

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-1052-112

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-1052 St Avold

(POC) ST LAURENT

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.

(S.A. 11)

PART I
(Positive Identification)

1. UNKNOWN X-1052 UNKNOWN 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 Gravelotte, France (Meuse) 78-76-60

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) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker No markings
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) Mayer of Gravelotte, France
No information obtained

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 Blonde Unable to determine
(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 any of
of the above. Body is just a few boxes with a small amount of
blonde hair

Handwritten notes:
S.A. 11
H. 11
H. 11

13. Give as detailed description as possible of condition and amount of remains Just a few bones with a slight amount of blade hair
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) Shell or mortar fire from condition of clothing
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., See attached CR Form #1 and check list for unknowns
16. Give description of any vehicle found in the area that could be connected with the death of the deceased None
Not applicable
 (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 No coffin
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
20. Other pertinent information which would aid in establishing identity See attached correspondence

Garden Ericsson

Sgt

610th CM CR Co

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

16 Nov. 1945

(Date)

CHECK LIST FOR UNKNOWN

UNKNOWN X- 1052
CEMETERY St. Avold, France
PLOT UUU ROW 7 GRAVE 82

Arrived at cemetery 17 Nov. 1945 From Gravelotte, France (Moselle)
(hour) (date) (collecting point)
Place of death Vic. of Gravelotte, France (Moselle) VG-76-60
(name) (coordinates & landmarks)

Remains recovered by Sgt Gordon Erickson, 610th QM SR Co
(name and organization)

Evacuated to cemetery by Sgt Gordon Erickson, 610th QM SR 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 Not applicable
(yes-no)

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

nickname serial number, organization or symbols)

Crew list Not applicable
(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)

(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

Not applicable
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 <u>Helmet and (type) liner</u>	<u>None</u>			
Raincoat	<u>2-8938</u>			
Overcoat				
Jacket, Field				
Jacket, Combat				<u>Type M-1943</u>
Mackinaw				
Sweater	<u>None</u>			
Jacket, HBT				
*Shirt, Wool OD	<u>None</u>	<u>None</u>	<u>GD</u>	
Undershirt, Wool	<u>None</u>	<u>None</u>	<u>White</u>	
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD	<u>None</u>	<u>None</u>	<u>GD</u>	
Belt, Web				
Drawers, Wool	<u>None</u>	<u>None</u>	<u>White</u>	
Drawers, Cotton	<u>None</u>	<u>None</u>	<u>White</u>	
Leggins				<u>(unusual lacing)</u>
Socks <u>Wool</u>				
Socks <u>Cotton</u>				
*Shoes <u>Service</u> (type)			<u>9 1/2 D</u>	
Overshoes				
Web Equipment (type)	<u>One cartridge belt</u>			

Other item Sleeve
 *If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or 1 Pfc Stripes on shirt
 Shoulder Patch (type & location; shirt, jacket, coat, helmet)

Description of Remains: Shell or mortar fire
 Age (yrs) Height (ft-in) Weight (lbs) Description of wounds
Unable to give any of the above information due to condition of body

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

Tattoos Unable to determine, remains just boxes
(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 No flesh left on body

Tobacco stain on fingers or teeth 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 Blonde, straight
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Unable to determine Mustache Unable to determine Beard or goatee Unable
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Unable to determine Eyebrows Unable to determine
(color, setting, shape) (color, bushiness, extend across nose)

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

Forehead Unable to determine Mouth Unable to determine Lips Unable to determine
(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 Unable to determine
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw Unable to determine Circumference of head in inches 22 inches
(large, small, normal) (hat band)

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

Hands Unable to determine
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

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

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

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

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

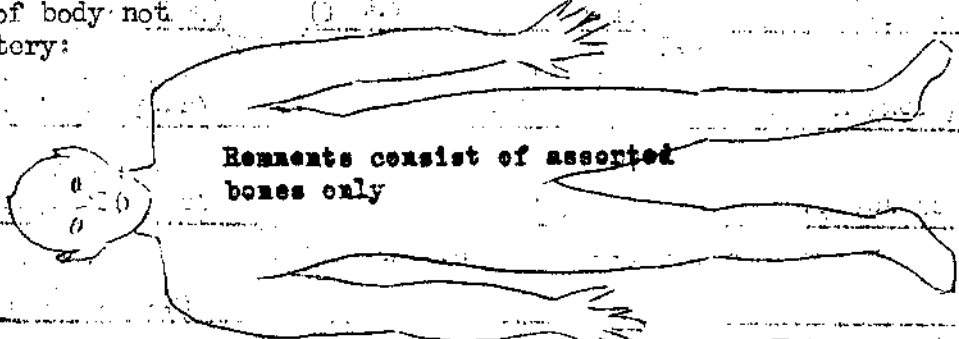
hair) Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown
(yes-no) (color) (yes-no) (location)

Legs Unable to determine, bones measure 30 inches
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unable to determine Toes Unable to determine
(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 flesh on hands
(yes-no)

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

Remarks Evidently killed by shell or mortar fire from appearance of clothing.

Robert D. Hillman
Signature of GRO and Organization
ROBERT D. HILLMAN, 1st Lt., Inf., 610th QM CR Co

TOOTH CHART

17 Nov. 1945

UNKNOWN X-1052

UNKNOWN

UNKNOWN

UNKNOWN Last Name

First

Initial

Rank UNKNOWN

Serial No.

Vic. of Gravelotte, ^{Unit}

Unknown

Organization

Mater or shell fire.

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/ S/Sgt Roy Cornish, 610th QM GR Co

Signature of Officer or other person who prepared Tooth chart

Robert D. Heilman
 Verified by C. R. S. Officer

ROBERT D. HEILMAN, 1st Lt., 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

APR 27 1950
1

USMC St. Laurent
Plot: B, Row: 21, Grave: 24
Date of Burial: 15/6/1950
Verified by GRS Officer
R.S. Rodriguez
R. S. RODRIGUEZ, CWO USA
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWNX-001052

SERIAL NUMBER
0

RANK
0

ARM
0

DATE OF DEATH
DAY MONTH YEAR
350 25 80

CEMETERY
ST AVOLD - METZ

DISPOSITION OF REMAINS
CODE DIST. PT.
6

PLOT ROW GRAVE COUNTRY
UUU 7 82 FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~ST AVOLD, FRANCE~~ ST LAURENT, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-001052

SERIAL NUMBER
Unk

RANK
Unk

DATE OF DEATH
Unk

DATE DISTINTERRED
24 May 48

IDENTIFICATION TAG ON
 REMAINS EMB
 MARKER EMB

ORGANIZATION
UNKNOWN

RELIGION
unk

IDENTIFICATION VERIFIED BY
Richard F Peterson, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress cover

CONDITION OF REMAINS
Totally disarticulated - No flesh - 11 major bones fractured except: R/ & L/ Clavicles, R/ Humerus, R/ Ulna, R/ Radius, R/ & L/ Ilium, R/ Tibia, missing R/ Fibula.

OTHER MEANS OF IDENTIFICATION
Report of Burial, found with remains -

MINOR DISCREPANCIES 1
None

NAT FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME R. T. Johns (Y.R. DR. MEM. DIV.)

REMAINS PREPARED AND PLACED IN CASKET
DATE **1 June 48** BY **Richard F Peterson, Embalmer**

CASKET SEALED BY
Richard F Peterson, Embalmer

EMBALMER (Signature)
Richard F Peterson
Richard F Peterson

CASKET BOXED AND MARKED
DATE **1/June 48** BY **Richard F Peterson, Embalmer**

ALL MARKINGS VERIFIED BY
All markings plates & tags verified by: Bruce E Blair, 1st Lt QMC

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

Bruce E Blair
BRUCE E BLAIR, 1st Lt QMC, 397 QM Bn
SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoird France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Stephen F Wilson, RA-39587409	
SIGNATURE OF SHIPPER <i>Frank B. Callaghan, 1st Lt PA</i>	DATE 29 Oct 49	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 (BY AIRMAIL)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. AVOIRD FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

AIRMAIL

1st Inc

314.6

COMM 100
GPO European

SUBJECT: Certificates of Unidentifiability
Transmittal Letter #4674

Dept. of the Army, GPO, Washington 25, D. C., 25 January 1950

TO: Chief, Registration Division, 7807 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown 1-1052,
listed on basic communication, as Unidentifiable.

2. Other Unknowns listed were suspended to your headquarters by
radio 12 January 1950.

FOR THE QUARTERMASTER GENERAL:

5 Incls:
w/d

T. H. MEYER
Lt Colonel, GPO
Memorial Division

Holden:cdt
Clements
REB

Handwritten: 1st 3 Incls
REB
TBC

Handwritten: H/W

AIRMAIL

3142

OMCMT 295

1st Ind

OPS Europe

SUBJECT: Identification Check Lists
Transmittal Letter #4653

DEPARTMENT OF THE ARMY, OQMG, WASHINGTON 25, D. C. 20 January 1950

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

1. Reference is made to Identification Check Lists for Unknowns
X-2206 and X-2739 in preceding correspondence.

2. The Check Lists for above unknowns, referred to tooth charts
which were not received in this Office. It is therefore requested that
tooth charts for Unknowns X-2206 and X-2739 be submitted at the earliest
practicable date.

FOR THE QUARTERMASTER GENERAL:

14 Incls.
w/a

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

Cy furnished: Adm Sec
rar/Toyabo
N. Farmer
RKB

X-293
Lute France
X-1052
(H. Smith)

REB
TEC

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

2937th - France X-1052
3 January 1950
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 1052, Plot UUU,
Row 7, Grave 82, USMC St Avold, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 4653, dated 3-1-50. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/
t/

Case reviewed by undersigned Members of the Board of Review.

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

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

CWO Leodore GOUDREAU, W-2113434

T.L.# 4674

Received 17 Jan 1950 OQMG
Not identifiable from
information presently
available

FILE 17 JAN 1950

Bunker
Id 130.

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

RRE 293

3 January 1950

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1052, Plot UUU, Row 7, Grave 82, 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. 4653, dated 3-1-50.

3. Remarks:

See Case History attached.

Received 17 Jan 1950 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Henry
Col. H. P. HENRY, O-12529 JMC Lt. Col. E. D. MULVANY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC Maj. Gerald SWARTHOUT, Sr., O-267451 CE

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr., O-1588236 JMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GERR, W-2102925 USA ~~CWO LEODORE GOUDREAU, W-2113729 JMC~~
Leodore Goudreau
CWO LEODORE GOUDREAU, W-2113734

Incl #1

FILE 17 JAN 1950

Binkard

CASE HISTORY

UNKNOWN NO X-1052

U.S. Military Cemetery St-Avoid

Unknown X-1052 was disinterred from an isolated grave in the vicinity of Gravelotte, (Moselle) France. The date of death is undetermined. Laundry marking "S-8938" found on clothing on remains of X-1052 is not of record as a casualty in this theater.

All casualties in the area have been checked with negative results.

The fact that the majority of teeth are missing precludes the possibility of identification by means of dental information.

UNIDENTIFIABLE

M.H. KAMONS.



6

DISINTERMENT DIRECTIVE

2934unk/France/A-1052 (St Arnold)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3274 00000	DATE 13 01 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER X-001052	RANK	ARM
CEMETERY ST AVOLD - METZ		DISPOSITION OF REMAINS 0 3503 00 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT 000	ROW 7	GRAVE 02	COUNTRY FRANCE	CAUSE OF DEATH

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
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

MOSELLE
1310

HEADQUARTERS
EASTERN ZONE
AMERICAN GRAVES REGISTRATION COMMAND
551ST COMPOSITE SERVICE GROUP
APO 513 U. S. ARMY

293. *293* *Unk. France (St. Aved) X-1052* RMD:cel
19 October 1945

SUBJECT: Isolated Burial.

TO : Commanding Officer, 3rd Pltn., 610th QM GR Co.,
APO 513, US Army.
(Atten: S/Sgt. E. J. GORANSON)

1. In reference to the attached correspondence, Captain Rogers states that S/Sgt EJ Goranson may have some knowledge of the Isolated Burial case of Sgt. Willard C. Fisher.

2. Request that Sgt. Goranson make the necessary investigation on the case. If the body is found as an Isolated burial, remains will be reinterred in a US Military Cemetery. Report of investigation and/or GR form #1 will be returned by Indorsement.

By Order of Colonel HARPER:



Roy M. Davenport
ROY M DAVENPORT
1st Lt., Inf.
Isolated burial off.

Incl: 4

1st Ind RBH/ben
HQ, THIRD PLATOON, 610TH QM GRAVES REG. CO., APO 513, US ARMY, 4 Dec. 1945
TO: Commanding Officer, 615th QM Bn., APO 513, US Army

1. Basic communication complied with.
2. Deceased found in area mentioned in inclosures. No identification could be found on remains to identify this deceased as that of subject deceased. Reinterred in the US Military Cemetery at St. Aved, France and given the number unknown X-1052.
3. Report of burial, check list for unknowns and all allied papers pertaining to case, submitted herewith in accordance with basic communication.

For the Commanding Officer:

Robert D. Heilman
ROBERT D. HEILMAN
1st Lt., Inf.,
GR Officer

Incl: 4
Incls: added
a/s

IDENTIFICATION CHECK LIST

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

D.P. # 247, dated 19 March 1947

Unknown X -1052

Cemetery St. Avoild, France

Plot IIII Row 7 Grave 82

Date reprocessed:

1. ~~XXXXXXXXXXXX~~ 4 Dec 1947
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~XXXXXXXXXX~~ disinterred ~~by~~ and reprocessed by: Mobile Team # 1, 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	<u>None</u> (Type)		
Raincoat	<u>Remnants of, with marking "S-0038"</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>Remnants of, wool OD, green.</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of, wool OD</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of.</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of.</u>		

FEB 20 1948

Belt, web None

Drawers, wool Remnants of, OD

Drawers, cotton None

Leggings, wool Remnants of, OD

Socks, cotton None

* Shoes Remnants of (type) one (1) pair service, size "9-D"

Overshoes None

Web Equipment None (type)

(Other item) M-1 clip, Remnants of rifle belt, Remnants of wool O.D.

(Other item) gloves, Remnants of comb.

* 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 - Humerus - 34.6 R. - Radius - 25.2
R - Ulna - 27.1 R - Femur - 47.9
R - Tibia - 39.2

Age UTD Est. Height 5'9 1/2" 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, poeks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair Light brown 2" long.
(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 Teeth charted
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches 20 3/4
 (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)

(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 Light brown
 (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.

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

If not, explain Too decomposed

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

9. Remarks Remains received in skeleton form. Clothing marks found on raincoat "S-8938". No Burial Report or GRS tag. Fluoroscopic examination negative. Clothing found in debris. Est. weight of remains: 18 Lbs.

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

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT

Rank

CNC

Service

OPERATIONS OFFICER, IS FIRST ZONE

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

SKULL.....20 3/4"

LEFT

HUMERUS.....34.6.....cm

RADIUS.....25.2.....cm

ULNA.....27.1.....cm

FEMUR.....47.9.....cm

TIBIA.....39.2.....cm

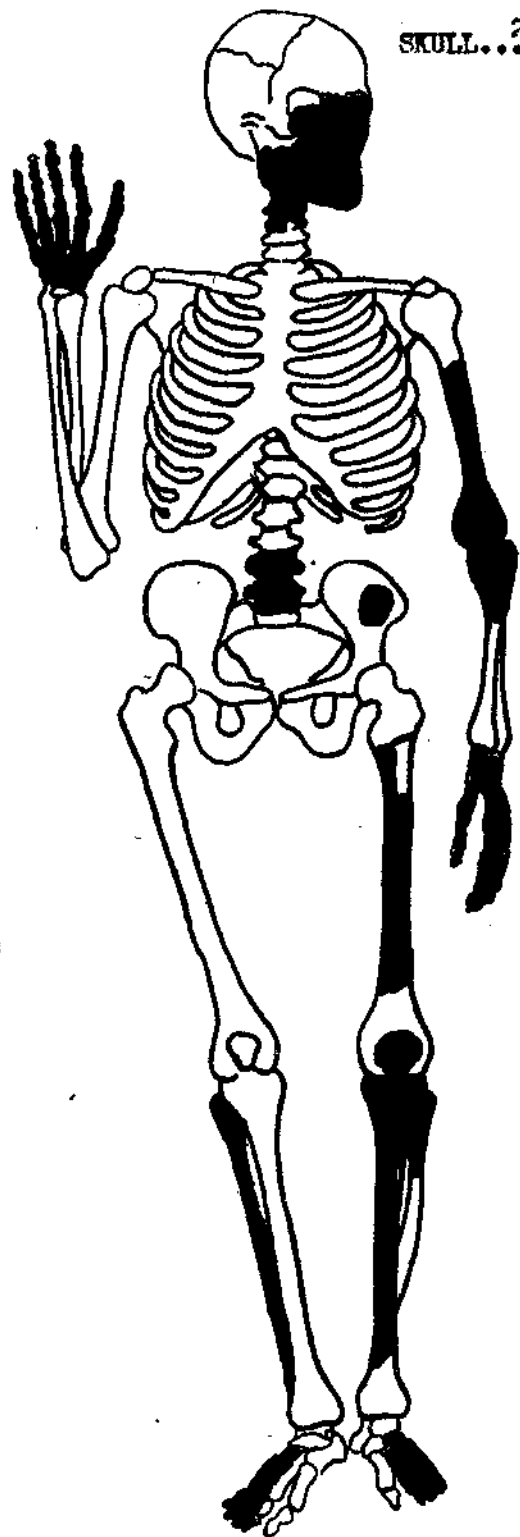
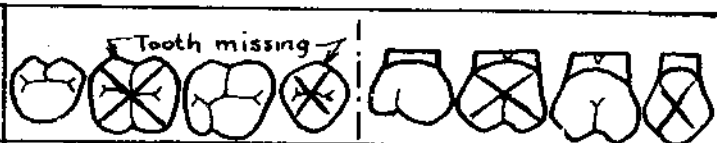


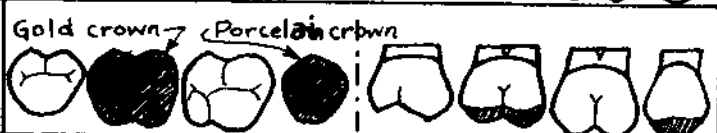
CHART "A"

Est.5191.....

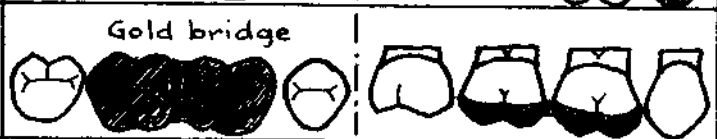
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



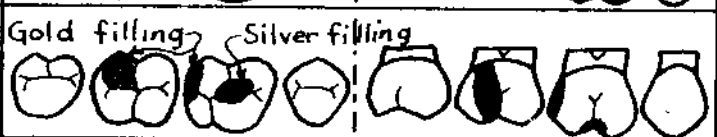
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



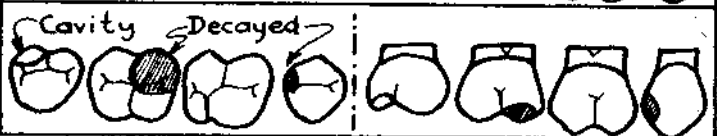
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Color: Dull Ivory
 Size : Average
 Alignment: UTD.

TOOTH CHART

17 Nov. 1945

UNKNOWN X-1082

UNKNOWN

UNKNOWN

UNKNOWN Last Name

First

Initial

Rank

UNKNOWN

Serial No.

Vic. of Gravelotte, ^{Unit}

Unknown

Organization

Mater or shell fire.

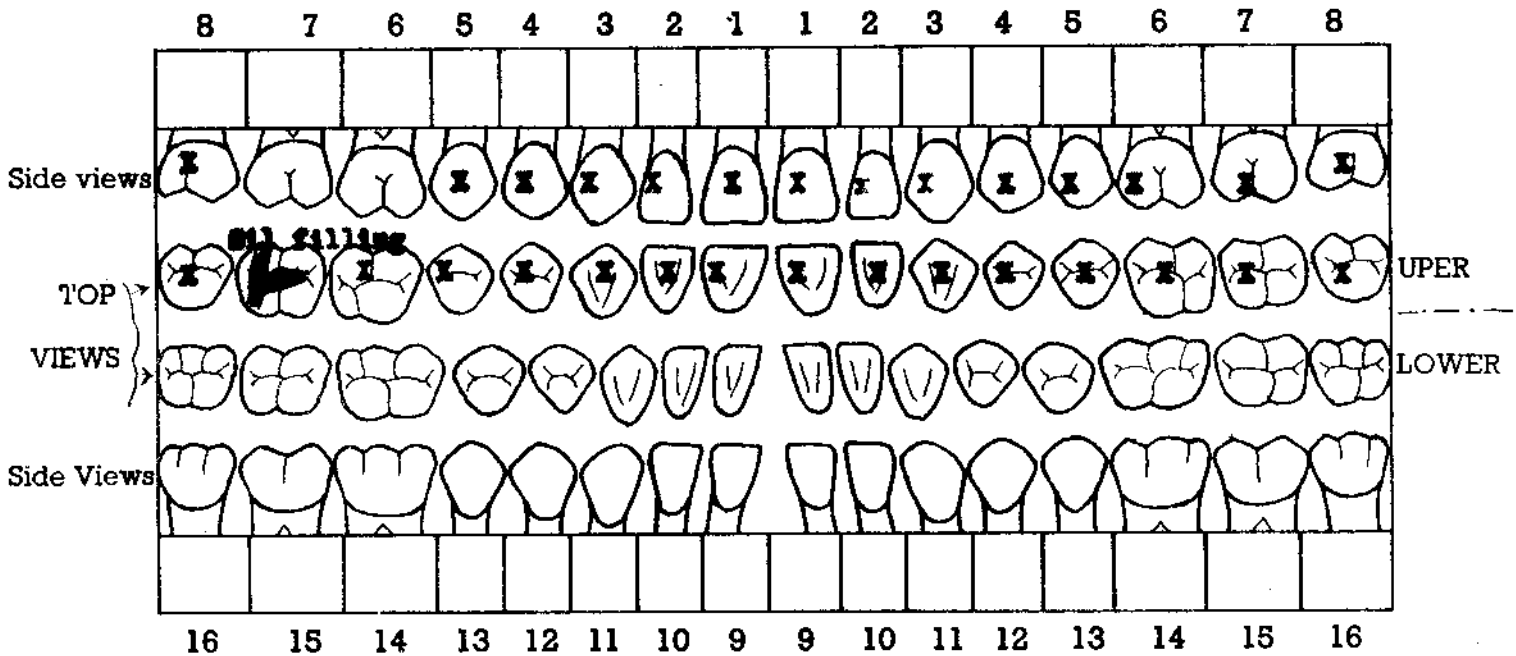
Place of Death

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/ S/Sgt Roy Cornish, 610th QM SQ Co

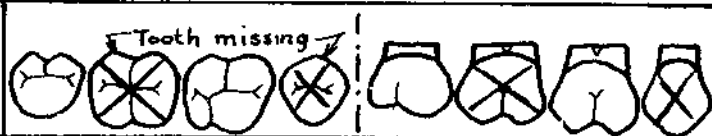
Signature of Officer or other person who prepared Tooth chart

[Handwritten Signature]

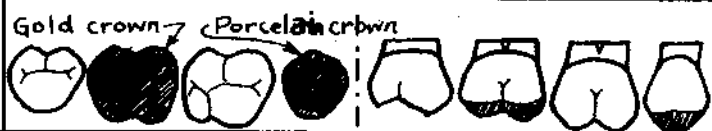
Verified by C. R. E. Officer

ROBERT D. HILMAN, 1st Lt., Inf., 610th QM SQ Co

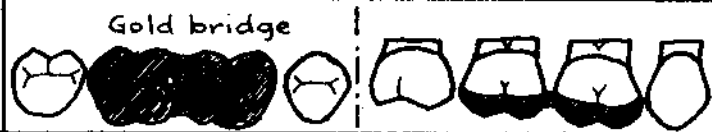
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



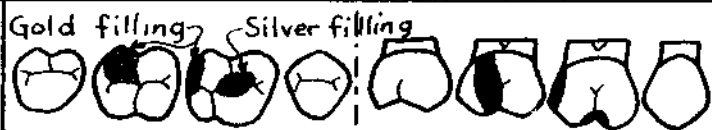
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

UNKNOWN X- 1052
 CEMETERY St. Avold, France
 PLOT UUU ROW 7 GRAVE 82

Arrived at cemetery 17 Nov. 1945 From Gravelotte, France (Moselle)
 (hour) (date) (collecting point)
 Place of death Vic. of Gravelotte, France (Moselle) 70-76-60
 (name) (coordinates & landmarks)

Remains recovered by Sgt Gordon Erickson, 610th QM GR Co
 (name and organization)

Evacuated to cemetery by Sgt Gordon Erickson, 610th QM GR Co
 (name and organization)

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

Are circumstances described
 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 Not applicable
 (yes-no)

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

nickname serial number, organization or symbols)

Crew list Not applicable
 (names of other deceased and positions in which found)

Not applicable

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 con-
 cerning vehicle or plane Not applicable
 (parts of markings or symbols) (burned)

(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
Not applicable

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 <u>Helmet & liner</u> (type)	None			
Raincoat	S-8938			
Overcoat				
Jacket, Field				
Jacket, Combat				Type M-1943
Mackinaw				
Sweater	None			
Jacket, HBT				
*Shirt, Wool OD	None	None	OD	
Undershirt, Wool	None	None	White	
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD	None	None	OD	
Belt, Web				
Drawers, Wool	None	None	White	
Drawers, Cotton	None	None	White	
Leggins				(unusual lacing)
Wool Socks				
Cotton Socks				
*Shoes <u>Service</u> (type)			9 1/2 D	
Overshoes				
Web Equipment (type)	One cartridge belt			
Other item <u>Glove</u>				

*If body is nude, sizes of these items should be computed by measuring the remains: Cheverons or 1 Pfc stripe on shirt
Shoulder Patch _____ (type & location; shirt, jacket, coat, helmet)

Description of Remains:

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

Unable to give any of the above information due to condition of body

Bandages or dressings F found Scars Unable to determine
 (length, width, location)

Tattoos Unable to determine, remains just bones
 (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 No flesh left on body

Tobacco stain on fingers or teeth 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 Blonde, straight
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows' peak, distinctive cutting or other characteristics)

Sideburns Unable to determine Mustache Unable to determine Beard or goatee Unable to determine
 (color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Unable to determine Eyebrows Unable to determine
 (color, setting, shape) (color, bushiness, extend across nose)

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

Forehead Unable to determine Mouth Unable to determine Lips Unable to determine
 (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 Unable to determine
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw Unable to determine Circumference of head in inches 22 inches
 (large, small, normal) (hat band)

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

Arms Unable to determine
 (length) (muscular, color, extent & quantity of hair)

Hands Unable to determine
 (vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

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

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

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

Back Unable to determine Waist Unable to determine
(quantity and extent of hair) (size at navel, appendectomy, amount & color o

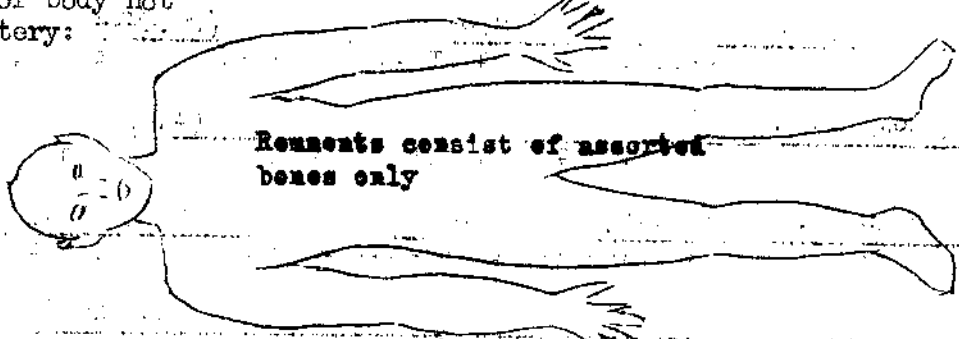
Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

Legs Unable to determine, bones measure 30 inches
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unable to determine Toes Unable to determine
(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 Yes If not, explain Not warranted
(yes-no)

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

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

Remarks: Evidently killed by shell or mortar fire from appearance of clothing.

Robert D. Neilman
Signature of GRO and Organization
ROBERT D. NEILMAN, 1st Lt., Inf., 610th M AR Co

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 L-1052 UNKNOWN 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 Gravelette, France (Moselle) V0-76-60
- 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) Unknown
6. Approximate or established date of burial (give basis for date established.) Unknown
7. Manner in which grave was marked and all information contained on the marker No marker
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) Mayor of Gravelette, France
No information obtained

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 Blonde Unable to determine
(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 any of the above. Body is just a few bones with a small amount of blonde hair

13. Give as detailed description as possible of condition and amount of remains Just a few bones with a slight amount of blonde hair
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) shell or mortar fire from condition of clothing
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., See attached check list for unknowns and forms GRS # 1
16. Give description of any vehicle found in the area that could be connected with the death of the deceased None
Not applicable
(Type) (WD Serial No.) (Organization) (Serial No. & Type)
17. Give exact location of remains in vehicle before removal None
Not applicable
of each gun)
18. If buried in a coffin, give description and markings None
No coffin
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
20. Other pertinent information which would aid in establishing identity See attached correspondence

Gordon Erickson Sgt 610th QM SQ Co
(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

16 Nov, 1945
(Date)

IDENTIFICATION DATA

E.O. 2527

2. NUMBER OF BONES X-1052 7. DATE OF DEPART 27 Sept. 49

3. NAME OF CEMETERY St. Avold 4. PLOT 30 5. ROW 7 6. GRAVE 82 7. DATE OF INTERMENT — 8. DATE OF REINTERMENT —

PHYSICAL DESCRIPTION

9. ESTIMATED WEIGHT processed remains 14 lbs. 10. ESTIMATED HEIGHT 5' 10" 11. COLOR OF HAIR Med. Brown 12. RACE —

13. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
Two embossed plates marked:
Unknown X-1052

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

14. WAS BODY BURNED? YES NO TO WHAT EXTENT? —

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT? Very Badly

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
none found!

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

Remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. tags found.

23
Encl #10
Thomas W. Turner

X-1052

E.O. 2527

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-1052

MED. BROWN



SKULL
24.1

SKULL
24.1

RAD
24.1

FEM
24.1

TIB
24.1

Est. Hgt. is 5'10"

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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

24

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Thomas W. Turner

RESTRICTED

REPORT OF BURIAL

17 Nov. 1945

Date

UNKNOWN X-1052

UNKNOWN

UNKNOWN

UNKNOWN

First

Initial

Rank

UNKNOWN

Serial No.

Unit

Organization

Vic. of Gravelotte, France VO-76-60

Unknown

Mortar or shell fire.

Place of Death

Date of Death

Cause of Death

1030 hrs. 17 Nov. 1945

US MIL CEM ST AVOLD, FRANCE

Q-260-584

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

82

UNKNOWN

Cross

Grave Number

Row Number

File Number

Type of Marker

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 isolated burial in Vic. of Gravelotte, France VO-76-60

What means of identification were buried with the body?

GRS Form # 1 in burial bottle

To determine Right or Left use Deceased's Right and Left

Who is buried on:

OSCAR

36797417

83

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

FRONDAL

37779582

1st Lt

Inf

81

Deceased's Left:

Name

Serial No.

Rank

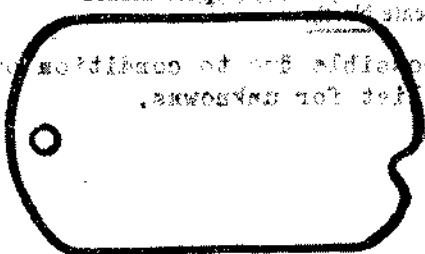
Organization

Grave No.

Sgt. Gordon Erickson, 610th QM GR Co

Signature of Name, Rank and if possible Organization of person furnishing data when other than officer reporting burial

Between space from if identification tag is not affixed fill in below:



Unknown

Name

Address

Unknown

Religion

List only Personal Effects Found on Body and disposition of same:

None

RESTRICTION

Gravelotte, France

VO-76-60

Signature of Officer or other person reporting burial

Verified by E.R.S. Officer

ROBERT D. WEILMAN, 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: S-8938
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: **Blonde** 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.

Tooth chart taken and attached. Fingerprints impossible. Remains just a few bones.

Clothing found as follows:

Raincoat with markings S-8938
 Jacket, Combat M-1943
 Sweater, no size

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

Shirt, wool OD, no size or marking, Pfc stripe on shirt
 Undershirt, wool, White, no size or markings
 Trousers, wool OD, no size or markings
 Drawers, wool, White, no size or markings
 Drawers, cotton, white, no size or markings
 Shoes, service, 9 1/2 D
 Cartridge belt

TOOTH CHART

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

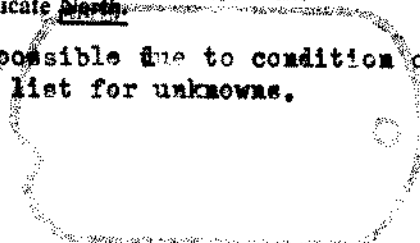
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

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.

Height or weight impossible due to condition of body (See attached check list for unknowns.)



19 DEC 1945