precludes identification as there was no identifying data except the teeth.

Former association of this case has proven negative as subject decedent has been identified and permanently interred.

For the above reasons this remains is declared UNIDENTIFIABLE.

M.H.KAMONS.

*OKL*

6

## DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3274 00000

DATE

15 01 48  
DAY MONTH YEAR

NAME

UNKNOWN X-001050

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

DISPOSITION OF REMAINS

3503 00

CODE

DIST. PT.

PLOT

00

ROW

0

GRAVE

197

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

 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 /

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

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

ARMY SERVICE FORCES  
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
1. <b>World War II Records Administration Center, AGO</b>	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
2. <b>4300 Goodfellow Blvd. St. Louis 20, Missouri</b>		<input type="checkbox"/>	NOTE AND RETURN
		<input type="checkbox"/>	NOTE AND FORWARD
3.		<input type="checkbox"/>	COMPLETE ACTION
		<input type="checkbox"/>	CIRCULATE
		<input type="checkbox"/>	INFORMATION
		<input type="checkbox"/>	FILE

**QMGTC 293  
Unk. X-1050  
(St. Avold) France**

Request information necessary as indicated  
in inclosed Form 8-WA.

1 Incl  
Form 8-WA

**JAMES C. MACFARLAND**  
Major, QMG  
Assistant

*EM*  
JUL 29 10 31 AM '46  
O.D.M.G.  
& RECORDS BRANCH

*St*

FROM: (Name, organization, building)

**OQMG, Memorial Division, 2427 WP**

DATE  
**25 July 1946**

TEL. **2462**

AGASF FORM 895  
1 OCT 1945

15-40973-1 ☆ U.S. GOVERNMENT PRINTING OFFICE

*1593 Maurice, Korea # 35,521,380*

*Em*

RRE (St Avold, BBBB-5-57)

2nd Ind.

PJW/LFP/pr

HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER  
AREA, APO 887, U. S. ARMY. 29 September 1946.

TO: The Quartermaster General, Washington 25, D. C.

1. Burial report for Unknown X-6217 (St Avold) forwarded herewith  
in compliance with paragraph 4, 1st Indorsement.

2. Original subject report was forwarded your headquarters by  
Transmittal Letter Number 1935 dated 20 June 1946.

FOR THE COMMANDING OFFICER:

*J. G. Powers*  
J. G. POWERS  
Colonel QMC  
Assistant

HEADQUARTERS  
A. G. R. C.  
1 OCT 1946  
52837  
OUT

093  
Whe X 1050  
Powers - St Avold  
1946

File  
Powers  
1946

OMGYG 293 1st Ind.  
X-1050 St Avold (France)

9 Sept. 1946

WD, OQMG, WASHINGTON 25, D. C.

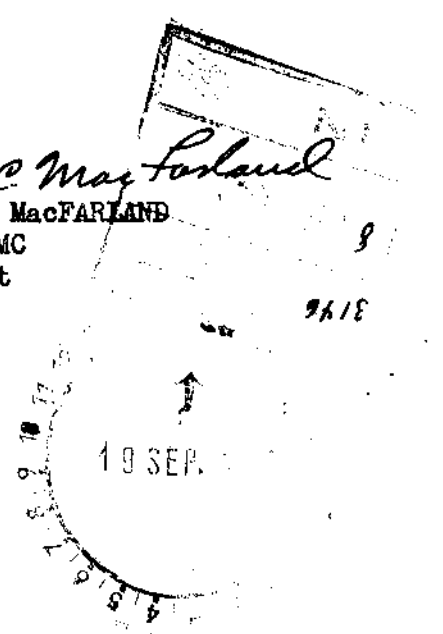
TO: Commanding Officer, American Graves Registration Command, European Theater Area, APO 887, c/o Postmaster, New York, New York

1. Reference paragraph 3, basic communication.
2. WD dental chart for Rocco J. Maiorca, 35588380 does not compare favorably with that of Unknown X-1050. A copy of the comparison is enclosed for your information.
3. Your attention is invited to the fact that a corrected copy of Report of Burial, dated 24 July 1946 for Maiorca, Rocco J., 35588380 previously buried as Unknown X-6217 (St Avold) Plot BBBB, Row 5, Grave 57 has been issued. The original report for Unknown X-6217 is not of record in this office.
4. It is requested that subject report be forwarded at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

1 Incl:  
Dental Chart

*James C. MacFarland*  
JAMES C. MacFARLAND  
Major, QMC  
Assistant



*[Faint, illegible markings]*

QMGIG 293  
X-1050 St Avold (France)

1st Ind.

9 Sept. 1946

WD, OQMG, WASHINGTON 25, D. C.

TO: Commanding Officer, American Graves Registration Command, European Theater Area, APO 887, c/o Postmaster, New York, New York

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4. It is requested that subject report be forwarded at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

1 Incl:  
Dental Chart

JAMES C. MacPARLAND  
Major, QMG  
Assistant

REGISTRATION AND  
RECORDS BRANCH  
SEP 9 11 37 AM '46  
MEMORIAL DIVISION

U.S. RECORDS BRANCH  
C.O.M.C.  
7

hh

*x 293 Maiorca, Rocco J. (35588380)*



HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN THEATER AREA

NJS/REB/kc

AGO 887  
28 February 1946

AGRRE (St. Avoild) QQ-8-197

SUBJECT: Identification of Unknown (St. Avoild) X-1050.

TO : The Quartermaster General, Washington 25, D.C.

1. Reference is made to Report of Burial, forwarded under our Letter of Transmittal #1757, covering Unknown X-1050, interred in U.S. Military Cemetery, St. Avoild, France, in Plot QQ, Row 8, Grave 197.

2. Remains of Unknown X-1050 were recovered from an isolated grave at the exact location where Pvt. <sup>29</sup>~~Roscoe J. Maiorca, ASN 35588380~~, was seen to have been killed, according to statement of Capt. Raymond Kalgren, Commanding Company "B", 20th Armored Inf. Bn.

3. Request that tooth chart attached to Report of Burial for Unknown X-1050 be compared with dental records of Pvt. Maiorca, and that this Headquarters be advised whether or not they are identical.

FOR THE COMMANDING GENERAL:

F. J. GERAGE,  
Lt. Col., QMC,  
Acting Asst. Adj. Gen.

37  
X-1050 - 7  
(enc.)

0  
CMGYG 293

4-8-197

(St. Avold) France

24 July 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General  
American Graves Registration Command  
European Theater Area  
Versailles, France  
APO 887, c/o Postmaster  
New York, New York

1. Reference is made to letter dated 28 February 1946, your headquarters, File 4-8-197 (St. Avold), Subject: Identification of Unknown (St. Avold) X-1050. The dental records of the following individual will be compared with the records of the Unknown X-Number indicated interred in U. S. Military Cemetery, St. Avold, France.

NAME

X-NUMBER

XJ 92  
Rocco J. Maiorca, ASN 35588380

X-1050

2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations to which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies to which this office must direct its correspondence to obtain the desired information.

FOR THE QUARTERMASTER GENERAL:

MEMORANDUM DIVISION

JUL 24 10 35 AM '46

JAMES C. MacFARLAND

RECORDS BRANCH, JMC  
Assistant

MAIL & RECORDS BRANCH  
JUL 21 11 41 AM '46  
EGH

ER

DT

~~SECRET~~

G. R. & E. DIV. .  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

# TOOTH CHART

17 Nov. 1945

UNKNOWN X-1050

UNKNOWN

UNKNOWN

UNKNOWN Last Name

First

Initial

Rank

UNKNOWN

Serial No.

UNKNOWN

Unit

Est 1944

Organization

UNKNOWN

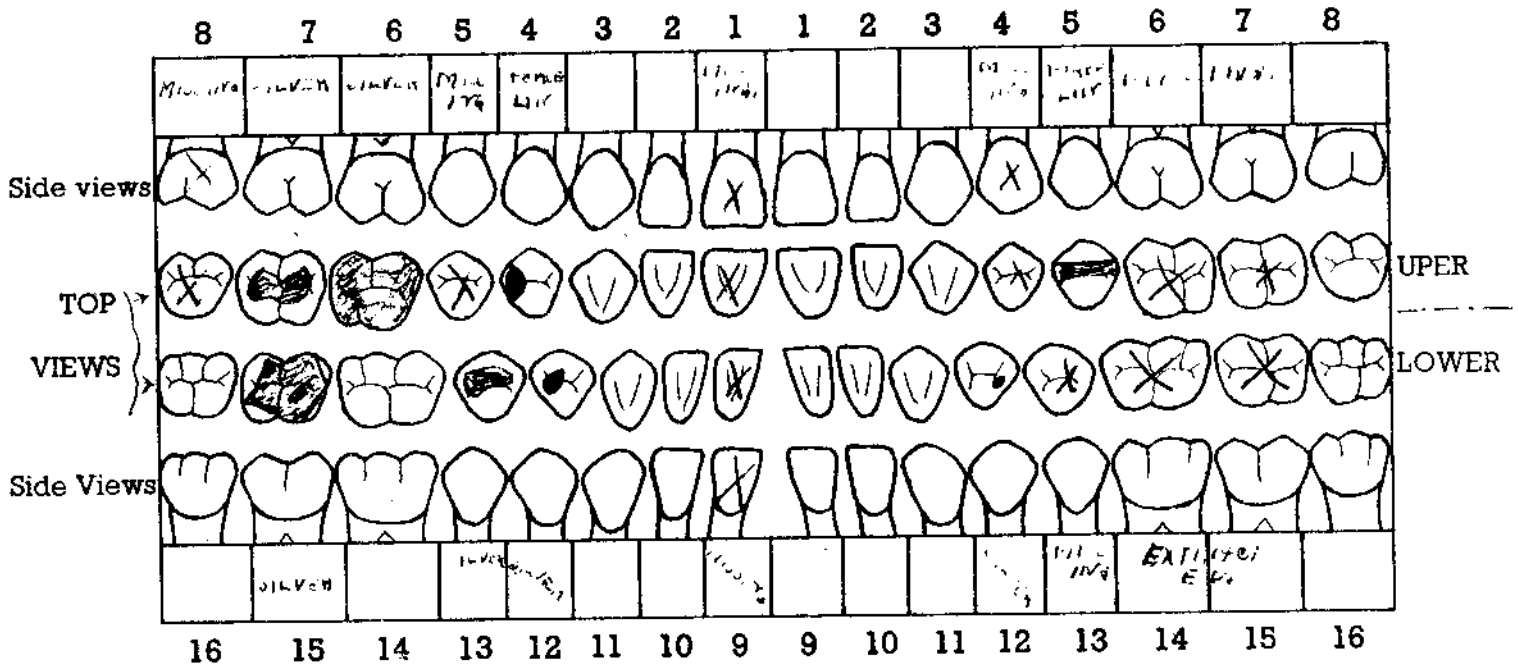
Place of Death

Date of Death

Cause of Death

Right

Left



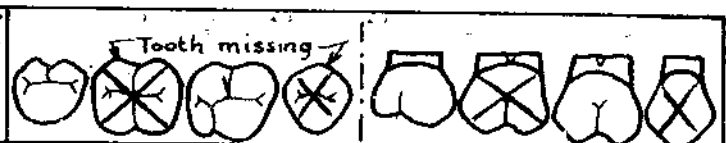

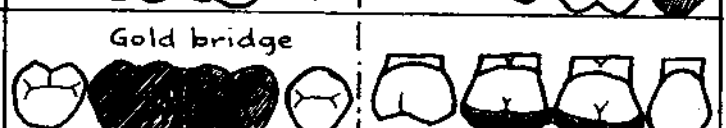
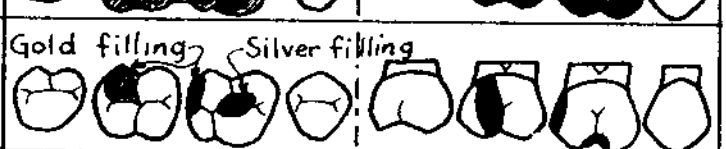

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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/Sgt Roy Cornish, 610th QM GR Co

Signature of Officer or other person who prepared Tooth chart

*Robert D. Heilman*

ROBERT D. HEILMAN, 1st Lt., Inf., 610th QM GR Co

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

HEADQUARTERS  
GRAVES REGISTRATION SERVICE  
551ST COMPOSITE SERVICE GROUP  
EASTERN ZONE U. S. ARMY

MOSELLE  
REGISTER NO. 2864  
1 Body  
APO 513

1 Nov 1945

Q-GRE 293.9

SUBJECT: Isolated Burials.

TO : Commanding Officer, 3rd Platoon, 3049th QM GR Co., APO 143, US Army.

1. The following information was received at this office concerning  
Military or                      personnel believed interred in your section.

NAME MAIORCA, Recco, J. GRADE Pvt ASN 35588380 ORGN 20th Inf.  
(Last) (First) (Init)  
CAUSE OF DEATH:  
PLACE OF PRESENT BURIAL:  
DATE OF PRESENT BURIAL:  
MEANS OF IDENTIFICATION:  
REPORTED BY:

ADDITIONAL INFORMATION:

For location see attached sketch.

KIA 2 November 1944

Coord: 1:250,000 A9 / U 75  
75.7 - 55.5

2. It is requested that body be removed to the nearest established U.S. Military Cemetery and GR Forms #1 and TGRS Forms No. 10 (Report of Investigation) be attached to this correspondence and returned to this headquarters.

3. If body is not located or has been previously disinterred, request details be furnished this office under proper heading on reverse side of this letter.

A TRUE COPY:

Hq. 608th QM GR Co.  
28 November 1945.



ROBERT D. HEILMAN  
1st Lt. Inf.  
GR Officer

Gravelotte

Moselle  
2764



77

56

PLACES



Bois des Ognons

336.3

74

55

(1797-1870)

CHAMBLEY (N.E.) Sheet XXVIII-13  
FRANCE 1:25,000

CHECK LIST FOR DISINTERMENTS  
(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.  
Both PART I & PART II should be completely filled out if identification tags  
are not available.  
If information is unavailable, so indicate.

PART I  
(Positive Identification)

1. UNKNOWN X-1080 UNKNOWN  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many and where attached  
None found
3. Give exact location from which disinterred, furnishing coordinates and map series used  
Isolated burial alongside of road, Route 60 38, about three kil. from D'Ars-Sur-Moselle, France, Coord: 757-555, Sheet V-1, Saarbrucken 1:250,000
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery)  
Isolated burial
5. Approximate or established date of death (state which & give basis for date selected)  
Est. 1944, condition of body
6. Approximate or established date of burial (give basis for date established)  
Oct. 29, 1945, Mayor of D'Ars-Sur-Moselle
7. Manner in which grave was marked and all information contained on the marker  
Temporary wooden marker (Cross) with US Steel helmet hanging on top from top of it. No marking on helmet
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
None found
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, Priest, cemetery caretaker, those responsible for burial and any others possessing information)  
None The mayor of Ville D'Ars-Sur-Moselle, the town nearest the burial place of the deceased, was contacted and he knew nothing except the body was buried by a French bomb disposal squad

PART II  
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_
11. Unable to determine any of the below information due to condition of body  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.  
Unable to determine

13. Give as detailed description as possible of condition and amount of remains Skull and face bones were all that remained of deceased
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) Unable to determine, remains were found in a mine field
15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size, List each item of clothing with a description of any unusual cuts, design markings, pockets, colors patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco, etc., No clothing or personal effects found on remains
16. Give description of any vehicle found in the area that could be connected with the death of the deceased None found
- (Type) (WD Serial No.) (Organization) (Serial No. & Type)
17. Give exact location of remains in vehicle before removal Not applicable
18. If buried in a coffin, give description and markings Buried in a wooden K ration box
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains None found
20. Other pertinent information which would aid in establishing identity None

Sgt White 3049th CM CR Co  
 (Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

(Date)



UNKNOWN X- 050  
Cemetery US Mil. Cem. St. Avold, France  
PLOT QQ ROW 8 GRAVE 197

Arrived at cemetery 14 Nov. 1945 From Vic. of D'Arc-Sur-Moselle  
(hour) (date) (collecting point)

Place of death Unknown  
(name) (coordinates & landmarks)

Remains recovered by 3049th QM GR Co  
(name and organization)

Evacuated to cemetery by 3049th QM GR Co  
(name and organization)

Is load list attached No Are names of deceased found in same  
(yes-no) area as this Unknown started No Are circumstances described  
(yes-no)

which may indicate organization of the deceased No If only  
(yes-no) part of a body was received, was a careful search made for other

parts of Unknown Yes  
(yes-no)

If remains come from vehicle, plane, etc: Unknown  
(type of vehicle or plane,

nickname serial number, organization or symbols)

Crew list None  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Not applicable

If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane Not applicable

(parts of markings or symbols) (burned) Not applicable

(pierced by shell fire - where) (found in town, field, by road) Not applicable

(damaged by mine explosion) (names of men who escaped) Not applicable

(description of other vehicles or planes in area)  
Detailed description of personal effects None found  
(Indicate exact pocket

or part of body where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual marks, wear, tears
Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field	No clothing found. Remains consist of			
Jacket, Combat	a skull and face boxes			
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggins Wool				(unusual lacing)
Socks Cotton				
*Shoes (type)				
Overshoes				
Web Equipment (type)				
Other item				

\*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or  
Shoulder Patch \_\_\_\_\_ (type & location; shirt, jacket, coat, helmet)

Description of Remains:  
Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Description of wounds \_\_\_\_\_  
(yrs) (ft-in) (lbs)

Unable to determine any of the above information due to the condition of the remains

Bandages or dressings None found Scars Unable to determine  
(length, width, location)

---

Tattoos Unable to determine, most of body missing  
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Unable to determine, most of body missing  
(yes-no) (description, location)

---

Sunburn or tan, other than hands and face Unable to determine

Tobacco stain on fingers or teeth None missing, none on teeth  
(designate where, extent)

Complexion Unable to determine Build Unable to determine  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair None found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

---

Sideburns None found Mustache None found Beard or goatee None found  
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

---

Eyes Missing Eyebrows Missing  
(color, setting, shape) (color, bushiness, extend across nose)

Nose Missing Ears Missing  
(size, shape, straight) (Size, set close to or far from head)

---

Forehead Normal Mouth Missing Lips Missing  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth See attached tooth chart  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

---

Chin Unable to determine Cheekbones Normal  
(prominent, receding, pointed, dimple, double) (high, normal)

---

Jaw Normal Circumference of head in inches 20 inches  
(large, small, normal) (hat band)

---

Neck Unable to determine Larynx Missing Shoulders Missing  
(size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

Arms Missing  
(length) (muscular, color, extent & quantity of hair)

---

Hands Missing  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Unable to determine  
(marks on fingers indicating that rings were worn)

**Missing**  
Fingers \_\_\_\_\_  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

\_\_\_\_\_ (unusual characteristics of fingernails)  
Chest **Unable to determine, Missing**  
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back **Missing** Waist **Missing**  
(quantity and extent of hair) (size at navel, appendectomy, amount & color of

hair) **Circumcized Unknown** Pubic hair **Missing** Hernioplasty **Unknown**  
(yes-no) (color) (yes-no) (location)

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

Feet **Missing** Toes **Missing**  
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures **Unable to determine**  
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached **No** If not, explain **Not warranted**  
(yes-no)

Have fingerprints been placed on GRS # 1 **No** If not, explain **Hands missing**  
(yes-no)

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

Remarks: **Upon authorization by 551st Composite Service Group, the 3049th QM GR Co. disinterred this body, (supposedly that of Pvt Roscoe J. Maiorca, ASN 35588380, 20th Inf. KIA 2 Nov. 1944 per letter 551st Group) Disinterment and processing revealed no information as to this identity. Body was disinterred from the exact coord given in the letter.**

Signature of GRO and Organization  
**ROBERT D. HEILMAN, 1st Lt., Inf, 610th QM GR Co**

# IDENTIFICATION CHECK LIST

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

Unknown X I-1050

Cemetery St. Avel, France

Plot 00 Row 8 Grave 197

1. **Date reprocessed: 26 November 1947**  
~~Arrived 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~~ or disinterred by MOBILE TEAM C.I.P.A.G.R.C. EA.  
(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	<u>NONE</u>		
	(Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw		<u>NONE</u>	
Sweater		<u>NONE</u>	
Jacket, HBT		<u>NONE</u>	
* Shirt, Wool OD		<u>NONE</u>	
Undershirt, Wool		<u>NONE</u>	
Undershirt, Cotton		<u>NONE</u>	
Trousers, HBT		<u>NONE</u>	
* Trousers, Wool OD		<u>NONE</u>	

Belt, web **NONE**  
 Drawers, wool **NONE**  
 Drawers, cotton **NONE**  
 Leggings, wool **NONE**  
 Socks, cotton **NONE**  
 \* Shoes **NONE** (type)  
 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

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?

**U.T.D.**

6. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** 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, pocks, freckles)

Build **UTD**  
 (Large, fat, thin, muscular)

Hair **NONE TO 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 **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 **Est. 21 1/8"**  
 (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 **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 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 **MISSING**  
 (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 **UTD**  
 (Nose, arms, legs, etc.)

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

**SEE ATTACHED CHART**

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

If not, explain **Hands missing**

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

9. Remarks **Remains found in skeletal form consisting of skull, Mandible and pelvis only, no box or mattress cover. Teeth found and charted. Burial report found. No bones for measurement, weight est. 6 lbs. Fluoroscopic Examination negative. Nothing found to warrant Chemical Laboratory Examination. Case remains UNKNOWN.**

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.

*Ralph W. Sleator*

(Officer's Name)

**RALPH W. SLEATOR  
MAJOR INF**

Rank

Service

**CENTRAL IDENTIFICATION POINT**

(Organization)



X-1050

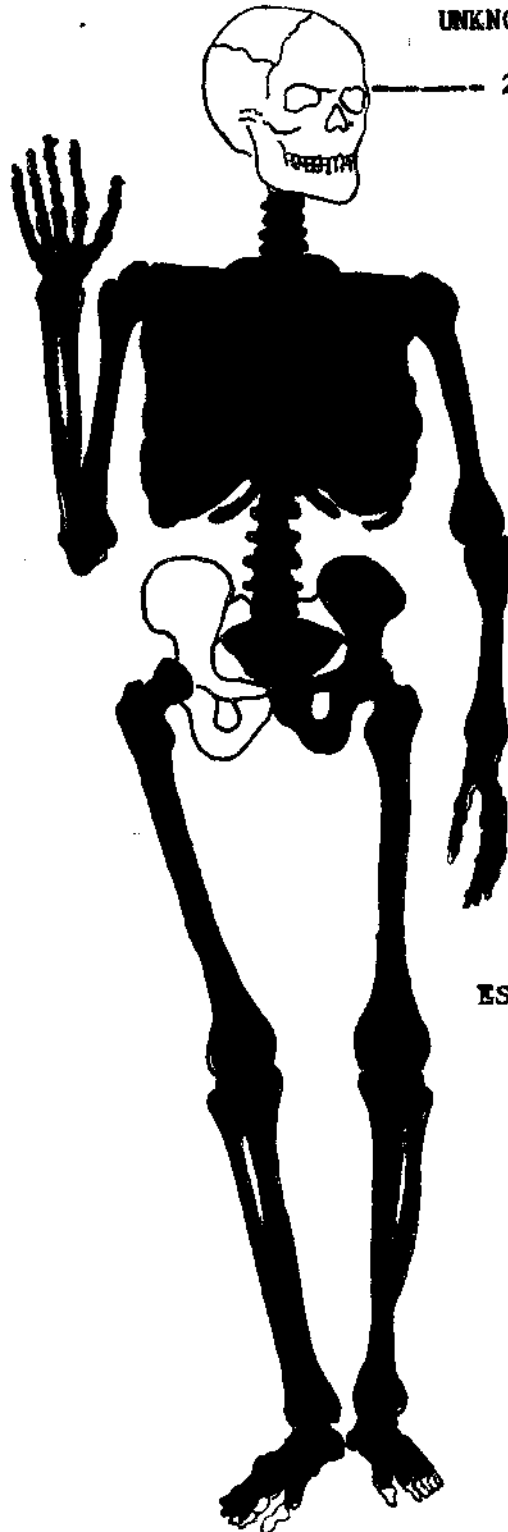
**SKELETAL CHART U.S.M.C. ST. AVOLD, FRANCE**

Plot QQ, Row 8, Grave 197

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNKNOWN X-1050

21 1/8" Circumference of Head



ESTIMATED HEIGHT: U.T.D.

**TOOTH CHART**

Plot Q3, Row 8, Grave 397

26 November 1947

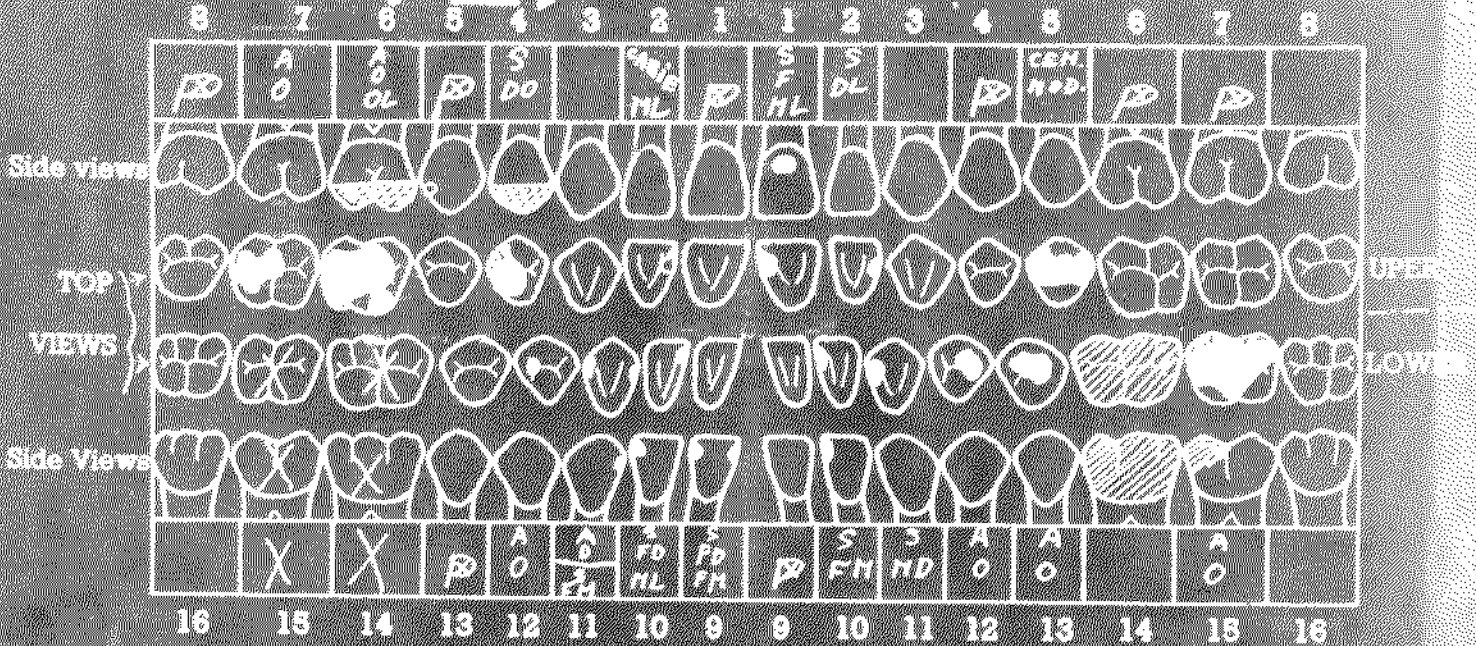
INVENTORY 1-1050

Last Name	First	Middle	Rank	Serial No.
This		Organization		
Place of Death		Date of Death		Cause of Death

Right

Left

NOTE



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.

*Don J. Foma*  
 Signature of Officer or other person who prepared Tooth chart  
*Ralph W. Sinator*

Verified by O. R. S. Officer  
 RALPH W. Sinator  
 MAJOR INF  
 CENTRAL IDENTIFICATION POINT

**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

- Ⓟ - Posthumously missing
- Ⓢ - Broken or chipped
- Ⓣ - Teeth ground away R-6 and R-4

Color dull ivory  
Size large  
Alignment fair

Spaces: R-16 to pit of R-13 - 16 mm.  
R-11-12 - 2 1/2 mm.

R-16 and L-16 has a lingual version  
R-12 has a distal version  
R-2 is malposed lingually and has rotated 1/8 of a turn distally  
L-2 has a facial version  
L-1 has a lingual version.

**NOTE:** R-6 and R-4 shows signs that they have been ground down. It is positive that they were not worn down.

The filling listed in R-4 has been marked as silicate because the appearance of the fillings where it has been ground away looks as though it is a silicate filling. This filling may be a cement filling. The mandible doesn't line up very well with the maxilla. This man must of been awfully buck toothed from the way the mandible fits to the maxilla.

**NOTE:** There is a small hole (approx 7mm. in diameter) which could suggest an abscess directly below R-9 and R-10.

**RESTRICT**

**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

14 Nov. 1945

UNKNOWN X-1050		UNKNOWN		UNKNOWN	
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
0900 hrs. 14 Nov. 1945		US MIL CEM ST AVOLD, FRANCE		Q-260-584	
197	8	QQ	Cross		

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified? **(See Reverse)** Disinterred from an isolated burial alongside of road, Route GC 38, about three kil. from D'Ars-Sur-Moselle, France, Coord: 757-555, Sheet V-1, 1:250,000, Saarbrucken. (See attached map and check list)

What means of identification were buried with the body?  
GRS Form #1 in burial bottle

To determine Right of Left use Deceased's Right and Left.

Who is buried on:	BUCHOLTZ	39127788	196
Deceased's Right:	HONIGMANN	42051870	198
Deceased's Left:	Sgt White, 3049th QM GR Co		

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Address: **Unknown**

Name: **Unknown**

Address: **Unknown**

Religion: **Unknown**

List only Personal Effects Found on Body and disposition of same: **None**

Three kil from D'Ars-Sur-Moselle  
Coord: 757-555, Sheet V-1  
1:250,000

Signature of Officer or other person reporting burial  
*Robert D. Heilman*  
Verified by G.R.S. Officer

ROBERT D. HEILMAN, 1st Lt., Inf., 610th QM GR Co

# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? **Yes**  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

**No finger prints, hands missing**  
**Tooth chart taken and attached**  
**Remains consisted of head and shoulder bones.**  
**Facial or body characteristics, or estimated**  
**sizes impossible to determine due to condition**  
**of the body.**

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**No clothing found on remains.**  
**Head circumference is 20 inches.**

**The deceased is believed to be that of Pvt Rocco J. Maiorca**  
**ASN 35588380, 20th Inf. KIA 2 Nov. 1944. Coord: 757-555,**  
**Map ref: A -/U 75, Scale 1:250,000 per true copy of letter**  
**attached from 551st Comp. Serv. Group (Register no. 2864-Moselle)**  
**11 November 1945, giving authority to disinter this deceased.**  
**Upon disinterment, no identity or clues to identity were found**

## TOOTH CHART

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Deceased's Left																
Deceased's Right																
Upper																
Lower																

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; missing anchor teeth; replacements by artificial teeth X

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

**The french officers who buried the remains, 29**  
**Oct. 1945, and whom were contacted by a Mr. Supper, Head**  
**of French demolition at Metz, France, to bury same,**  
**stated no tags or personal papers were on the body.**

**See attached check list for additional information**

Other Data: \_\_\_\_\_  
 Characteristics: \_\_\_\_\_  
 48 FEB 40 505  
 122560  
 18 DEC 1945