

SSMC St. James

QDP
6/2/50

1	Plot 0 Row 9 Gr 23 Date of Burial: 16 June 1950 Verified by GRS Officer: DISINTERMENT DIRECTIVE <i>R. J. Colquhoun</i> R.T. WOODRIDGE, CWO, USA	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000

NAME <i>Bunk Stovold</i>	SERIAL NUMBER UNKNOWN X 3418	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 15 05 48
CEMETERY ST AVOLD - METZ			DISPOSITION OF REMAINS CODE DIST. PT. 3503 80	CAUSE OF DEATH 6
PLOT RRR	ROW 9	GRAVE 108	COUNTRY FRANCE	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE ST JAMES, FRANCE. (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)
--	--

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
------------------	----------------------

OTHER MEANS OF IDENTIFICATION
SEE ATCHD WORK SHT

MINOR DISCREPANCIES ?

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY Arthur R. Lawrence, Embalmer	BY EMBALMER (Signature) <i>Arthur R. Lawrence</i> Arthur R. Lawrence, Embalmer
---	--

CASKET BOXED AND MARKED DATE 17 Sept 48	BY Arthur R. Lawrence, Embalmer.	XXXXXXXXXXXX All markings, tags & plates verified by Kanemitsu Ito 1st Lt Inf.
--	--	---

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

[Signature]
Kanemitsu Ito 1st Lt Inf 7857 AGRC Zone 3 Hq
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
PREVIOUSLY DISPATCHED AS UNKNOWN X 3418
Consignee changed by Reg Div. *[initials]*

FILE
RECORDS ANNOTATED
DATE **8-4-50**
NAME *[initials]*
BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ST AVOLD, FRANCE		TO OIC NEVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Frank B. Callaghan</i>	DATE	SIGNATURE OF RECEIVER CPT VINCENT P MATOZZO RA 88707818	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 (OR VEHICLE LICENSE NUMBER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER PL VANDER BURGHE	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

DISINTERMENT DIRECTIVE

Section A		Directive Number		Date	
Name & Burial Location of deceased		3574			
NAME		SERIAL NUMBER		Date of death	
UNKNOWN		X-3418-A			
		RANK		ARMY	
				Day Month Year	

COUNTRY			Disposition of "remains"		
ST. AVOLD			Poll-Doubtful		
PLOT	ROW	GRAVE	Country	Code Dist.	Pt.
3B	9	108	France		
			Cause of Death		

Section B - Consignee and Next of Kin					
Name and address of Consignee			Name and Address of Next of Kin		

Section C - Disinterment and Identification					
Name	Serial Number	Rank	Date of Death	Date Disinterred	
UNKNOWN	X-3418-A			13 July 48	
Identification tag on remains		Organization	Religion	Identification verified by	
X Marker GRS				Richard F. Peterson	
				Embalmer	
				Name & Title	

Section D - Preparation of Remains for Shipment					
Nature of Burial	Disarticulated. Small		Condition of Remains amount of		
Mattress/cover	flesh. Fracture of Lt/Scapula, Rt/Femur, Rt/Pelvic bone, Sacrum. Coccyx. Missing Rt/Scapula, Humerus, Radius & Ulna.				
Other Means of Identification					
Two (2) Report of Burial found with remains.					
Minor Discrepancies					
NONE					
Remains prepared and placed in wooden casket Casket					

Date	19 July 48	By	Richard F. Peterson, Embalmer
Casket sealed by		Embalmer (Signature)	<i>Richard F. Peterson</i>
	Richard F. Peterson, Embalmer		Richard F. Peterson
Casket	Marked	All markings, tags and plates verified	

Date	19 July 48	By	Richard F. Peterson	By	BRUCE E. BLAIR, 1st Lt. OMC.
I hereby certify that all the foregoing operations, except casketing were conducted and supervised under my immediate supervision and that the report above is correct.					
Final casketing by:		<i>Bruce E. Blair</i>			
BRUCE E. BLAIR, 1st Lt. OMC. Zone 3mHq		Signature of GRS Inspector (Grade & Orgn.)			
1. Prepare Discrepancy Report OMC Form 1194a for major discrepancies.					
OMC Form 1194 - This form modified by: Hq Third Zone, AGRC, EA, APO 58 US ARMY					
Dated 4 March 1948.					

Incl 132

1. FILE UNDER NO.

~~293-~~ Unk. France X-3418 A (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 2/6/50
4. FROM: QMG
5. TO: Chief, Registration Div., 7887 QRDet., APO 58, N.Y.
6. SUBJECT: Certificates of Unidentifiability of remains Transmittal
letter #4738

7. DOCUMENT FILED

UNDER NO. 314.6 GRS Europe (T/L #738)

cr

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.

X 893 Incl Forward - 241887 (Adj. Transit)

314.6 / GRS Everage
TL 4738

QMGNT 293

1st Ind

GRSQUROFEN

SUBJECT: Certificates of Unidentifiability of remains
Transmittal Letter #4738

Dept. of the Army, OQMG, Washington 25, D.C., 6 February 1950

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

This office approves the classification of the Unknowns listed in
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

4 Incls: w/d

T. H. METZ
Lt Colonel, QMC
Memorial Division

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

RRE 293

293 Unknown-France X-3418-A (St. Avold) ^{24 Jan 50} (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3418A, Plot RRE, Row 9, Grave 108, 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. 2703, dated 18-3-48.

3. Remarks;

Case reviewed by undersigned Members of the Board of Review;

E. D. Mulvanity, Lt Col. O-359598
Edward F. Price, Jr., Capt., 1588236
Leodore Goudreau, CWO, W-2113434

Received 3 Feb 50 QQMG
Not identifiable from
information presently
available

NAN
file 3 Feb 50
C. Schmitt
21 Feb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RRE 293

24 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 3418 A, Plot RRR, Row 9, Grave 108, 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 2703, dated 18-3-48.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

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

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

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

Leodore Goucheau
CWO Leodore GOUCHEAU, W-2113434 USA

Received 3 Feb 50 **DDMB**
Not identifiable from
information presently
available

Incl #1

UNKNOWN NO. 3418

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains of Unknown X-3418 "A", USMC Saint Avold, France, were recovered from the Meldenfriedhof Cemetery at Diefflen, Germany. Form 371's for all unresolved casualties on Map Sheet K-50 have been compared against tooth chart and physical characteristics of X-3418 with negative results. In view of this these remains are being declared U N I D E N T I F I A B L E.

I. Pierpoint
23 January 1950

gyd

OSMON 532.3
Kansas City

23 November 1949

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer
Quartermaster Activities
Kansas City Records Center (A90)
Kansas City, Missouri
ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that identification has not yet been established:

X-1214	Nouvilles-en-Condroz, Belgium
X-1281	" " " "
X-4477, 4478	" " " "
4479	" " " "
X-4631	" " " "
X-4784	" " " "
X-5132	" " " "
X-5437	" " " "
X-6382	" " " "
X-3418 A & B	St. Avoird, France
X-6387	" " " "
X-6722	" " " "
X-6980	" " " "

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:
Correspondence

M. J. INGRAM
Major, GSC
Field Service Division

X OSMON 295, UNKNOWN X-3418 A & B FRANCE (ST. AVOIRD)

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

8-28 November 1949

HDC/LL/vim

28 September 1949

DATE

IN REPLY REFER TO QMDKG 882068

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-5410 A B B

Plot RRR RRR RRR, Row 9, Grave 108, USMC St. Avold, France
RRR RRR RRR, Row 9, Grave 109, USMC St. Avold, France
RRR RRR RRR, Row 9, Grave 109, USMC St. Avold, France
have been held at this Bureau as of 28 Oct 49

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One ring with "800" engraved inside band
one religious brooch

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

2493 Under X-5410 A B B
USMC St. Avold, France
(H. Caldwell)

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGOD 332.3
Kansas City

16 November 1949

SUBJECT: Status of Certain Unknown Decedents

TO : Commanding Officer, QM Activities
Kansas City Records Center (AGC), Mo.
ATTENTION: Effects Quartermaster

1. Reference your inquiries concerning the present status of the following named Unknowns, you are advised that they have not yet been identified;

Unknown X-910, St. Avold, France
~~Unknown X-3418 A & B " "~~
Unknown X-6131, St. Avold, France
Unknown X-6136, " " "
Unknown X-6142, " " "
Unknown X-6154, " " "
Unknown X-6189, " " "
Unknown X-6209, " " "
Unknown X-6612, " " "
Unknown X-6745, A " "
Unknown X-7605, " " "

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

3. Request personal effects belonging to these Unknowns be held at the Bureau until further notice.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:
Corres.

W. E. MURPHY
Lt. Colonel, QMG
Field Service Division

QMGOD 293, UNKNOWN X-3418 A & B ST AVOLD FRANCE

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 882068

HOC/BRK/mj
21 July 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-3418 A & B
Plot Unk ^{RRK} PPP, Row 9, Grave 108⁶⁷, USMC St Avoild, France
5 Nov 47
25 Oct 48
have been held at this Bureau as of

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One ring with "300" engraved inside band
One religious brooch

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

293
Unk
RRK
PPP
Row 9
Grave 108
USMC
St Avoild, France
5 Nov 47
25 Oct 48
X - 3418 A & B
ST. AVOILD

OMGOD 293.5
Kansas City

6 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (RSC), Mo.
ATTENTION: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-3401-A & B
" X-1012-St. Avoild, France
" X-3425-"
" X-0142-"
" X-340-"
" X-6077-"
" X-6482-"
" X-1016-"
" X-0136-"

2. Unknown X-3418, St. Avoild, France, is found to be two remains and has been segregated as Unknown X-3418-A and X-3418-B. Neither have been identified.

3. Letters from the Bureau making inquiry concerning these Unknowns are returned herewith.

BY COMMAND OF MAJOR GENERAL LARSEN:

10 Incls:

1. AWH ltr dtd 9 Dec 48
2. " " " 2 Nov 48
3. " " " 9 Dec 48
4. " " " 2 Nov 48
5. " " " 14 Dec 48
6. " " " 12 Nov 48
7. " " " 14 Dec 48
8. " " " 14 Dec 48
9. " " " 1 Nov 48

GUY B. KOSLEY
Major, GSC
Field Service Division

OMGOD 293, UNKNOWN X-3418, ST. AVOILD, FRANCE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 No.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	FIELD SERVICE DIV EXEC OFF	REC SEC MEMORIAL DIV ATT: CAPT SNEDIGAR	14 DEC	<p>For information upon which to base a reply.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>1 Att; AEB Ltr dtd 9 Dec 48</p> <p style="text-align: right;"><i>MUNSTER</i> 5473</p> <p style="text-align: right;"><i>Kegley</i> 3821</p>
2.	Chief Records Section R/R or Mem Div	Field Service Division Exec Off Thru Ident Sec Col Metz	2 Jan 49	<p>Unknown 3418 is found to be <u>two</u> remains and has been segregated to unk-3418-A and 3418-B. Neither have been identified.</p> <p style="text-align: right;"><i>S</i> SNEDIGAR 5198</p> <p style="text-align: right;"><i>Carrick</i> CARRICK 74397</p>

Unknown
Now segregated to desk to include 3418 A and 3418 B

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

1352-QMTS-Camp Lee, Va.-3-8-48-20M



IDENTIFICATION BRANCH
JAN 3 3 08 PM '49
MEMORIAL DIVISION

REPAIRING
RECORDS BRANCH
DEC 14 11 42 AM '48
MEMORIAL DIVISION
JAN 3 1 50 PM '49

6

DISINTERMENT DIRECTIVE

392 Unk. France X 3418 (St. Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 05 42

NAME

UNKNOWN X 3418

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

DISPOSITION OF REMAINS

0 3574 00

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

RRR 100 FRANCE

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. AVOLD, FRANCE

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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 CRS INSPECTOR

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

PREVIOUSLY DISPATCHED AS UNKNOWN X 3418

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

293
Sub-France - 3412 St. Avold

3374 00000

12 01 46

NAME: UNKNOWN - 003410 SERIAL NUMBER: RANK: ARM: DATE OF DEATH: DAY MONTH YEAR

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

PLOT: ROW: GRAVE: COUNTRY: CAUSE OF DEATH:

ROW 7 GRAVE 104 FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: SAINT 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 DISTINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY:

REMAINS UNKNOWN

MARKER

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: EMBALMER (Signature):

CASKET SEALED BY:

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:

DATE: BY:

CANCELLED

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.

3418

TOOTH CHART

22 February 1946
 Date

Unk. X-3418 (St. Avoild, France)

Unk.

Unk.

Last Name
 Unk.

First

Initial

Rank

Serial No.

Unit

Organization

DIEFFLEN, Ger. WQ2986

December 1944

SW of chest

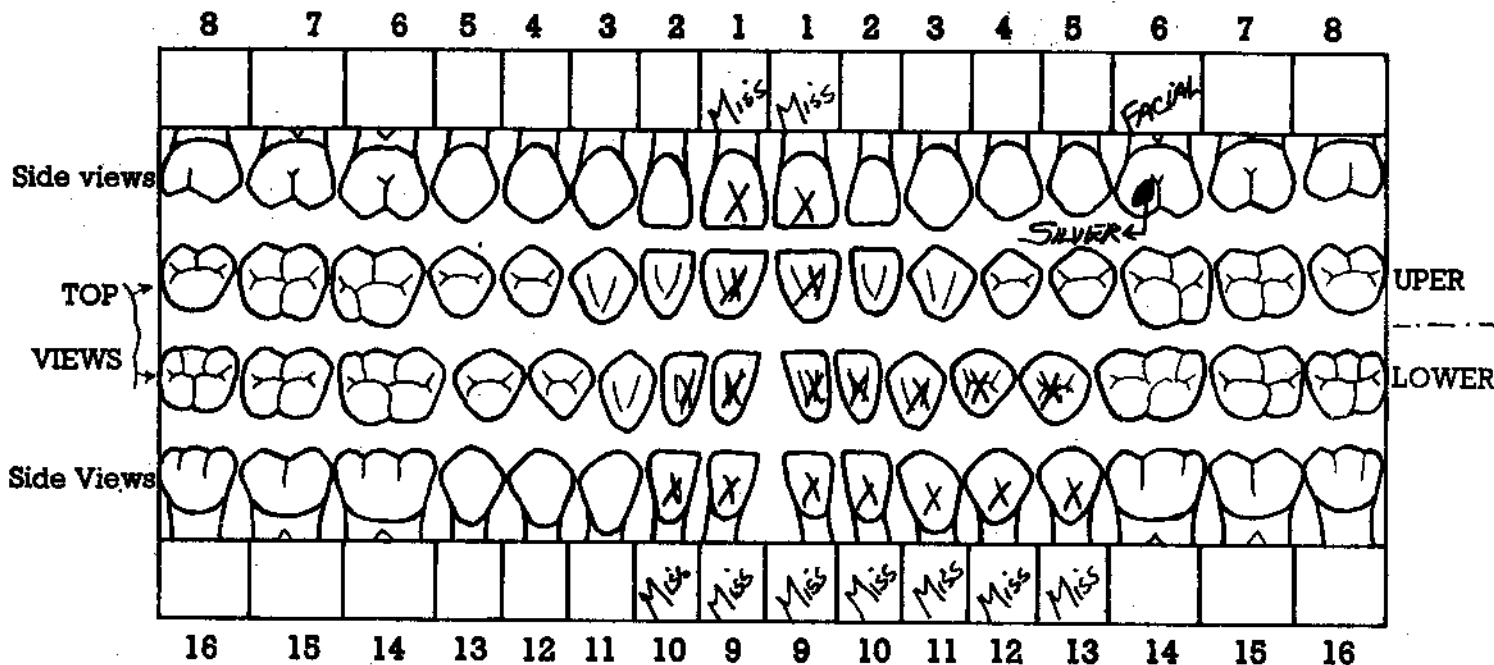
Place of Death

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.

Sgt. A. H. Newbold
 Signature of Officer or other person who prepared Tooth chart

William H. Zerhan
 Verified by G. R. S. Officer

WILLIAM H. ZERHAN
 2nd Lt. Inf.
 606 QM.G.R.Co.

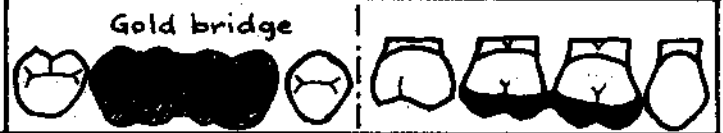
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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

CHECK LIST FOR UNKNOWN

T/5 Burns
(name of soldier processing remains)

1. Unknown X -3418 ~~US Military Cemetery No.~~ Coll.Pt. Homburg, Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1500, 16 Feb, 1946 From 606 QM.G.R.Co. Homburg, Germany
hour date collecting point
4. Place of death DIEFFLEN, Germany Map: 1, 250,000 Sheet: K-50 Trier, Ger.
name coordinates and landmarks
5. coords: WQ 2986.
6. Remains recovered by Lt. Clark, 606 QM.G.R.Co.
name and organization
7. Evacuated to cemetery by Lt. Clark, 606 QM.G.R.Co.
name and organization
8. Is load list attached no
yes-no
9. Are names of deceased found in same area as this Unknown starred yes
yes-no
10. Are circumstances described which may indicate organization of the deceased no
yes-no
11. If only part of body was received, was a careful search made for other parts of Unknown yes
yes-no
12. If remains come from vehicle, plane, etc: unknown
type of vehicle or plane, nick name, serial number, organization or symbols
13.
14. Crew list unknown
names of other deceased and positions in which found
15.
16.
17. If a tank, which hatches were free and available for escape use
not applicable
18. 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
parts of markings or symbols burned pierced by shell fire - where
19.
20. unknown
found in town field by road etc, damaged by mine explosion
21. unknown (if any)
names of men who escaped description of other vehicles or planes in same area
22. Detailed description of personal effects 1 Pc white medal ring
Indicate exact pocket or part of body where found
23.
24.
25.
26.

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. *Headgear type				
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT	none est.	small	O.D.	none
35. *Shirt Wool OD				
36. Undershirt, Wool	none	14 1/2 32	O.D.	none
37. Undershirt, Cotton	none	34	O.D.	none
38. Trousers, HBT				
39. *Trousers, Wool OD	none est.	32-31	O.D.	none
40. Belt, Web				
41. Drawers, Wool	none est.	32	O.D.	none
42. Drawers, Cotton				
43. Leggings			O.D.	one leggings lacing
44. Socks Wool Cotton				
45. *Shoes type	none est.	10 1/2		one
46. Oveshoes	none est.	13		one
47. Web Equipment type				
48. other item				
49. other item				

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

50. Chevrons or none Shoulder Patch none
type and location: shirt jacket coat helmet

Insignia none

51. Description of Remains

52. Age unk. Height unk. Weight unk. Description of wounds S.W. in chest
years ft.-in lbs

53.

54. Bandages or dressings none Scars flesh and skin decayed
length, width, location

55.

56. Tattoos flesh and skin decayed
number, location — illustrate on sep. page

57. Outstanding moles, warts or birthmarks flesh and skin decayed
yes-no description, location

58.

59. Sunburn or tan, other than hands and face flesh and skin decayed

60. Tobacco stain on fingers or teeth teeth white - fingers decayed
designate where extent

61. Complexion flesh decayed Build est. muscular
light, med. dark, clear, pimples, pocks, freckles large, fat, thin, muscular

62.

63. Hair black, small patch found
color, length, quantity, curly, wavy, straight, or definite parting, baldness, widows peak

64.
distinctive cutting or other characteristics

65. Sideburns flesh decayed Mustache flesh decayed Beard or goatee flesh decayed
color, setting, shape color, size, shape Length

66.
heavy, light, color, extent

67. Eyes flesh decayed Eyebrows flesh decayed
color, setting, shape color, bushiness, extent across nose

68. Nose flesh decayed Ears flesh decayed
size, shape, straight size set, close to or far from head

69. Forehead flesh decayed Mouth flesh decayed Lips flesh decayed
high, wide, wrinkled large, medium, small small, large, full

70. Teeth white, see tooth chart
white, size, unevenness, spacing, noticeable crowns, fillings, extractions

71. Chin flesh decayed Cheekbones flesh decayed
prominent, receding, pointed, dimple double high, normal

72. Jaw flesh decayed Circumference of head in inches est. 22 in.
large, small, normal hat band

73. Neck est. 15, flesh decayed Larynx decayed Shoulders est. broad
size, long, short, normal wrinkled prominent, normal broad

74. flesh decayed Arms not "est" dismembered and decayed
straight, small, rounded length muscular, color, extent and quantity of hair

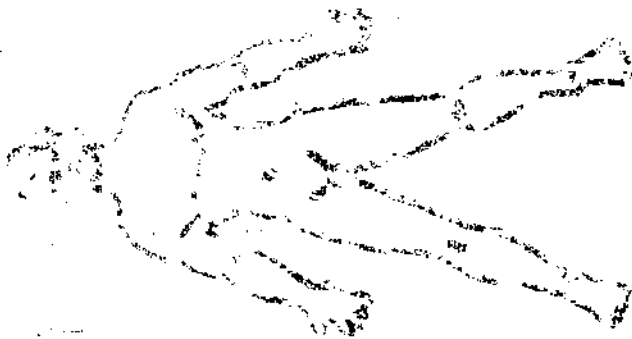
75. flesh decayed Hands flesh decayed
vaccination scar, size of wrists large, small, normal, calloused noticeably

76.

76. 1 medal ring (white)
marks on fingers indicating that rings worn

77.

78. Fingers fingers decayed
short, thick, long, slender; size of knuckles missing fingers or joints
79. flesh and skin decayed
Unusual characteristics of fingernails
80. Chest est. 37 in. flesh and skin decayed
size at nipples; color, quantity and extent of hair; large, small, normal
81. Back flesh decayed quantity and extent of hair Waist est. 33 flesh decayed
size, at naval, appendectomy, amount and color of hair
82. Circumcized decayed yes-no Pubic hair black color Hernioplasty flesh and skin decayed
yes-no location
83. Legs est. 32" flesh and skin decayed
inseam muscular; knock knee, bowed, normal quantity, color and extent of hair
84. Feet flesh decayed size; corns; callouses; flat Toes flesh decayed
slender, straight, crooked, overlap
85. Evidence of healed fractures no
nose, arms, legs, etc.
86. Block out parts of body not received at cemetery.



87. Have photographs been made and attached no yes-no If not, explain see question 90
88. Have fingerprints been placed on GRS No I no yes-no If not, explain fingers decayed
89. Has tooth, chart been prepared? yes yes-no If not, explain _____
90. Remarks: Body in advance stage of decomposition. Body intact.
91. Remains weigh approx. 100 pounds.
92. _____
93. _____
94. Body reburied in U.S. Military Cemetery, St. Avold, France.
95. _____
96. _____

William H. Zerhan
 Signature of GRC and Organization

WILLIAM H. ZERHAN
 2nd Lt. Inf.
 606 QM.G.R.Co.

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial” when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: yes
(if Special Investigation, so indicate).....

2. Unk. X-3418 St. Avold, France, Unk. Unk. Unk.
(Full name of deceased) (Rank) (ASN) Organization)

3. State: Means of identification, i. e. identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.
None.

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: Diefflen, Germany, Map: 1:250,000
sheet, K-50, Trier, Germany, coord WQ 29 86

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

5. Full name of cemetery (include plot, row and grave if organized cemetery):
Heldenfriedhof Diefflen, Germany, Grave No. 13 Row No. 3

6. Approximate or established date of death (state which and give basis for date selected):
December 1944 (APPROX) from Burgermeisters report.

7. Approximate or established date of burial (give basis for date established):
January 1945 (APPROX) from Burgermeisters report.

8. Manner in which grave was marked, show information contained on the marker:
None.

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:

10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information): This man was killed in December 1944 in a wooded area between Dillingen and Merzig, Germany. He was taken to the cemetery in Diefflen, Ger. by German soldiers and buried there, in January 1945. All personal effects were taken by German soldiers. Information from Burgermeister of Diefflen, Ger.

11. Give name and address of person who can guide disinterring team to burial location:
Nalbach, Nikolaus, Diefflen, Germany, Nalbacherstr, No. 116

12. Is this atrocity case: **No** Is there evidence that it may be: **No**
If answer is yes, has responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:

Not Applicable

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:

Not Applicable

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....
.....
.....

Not Applicable

d. Engine serial number: Type:

William H. Zierhan
Signature of Investigating Officer
WILLIAM H. ZIERHAN
2nd Lt. Inf. O-1336585
606 QM. Graves Registration Co.
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): **C.C. 606 QM.G.R.Co.**

Disinterment and *reburial/burial made by:

Date of *burial/reburial:

Place of *burial/reburial U. S. Military Cemetery:

Plot..... Row..... Grave

NOTE: Additional particulars regarding investigation:
will be placed on additional sheet.

* Cross out word not applicable.

RESTRICTED

Inventory Form

22 February 1946

(Date)

SUBJECT: Inventory of Personal Effects of:

<u>Unk. I-3418</u>	<u>Unk.</u>	<u>UNK.</u>	<u>Unk.</u>	<u>Unk.</u>
(Last Name)	(First Name)	(SI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communications Zone, APO 513 US ARMY

The above named individual of Unk. Unk.
(Unit) (Organization)

was reported KIA about December 1944
Status (MIA, IA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

One Ring (White Metal)

Money in the amount of None has been turned into _____
(Name of Finan-
None Form WDF 38 enclosed.
ce office and symbol number)

Names and addresses of any banks in which accounts may be carried:

I certify that the above items constitute all of the effects,
secured by me, of the above named individual and that they were
forwarded to the Effects Depot

by TRUCK on _____ 194____
(Rail, Truck, etc.)

Name J. A. N.
Rank & ASN _____
Organization _____

Any additional pertinent information:

RESTRICTED

IDENTIFICATION CHECK LIST

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

D.D.# 660, dated 15 December 1947

Unknown X - **3418 (A)B**

Cemetery **St. Avoild, France**

Plot **RRR** Row **9** Grave **108**

Date reprocessed :

1. ~~Arrived at cemetery~~ **14 Jan 48**
 (Hour) (Date)

2. Place of death **Diefflen, Germany**
 (Name of closest town)

K-50 1/250,000
 (Sheet, scale and serials used)

W Q - 2986
 (Coordinates and letter Prefix, maps)

3. Remains ~~recovered or~~ 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	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	Remnants of		
Undershirt, Wool	Remnants of		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	Remnants of		

Belt, ~~UTD~~ **Remnants of, leather**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **Remnants of (type) one (1) shoe size "6½ - E"**

Overshoes **Remnants of rubber overshoes.**

Web Equipment **None** (type)

(Other item) **Remnants of comb.**

(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 32.2** **L. Radius 23.9**
L. Ulna 25.8 **L. Femur 44.4**
L. Fibula 36.7 cm **L. Tibia 36.3**

Age **UTD** Height **Est 5' 5"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
 (Length, width, location)

UTD **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 **Brownish - black 3" 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 **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 8/16 "**
 (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 **Missing**
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs **UTD**
 (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 ~~Case X - 3418 was received as a single case however reprocessing revealed the bones for more than one body. There were only 5 extra bones; the distal ends of the right tibi, and fibula, the calcaneus, the talus and the angle of the talus. Separation was determined by comparison with the left and right tibiae and fibulae of the body having the most bones, by size, color, structure. The remains having the most bones was designated X - 3418 (A)B. The remains having the least bones was designated X - 3418 A(B). The remains were interred individually as follows:~~
 X - 3418 (A) in Plot RRR, Row 9, Grave 108.

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.

X - 3418 A(B) in Plot PPPP, Row 6, Grave 69.

The remains were received in skeletal state. Not in wrapping or container. Remnants of clothing, found in debris, and a Burial Report, were reinterred with X - 3418 (A)B. Teeth charted, one religious medal found, forwarded as an aid to identification.

Estimated weight of processed remains : 15 lbs. for X - 3418 (A)B.

Estimated of processed remains : 1 lb. for X - 3418 A (B).

Woodrow V Wolf
 WOODROW V WOLF

(Officer's Name)

CAPT

Rank

QMC

Service

OPERATIONS OFFICER

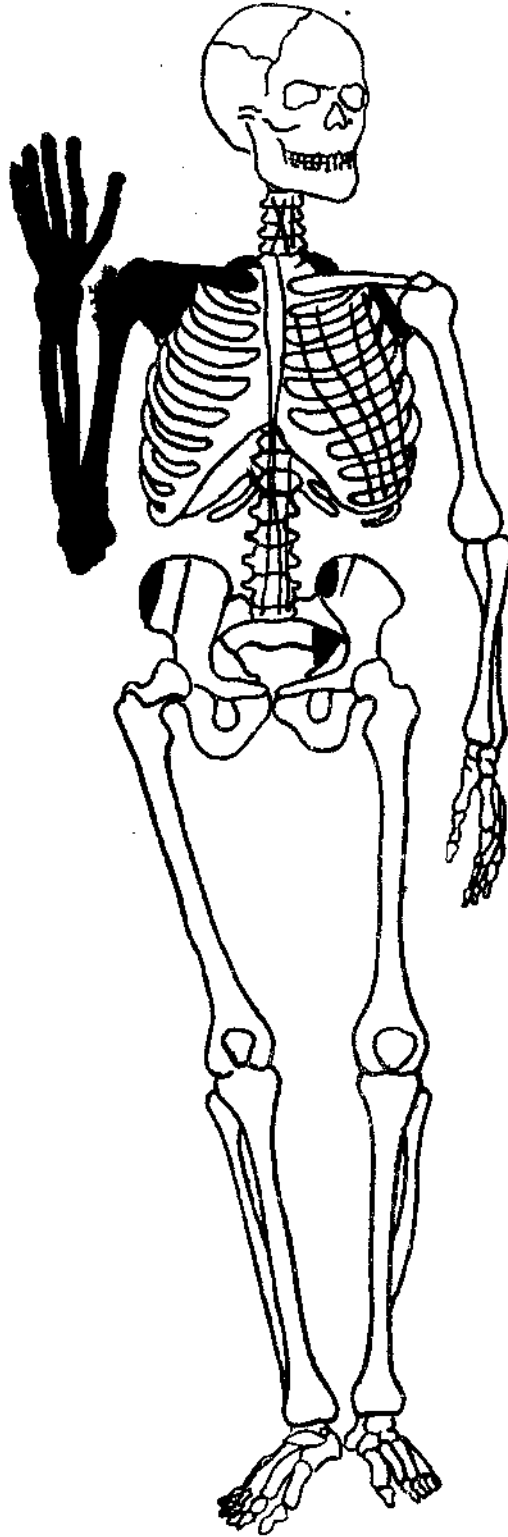
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS 32.2 cm

RADIUS 23.9 cm

ULNA 25.5 cm

FEMUR 44.4 cm

TIBIA 36.3 cm

FIBULA 36.7 cm

Est. Height : 5' 5"

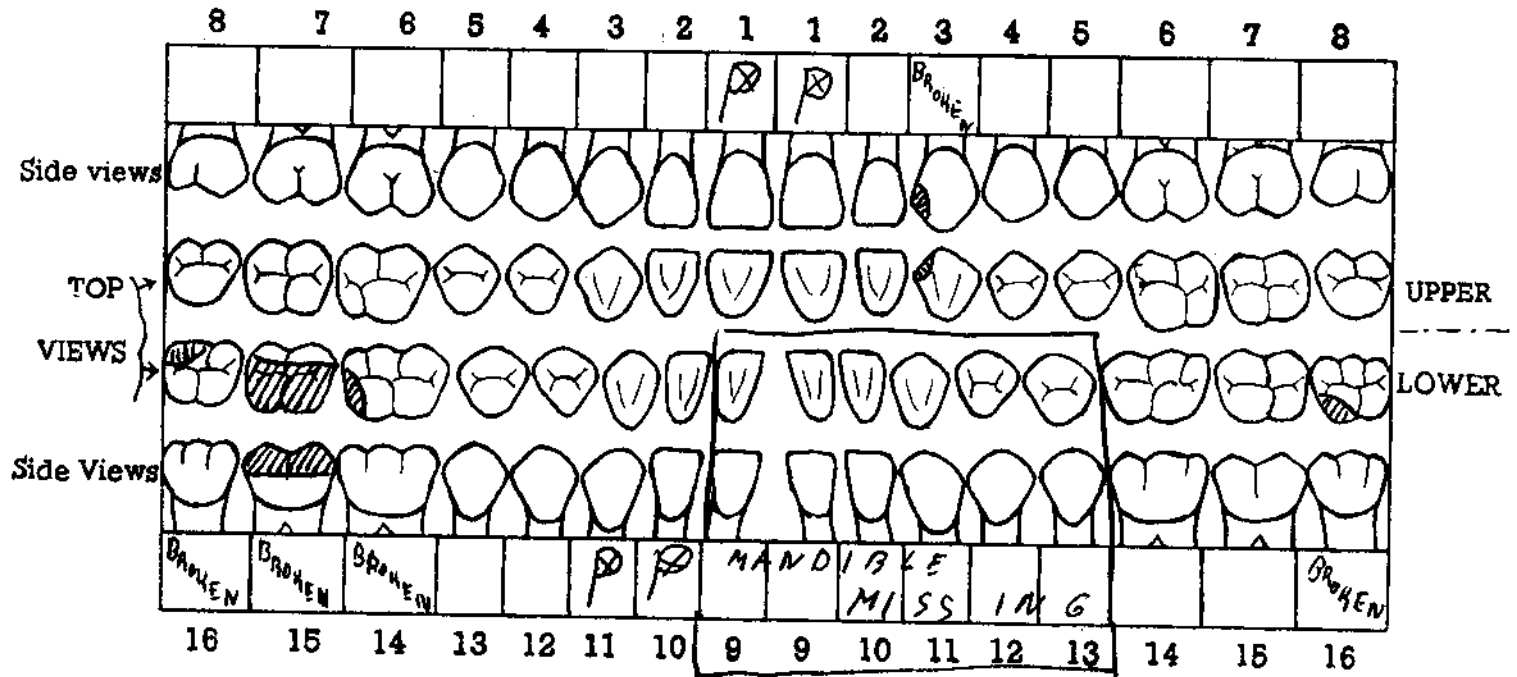
TOOTH CHART

13 Jan 48

Unknown X - 3418 A, B.			Unk	Unk
Last Name	First	Initial	Grade	Serial No.
Unk			Unk	
Unit Diefflen, Germany		Est. Dec 44	Organization S.W. CHEST	
Place of Death		Date of Death	Cause of Death	

Right

Left



SEE REMAINS

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.

WALTER J JABLONSKI
 US DA CIV IS
 WOODROW W WOLF
 CAPT QMC OPER OFF

/s/ Walter J Jablonski
 Signature of Officer or other person who prepared Tooth chart

Woodrow W Wolf
 Verified by G. R. C. 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 :



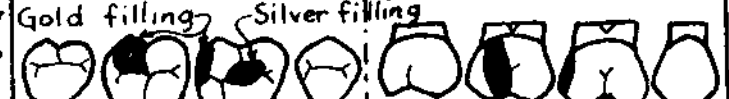
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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 :

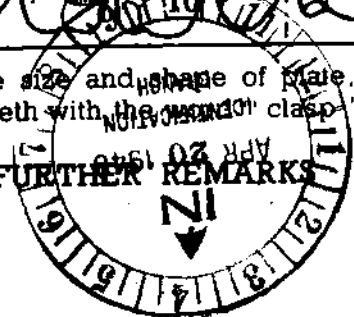


CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



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



- ⊗ = Teeth posthumously missing R-1-10-11, L-1,
- ⊙ = Teeth chipped or broken R-14-15-16, L-3-16,
- Spaces none
- Color white ivory
- Size average.
- Alignment good
- Teeth were found in a mass common among the remains.
- Bodies were segregated but teeth were not.
- All teeth and charts remain with case X - 3418 (A)B.

Graves of twelve American soldiers in the cemetery at DIEFFLEN, Germany

DIEFFLEN, Ger.

Map: 1:250,000 Sheet K-50

Trier Coords, WQ 2986

Location: Cemetery in DIEFFLEN, Ger.

Sketched by: T/5 Akiki

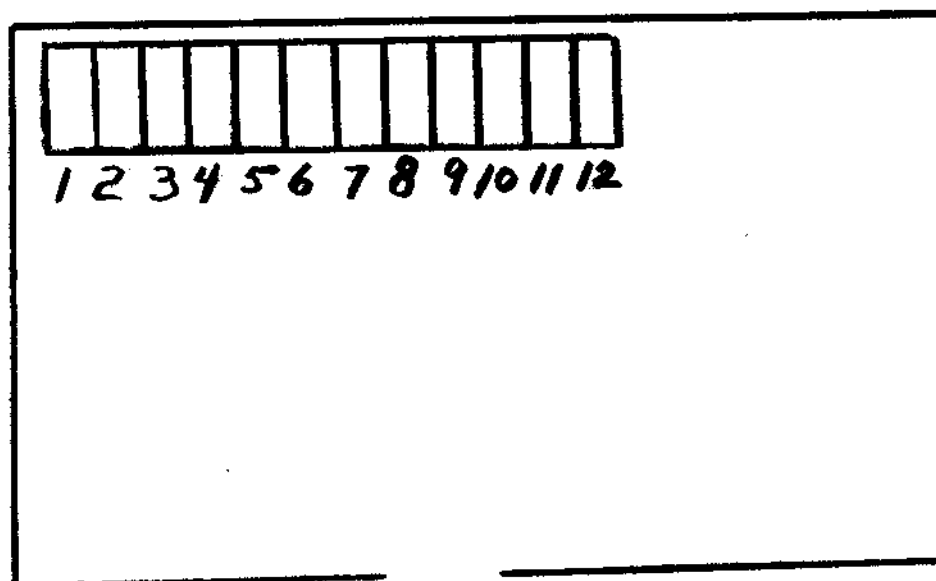
606 QM, G. R. Co.

Date: 22 Feb. 1946

Not to scale

- (1) Nick Matassini
- (2) Leroy A. Woods
- (3) Carl W. Wiest
- (4) X-3418
- (5) X-3420
- (6) X-3416
- (7) X-3419
- (8) X-3417
- (9) X-3415
- (10) X-3414
- (11) X-3413
- (12) X-3411

CEMETERY IN THE TOWN OF DIEFFLEN, GERMANY



← DILLINGEN

NALBACH →

CORRECTED COPY

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

REPORT OF BURIAL

27 Jan 1948
Date

Unknown X - 3418 (A)B

Last Name: Unknown X - 3418 (A)B
 First: Unk
 Initial: Unk
 Rank: Unk
 Serial No.: Unk
 Unit: Unk
 Organization: Unk
 Place of Death: Diefflen, Germany
 Date of Death: Est. Dec 44
 Cause of Death: S.W. of chest.
 Time and Date of Burial: 1400 23 Feb 46
 Name of Cemetery: USMC, St. Avold, France (Q - 260584)
 Name of Coordinates of Location: Temp. Wdn. Cross.
 Grave Number: 108
 Row Number: 9
 Plot Number: RRR
 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? This deceased was segregated from former Unknown X - 3418.

What means of identification were buried with the body?

One (1) copy of GRS form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on :

Deceased's Right :	Name	Serial No.	Rank	Organization	Grave No.
	End of Row,				
Deceased's Left :	X - 3417	Unk	Unk	Unk	107
	Name	Serial No.	Rank	Organization	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: Unk

Religion: Unk

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

This corrected copy of Report of Burial prepared at I.S., 1st. Zone AGRC, APO 58, US Army, by :

CARLYLE D. JOHNSON Jr
US DA CIV IS
WOODROW W WOLF
CAPT QMC
OPERATIONS OFFICER

Signature of Officer or other person reporting burial: *Woodrow W. Wolf*
 Verified by G.R.S. Officer:

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 :
- Weight :
- Color of Eyes :
- Color of Hair :
- Race :
- Laundry Marks :
- Number of Rifle :
- Wear Glasses ?
- Is Tooth Chart Attached ?

(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.

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

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

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.



REBURIAL

ans Letter 1863

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)

Restricted **REPORT OF BURIAL**

22 February 1946

Date

Tab X-3418 (St. Arnold, France)

Last Name unk. First unk. Initial unk. Rank unk. Serial No. unk.

Unit unk. Organization unk.

Place of Death U.S. Military St. Arnold, France Date of Death December 1944 Cause of Death SW of chest

Time and Date of Burial 108 Name of Cemetery U.S. Military St. Arnold, France Name or Coordinates of Location Q 260 584

Grave Number 108 Row Number 8 Plot Number BBB of old account Type of Marker 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"

REBURIAL

What means of identification were buried with the

GR # 1 in bottle.

Previously buried in isolated grave
located at DIEFFLEN, Germany
Map 1:250,000 sheet K-50, Trier,
Ger., coord. WQ 2986.

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

Who is buried on:

Deceased's Right: End of row

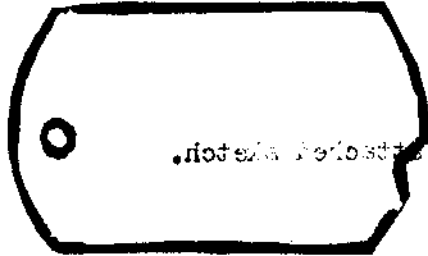
Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left: Unk X-3417 107

Name	Serial No.	Rank	Organization	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 Address unknown

Name

unknown

Address

Religion unknown

unknown

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

One ring (white metal)

Disintering Officer [Signature]
Signature of Officer or other person reporting burial

Reintering Officer Charles F. Barney
Verified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt, Inf, 6800 QM GR Det

WILLIAM H. ZERHAN
2nd Lt. Inf.
606 QM. G.R. Co

JANUARY

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: **unk.** Laundry Marks: **none**
Weight: **unk.** Number of Ribs: **unk.**
Color of Eyes: **unk.** Wear Glasses? **unk.**
Color of Hair: **black** Is Tooth Chart Attached? **yes**
Race: **unk.**

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

Impossible to determine, body badly decomposed.

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

None.

Left Hand

Thumb

Impossible to take, badly decomposed.

Impossible to take, badly decomposed.

TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	8	7	6	5	4	3	2	1
Upper	See attached tooth chart																
Lower																	

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

Characteristics:

Other Date:

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.

Remarks:

1. See attached sketch.

(Indicate North)

Restricted REPORT OF BURIAL

22 February 1946

TM 10-630 AND AR 30-1815

Date

Unk X-3418 (St. Avold, France)

Last Name **unk.** First **unk.** Initial **unk.** Rank **unk.** Serial No. **unk.**
Unit **unk.** Organization **unk.**

DIEFFLEN, Ger., WQ 2986

December 1944

SW of chest

Place of Death **400-23 Feb/46**

Date of Death

Cause of Death

Time and Date of Burial

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

Q 260 584

Grave Number **108**

Name of Cemetery

Name or Coordinates of Location

Row Number

Plot Number

Type of Marker **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"

REBURIAL

What means of identification were buried with the body?

GRS # 1 in bottle.

Previously buried in isolated grave located at DIEFFLEN, Germany Map: 1:250,000 sheet K-50, Trier, Ger., coord. WQ 2986.

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

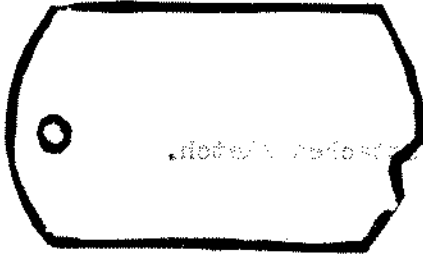
Who is buried on:

Deceased's Right: **End of row**
Name Serial No. Rank Organization Grave No.

Deceased's Left: **Unk X-3417**
Name Serial No. Rank Organization Grave No. **107**

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

Religion **unknown**

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

One ring (white metal)

Disinterring Officer

Signature of Officer or other person reporting burial

WILLIAM H. ZERHAN
2nd Lt. Inf.
606 QM. G.R. Co.

Reinterring Officer

Charles F. Barney

Verified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt, Inf, 6800 QM GR Det

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: **unk.** Laundry Marks: **none**
 Weight: **unk.** Number of Rifle: **unk.**
 Color of Eyes: **unk.** Wear Glasses? **unk.**
 Color of Hair: **black** Is Tooth Chart Attached? **yes**
 Race: **unk.**

(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.)

Impossible to determine, body badly decomposed.

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

None.

Impossible to take, badly decomposed.

Impossible to take, badly decomposed.

TOOTH CHART

		Deceased's Left										Deceased's Right																					
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower	See attached tooth chart																															

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

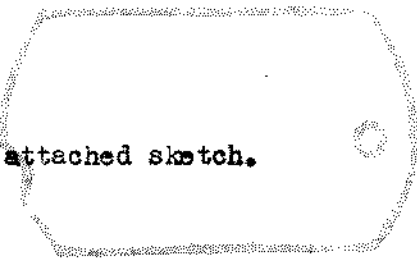
Characteristics:

Other Date:

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.

Remarks:

1. See attached sketch.



Personal Effects:

One ring (white metal) with "800" engraved inside band.
One religious brooch.

(Per ltr KC, dtd 21 Jul 49, file QMDKG 882068, Subj:
Disposal of Personal Effects)

IDENTIFICATIO SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

ADY