

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-3436 *mm*

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 - 3436 St Avold

(POC) ST AVOID

*File
W. Flora
Jk BW
767/657*

CHECK LIST FOR UNKNOWN

T/5 Burns

(name of soldier processing remains)

St. Auld, France.

1. Unknown **X- 9436** ~~XXXXXXXXXXXXXXXXXXXX~~ **colpt.** **Homburg, Germany**

2. If remains were disinterred, attach Check List for Disinterments.

3. Arrived at cemetery **1600, 8. Feb. 1946** From **606 C.M.G.R.Co., Homburg, Germany**

4. Place of death **RIBBELSBERG, Germany** **Map 1: 250,000** **Sheet: K-50,**

5. **Trier, Ger.** **coords; WQ 4378.**

6. Remains recovered by **mm** **T/5 Stroup 606 C.M.G.R.Co.**

7. Evacuated to cemetery by **T/5 Stroup 606 C.M.G.R.Co.**

8. Is load list attached **yes** **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 **yes** **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, name, serial number, organization or symbols

13. **unknown**

14. Crew list **unknown**
names of other deceased and positions in which found

15. **unknown**

16. **unknown**

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. **unknown**

20. **unknown** found in town field by **unknown** 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 **no P.** indicate exact pocket or part of body where found

23. **unknown**

24. **unknown**

25. **unknown**

26. **unknown**

St. Auld

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	L 8707	34	green	none
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none	small	O.D.	none
34. Jacket, HBT				
35. *Shirt Wool OD	none	14 1/2 32	O.D.	none
36. Undershirt, Wool				
37. Undershirt, Cotton	none	est 34	O.D.	none
38. Trousers, HBT				
39. *Trousers, Wool OD				
40. Belt, Web	7513	29-29	O.D.	none
41. Drawers, Wool				
42. Drawers, Cotton	none	29	O.D.	none
43. Leggings	none	29	O.D.	none Note unusual lacing
44. Socks Wool Cotton	none	10	O.D.	none
45. *Shoes type				
46. Oveshoes				
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**
 Insignia **none**

51. Description of Remains **none**

52. Age **unk.** Height **unk.** Weight **unk.** Description of wounds **multiple wounds**

53. **unk.**

54. Bandages or dressings **burned white like shell** **flesh and skin decayed** 87

55. **burned skin like shell** 88

56. **burned skin Tattoos** **like tea** **flesh and skin decayed** 89

57. Outstanding moles, warts or birthmarks **like V** **flesh and skin decayed** 90

58. **burned skin like shell** 91

59. Sunburn or tan, other than hands and face. **burned skin like tea** 92

60. Tobacco stain on fingers or teeth **flesh and skin decayed** 93

61. Complexion **flesh and skin decayed** **Build** **est. thin** 94

62. 95

63. Hair **black, small patch found** 96

64. 97

65. Sideburns **flesh decayed** Mustache **flesh decayed** Beard or goatee **flesh decayed** 98

66. 99

67. Eyes **missing** Eyebrows **flesh and skin decayed** 100

68. Nose **flesh decayed** Ears **flesh and skin decayed** 101

69. Forehead **flesh decayed** Mouth **flesh decayed** Lips **flesh decayed** 102

70. Teeth **white, see tooth chart** 103

71. Chin **flesh and skin decayed** Cheekbones **flesh decayed** 104

72. Jaw **flesh decayed** Circumference of head in inches **est. 21 in.** 105

73. Neck **flesh and skin decayed** Larynx **decayed** Shoulders **est. small** 106

74. **flesh and skin decayed** Arms **est. 23** **flesh decayed** 107

75. **decayed** Hands **flesh and skin decayed** 108

76. **decayed** 109

76. **flesh and skin decayed** 110

77. **flesh and skin decayed** 111

HANCOCK, H. HALLIDAY
 100 N. 2nd St
 SPOKANE, IDAHO

78. Fingers **flesh and skin decayed**
short, thick, long, slender, size of knuckles missing fingers or joints

79. **flesh and skin decayed**
Unusual characteristics of fingernails

80. Chest **est 36⁺ flesh and skin decayed**
size at nipples, color, quantity, and extent of hair, large, small, normal

81. Back **decayed** quantity, and extent of hair Waist **est 29, flesh decayed**
size, at naval, appendectomy, amount and color of hair

82. Circumcized **decayed** yes-no hair **black** color Hernioplasty **flesh and skin decayed**
yes-no location

83. Legs **est 29 flesh decayed**
insect, muscular, knock kneed, bowed, normal quantity, color and extent of hair

84. Feet **est 10 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** If not, explain **see question 90**

88. Have fingerprints been placed on GRS No 1 **no** If not, explain **fingers decayed**

89. Has tooth chart been prepared? **yes** If not, explain

90. Remarks: **body in advance stage of decomposition. Body intact.**

91. **body in remains weigh approx. 120 pounds.**

92.

93.

94. **Body reburied in U.S. Military Cemetery, St. Avoild, France.**

95.

96.

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

William H. Berhan
 Signature of GRO and Organization

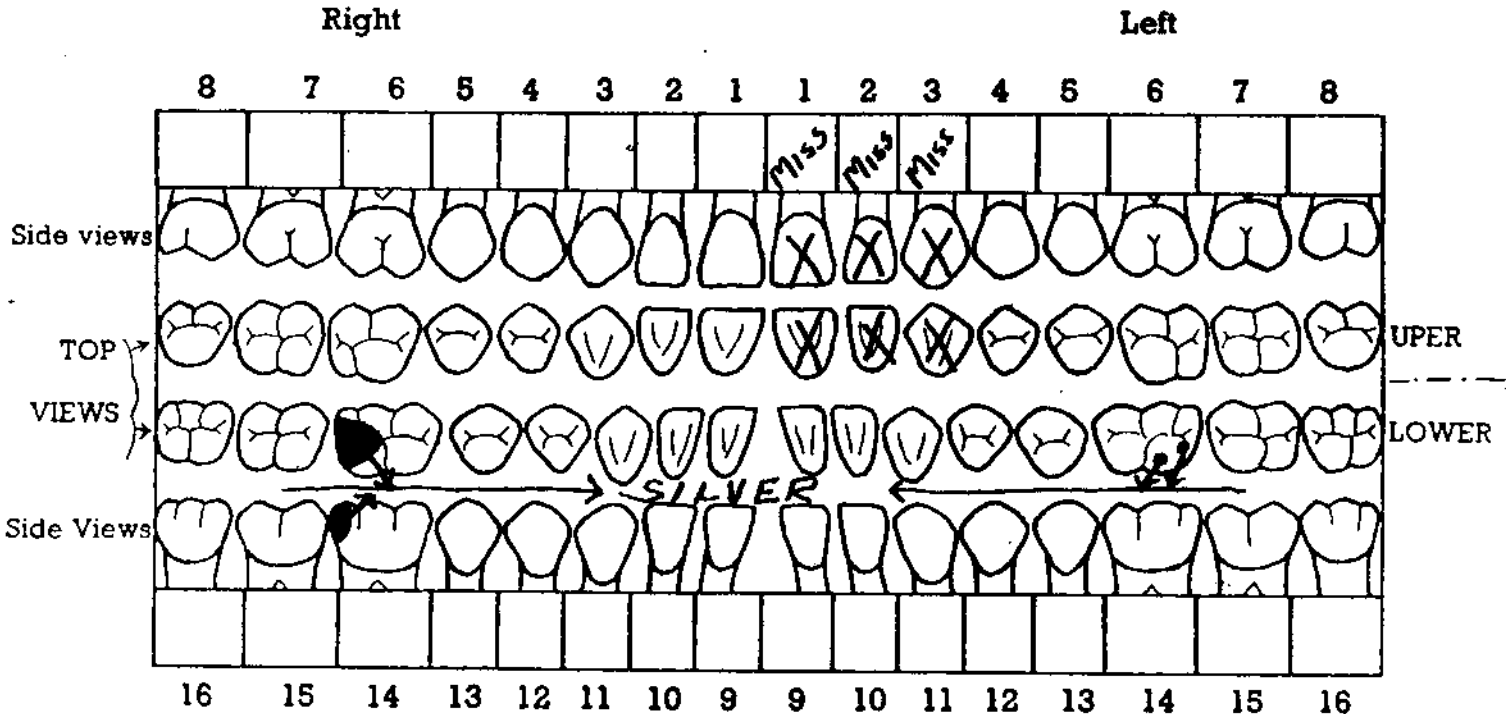
TOOTH CHART

25 February 1946
 Date

UNK X-3436 (St. Avel, France)
 Last Name First Initial Rank Serial No.

UNK Inf.
 Unit Organization

RIEGELBERG, Germany WQ 4378 UNK. Multiple wounds
 Place of Death Date of Death Cause of Death



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), bacuspids (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.

[Signature]
 Signature of Officer or other person who prepared Tooth chart

[Signature]
 Verified by G. R. S. Officer

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

X-9436

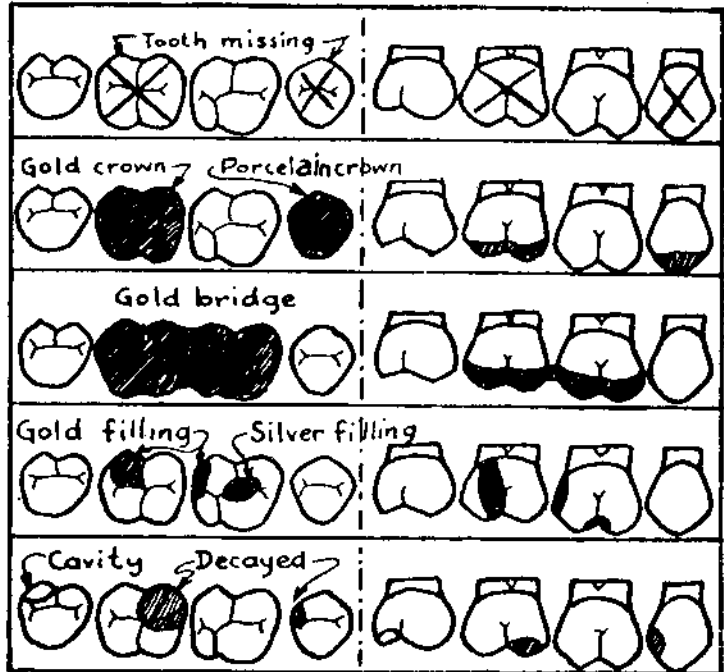
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:

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

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-3436** (St. Avoild, France) **Unk.** **Unk.** **Inf.**
(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.
No identification tags, no fingerprints taken, tooth chart taken, clothing marks found on O.D. pants 7513, field jacket L-8507.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: **Riegelsberg, Germany, Map: 1, 250,000 sheet, K-50, Tristar, Germany, coord NQ 4378**
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):
Waldfriedhof of Riegelsberg, Germany.
6. Approximate or established date of death (state which and give basis for date selected):
Unknown.
7. Approximate or established date of burial (give basis for date established):
13 March 1945 from cemetery caretakers record.
8. Manner in which grave was marked, show information contained on the marker:
wooden cross marked "Unknown American soldier"
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:
None.
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): **The body of Unknown X-3436 St. Avoild, France, was taken to the town cemetery in Riegelsberg, Germany, by German soldiers where he was buried by the caretaker, Nikolaus Theobald. This information from Bürgermeister Schneider, Riegelsberg, Germany.**
11. Give name and address of person who can guide disintering team to burial location:
Nikolaus Theobald, cemetery caretaker, Riegelsberg, Germany

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. Zerhan
Signature of Investigating Officer
WILLIAM H. ZERHAN
2nd Lt. Inf. 0-1336585
606 QM. Graves Registration Co.
Rank ASN
G. O. 606 QM. G. R. Co.

Disinterment approved by, (HQ Authorizing Exhumation):

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.

Mass grave of eight and another grave of one American soldiers
in the town cemetery of RIEGELSBURG, Ger.

RIEGELSBURG, Ger.

Map: 1:250,000 Sheet K-50

Trker. Ger. Coords: WQ4378

Location: Cemetery in RIEGELSBURG, Ger.

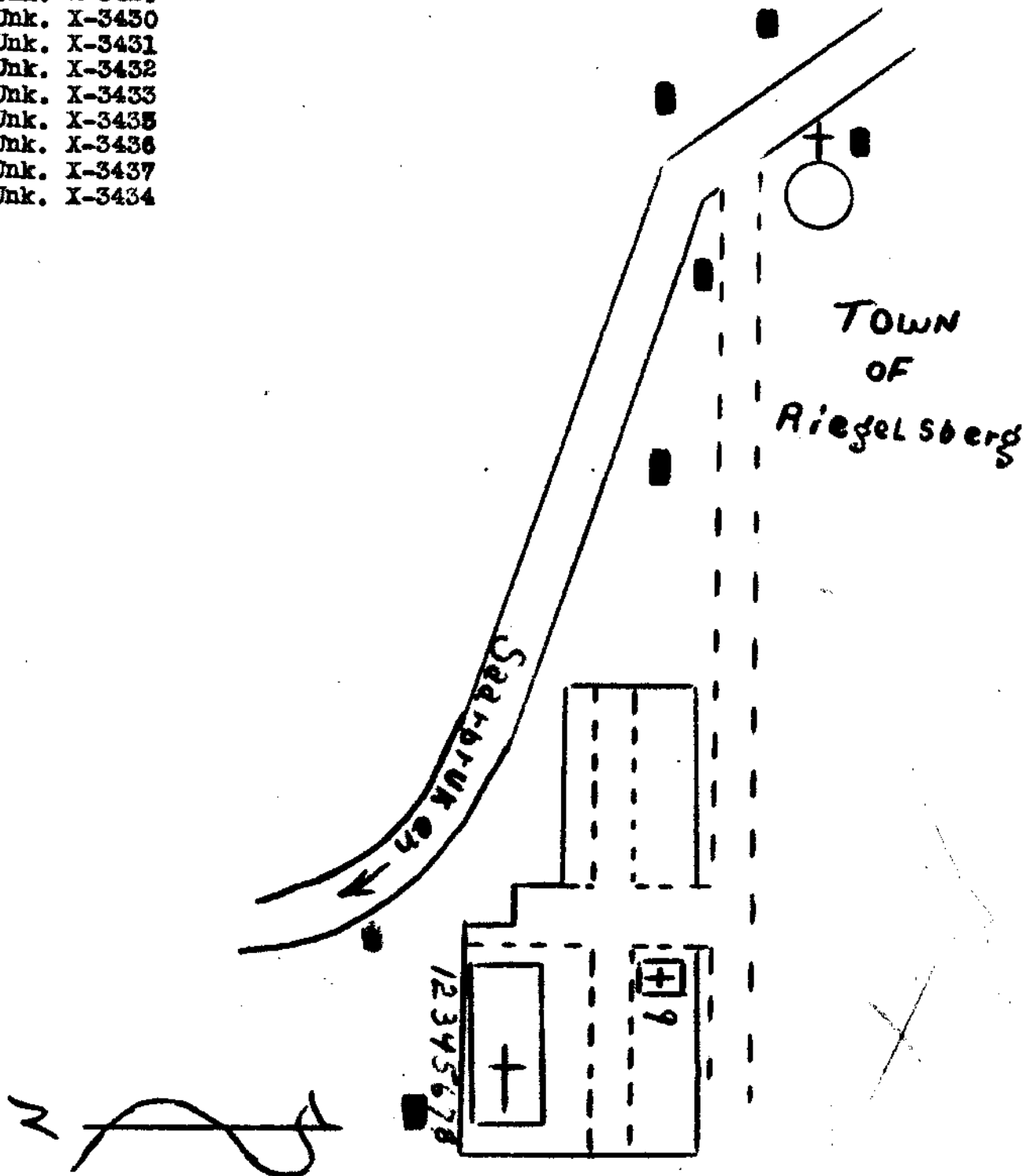
Sketched by: T/S Akiki

606 M.G.R.Co.

Date: 25 Feb. 1946

Not to scale

- (1) Unk. X-3429
- (2) Unk. X-3430
- (3) Unk. X-3431
- (4) Unk. X-3432
- (5) Unk. X-3433
- (6) Unk. X-3435
- (7) Unk. X-3436
- (8) Unk. X-3437
- (9) Unk. X-3434



IDENTIFICATION CHECK LIST

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

PROCESSED BY
 C. D. RICE
 L. R. FEINDT
 R. J. MILLER

E.O. #707

CLERK
 A. G. RICHARDSON

Unknown X 3436
 Cemetery ST AVOLD, FRANCE
 Plot QQQ Row 9 Grave 99

DATE REPROCESSED
 1. Arrived at cemetery 15 APRIL 1948
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or disinterred~~ ^{REPROCESSED} by MOBILE TEAM #1, 15.
(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 _____
(Type)

Raincoat _____

Overcoat _____

Jacket, Field REMNANTS OF

Jacket, Combat NONE

Mackinaw NONE

Sweater, O.D. REMNANTS OF

Jacket, HBT NONE

* Shirt, Wool OD REMNANTS OF

Undershirt, Wool _____

Undershirt, Cotton _____

Trousers, HBT _____

* Trousers, Wool OD REMNANTS OF

X

X

X

X

X

Belt, web NONE

Drawers, wool REMNANTS OF

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

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

Chevrons or Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

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

6. Description of Remains: R. Humerus 29.8 R. Femur 42.3
R. Radius 23.1 R. Tibia 34.1
R. Ulna 44.6 R. Fibula 34.2

Age UTD Height 5'5 1/2" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion UTD
(Light, medium, dark, clear, pimples, pecks, freckles)

Build _____
(Large, fat, thin, muscular)

Hair DARK BROWN, STRAIGHT, 2 1/2"
(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 _____
 (Light, color, extent)

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

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

Mouth _____ Lips _____
 (Large, medium, small) (Small, large, full)

Teeth SEE TOOTH CHART
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin _____
 (Prominent, receding, pointed, dimples, double) *(No inch tape measure)*

Jaw _____ Circumference of head in ^{cm.} 50.7
 (Large, small, normal) (Hat band)

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

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

Hands Missing and decomposed

Fingers None
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

_____ (Unusual characteristics of fingernails)

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

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

Back _____ Circumcision UTD Pubic Hair LIGHT BROWN
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty _____
 (Yes-no; location)

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

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

Evidence of healed fractures None
 (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? _____ (Yes-no)

If not, explain Finger s Missing

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

9. Remarks REMAINS RECEIVED IN SKELETAL FORM

WITH A SMALL AMOUNT OF DECOMPOSED FLESH.

CLOTHING FOUND IN DEBRIS. NO CLOTHING MARKS

FOUND. TEETH FOUND INTACT IN SKULL. Skull

disarticulated. Report of Burial found; no IRS tags; estimated

weight of reprocessed remains: 22 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.
est height: 5'5 1/2"

No evidence of old or
healed fractures
or amputations.

ROBERT J. MILLER
(Officer's Name)

SP6 AGRC
Rank Service

MOBILE TEAM #1, I.S
(Organization)



15 APRIL 194

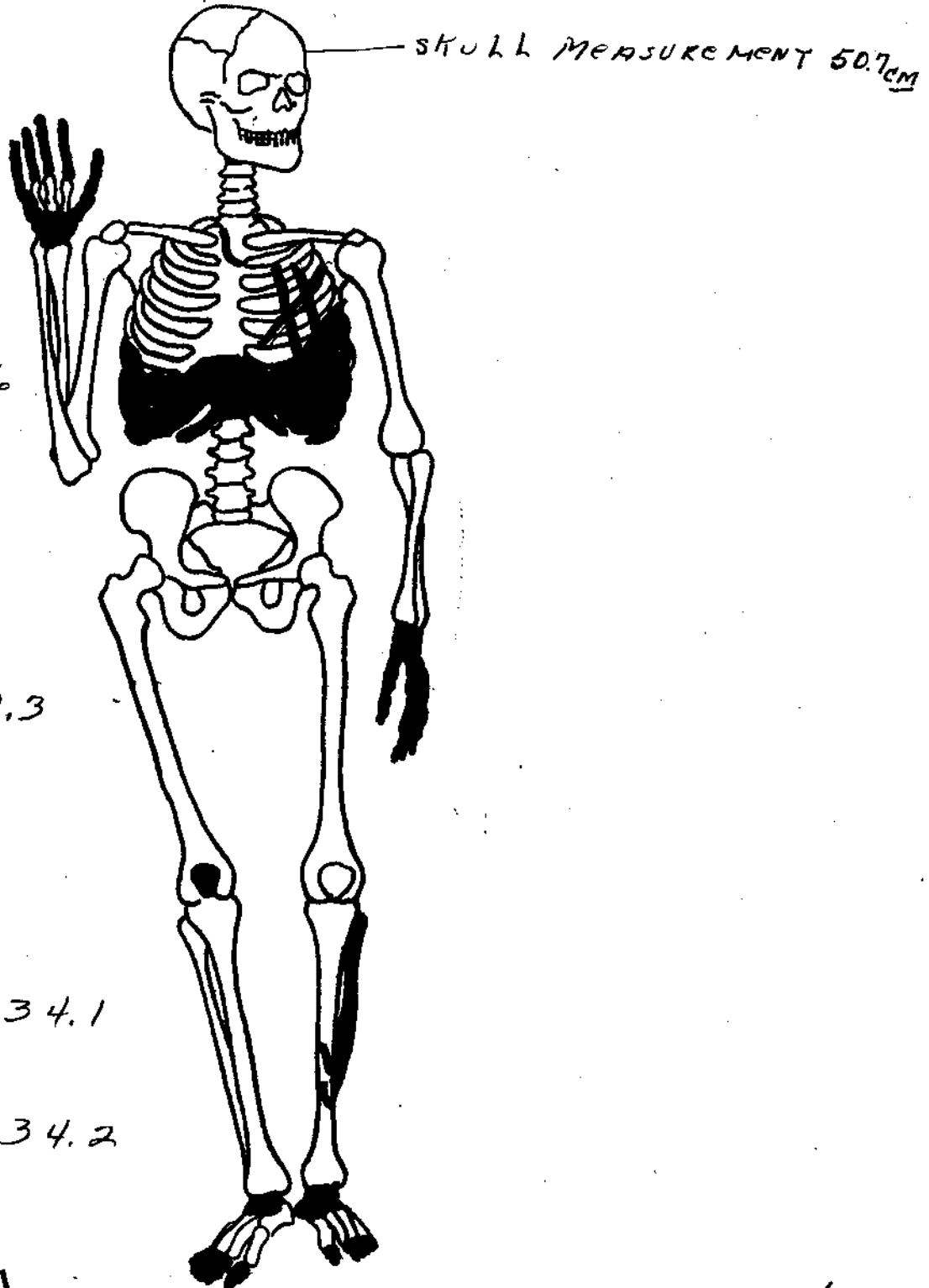
X-3436

999-9-99

USMC ST. AVOLD

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



R. HUMERUS 29.8

R. RADIUS 23.1

R. ULNA 24.6

R. FEMUR 42.3

R. TIBIA 34.1

R. FIBULA 34.2

CHART "A"

Est. 5'5 1/2"

Plot: J99
Row - 9

E.O. # 707

TOOTH CHART GRAVE - 99 USMC - ST. A. # 10

15 - APRIL 48

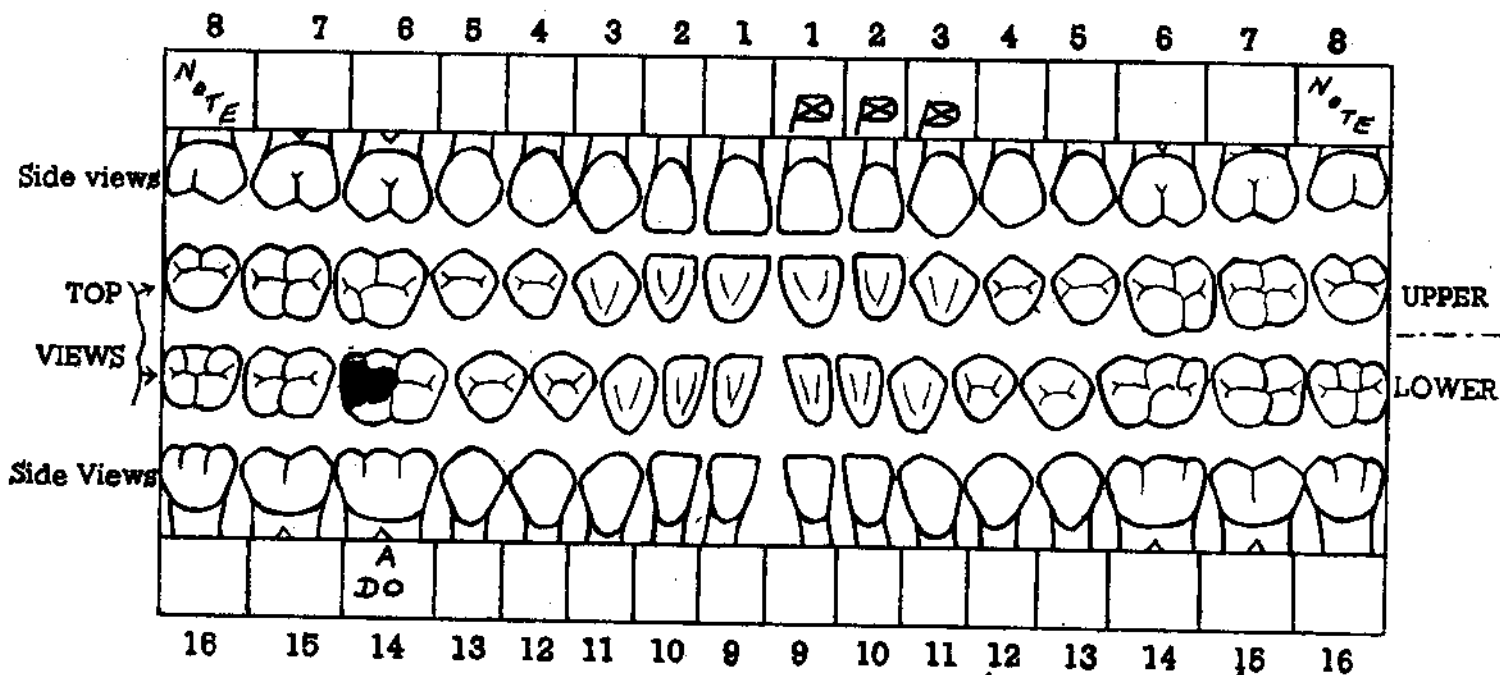
X-3436

Last Name <i>Unk</i>	First <i>Unk</i>	Initial <i>Unk</i>	Grade <i>AGF</i>	Serial No. <i>Unk</i>
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), 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.

INSUFFICIENT SPACE FOR REMARKS








SEE REVERSE

Quar J. Freeman

SP#7 DAC

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

P = POSTHUMOUSLY MISSING

Color = White Ivory
 Size = Average
 Alignment = Very Good

MAXILLA

- R-8 = INCOMPLETELY ERUPTED BEFORE DEATH.
- R-2 = SLIGHT LINGUAL VERSION
- L-8 = INCOMPLETELY ERUPTED BEFORE DEATH.

MANDIBLE

- R-11 = SLIGHT FACIAL VERSION AND OVERLAPS R-10
- R-10 = SLIGHT LINGUAL VERSION
- R-9 = SLIGHT MESIAL ROTATION.
- L-10 = SLIGHT LINGUAL VERSION.
- L-11 = SLIGHT FACIAL VERSION AND OVERLAPS L-10

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRR 200.2

Date 2 JUN. 1919

295 uncl. France (St. M) X-3436
SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts, S.W.
Washington 25, D.C.

The remains of I-3436
interred in Plot QQQ, Row 9, Grave 99, USMC St-Avoid
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Jacket, Field : Remnants of

Sweater CD : Remnants of

Shirt, wool CD : Remnants of

Trousers, wool CD : Remnants of


Drawers, wool : Remnants of

Est. height : 5' 5 $\frac{1}{2}$ "

Hair : Dark Brown, straight 2 $\frac{1}{2}$ "

FOR THE COMMANDING GENERAL :

2 Incls : 1. Skeletal Chart
1. Tooth chart

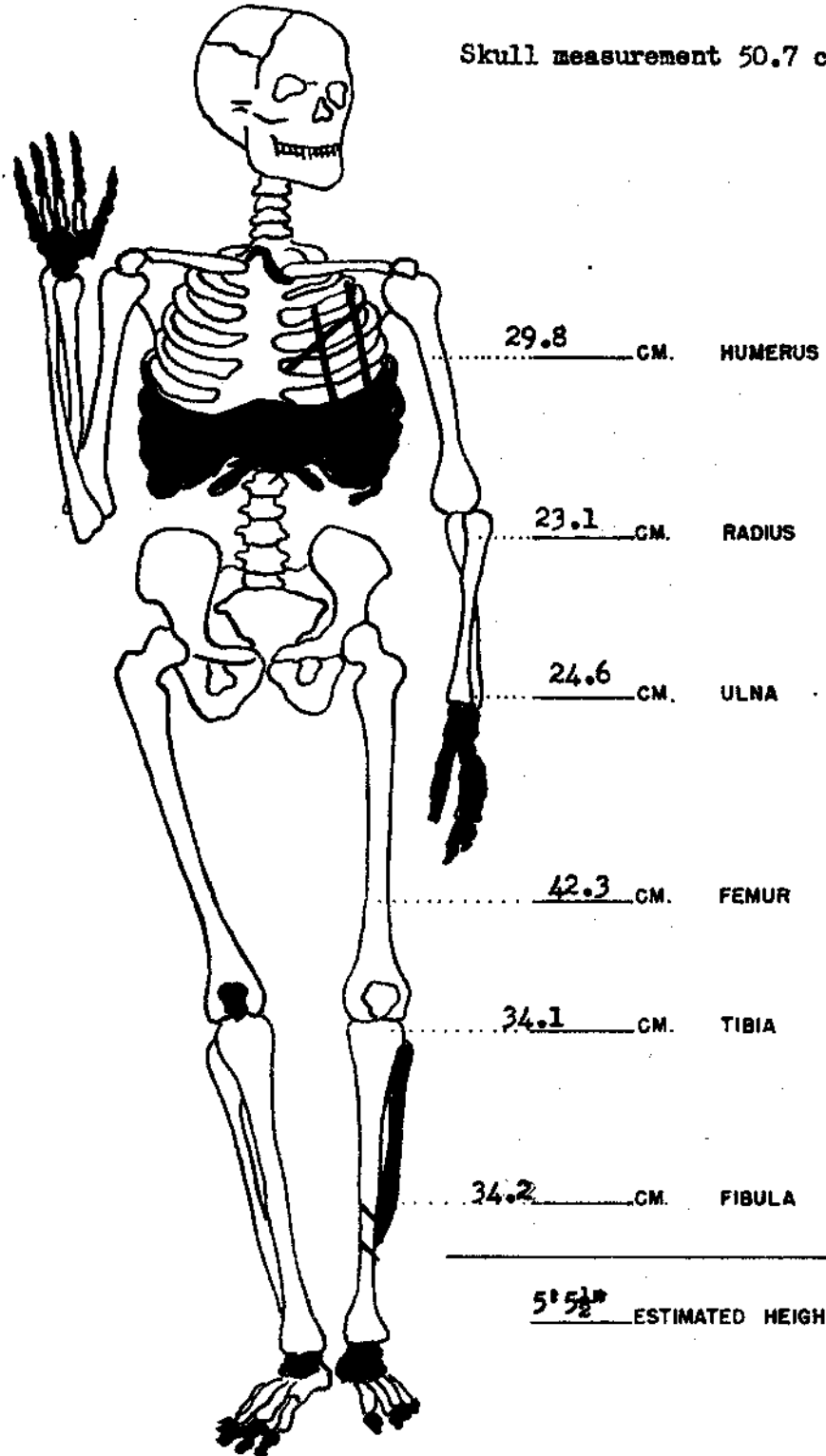

BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen.

15 April 1948

X-3436
QQQ-9-99
USMC St-Avoid

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



PROCESSED BY: _____

Plot QQQ
Row 9
Grave 99

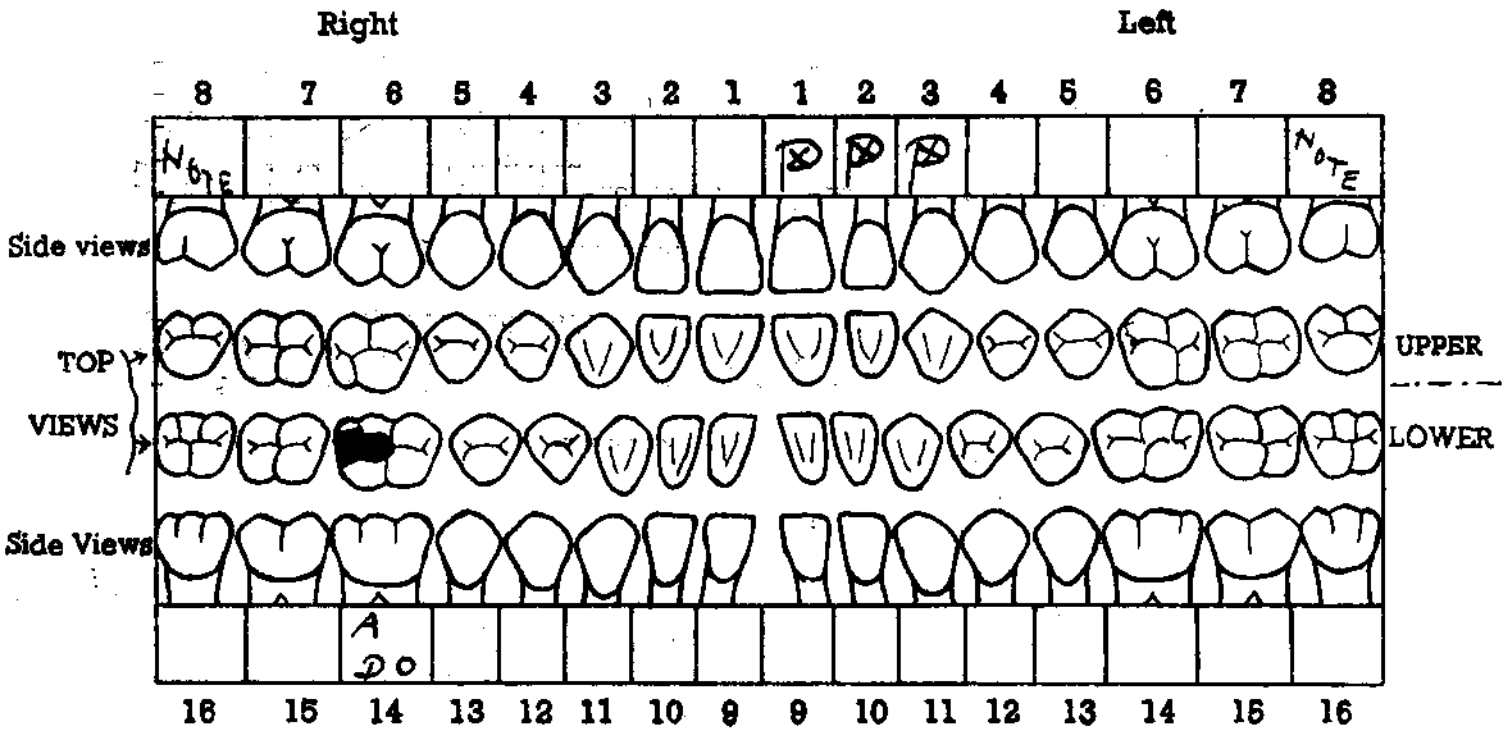
E.O.#707
USMC St-Avold

TOOTH CHART

15 April 48

X-3436			Unk			Date
Last Name	First	Initial	Grade	Serial No.		Unk
Unit			AGF			Organization

Place of Death	Date of Death	Cause of Death
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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.

Certified True Copy:
Bernard E. Carpoll
BERNARD E. CARPOLL
NOJG AUS

/s/ Ivor J. Fosmo
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing

Color White Ivory
 Size Average
 Alignment Very Good

Maxilla

- R-8 incompletely erupted before death
- R-2 slight lingual version
- L-8 incompletely erupted before death

Mandible

- R-11 slight facial version and overlaps R-10
- R-10 slight lingual version
- R-9 slight mesial rotation
- L-10 slight lingual version
- L-11 slight facial version and overlaps L-10

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 April 1949

Date

93 unk France X 3436 (Stanoly)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-3436, Plot 000, Row 9, Grave 99, USMC ST. AVOID, 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. 2850, dated 4-6-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/
/s/ Roger BERGER, Maj.
/s/ E.D. Mulvanity
/s/ illegible

Received 7 SEP 1949 QMG
Not identifiable from
information presently
available

*NAT
File 7 Sept 49
M. Bland
Ident Br*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

Transmitted Ltr. No. 3786 dt 26 Apr 49
See former when accepted

RRE 293

22 April 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 3436, Plot 000,
Row 9, Grave 99, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2850, dated 4-6-48.

Case reviewed by undersigned Members of the Board of Review:

Rogers

MAJ. Roger BERGER, O-251736 ORD Capt Jack C. HAYES, O-1577297 QMC

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

1/Lt. Ernest J. OGLESBY, O-449004, Cav

Officer

Received 7 SEP 1949
Not identifiable from
information presently
available

E. Donlevant

Inci #18

CHECK LIST FOR UNKNOWN

T/5 Buffin

St. Avold, France. (name of soldier processing remains)

1. Unknown X - 3436 U.S. Army Cemetery Colt. Homburg, Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1600, 8, Feb., 1946 From 606 M.G.R.Co. Homburg, Germany
hour date collecting point
4. Place of death RIEGELSBERG, Germany Map: 1: 250,000 146442/ Sheet: K-50,
name coordinates and landmarks
5. Trier, Ger. coords: Wq 4378.
6. Remains recovered by T/5 Stroup 606 M.G.R.Co.
name and organization
7. Evacuated to cemetery by T/5 Stroup 606 M.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 started yes
yes-no
10. Are circumstances described which may indicate organization of the deceased yes
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 no P.P.
Indicate exact pocket or part of body where found
23. _____
24. _____
25. _____
26. _____

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. Headgear				
28. Raincoat				
29. Overcoat				
30. Jacket, Field	L 8707 est	34	green	none
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none	small	O.D.	none
34. Jacket, HBT				
35. Shirt Wool OD	none	14 1/2	32 O.D.	none
36. Undershirt, Wool	none	est 34	O.D.	none
37. Undershirt, Cotton				
38. Trousers, HBT				
39. Trousers, Wool OD	7513	29-29	O.D.	none
40. Belt, Web				
41. Drawers, Wool	none	29	O.D.	none
42. Drawers, Cotton	none	29	O.D.	none
43. Leggings				Note unusual lacing
44. Socks Wool Cotton	none	10	O.D.	none
45. Shoes				
46. Oveshoes				
47. Web Equipment				
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

51. Description of Remains

52. Age **unk.** Height **unk.** Weight **unk.** Description of wounds **multiple wounds**
 years ft-in lbs

53.

54. Bandages or dressings **Scars** **flesh and skin decayed**
color, material, condition size, location, number, location length, width, location

55. **decayed skin has healed**

56. **Tattoo** **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. **decayed skin has healed**

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

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

61. Complexion **flesh and skin decayed** **Build** **est. thin**
light, med, dark, clear, pimples, pocks, freckles height, build, weight, 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 **missing** **Eyebrows** **flesh and skin decayed**
color, setting, shape color, bushiness, extent across nose

68. Nose **flesh decayed** **Ears** **flesh and skin 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 and skin decayed** **Cheekbones** **flesh decayed**
prominent, receding, pointed, dimple, double high, normal

72. Jaw **flesh decayed** **Circumference of head in inches** **est. 21 in.**
large, small, normal of head

73. Neck **flesh and skin decayed** **Larynx** **decayed** **Shoulders** **est small**
size, long, short, normal, wrinkled prominent, normal broad

74. **straight, small, rounded** **Arms** **est. 29** **flesh decayed**
length muscular, color, extent and quantity of hair

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

76.

76. **flesh and skin decayed**
marks on fingers indicating that rings were worn

77.

78. Finger: **flesh and skin decayed**

79. **flesh and skin decayed**
Unusual characteristics of fingernails

80. Chest: **est 36" flesh and skin decayed**
size of nipples, color, quantity and extent of hair, large, small, normal

81. Back: **decayed** Waist: **est 29, flesh decayed**
quantity and extent of hair, size of navel, appendectomy, amount and color of hair

82. Circumcized: **decayed** Hair: **black** Hernioplasty: **flesh and skin decayed**
yes-no color yes-no location

83. Legs: **est 29 flesh decayed**
inseam muscular knock kneed, bowed, normal quantity, color and extent of hair

84. Feet: **est 10 flesh decayed** Toes: **flesh decayed**
size, corns, callouses, flat 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** If not, explain: **see question 90**

88. Have fingerprints been placed on GRS No 1: **no** If not, explain: **fingers decayed**

89. Has tooth chart been prepared?: **yes** If not, explain:

90. Remarks: **Body in advance stage of decomposition. Body intact.**

91. **Remains weigh approx. 120 pounds.**

92.

93.

94. **Body reburied in U.S. Military Cemetery, St. Avoild, France.**

95.

96.

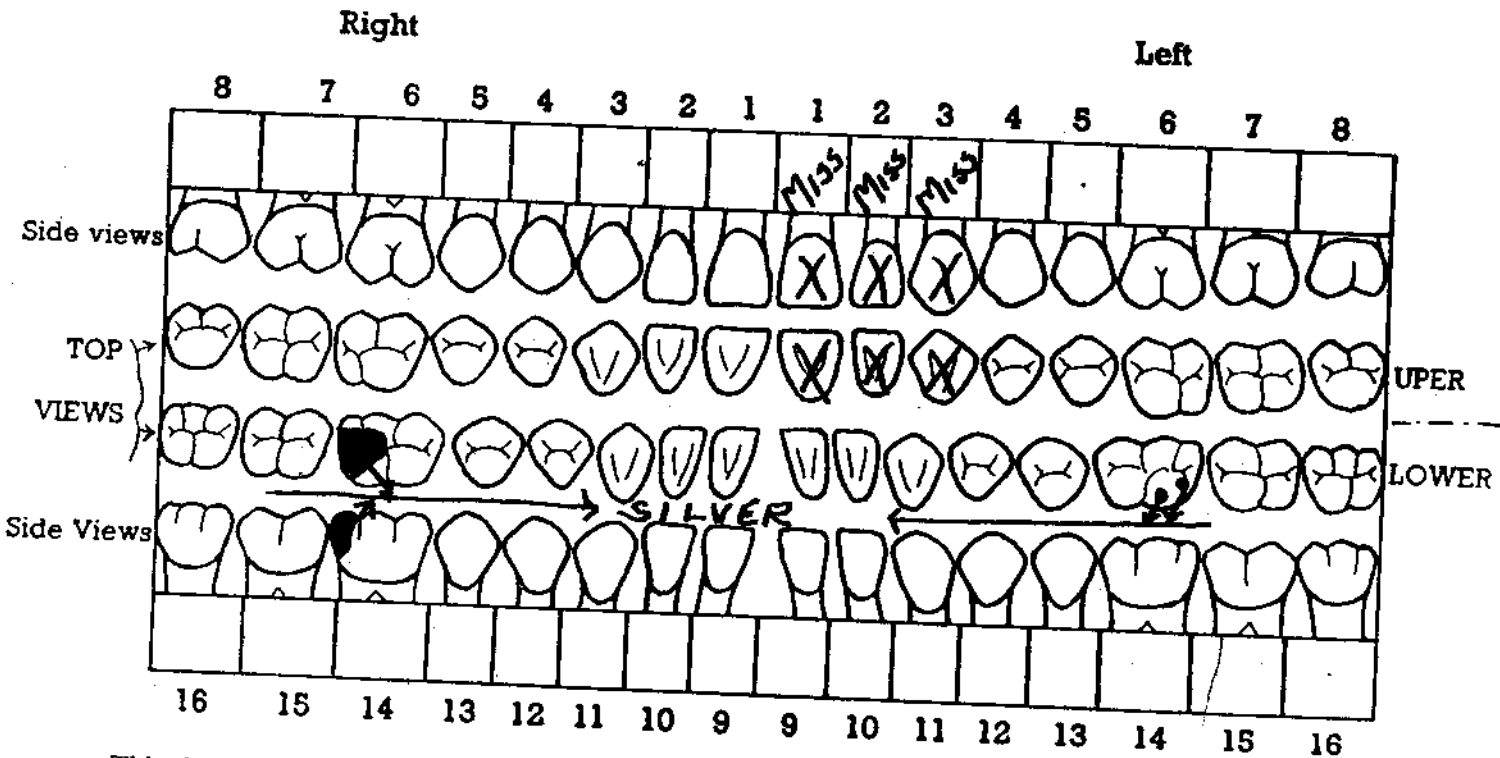
WILLIAM H. ZERHAN
2nd Lt. Inf.
606 QM.G.R.Co.

William H. Zerhan
Signature of GRO and Organization

TOOTH CHART

25 February 1946
 Date

UNK R-3436 (St. Aved, France)
 Last Name First Initial Rank Serial No.
 UNK UNK
 Unit Organisation
 RINGELBERG, Germany WQ 4378 UNK
 Place of Death Date of Death Cause of Death
 Multiple wounds



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), bacuspids (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 Qn. G.R. Co.

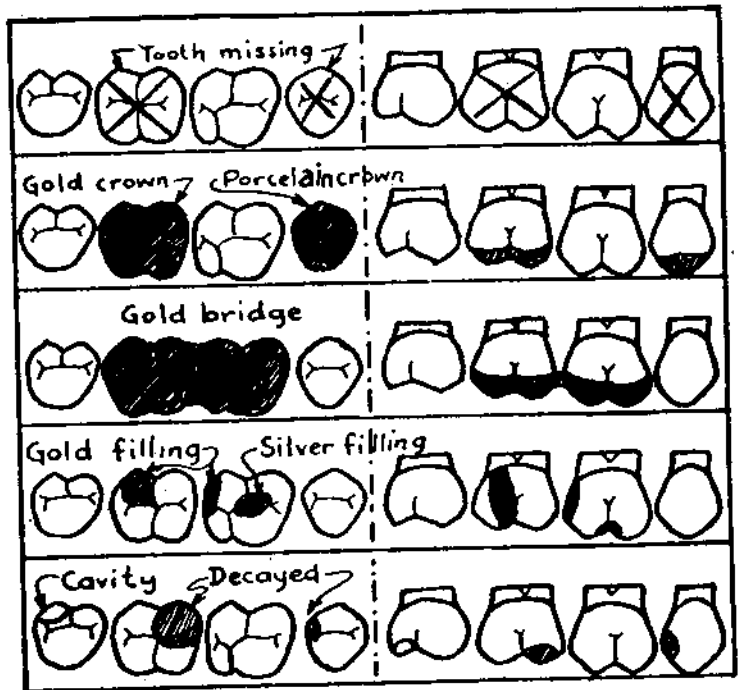
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:

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

Mass grave of eight and another grave of one American soldiers
in the town cemetery of RIEGELSBERG, Ger.

RIEGELSBERG, Ger.

Map: 1:250,000 Sheet K-50

Träer. Ger. Coords: WQ4378

Location: Cemetery in RIEGELSBERG, Ger.

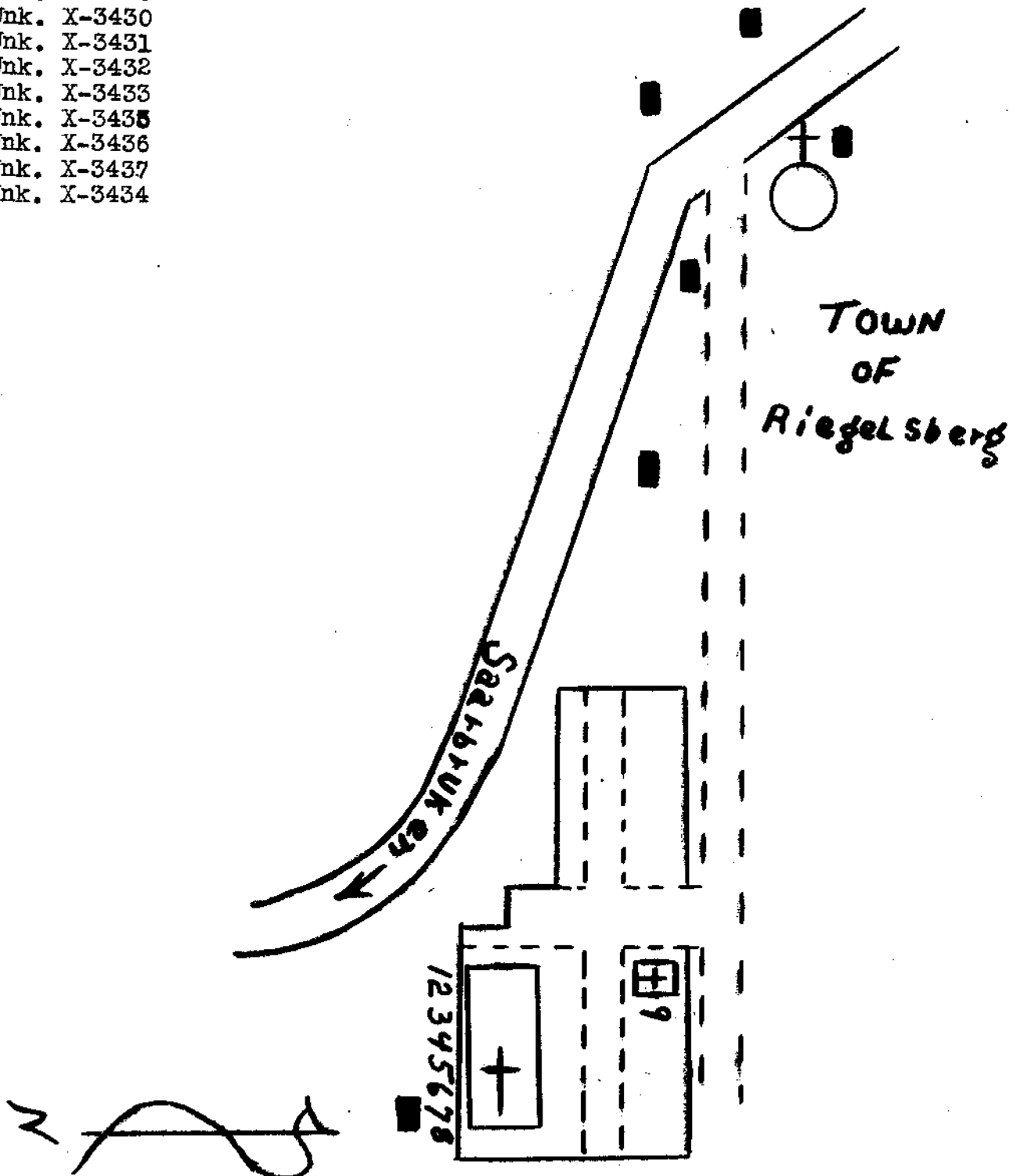
Sketched by: T/5 Akiki

606 QM.G.R.Co.

Date: 25 Feb. 1946

Not to scale

- (1) Unk. X-3429
- (2) Unk. X-3430
- (3) Unk. X-3431
- (4) Unk. X-3432
- (5) Unk. X-3433
- (6) Unk. X-3435
- (7) Unk. X-3436
- (8) Unk. X-3437
- (9) Unk. X-3434



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-3436 (St. Aved, France)** **UNK** **Unk.** **Inf.**
(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. **No identification tags, no fingerprints taken, tooth chart taken, clothing marks found on O.D. pants 7513, field jacket L-8507.**
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: **Riegelsberg, Germany, Map: 1:250,000 sheet, K-50, Tréar, Germany, coord WQ 4378**
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): **Welfrieder of Riegelsberg, Germany.**
6. Approximate or established date of death (state which and give basis for date selected): **Unknown.**
7. Approximate or established date of burial (give basis for date established): **13 March 1945 from cemetery caretakers record.**
8. Manner in which grave was marked, show information contained on the marker: **wooden cross marked "Unknown American soldier"**
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned: **None.**
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): **The body of Unknown X-3436 St. Aved, France, was taken to the town cemetery in Riegelsberg, Germany, by German soldiers where he was buried by the caretaker, Nikolaus Theobald. This information from Bürgermeister Schneider, Riegelsberg, Germany.**
11. Give name and address of person who can guide disinterment team to burial location: **Nikolaus Theobald, cemetery caretaker, Riegelsberg, Germany**

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			

~~Not Applicable~~

d. Engine serial number: Type:

William H. Zerkman
 Signature of Investigating Officer
 WILLIAM H. ZERKMAN
 2nd Lt. Inf. 0-1336585
 606 QM. Graves Registration Co.
 Rank ASN
 Q. O. 606 QM. G. R. Co.

Disinterment approved by, (HQ Authorizing Exhumation):

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.

1	This grave formerly occupied by: CAMPBELL, Robert Sr., PFC, 34970137 USMC ST AVOLD, FRANCE Plot B, Row 23, Grave 14 Date reburied: 2 June 49					DISINTERMENT DIRECTIVE		Disinterred: 2 June 1949		
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED M. R. SWART CAPT. OMC			DIRECTIVE NUMBER 3574 00000		DATE 15 01 48 DAY MONTH YEAR				
NAME 293 UNKNOWNX-003436			SERIAL NUMBER		RANK	ARM J	DATE OF DEATH DAY MONTH YEAR			
CEMETERY ST AVOLD - METZ							0	DISPOSITION OF REMAINS 3503 80 CODE DIST. PT.		
PLOT 000	ROW 9	GRAVE 99	COUNTRY FRANCE			0	CAUSE OF DEATH 6			
SECTION B - CONSIGNEE AND NEXT OF KIN										
NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)					NAME AND ADDRESS OF NEXT OF KIN 18 JUL 1949					
SECTION C - DISINTERMENT AND IDENTIFICATION										
NAME UNKNOWN X- 003436			SERIAL NUMBER		RANK	DATE OF DEATH		BRANCH DATE DISINTERRED 12 Jul 48		
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER EMB		ORGANIZATION UNKNOWN			RELIGION		IDENTIFICATION VERIFIED BY George W Lowry, Embalmer NAME AND TITLE			
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT										
NATURE OF BURIAL Mattress cover					CONDITION OF REMAINS Fractured left tibia and fibula. Decomposition complete. Disarticulated.					
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains										
MINOR DISCREPANCIES None										
REMAINS PREPARED AND PLACED IN CASKET										
DATE 16 Jul 48			BY George W Lowry, Embalmer							
CASKET SEALED BY George W Lowry, Embalmer					EMBALMER (Signature) George W Lowry					
CASKET BOXED AND MARKED 16 Jul 48 George W Lowry, Embalmer DATE BY					all markings, plates & tags verified by Jesse C Harrell, 1st Lt CAC					
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 Jesse C Harrell, 1st Lt CAC Jesse C Harrell, 1st Lt CAC SIGNATURE OF GRS INSPECTOR										
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.										

NLN

REBURIAL
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

25 February 1946
Date

UNK X-3436 (St. Avold, France) UNK UNK UNK
 Last Name First Initial Rank Serial No.
 UNK UNK UNK UNK UNK UNK
 RIEGELSBERG, Germany WQ 4378 UNK Inf. Organization
 Place of Death Date of Death Cause of Death
 1400 27 February 1946 U.S. Mil. Cem. St. Avold, France Q 260 584
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 99 9 999 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?
See reverse

REBURIAL

What means of identification were buried with the body? **Previously buried in isolated grave**

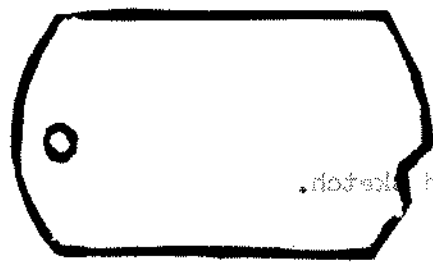
GRS No. 1 in bottle located at **RIEGELSBERG, Germany**
Map: 1:250,000 Sheet K-50
Trier, Ger. Coord: WQ 4378

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.
	UNKNOWN X-3438				100
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	UNKNOWN X-x434				98

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 Name: **Unknown**
 Address: **Unknown**
 Religion: **Unknown**

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

Disinterring Officer: *William H. Zerhan*
 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., 6800th 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: Yes)
 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.:

Clothing marks found on O.D. pants 7513
 Field jacket I-8507

"Impossible to take, badly decomposed"

"Impossible to take, badly decomposed"

Left Hand 2
 Right Hand 2
 Thumb 1
 Thumb 1

TOOTH CHART

		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	"See 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.

