

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Dec 48  
Date

*293 Unk. France X-3446A (St. Avold)*

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-3446A, Plot PP,  
Row 3, Grave 35, USMC St Avold France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. 2822, dated 12-5-48. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L Freeman  
/t/ 1st Lt QMC  
Actg Asst Adj Gen

*NAT*  
*4-5-49*  
*C. Schmitt*  
*Ident B2*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Dec 48  
Date

*293 Unk. France X-3446 B (St. Avold)*

~~SUBJECT:--Unidentifiable--Remains~~

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

1. The records pertaining to Unknown X- 3446B, Plot PPPP,  
Row 8, Grave 92, USMC St Avold, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. 2822, dated 12-5-48. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ 1st Lt QMC  
Actg Asst Adj Gen

*NAT  
file 4-5-49  
Schroth  
Ident Br*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

293 Unk. France (St. Avoild) 22 DEC 1948  
(Date) X-34146-A

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 3446A, Plot FP  
Row 3, Grave 35, USMC St-Avoild, 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. 2822, dated 12/5/48.  
No further information is available.

14 Apr 48

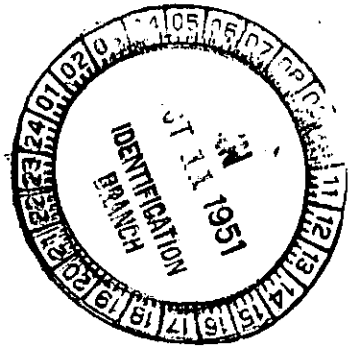
FOR THE COMMANDING GENERAL:

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

Received 5 April 49 OQMG  
Not identifiable from  
information presently  
available

*Schrauth*

Incl #43



SS

IS/CS

3

32

10-11-51

3112

This grave formerly occupied by: **BIASI, Francesco, PVT**  
USMC ST AVOLD, FRANCE 12101881 D, interred: 9 June 49  
Plot E, Row 33, Grave 38  
Date reburied: 9 June

**DISINTERMENT DIRECTIVE**

SECTION A -- NAME AND BURIAL LOCATION OF DECEASED  
**M.H. SWART**  
**CAPT., QMC**  
DIRECTIVE NUMBER  
**3574 00000**  
DATE  
**15 01 48**  
DAY MONTH YEAR

NAME  
**293 UNKNOWN**  
SERIAL NUMBER  
**X-003446A**  
RANK  
**Q**  
ARM  
**Q**  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**ST AVOLD - METZ**  
DISPOSITION OF REMAINS  
**0 3503 80**  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
**PP 3 35 FRANCE**  
CAUSE OF DEATH  
**6**

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

NAME AND ADDRESS OF CONSIGNEE  
**ST. AVOLD, FRANCE**  
**(BY ADMINISTRATIVE ORDER)**  
NAME AND ADDRESS OF NEXT OF KIN  
**FILE**  
**12 III 1949**

**SECTION C -- DISINTERMENT AND IDENTIFICATION**

NAME SERIAL NUMBER RANK DATE OF DEATH  
**REPATRIATION**  
**GRATED**  
**MIL. DIV.**

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  
**SEE ATTACHED WORK SHEET**

MINOR DISCREPANCIES /  
**Suffix (A) added (Hq. AGRC)**

REMAINS PREPARED AND PLACED IN CASKET  
DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*JJ*

*no title no case no*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

REPAIRING RECORDS BRANCH  
 JUN 29 11 27 PM '49  
 DIVISION

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 21. VAVOD' EVANCE	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

This grave formerly occupied by: **BIASI, Francesco, P** 12101881  
 USMC ST AVOLD, FRANCE  
 Plot E, Row 33, Grave 38 **DISINTERMENT DIRECTIVE** Disinterred: (9 June 49)  
 Date reburied: 9 June 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		M.R. SWART CAPT., QMC		DIRECTIVE NUMBER <b>3574</b>	DATE DAY MONTH YEAR
ME UNKNOWN X-3446 - A <del>XXXXXXXXXXXXXX</del>		SERIAL NUMBER <del>18195020</del>	RANK <del>1st Lt.</del>	ARM <del>AGRC</del>	DATE OF DEATH DAY MONTH YEAR
METERY ST. AVOLD					DISPOSITION OF REMAINS CODE DIST. PT.
BT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2P B	3	35	FRANCE		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

**FILE**  
 12 JUL 1949  
 REPATRIATION  
 BRANCH  
 MESA DIV.

SECTION C - DISINTERMENT AND IDENTIFICATION

ME UNKNOWN X-3446 - A	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 6 July 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <b>EMB</b> <input checked="" type="checkbox"/> MARKER <b>EMB</b>	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY Richard F. Peterson Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform	CONDITION OF REMAINS Totally disarticulated, No Flesh. All major bones fractured and/or missing R/L Tibia & Fibula, R/L Clavicle, L/Ulna, L/Scapula.
OTHER MEANS OF IDENTIFICATION Report of Burial with remains	

FOR DISCREPANCIES /  
 Report of Burial & Case History reads "X-3446 (A) B" embossed plate made to agree with / 1194.

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 9 July 48 BY Richard F. Peterson, Embalmer

SKET SEALED BY Richard F. Peterson, Embalmer	EMBALMER (Signature) <i>Richard F. Peterson</i> Richard F. Peterson
SKET BOXED AND MARKED 9 July 48 by Richard F. Peterson	SHIPPING ADDRESS VERIFIED BY M & tags verified by: BRUCE E. BLAIR. 1st Lt. QMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 Final casketing by:  
 BRUCE E. BLAIR. 1st Lt. QMC  
 BRUCE E. BLAIR. 1st Lt. QMC. 7857 AGRC  
 Zone 3 Hq SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.  
*Frank B Callaghan*  
 Frank B Callaghan, 1st Lt. FA

DIRECTOR  
**RECORD OF CUSTODIAL TRANSFER**

**1. SHIPPED**

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

**2. SHIPPED**

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

**3. SHIPPED**

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

**4. SHIPPED**

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

**5. SHIPPED**

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

**6. SHIPPED**

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

**7. SHIPPED**

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

JUN 29 1:27 PM '49  
 REPAIR DIVISION  
 RECORDS SECTION



GROUP AND MASS BURIAL IDENTITY LIST

OVERSEAS CELESTY  
USMC ST. AVOLD, FRANCE

U.S. NATIONAL CELESTERY OF FINAL BURIAL

GROUP SERIAL NUMBER	NUMBER OF REMAINS IN GROUP	NUMBER OF CASSETS
	2	2

NAME	NAME & SERIAL NUMBER	ORGANIZATION	DISTRICT/DIRECTIVE NUMBER
UNKNOWN X-3446 - A	2P - 3 - 35		
B	4P - 8 - 92		

Fill out in duplicate for each casket  
Each form to be sealed separately in a shipping envelope. One envelope to be attached to handle of casket. Second envelope to be tacked to outside of shipping case

SIGNATURE OF GRS INSPECTOR

Belt, web Remnants  
 Drawers, wool NONE  
 Drawers, cotton NONE  
 Leggings, wool NONE  
 Socks, ~~cotton~~ Wool One

\* Shoes and boots, Combat (type) Size (7 1/2 D)

Overshoes NONE

Web Equipment NONE (type)

(Other item) NONE

(Other item) NONE

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

Chevrons or Insignia NONE  
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

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

6. Description of Remains: EST.  
R. ULNA - 24.1  
R. TIBIA - 35.7  
R. FIBULA - 35.0

Age UTD Height 5'3" 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 UTD  
 (Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

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

Build UTD  
 (Large, fat, thin, muscular)

Hair UTD  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... **UTD**  
 (Light, color, extent)

Eyes ..... **UTD** ..... Eyebrows ..... **UTD**  
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose ..... **UTD** ..... Ears ..... **UTD**  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth ..... **UTD** ..... Lips ..... **UTD**  
 (Large, medium, small) (Small, large, full)

Teeth ..... **See tooth chart with case (A)**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches ..... **Only portion of skull recovered**  
 (Large, small, normal) (flat band)

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

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

Hands ..... **UTD**

Fingers ..... **UTD**  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... **UTD**  
 (Unusual characteristics of fingernails)

Chest ..... **UTD**  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... **UTD**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... **UTD** ..... Circumcision ..... **UTD** ..... Pubic Hair ..... **UTD**  
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures ..... **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? No (Yes-no)

If not, explain Fingers missing

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain (Teeth may belong to case A or B)

9. Remarks Remains received in skeletal form, with small amount of flesh in last stage of decomposition; Clothing, unmarked, was partly on remains, partly in debris; Teeth found in mandible in debris; Report of burial found; no GRS tags found; no evidence of old or healed fractures or amputations. (For narrative of segregation, see attached sheet.)

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.

/s/ Lawrence, R. Feindt  
(Officer's Name)

SP 6 AGRC  
Rank Service

MOBILE TEAM, #1, I.S.  
(Organization)

A CERTIFIED TRUE COPY:

*Woodrow W. Wolf*  
WOODROW W. WOLF

CAPTAIN QMC

OPERATIONS OFFICER

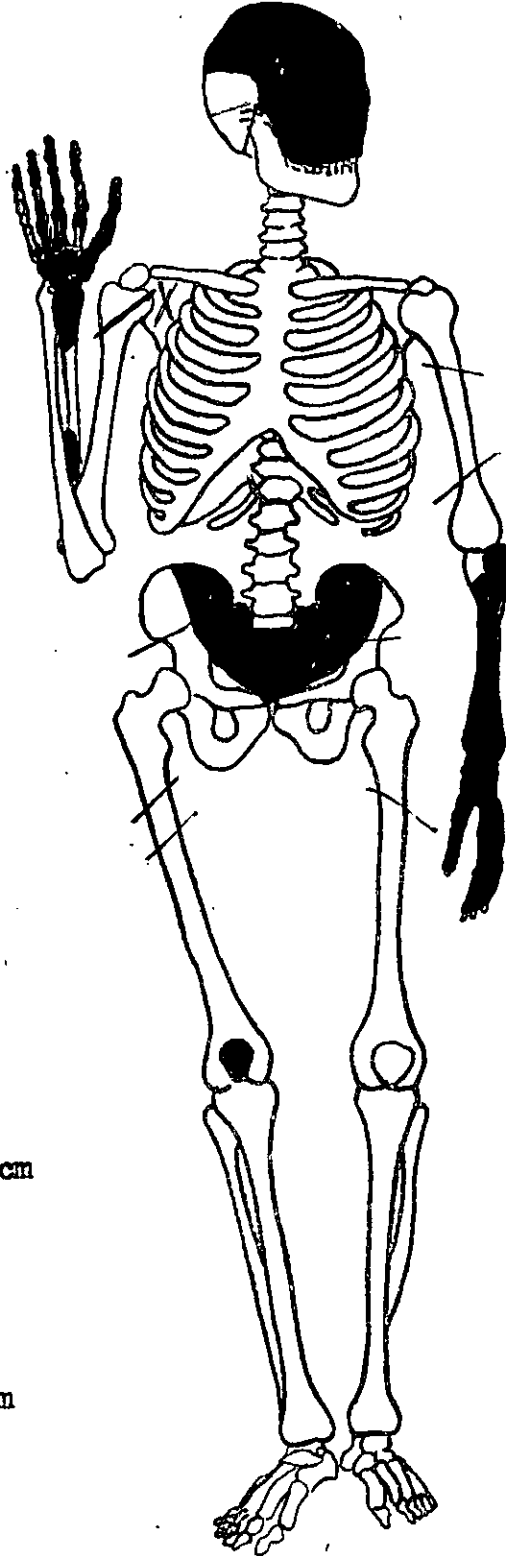
X-3446 (A) B  
MC, St. Avoild  
14 April 1948  
Plot PP, Row 3, Grave 35

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



ULNA - 24.1...cm

FIBULA - 35.0...cm

TIBIA - 35.7...cm

CHART "A"

Est. Height - 5'3"

# TOOTH CHART

14 April 1948

Date

X-3446 (A) B Plot PP, Row 3, Grave 35  
 X-3446 A (B) Plot PPPP, Row A, Grave 92

Last Name

First

Initial

UNK

UNK

Rank

Serial No.

UNK

Organization

Pachten, Germany

22 Dec. 1944

Multiple Wounds

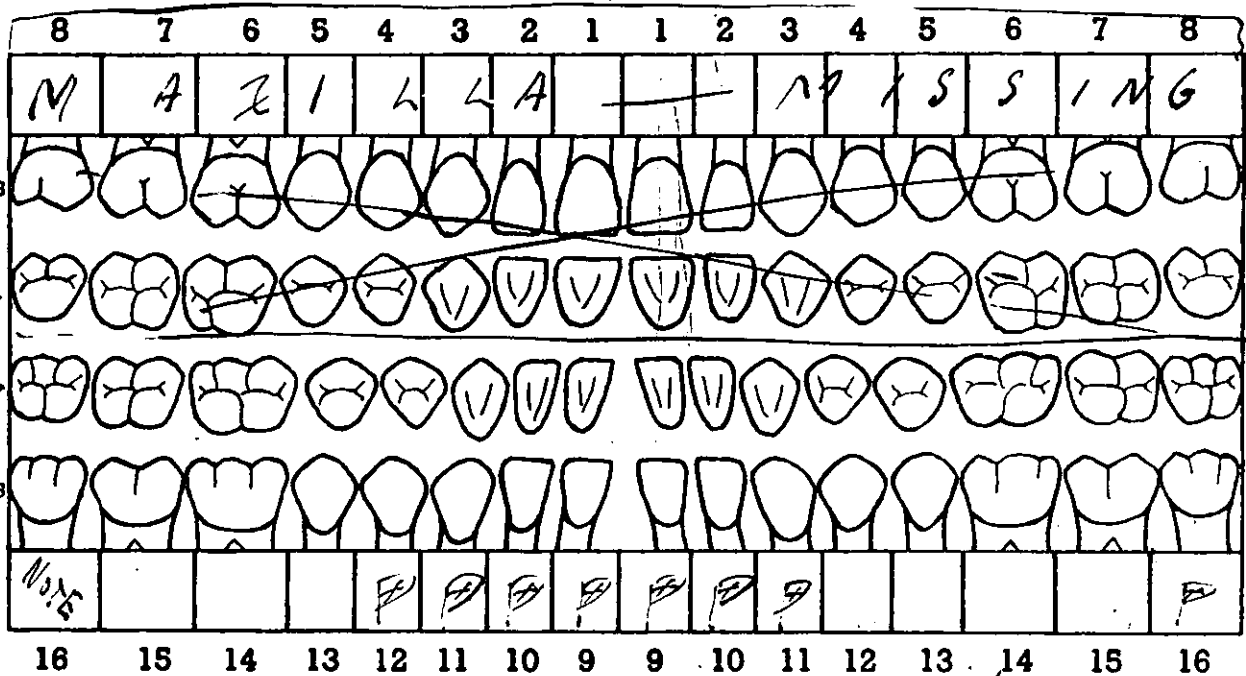
Place of Death

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.

IVOR J. FOSMO  
 US DA CIV I.S.

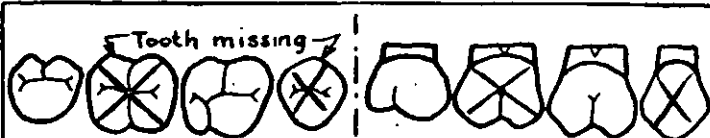
/s/ Ivor J. Fosmo, SP #7 DAG

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF  
 CAPT QMC OPER OFF

Verified by G. R. S. Officer

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



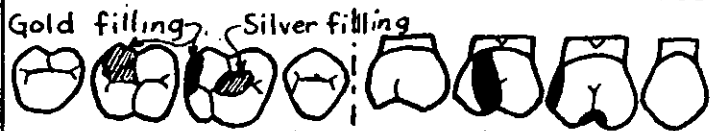
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



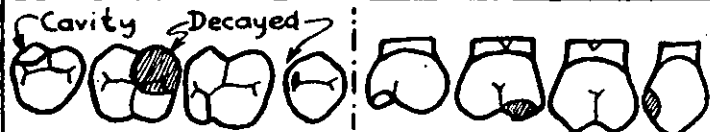
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

☒ : Posthumously missing

Color : White Ivory  
 Size : Large  
 Alignment: Good

MAXILLA  
 Not Present

MANDIBLE

R-16 : Unerupted before death  
 Pit of R-12: Facial Version  
 L-12: Facial version.

NARRATIVE

000000000

CONCERNING CASE X-3446 A and B.

Case X-3446 was reprocessed as per E.O. #707.  
Processing revealed parts of two bodies. Case X-3446 was  
changed to case X-3446 A and B.  
Segregation was possible because of difference in size and  
structure of the bones. The teeth were found in debris,  
and clothing found partly in debris, and partly on both  
remains, could belong to either case.  
The teeth and clothing were buried with case A.  
Tooth chart is with case A Papers.

The one part of disarticulated skull found, was given to  
case A. (See skeletal chart.)

Est. weight of reprocessed remains of case "A" : 15 Lbs.  
Est. weight of reprocessed remains of case "B" : 3 Lbs.

Case A was reburied in original grave from which disinterred,  
that is: Plot PP  
Row 3  
Grave 35

Case B was buried in: Plot PPPP  
Row 8  
Grave 92

Est. Height of Case "A": 5'3"  
Est. Height of Case "B": 5'8 1/2"





# TOOTH CHART

## CHART # 2

15 April 48

Date  
Unk

<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">X-3450</span>			Unk	
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death                      Date of Death                      Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	NOTE				P			P	P							NOTE	
Side views																	
TOP																	UPPER
VIEWS																	LOWER
Side Views																	
	M A N D I B L E - M I S S I N G																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

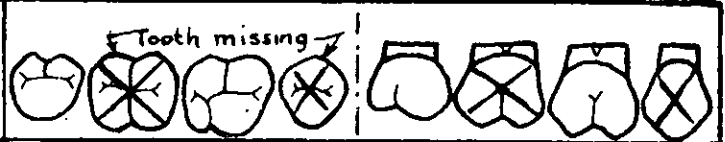
Certified True Copy  
  
 BERNARD E. CARROLL  
 L.OJG                      AUS

*Now placed with X-3446 A per E.O. 2429 - see narrative dated 27 Sept '49.*

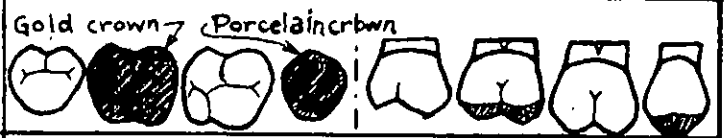
/S/ Ivor J. Fosmo  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

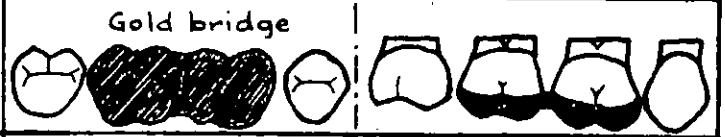
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled. thus :



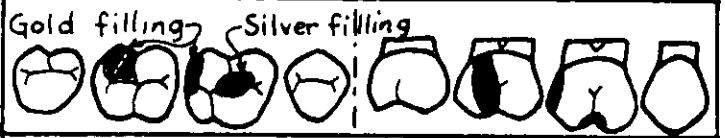
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



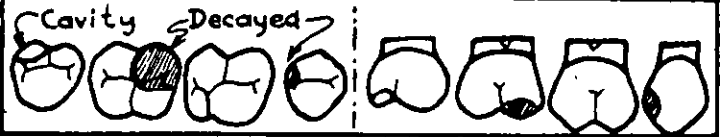
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

Graves of five American soldiers in the cemetery at PACHTEN, Ger.

PACHTEN, Germany

Map: 1:250,000 Sheet K-50

Trier Coord: WQ 2585

Location: Cemetery in PACHTEN, Ger.

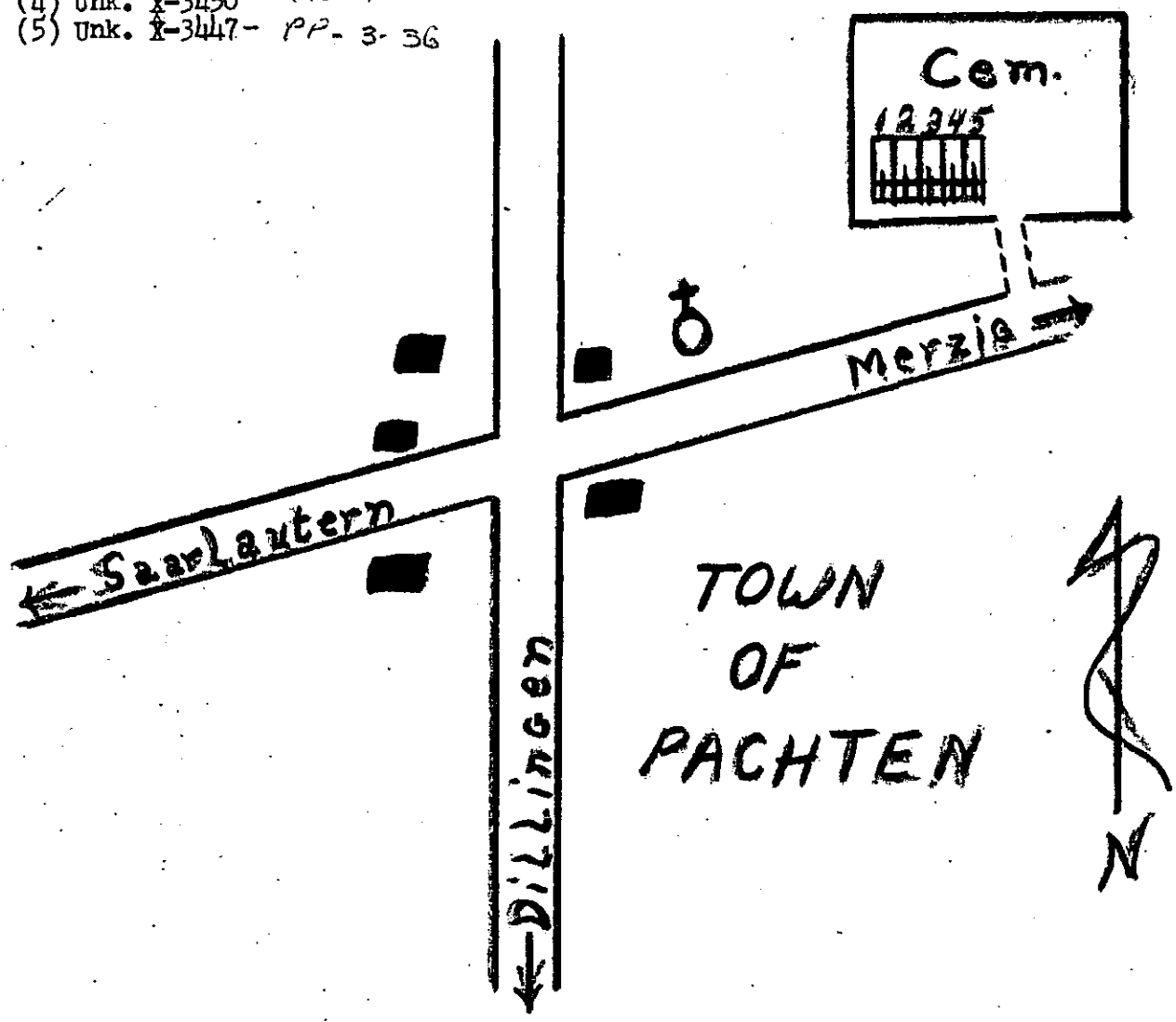
Sketch by: T/5 Akiki

606: QM.G.R.Co.

Date: 26 Feb. 1946

Not to scale

- (1) Unk. X-3449 ✓ *check loc!*
- (2) Unk. X-3446 *A, B.*
- (3) Unk. X-3448 - *PP- 5-49*
- (4) Unk. X-3450 - *220-9-106*
- (5) Unk. X-3447 - *PP- 3-36*



# CHECK LIST FOR UNKNOWN

1. Unknown X -3446 St. Avoird, France T/5 Burhs. Homburg, Germany  
US Military Cemetery No. (name of soldier processing remains)
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1300, 9. Feb. 1946 From 606 G.I.G.R.Co. Hojburg, Germany  
hour date collecting point
4. Place of death PACHTEN, Germany, Map: 1:250,000 Sheet: K-50, Trier, Ger.  
name coordinates and landmarks
5. coords: WQ 2585.
6. Remains recovered by Pfc. Nash 606 G.I.G.R.Co.  
name and organization
7. Evacuated to cemetery by Pfc. Nash 606 G.I.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 NO  
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 UN KNOWN  
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/E  
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	none est.	34	green	none
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
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	none est	32-31	green	none
39. *Trousers, Wool OD	none est	32-31	O.D.	none
40. Belt, Web	none est	32-31	O.D.	none
41. Drawers, Wool	none est	10	O.D.	none
42. Drawers, Cotton				
43. Leggings				Note unusual lacing
44. Socks Wool Cotton	none	10	O.D.	none
45. *Shoes type	none	7 1/2 D		none
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  
type and location: shirt jacket coat helmet

Insignia none

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 **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 **fingers decayed - teeth missing**  
designate where extent

61. Complexion **flesh and skin decayed** Build **not est.**  
light, med. dark, clear, pimples, pocks, freckles large, fat, thin, muscular

62.

63. Hair **missing**  
color, length, quantity, curly, wavy, straight, or definite parting, baldness, widows peak

64. distinctive cutting or other characteristics

65. Sideburns **head missing** Mustache **head missing** Beard or goatee **head missing**  
color, setting, shade color, size, shape Length

66. heavy, light, color, extent

67. Eyes **missing** Eyebrows **head missing**  
color, setting, shape color, bushiness, extent across nose

68. Nose **head missing** Ears **head missing**  
size, shape, straight size set, close to or far from head

69. Forehead **head missing** Mouth **head missing** Lips **head missing**  
high, wide, wrinkled large, medium, small small, large, full

70. Teeth **missing**  
white, size, unevenness, spacing, noticeable crowns, fillings, extractions

71. Chin **head missing** Cheekbones **head missing**  
-prominent, receding, pointed, dimple, double high, normal

72. Jaw **head missing** Circumference of head in inches **head missing**  
large, small, normal hat band

73. Neck **missing** Larynx **missing** Shoulders **not est.**  
size, long, short, normal, wrinkled prominent, normal broad

74. **mangled** Arms **missing**  
straight, small, rounded length muscular, color, extent and quantity of hair

75. **missing** Hands **missing**  
vaccination scar, size of wrist large, small, normal, calloused, noticeably

76.

76. **fingers missing**  
marks on fingers indicating that rings were worn

77.

78. Fingers, fingers missing  
short, thick, long, slender, size of knuckles missing fingers or joints
79. fingers missing  
Unusual characteristics of fingernails
80. Chest not est. dismembered and decayed  
size at nipples, color, quantity and extent of hair, large, small, normal
81. Back flesh decayed Waist not est. dismembered  
quantity, and extent of hair size, at navel, appendectomy, amount and color of hair
82. Circumcized missing pubic hair missing genuoplasty flesh and skin decayed  
yes-no color yes-no location
83. Legs not est. dismembered and decayed  
Inseam muscular, knock kneed, bowed, normal quantity, color and extent of hair
84. Feet 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  
yes-no
88. Have fingerprints been placed on GRS No I no If not, explain fingers decayed  
yes-no
89. Has tooth chart been prepared? no If not, explain teeth missing  
yes-no

90. Remarks: Body in advance stage of decomposition. Head and both arms missing.
91. Body badly dismembered and decayed.
92. Remains weigh approx. 95 pounds.
93. \_\_\_\_\_
94. Body reburied in U.S. Military Cemetery, ST. Amand, France.
95. \_\_\_\_\_
96. \_\_\_\_\_

WILLIAM H. ZERAHN  
 2nd Lt. Inf.  
 606 G.M.G.R.Co.

*William H. Zeran*  
 Signature of GRO and Organization



## 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-3446 St. Auld, 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 found, no tooth chart taken, no fingerprints taken, no clothing marks found.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: Pachten, Germany, Map 1:250,000  
sheet, K-50, Trier, Ger. Coord: WQ 2585  
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):  
Community cemetery of Pachten, Germany.
6. Approximate or established date of death (state which and give basis for date selected):  
22 December 1944 est. from caretakers record.
7. Approximate or established date of burial (give basis for date established):  
20 October 1945 from caretakers record.
8. Manner in which grave was marked, show information contained on the marker:  
Unmarked.
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): This man died in combat around Pachten, Germany. The body of the  
deceased was buried by the cemetery caretaker: Peter Waschbuesch, Pachten, Germany  
Weststr. No. 14.
11. Give name and address of person who can guide disintering team to burial location:  
Peter Waschbuesch, Pachten, Germany, Weststr. No. 14.

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 & Mfr.

Serial Number

Calibre & Mfr.

Not Applicable

d. Engine serial number: .....

Type: .....

*William H. Zeffan*  
Signature of Investigating Officer

WILLIAM H. ZEFFAN

2nd Lt. Inf. 0-1336585

606 QM. Graves Registration Co.

Rank

ASN

C.O. 606 Q.M.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.

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

RRE 293.9 (IB)

8 October 1948

SUBJECT: Burial Information.

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


293  
1. Reference is made to O.M.G Form 371 for Private  
Michael W. La Pore, 36694753.

X-3446B X-3346B  
2. The above may be associated with X-3446A and  
(St Avold) through favorable comparison of height  
and shoe size.

3. Continued effort will be made to identify this  
deceased and your office promptly notified of results.

FOR THE COMMANDING GENERAL:

E. D. MULVANITY  
Lt Colonel, QMC  
Actg Asst Adj Gen



Formerly a mass burial *w/*

X-3448 - PP - 5 - 49 St Avold

identified as Bauer, James H  
33416509, 357th Inf. Regt  
Id by T/C

*and*

X-3450 - QQQ - 9 - 106, St Avold

identified as Gilman,  
Zebulon O., 31282773, 259th  
Inf Regt. Ident. by T/C

C  
O  
P  
Y

Narrative

X-3446-A

Teeth  
E.O. 2429  
27 Sept. 1949.

Reference letter of instructions E.O. 2429; laboratory prepared tooth charts; and Form 371 for GILMAN Zebulon O., ASN 31282773

Following changes made in placement of, for reasons as given.

1. Extra maxilla described on Chart #2 dated this date removed from Unknown X-3450 and placed with Unknown X-3446A, because contours, color, alignment, size and condition of teeth compare very favorably with same characteristics of teeth in mandible recovered with Unknown X-3446A. Portion of skull to which subject maxilla is attached articulates perfectly with skull fragments also recovered with Unknown X-3446A. Occlusion of subject maxilla and mandible cannot be tested nor can skull be articulated to torsal section.

2. Extra maxilla described on Chart #2 dated this date removed from Unknown X-3447A and placed with Unknown X-3449, because portion of skull of which maxilla in a part articulated with portions of skull recovered from Unknown X-3449. No other comparisons or articulations can be made.

3. Maxilla, mandible and teeth remaining with Unknown X-3450 and described on Chart #1 compare very favorably with teeth described on Form 371 for GILMAN, Zebulon O., 31282773. Occlusion of maxilla and mandible is correct.

Estimated height determined from measurement of fractured femur is 5 ft 6 1/8 in; ~~maximum possible~~ height given on Form 371 is 5 ft 5 in. Difference of 1 1/8 in. can be explained and allowed for by fact that one condyle is missing from femur, thus making it difficult to place femur on scale and make accurate measurement.

Color of hair and estimated age of subject remains also compares with information on Form 371 for GILMAN, Zebulon O.

4. All other teeth left with remains from which originally recovered.

X-3446 B Consolidated with X-3447 B.

C  
O  
P  
Y

MAY 27 1948

CORRECTED COPY

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

# REPORT OF BURIAL

14 April 1948

X-3446 (A) E

Last Name	First	Initial	Rank	Organization	Date
UNK	UNK	UNK	UNK	UNK	UNK
Unit	Serial No.	Rank	Organization	Date	Serial No.
Pachten, Germany	22 Dec 1944	UNK	UNK	UNK	UNK
Place of Death	Date of Death	Color of Hair	Color of Eyes	Color of Skin	Cause of Death
1030 1 March 1946	UNK	UNK	UNK	UNK	Multiple Wounds
Time and Date of Burial	Name of Person	Rank	Organization	Coordinates of Location	
35	UNK	UNK	UNK	Temp. Wdn. Cross	
Grave Number	Row Number	Column Number	Plot Number	Section	Type of Marker

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

If No Identification Tags: These remains segregated from former

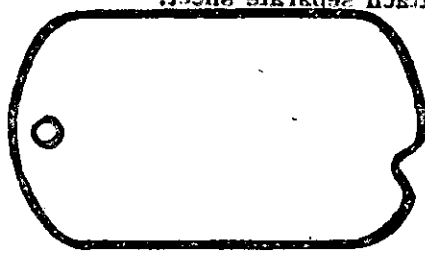
How were remains identified? X-3446

What means of identification were buried with the body? One (1) copy of GRS Form #1 placed in a burial bottle and buried with remains.

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

Who is buried on:	X-3447	UNK	UNK	UNK	36
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X-3445	UNK	UNK	UNK	34
	Name	Serial No.	Rank	Organization	Grave No.

If this is an isolated burial, make a sketch of the site. (Sketch of a bottle is shown below)



If print identification tag is not affixed fill in below

Emergency Addressee: UNK

Address: UNK

Religion: UNK

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

These remains previously buried in same grave as now interred.

This corrected copy of Report of Burial prepared at I.S., Hqs First Zone, AGRC, E.A. APO 58, US Army, by:

A CERTIFIED TRUE COPY:

*Woodrow W. Wolf*  
WOODROW W. WOLF  
CAPT QMC OPER OFF

/s/ Albert G. Richardson, US DA CIV

Signature of Officer or other person reporting burial

/s/ Jesse R. Ward, Captain

Verified by G. R. S. Officer

CORRECTED COPY

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

# REPORT OF BURIAL

14 April 1948

TM 10-630 AND AR 30-1815

Date

X-3446 (A) E

UNK

UNK

Last Name	First	Initial	Rank	Serial No.
UNK	UNK	UNK	UNK	UNK
Unit		Organization		
Pachten, Germany		Multiple Wounds		
Place of Death	Date of Death	Cause of Death		
1030 1 March 1946	USMC, St. Avold, France	2605B4		
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location		
35	31	Temp. Wdn. 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 These remains segregated from former  
How were remains identified? X-3445

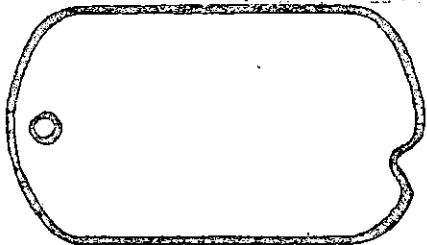
What means of identification were buried with the body?

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

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

Who is buried on:	X-3447	UNK	UNK	UNK	36
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X-3445	UNK	UNK	UNK	34
	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: UNK  
Address: UNK  
Religion: UNK

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

These remains previously buried in same grave as now interred.

This corrected copy of Report of Burial prepared at I.S., Hqs First Zone, AGRC, E.A. APO 58, US Army by:

A CERTIFIED TRUE COPY:

*Woodrow W. Wolf*  
WOODROW W. WOLF  
CAPT QMC OPER OFF

/s/ Albert G. Richardson, US DA CIV

Signature of Officer or other person reporting burial

/s/ Jesse R. Ward, Captain

Verified by G. R. S. Officer

CORRECTED COPY

## IF DECEASED UNIDENTIFIED

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

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

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

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		Deceased's Left													
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							

Indicate : missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊕; 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.



IDENTIFICATION SECTION  
RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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

MEMORIAL  
**REPORT OF BURIAL**

TM 10-610 AND AR 30-1815

26 February 1946  
Date

UNK X-3446 ( St. Avoild, France )  
Last Name First Initial

UNK  
Rank

UNK  
Serial No.

UNK  
Unit

Inf.  
Organization

PACHTEN, Gormany WO 2585  
Place of Death

22 Dec. 1944  
Date of Death

Multiple wounds  
Cause of Death

1030-1 Mar/46  
Time and Date of Burial

U.S. Mil. Com. St. Avoild, France  
Name of Cemetery

Q 260 584  
Name or Coordinates of Location

35 3  
Grave Number Row Number

PP  
Plot Number

Cross  
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

What means of identification were buried with the body?

GRS No. 1 in bottle

PACHTEN, Gormany  
Map 1:250,000 Sheet K-50  
Tricor, Ger. Coord. WO 2585

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

Who is buried on:

Deceased's Right:	Unk	X-3447				36
	Name	Serial No.	Rank	Organization		Grave No.
Deceased's Left:	Unk	X-3445				34
	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 Adresse ..... Unknown  
Name

Unknown  
Address

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, 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  
 Weight: UNK  
 Color of Eyes: UNK  
 Color of Hair: UNK  
 Race: UNK  
 Laundry Marks: None  
 Number of Rifle: UNK  
 Wear Glasses? UNK  
 Is Tooth Chart Attached? No

(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, missing

Right Hand

Thumb

Left Hand  
 Impossible to take, missing

**TOOTH CHART**

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