

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk St Arnold X-1590

SUBJECT

OMC FORM 1121  
1 Aug 45

# AIRMAIL

3/46  
GANT 107  
GMA Bureau

1st Ind

SUBJECT: ~~Certificates of Identifiability~~  
Transmittal Letter #4028  
K.S.S.

Dept. of the Army, GMA, Washington 25, D. C., 24 January 1950

To: Chief, Registration Division, 7357 Graves Registration Detachment  
APO 62, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknowns X-881,  
X-1077 and X-1099 as Unidentifiable.

2. It is requested that all action in connection with Unknown X-6106  
be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

Incls  
w/d

T. H. WISE  
Lt Colonel, SMC  
Memorial Division

Holden:sdh  
Clements  
RES

RES  
K  
TEC

# AIRMAIL

C O P Y

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2 (UDE)

19 December 1949

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter # 4625

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

In compliance with your letter dated 29 July 1948, file QMGMT  
293 GRS European, subject: Final Resolution on Unknown Deceased, there are  
inclosed herewith four (4) certificates pertaining to the following  
Unidentifiable remains:

US Military Cemetery ST. AVOLD, France

Unknown X- 981	Plot V	Row 16	Grave 3070
Unknown X-1077	Plot WWW	Row 8	Grave 88
Unknown X-1590	Plot SSS	Row 4	Grave 38
Unknown X-6108	Plot 7	Row 5	Grave 51

FOR THE COMMANDING GENERAL:

4 Incls:  
Certificates of Unidentifiability  
of remains

s/ Gaylord E. Lutz  
GAYLORD E. LUTZ  
1/Lt. QMC



T.1 H 11625

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

RRE 293

15 December 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1590, Plot SSS, Row 4, Grave 38, 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. 2648, dated 6-2-48.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

*[Signature]*  
Col. H. P. HENRY, O-12589 QMC Lt. Col. E. D. MULVANY, O-359598 QMC

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

*[Signature]*  
Capt. Edward F. PRICE, Jr., O-1588236 QMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GERR, W-2102925 12 Jan 50 USMC Capt. Jack C. HAYES, O-1577297 QMC

Not identifiable from information presently available  
*[Signature]*  
CWO Ledore GOUDREAU, W-2113434, USA

Incl # 1

## CASE HISTORY

UNKNOWN NO. X-1590

U.S. MILITARY CEMETERY

St. Avold

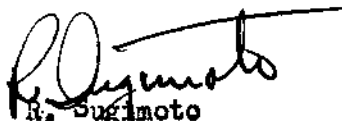
(Location)

Tooth chart obtained for the remains of Unknown X-1590 has been compared with available dental records for all unresolved casualties in Map Sheet Ger L-51 with negative results.

Efforts to associate subject remains with an unresolved casualty by all other means have proven negative.

Unknown X-1590 was associated with 1/Lt George H. Vaream, O-1030621 inasmuch as the grave marker for subject unknown was inscribed "Georges Varean - 22-1-45 USA" however, tooth chart for X-1590 compared negatively with dental records for 1/Lt Vaream.

In view of the negative results of the investigation mentioned above, it is recommended that this case be declared Unidentifiable.

  
R. Sugimoto  
Investigator  
14 December 1949

*[Handwritten initials]*

1. FILE UNDER NO. 293 UNK. X-1590 FRANCE (ST. AVOLD)

### SYNOPSIS

2. TYPE OF DOCUMENT: D/F. - Com.#1.

3. DATE: 4-23-49

4. FROM: WD, AGO Recg Adm. Ctr., St. Louis, Mo.

5. TO: OQMG

6. SUBJECT: Copy of WD, AGO Form 63 (Report of Physical Examination)  
from the 201 file of Geo. H. Varem 0-1-030,621.

7. DOCUMENT FILED UNDER NO. 293 VAREAM, GEORGE H. 0-1,030,621

eh

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

20

1. FILE UNDER NO. 293 - Unk: France X-1590 (St. Avold)

**SYNOPSIS**

2. TYPE OF DOCUMENT: Letter 3. DATE: 26 Nov 1948

4. FROM: OQMG

5. TO: CG, AGHC, EA, APO 58, 72M, New York

6. SUBJECT: Burial Information

1. Ref. is made to ltr., your Hqtrs., dtd 6 Oct 48.....  
Subj.: Burial Info., inclosing negative report in the case  
of 1/Lt. George H. Vereem, O-1030621. . . . .

7. DOCUMENT FILED UNDER NO. 293 - ORS Europe (Ident.)

msb

**INSTRUCTIONS.—**Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.



JLJ

1	USMC St. Avold Plot: F Row: 13 Gr: 31 Date of Burial: <i>11/1/48</i> Verified by GRS Officer <i>Geo W Lowry</i>		<b>DISINTERMENT DIRECTIVE</b>	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>3574 00000</b>	DATE <b>15 01 48</b> DAY MONTH YEAR

NAME <b>UNKNOWNX-001590</b>		SERIAL NUMBER <b>UNKNOWNX-001590</b>	RANK	ARM <b>Q</b>	DATE OF DEATH DAY MONTH YEAR <b>15 01 48</b>
CEMETERY <b>ST AVOLD - METZ</b>				DISPOSITION OF REMAINS CODE DIST. PT. <b>0 3503 80</b>	
PLOT <b>SSS</b>	ROW <b>4</b>	GRAVE <b>38</b>	COUNTRY <b>FRANCE</b>	CAUSE OF DEATH <b>6</b>	

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <b>SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-27 Dec 49)
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**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME <b>UNKNOWN X- 001590</b>	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED <b>19 Jul 48</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION <b>UNKNOWN</b>	RELIGION <b>unk</b>	IDENTIFICATION VERIFIED BY <b>Geo W Lowry, Embalmer</b> NAME AND TITLE	

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL <b>Mattress cover</b>	CONDITION OF REMAINS <b>Body complete. In skeleton form. Disarticulated. Decomposition complete.</b>
OTHER MEANS OF IDENTIFICATION <b>None</b>	

MINOR DISCREPANCIES 1  
**No Report of Burial or Identification tag found with remains.**

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>12 Oct 48</b>	BY <b>Geo W Lowry, Embalmer</b>
CASKET SEALED BY <b>Geo W Lowry, Embalmer</b>	EMBALMER (Signature) <i>Geo W Lowry</i> <b>Geo W Lowry</b>
CASKET BOXED AND MARKED <b>12 Oct 48 Geo W Lowry, Embalmer</b>	<del>REMOVED</del> All markings plates & tags verified by: <i>Rafael</i> <b>Rafael T Ruiz, 1st Lt FA</b>

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 *Rafael Ruiz*  
**Rafael T Ruiz, 1st Lt FA**  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Grave F-13-31 USMC St. Avold formerly occupied by: Unknown X-6304  
Disinterred: **20 January 1950**

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>GIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CPL JOHN A MOUNTFORD 39107628</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>20 Oct 52</b>	SIGNATURE OF RECEIVER <b>E. E. STOUT, 1ST LT, CE</b>	DATE

## 2. SHIPPED

FROM <b>LIDO REMAINS STORAGE AREA</b>		TO <b>USMC ST. AVOLD, FRANCE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>E. N. HEISEY, 1ST LT, QMC</b>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>FRANK B. KILLIAN, Sup't</b>	DATE <b>18 Apr 1950</b>

## 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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(BY MAIL ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>STAVOLD SERVICE</b>	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

ARMY SERVICE FORCES  
MEMO ROUTING SLIP

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

SPQIG 293  
Unknown X-1590  
(St. Avold) France

For necessary Action.

Incl: Form 8-WA

ARTHUR S. ROSENGARD  
2nd Lt., GIC  
Assistant

293 VA *George H*  
GCS 0-1030621

SEARCHED INDEXED  
SERIALIZED FILED  
MAY 2 1946  
AGAS

FROM: (Name, organization, building)	DATE
O.Q.M.G., Rm. 2426-B BLDG., MEMORIAL Div., Identification Section	4/26/46
	TEL

**IDENTIFICATION CHECK LIST**

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

D.D.# 321, dated 7 May 47

Unknown X - 1590  
 Cemetery St. Avoild, France  
 Plot SSS Row 4 Grave 38

**Date reprocessed :**

1. ~~10 Dec 47~~ 1 Dec 47  
 (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by 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>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>		

FEB 20 1948

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type)

Overshoes ..... **None**

Web Equipment ..... **None** (type)

(Other item) ..... **None**

(Other item) ..... **None**

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

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

Shoulder Patch ..... **None**

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

6. Description of Remains: L.Humerus - 34.5 L.Femur - 49.1  
 L.Ulna - 27.2 L.Tibia - 38.6  
 L.Radius - 25.4 L.Fibula-37.4

Age **UTD** Est Height **5' 10"** 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**  
 (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 found charted**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... **UTD** ..... Circumference of head in inches **Est 21"**  
 (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 ..... **UTD**  
 (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 Fingers in skeletal form

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

9. Remarks Remains found in skeletal form, not in UK box or mattress cover, remains found buried with cross with inscription "Georges Varaan - 22145-U.S.A." Burial Report found, no clothing; Estimated weight 18 lbs. Fluoroscopic examination negative.

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

**QMC**

Service

**OPERATIONS OFFICER**

(Organization)

X - 1590

(Georges Varenan  
22145 U.S.A.)

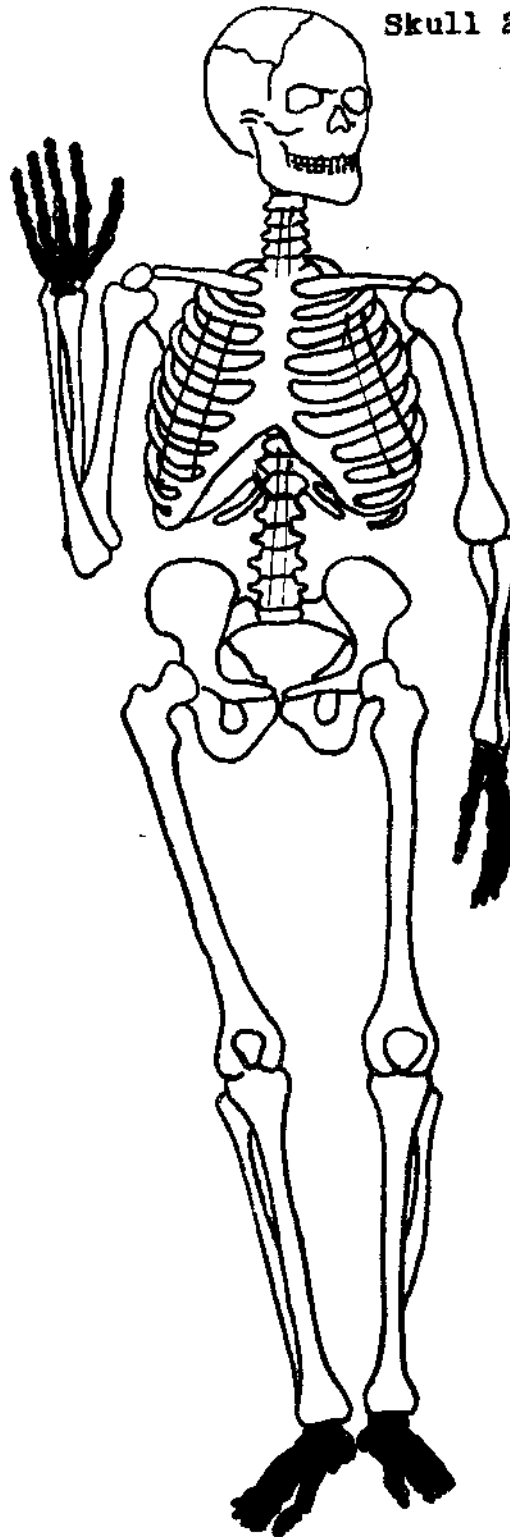
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

Skull 21"

L E F T



HUMERUS 34.5 cm

RADIUS 25.4 cm

ULNA 27.2 cm

FEMUR 49.1 cm

FIBULA 37.4 cm

TIBIA 38.6 cm

CHART "A"

Est Height : 5' 10"



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

# TOOTH CHART

1 Dec 47

Date

Unknown X-1590

Last Name

First

Initial

Unk

Rank

Unk

Serial No.

Unit

Organization

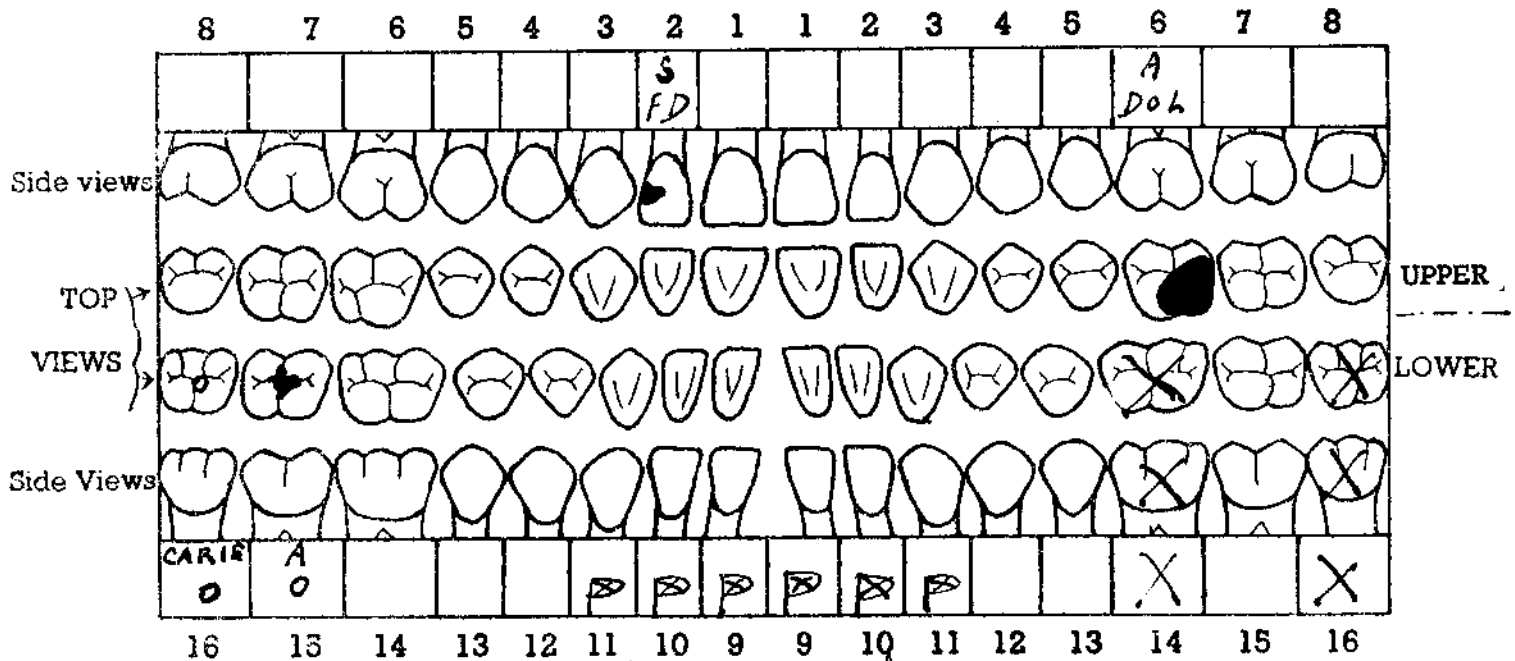
Place of Death

Date of Death

Cause of Death

Right

Left



*see remarks*

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

IVOR J FOSMO  
2nd Lt Inf

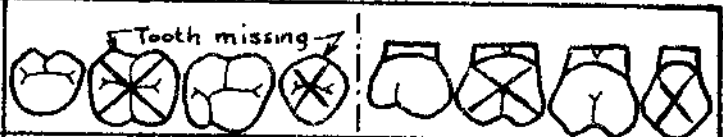
WOODROW W WOLF  
CAPT QLC OIER OFF

/s/ Ivor J Fosmo

Signature of Officer or other person who prepared Tooth chart

*Woodrow W Wolf*  
Verified by G. R. S. Officer

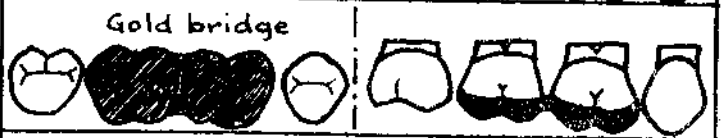
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



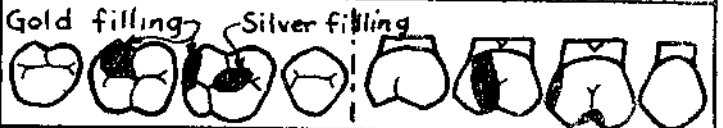
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



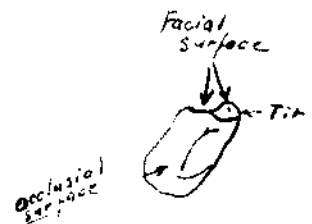
**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

**P** Posthumously missing  
 Spaces : L-13-15 : 3mm  
 L-12 and L-13 have rotated 1/16 of a turn mesially  
 R-3 has rotated 1/8 of a turn distally  
 L-2 has rotated 1/8 of a turn distally  
 L-3 has rotated 1/8 of a turn distally

**Npte:**  
 R-7 has a peculiar shape such as follows:  
 It has a small protruding tit as marked in diagram. This tit has its own occlusal surface independent of the major part of the tooth.

Color : Dull ivory  
 Size : large  
 Alignment : good



# CHECK LIST OF UNKNOWN

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

Unknown X B90  
U.S. Mil Cemetery St. Auld, France 9260-  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave 584

1. Arrived at cemetery \_\_\_\_\_ (date)  
(Hour) \_\_\_\_\_
2. Place of death Hammelburg Lager (53.9-70.9) T 4 Wurzburg 1/100,000  
(Name of closest town) (coordinates and letter Prefex, maps)  
Sheet, scale and serials used \_\_\_\_\_
3. Remains recovered or disinterred by 607 QM.GR.Co.  
Name and organization \_\_\_\_\_
4. Evacuated to Cemetery by \_\_\_\_\_  
Name and organization \_\_\_\_\_
5. Description of clothing and equipment: (if clothes do no fit, obtain size from body measurements).  
Clothing \_\_\_\_\_ Indicate unusual markings \_\_\_\_\_

Item	Markings	Sizes	Color	wear,	tear,	repairs,	etc.
------	----------	-------	-------	-------	-------	----------	------

\*Headgear None  
(type)

Body was buried completely nude. Paper was found around the

Raincoat remains

Overcoat \_\_\_\_\_

Jacket, Combat \_\_\_\_\_

Mackinaw \_\_\_\_\_

Sweater \_\_\_\_\_

Jacket, HBT \_\_\_\_\_

\*Shirt, Wool OD 14 1/2 - 37 (Est.)

Undershirt, Wool \_\_\_\_\_

Undershirt, Cotton \_\_\_\_\_

Trousers HBT \_\_\_\_\_

Trousers Wool OD 29 - 30 (Est.)

Belt, Web \_\_\_\_\_

Drawers, Wool \_\_\_\_\_

Drawers, Cotton \_\_\_\_\_

(Note unusual lacing)

Leggings, Wool \_\_\_\_\_

Socks, Cotton \_\_\_\_\_

\*Shoes (type) \_\_\_\_\_ (Est.)

Overshoes .....  
Web Equipment (type) .....  
(Other item) .....  
(Other item) .....

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

6. Chevrons or  
Insignia None  
(type & location; shirt, jacket, coat, helmet)  
Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces .....  
No clothing on remains

8. Description of Remains:  
Age (Est.) 22 Height 5'6" Weight 80 Description of wounds None  
Bandages or dressings None Scars None  
(Length, width, location)

Tattoos None  
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks None  
(yes-no; description, location)

Sunburn or tan, other than hands & face None  
Complexion Med.  
(light, med. dark, clear, pimples, pocks, freckles)

Build Thin  
(large, fat, thin, muscular)

Hair No hair on remains  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair No hair on remains  
(baldness, widows peak, distinctive cutting or other characteristic)

Sideburns Unk. Mustache Unk. Beard or Goatee Unk.  
(color, setting, shape) (color, size shape) (length, heavy,

light, color, extent)

Eyes Decomposed %  
(color, setting, shape) Eyebrows Unk.  
(color, bushiness, extent across nose)

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

Mouth Decomposed Lips Decomposed  
(large, medium, small) (small, large, full)

Teeth White, large (no space) even  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin Decomposed  
(prominent, receding, pointed, dimple, double)

Jaw Normal Circumference of head in inches 7"  
(large, small, normal) (hat band)

Neck Decomposed Larynx Decomposed  
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Narrow Arms Medium  
 (broad, straight, small, rounded) (length, muscular, color)

No hair  
 (extent and quantity of hair)

Hands Small

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

Chest Small, decomposed  
 (size, of nipples, color, quantity & extent of hair, large, small, normal)

Back Decomposed Waist Decomposed  
 (quantity & extent of hair) (size of navel, appendectomy, amount quantity & color of hair)

Circumcision Decomp. Pubic hair Unk.  
 (yes — no) (color)

Hernioplasty Unk.  
 (yes — no; location)

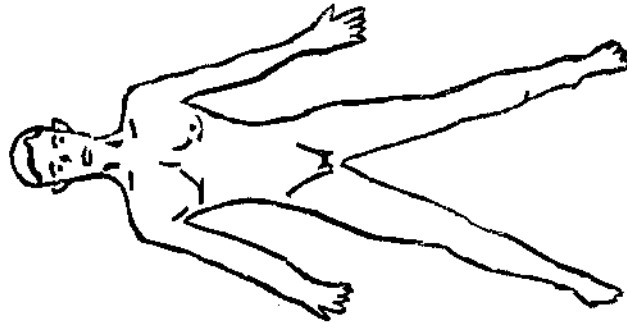
Legs 30", straight  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Foot 8 Toes Undeterminable  
 (Size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures None  
 (nose, arms, legs, etc.)

9. Black out parts of body note received at cemetery:

All of remains are present



10. Have fingerprints been placed on Report of Interment No Yes — No

If not, explain Body decomposed

11. Has tooth chart been prepared Yes If not, explain Yes — No

12. Remarks: Body was buried nudes very little flesh was left on the bones. He was a P.W. in the lager and presumably died of malnutrition.

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.

*Edmund A. Verna*  
EDMUND A. VERNA

Officers Name

T/5 36908777

Rank

Service

607 QM.GR.Co.

Organization

ANNEX #4

- 4 -

RESTRICTED

# TOOTH CHART

14 Feb. 46

Date

UNKNOWN X-1590

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unk.

Organization

Camp Hammelburg Mil. Cem. Ger.

(53.9-70.9 Wurzburg T4 1/100,000) (Est) 22 Jan 45

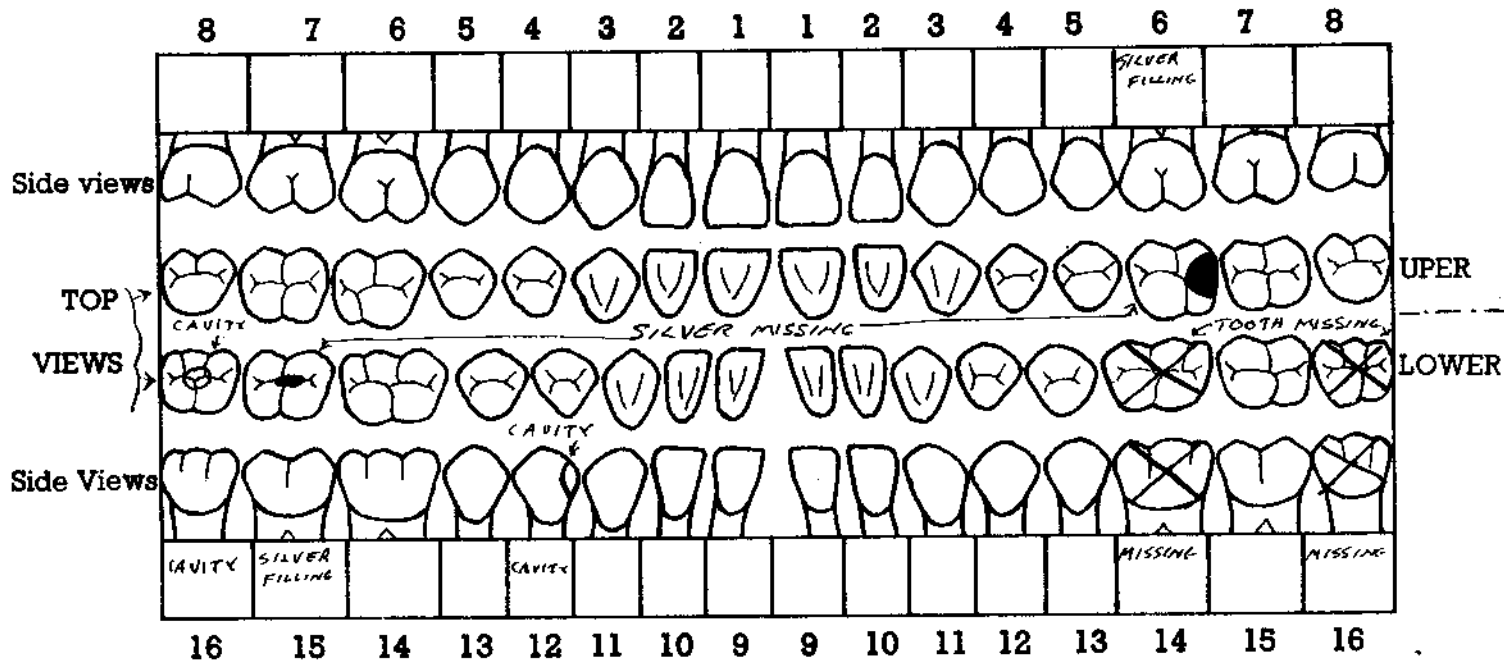
Arm, Leg, & Chest wounds

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.

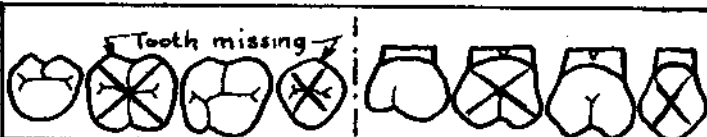
Nicotine on front teeth

T/5 Edmund A Verna

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

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



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



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



**FILLINGS..** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**



RESTRICTED  
**REPORT OF INVESTIGATION**  
**AREA SEARCH**

AGRC Form #10 (Revised)  
January 1946.

Date 14 Feb 46

NAME Unknown X-1590 RANK Unk. ASN Unk.

ORGANIZATION Unk.

MEANS OF IDENTIFICATION (Partial) P.W. tag with markings Oflag V 1/B  
No. 3963, and name on cross

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases).

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following information:
  - a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_
  - b. ORGANIZATION \_\_\_\_\_
2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:
  - a. NAME GEORGES VAREAN RANK Unk. ASN Unk.
  - b. ORGANIZATION Unk.
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY? Right - Leonard HILL,  
Left - Unfilled

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

  - a. Date of above burials 22 Jan 45 (Est) Common Graves? NO
5. Name and Type of Cemetery Camp Hammelburg Cemetery (military)  
(Military or civilian)
6. Map Coordinates of the Cemetery (53.9-70.9) Sheet T 4 Wurzburg 1/100,000
  - a. Town Hammelburg Country Germany  
Lager
7. Give exact location in cemetery of the remains.
  - a. Section Left rear Row 12 Grave 28  
corner
  - b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
  - a. Town Does not apply Coordinates \_\_\_\_\_
  - b. Is Sketch attached? \_\_\_\_\_
  - c. Is area search? \_\_\_\_\_
9. How is the grave marked? \_\_\_\_\_
10. If grave is marked with cross, give exact markings thereon Georges VAREAN 22.I.45  
U.S.A.
  - a. From what source was this information obtained? Unk.  
(Identification tags, personal effects)
  - b. By whom Unk.

11. Where are the cemetery records? Cannot be found  
(town Hall, cemetery, burgermeister's office).
- a. What information was contained thereon Records were burned at the time  
camp Hammelburg was liberated
- b. Where was the information obtained See attached statement Par. No. 3
- c. By whom? By search commander
12. What is the date of death (Est) 22 Jan 45
- a. Give basis Date on cross
13. What is the cause of death? Unk. (Presumably Malnutrition)
- b. Give basis Examination of body
14. What is the date of burial? (Est) 22 Jan 45
- a. Give basis Date on cross
15. What was the place of death? Hammelburg Lager Coords (53.9-70.9) T 4  
Wurzburg 1/100,000
- a. Give basis Was a P.W. there
16. Where were the remains found? Unk. Coords \_\_\_\_\_
- a. By whom? \_\_\_\_\_
- b. Is sketch attached? \_\_\_\_\_
17. Was a casket used? Yes Who furnished the casket? Unk.
- Type of casket Wooden How marked? No markings
18. Who made the burial Unk.  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Unk.

SECTION B — AIR CORPS DECEASED (To be Completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? Cannot determine branch of service
- a. Give location in plane from which the bodies were removed \_\_\_\_\_  
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
- b. Near Wreckage? \_\_\_\_\_
- Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane \_\_\_\_\_
- b. Markings and/or name on plane \_\_\_\_\_
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_
21. How did crash occur? \_\_\_\_\_ Anti-aircraft? \_\_\_\_\_
- Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_
22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with date of death of above named deceased? .....
28. Number of planes in formation prior to crash? .....
29. State precise time and date of plane crash ..... (Night) ..... (Day)
30. Were parachutists seen? ..... How many? ..... Escaped? ..... Prisoners? .....

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force.)

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

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

39. Did death occur from any other means? (I. E., truck, jeep, mines, drowning, or small arms fire) .....  
**Malnutrition (presumably)**  
 If so, give complete and thorough results of the interrogation.  
 a. Are all certificates and statements of people who possessed knowledge of the case attached? **Yes**
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **See Means of Identification, line No. 10, and attached statement.**

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

41. Were personal effects recovered by the investigating team? **No**  
 If not, state reason **Could not be found**  
 a. Were identification tags found at the time of death? **Unk.**  
 Where? ..... By whom? .....  
 Present disposition **Unk.**

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

- b. Were personal effects found at the time of death Unk.  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_  
Present disposition? Unk.
- c. Was deceased identified by living members of the crew at the time of death? Unk.
- d. Did Cemetery Register or cross indicate the immunization shot? No
42. Was deceased given first aid? Unk. If so, where? \_\_\_\_\_  
By whom? \_\_\_\_\_ Are statements from the medical people attached?
43. Was deceased evacuated to a German civilian hospital? Unk.  
Where? \_\_\_\_\_ Names of people concerned \_\_\_\_\_
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased?  
No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?  
No  
(Burnt? Decapitated? etc.)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No
- a. If so, give basis for positive assumption \_\_\_\_\_
- b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? Yes By whom? 48th QM.GR.Co.  
When? May 45
48. Give full names, addresses, and information obtained from each person interviewed.  
(See attached statement)
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?  
No
51. Was investigation preceded by advanced publicity? Yes  
(If special investigation, give case number) \_\_\_\_\_
52. Give Brief Narrative The remains had no markings to determine cause of death. It is very possible that the cause of death was malnutrition because the remains were nothing more than skin and bone.  
(Use attached sheets, if necessary)
- Frank K. Wasowski*  
**FRANK K. WASOWSKI**  
Signature of Interpreter
- Edmund A. Verna*  
**EDMUND A. VERNA**  
Signature of Investigator
- Polish National  
Rank ASN
- 607 QM.GR.Co.  
Organization
- T/5 36908777  
Rank ASN
- 607 QM.GR.Co.  
Organization

- 4 -

Report on the burial of American  
Soldiers buried in Hammelburg  
Lager, (53.9-70.9 T4 Wurgburg :  
1/100,000)

Feb. 14, 1946

1. Former German Commandant of Hammelburg Lager, Colonel Hoppe Richard, committed suicide on the 1st of May, 1945.
2. Former chief surgeon, Dr. Eugen Forster, living now in Langer Graben Street, Hammelburg, Germany said that from the 28 Aug. 1939 to 27 April 1945, he was working in the Lager as Chief Surgeon, in the following sections, Stammlager XIII-C and Offlag XIII-D. He also said that; A) the first dead American buried in the camp cemetery was Gene Hecht, a Flyer found in a four motored bomber that crashed near the Lager. The information and burial records was forwarded to the International Red Cross, in Geneva, Switzerland. B) He also stated that he ordered a funeral for one American Flyer who was found after the plane crashed near Langendorf, Germany. (L 51-N57 - 1/250,000) The body was badly burned and decomposed. The remains were found by Christian Friedrich, living in Langendorf, Germany in Oct. of 1943. C) Forster also stated that in Feb. 1945, one American Officer was shot to death by a German guard, he is also buried in the camp cemetery. There were two Americans killed at the time of the liberation of this camp, and he gave the order to have these two men buried also.
3. Landrat of the community of Hammelburg, Germany (L 51-N57 -1/250,000) stated that all the records of the camp were burned by the liberated Russians and Yugoslavians that were released from the camp. The Landrat was not responsible for the cemetery because it was part of a Military Reservation and therefore was under Military control.
4. Caretaker of the camp cemetery, Endres Franz, now in charge of cemetery, living in Bonmland, Germany (L 51-N-56 - 1/250,000), house No. 31, took charge of the cemetery in May 1945. By this time the American Graves all had crosses and inscriptions. He had nothing to do with these graves.
5. Ex-burgermeister of Langendorf, Germany, Zoll Daniel, stated that in October of 1943, German Farmer, and Christian Friedrich, found the remains of one American Flyer in the woods near Langendorf, Germany. A parachute was found about 100 yards from the body by Gass Georg, stated that the plane crashed on the 14 Oct. 43. The body was found on the 28 Oct. 43. The remains were transferred to Hammelburg Lager for burial by order Chief Surgeon Forster of the Lager.
6. Jussisowicz, Yugoslavian ex-PW, former PW leader in the camp, living now in the Camp Hammelburg, stated that two American officers were killed by a German guard before the liberation of the camp. One of them was Lt. Weeks.

Brief Narrative on the Americans  
that are Buried in Hammelburg Lager.  
(53.9-70.9 T 4 Wurzburg 1/100,000)

Information on the exact time and place of death of these men is impossible to obtain because all the records were burned at the time the camp was liberated. We estimated several dates of death and burial by the bodies at the cemetery in rotation by dates of death or burial in the plots from what we can piece together by the date on some of the crosses.

Through the disinterment of these men we were able to gather a little information. One man was a Corporal in the 11th Armored Division, this was verified by the presence of his stripes and his shoulder insignia on his shirt.

From the information that we could gather we found that some of these men were members of the Fourth Armored Division. They were part of the task force that was ordered to liberate this labor in the last part of March, 1945. This corresponds with the date of burial on some of the men. It is impossible to determine exactly which men were members of this task force but it is certain that part of them were from the task force.

*Edmund A. Verna*

EDMUND A. VERNA  
E/S 3690B777  
607 21. CR. Co.

Jussisowicz has given all the information to American Colonel Paul R. Goode,  
whose address is War Department, Washington, D.C.

All positive and true copys are included.

*Frank K Wasowski*  
FRANK K WASOWSKI  
Interpreter

*Edmund A. Verna*  
EDMUND A VERNA  
T/5 36908777  
607 QM. GR. Co.

A CERTIFIED TRUE COPY:

---

GLENN D SCHIPPER  
2nd Lt. Inf.  
Operations Officer  
607 QM. GR. Co.

# REBURIAL

## REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

14 Feb 1946

Date

UNKNOWN X = 1590

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unk.

(53.9-70.9 T 4 <sup>Unk.</sup> Warzburg  
Hammelburg Lager, 1:100,000 (Est.) 22 Jan 45 Malnutrition (Presumably)

1000-21 Feb/46

U.S. Mil. Cem. St. Avold, France

Q 260 - 584

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

38

4

SSS

(Temp) Cross

Grave Number

Row Number

Plot 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?

Unidentified

What means of identification were buried with the body?

G.R.S. Form # 1 in burial bottle

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

Who is buried on :

Deceased's Right :

HARLOW

Name

0-1325646

Serial No.

Rank

Organization

39

Grave No.

Deceased's Left :

Unk

Name

X-1589

Serial No.

Rank

Organization

37

Grave No.

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 Addressee: Unk.

Name

Address

Religion: Unk.

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

None

Disinterring Officer :

GLENN D. SCHIPPER, 2nd Lt., Inf.

Signature of Officer or other person reporting burial

Reinterring Officer :

607 QM.G.R.Co.

Verified by G.R.S. Officer

CHARLES T. BARNEY, 2nd Lt Inf, 6800 QM GR Co

REBURIAL  
Previously buried in isolated grave  
located at CAMP HANNEBURG, U.S. Army

COPIES ATTACHED



