

7887 GRAVES DETACHMENT

APC 787

243 unk St. Avold X-6879

MR

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-6879 St Avold

(POC) ST AVOLD

*File
E. K. ...
J. B. ...
26 July 51*

Circ 1120
5374 (48)

NAME AND ARMY SERIAL NUMBER

Unknown

Unknown

X 6879

GRADE

COMPANY

REGIMENT AND ARM OR SERVICE

Unknown

Unknown

AGF

DIVISION

CORPS

ARMY

AGE

RACE

NATIV-
ITY

SERVICE,
YEARS

Unknown

Unk

Unk

Unk

Unk

Unk

Unk

STATION WHERE TAGGED:

DATE

HOOR

Near Zirl Innsbruck
Austria.

2

1400

July

46

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Body blown to bits by mine explosi

LINE OF DUTY

Yes

TREATMENT:

None

REINTERRED
 U. S. MIL. CEM. S. A. OLD
 PLOT 111 ROW 4 GRAVE 47

ANTITETANIC SERUM: DOSE

TIME

MORPHINE:

DOSE

TIME

DISPOSITION:

DATE

HOOR

U.S Military St. Avoird
France Q-260584

SIGNATURE, WITH RANK AND ORGANIZATION:

Adrien A. Munsch
Adrien A. Munsch 2d Lt. Inf 538 AM Gp

AGRC
FORM No. 11
Revised 5-January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X-6879
Cemetery (Q-260584) St. Avold France
Plot IIII Row 4 Grave 47

1. Arrived at cemetery - 0830 (hour) 3 August 1946 (date)
2. Place of death NEAR ZIRI, AUSTRIA (name of closest town) Sheet M48 (M- 645.590) (coordinates and letter Prefex, maps)
Scale 1:250.000 (Sheet, scale and serials used)
3. Remains recovered or disinterred by 538th QM.GR. (name and organization)
4. Evacuated to Cemetery by Major Wm. J. PELTON, Hq. Third Field Command, AGRC (name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Clothing Markings Sizes Indicate unusual markings Color wear, tear, repairs, etc.

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	None		

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, ~~Cotton~~ wool remnants of

*Shoes One(1) pair (type) service shoes size "9 EE"

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.

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

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds

Bandages or dressings UTD Scars UTD
(length, width, location)

Tattoos UTD
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD
(yes-no; description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD
(light, med. 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 UTO
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw UTD Circumference of head in inches UTD
(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 & extent of hair, large, small normal)

Back UTD Aist UTD
(quantity & extent of hair) (size of navel, appendectomy, amount)

(quantity & color of hair)

Circumcision UTD Pubic hair UTD
(yes-no) (color)

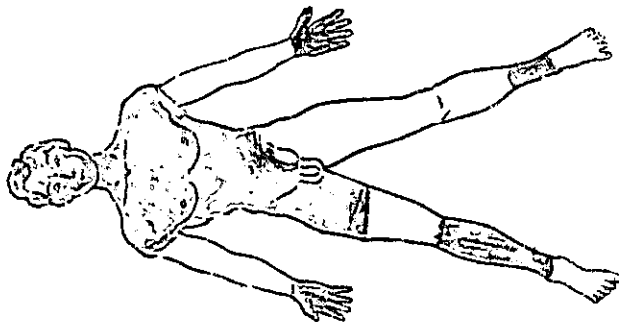
Hernioplasty UTD
(yes-no; location)

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

Feet UTD Toes UTD
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures UTD
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment NO
(yes-no)

If not, explain NO HANDS

11. Has tooth chart been prepared NO If not, explain NO HEAD
(yes-no)

12. Remarks : BODY COMPLETELY DECOMPOSED. EST. WEIGHT OF REMAINS RECOVERED 9 POUNDS

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.

Wm. J. Pelton (AK)
Wm. J. PELTON
Officer's Name

Major, QMC
Rank Service

Hq. Third Field Command, AGRC
Organization

1221135
5-1-46

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
U. S. MIL. CEM. ST-ANCP
PLOT III ROW 4 GRAVE 47

AGRC Form # 10 (Revised)

1 January 1946.

16 July 1946

Date

NAME Unknown X-6879 RANK Unknown ASN Unknown

ORGANIZATION Ground Forces

MEANS OF IDENTIFICATION None

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

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

1. Was positive identity acquired for the deceased through the surface investigation?
If so, state the following information: NO.

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? NO. If so, state the facts as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY None

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

a. Date of above burials _____ Common Graves? _____

5. Name and Type of Cemetery Isolated Burial
 (Military or Civilian)
Not Applicable
6. Map Coordinates of the Cemetery _____
 a. Town _____ Country _____
Not Applicable
7. Give exact location in cemetery of the remains.
 a. Section _____ Row _____ Grave _____
 b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
 a. Town Near Zirl. Coordinates M 645-590.
 b. Is sketch attached? Yes
 c. Is area mined? No
9. How is the grave marked? No Marking
10. If grave is marked with cross, give exact markings thereon _____
Not Applicable
 a. From what source was this information obtained? _____
 (Identification tags, personal effects)
 b. By Whom _____
11. Where are the cemetery records? No Cemetery Records
 (Town Hall, cemetery, burgermeister's office)
 a. What information was contained thereon? _____
 b. Where was the information obtained? _____
 c. By Whom? _____
12. What is the date of death? 3 June 1944
 a. Give basis See Attached statement.
13. What is the cause of death? Killed by mine explosion.
 b. Give basis See Attached statement
14. What is the date of burial? 3 June 1944
 a. Give basis See Attached statement

15. Where was the place of death? Near Zirl Coords M 645-590
Give basis See attached statement

16. Where were the remains found? Near Zirl Coords M. 645-590
a. By Whom? Two women name unknown
b. Is sketch attached? Yes

17. Was a casket used? no Who furnished the casket? _____
Type of casket _____ How marked? _____

18. Who made the burial Civilian
(Civilian, American Mil. or German Mil).

a. What are the names and addresses? Hueber Gottfried Zirl Innsbruck Austria
b. Are certificates and statements attached? Yes

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).
SECTION "B" NOT APPLICABLE

19. Were remains found in the plane wreckage?
a. Give location in plane from which the bodies were removed _____
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
b. Near wreckage? _____

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
a. Type of Plane _____
b. Markings and/or name on plane _____
c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? _____ Anti-aircraft _____
Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased?

28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been
SECTION "C" NOT APPLICABLE a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

- (Radio man, driver, assistant driver or ... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

- 35. Number of tanks in immediate vicinity at time of disablement _____
- 36. Does specific time and date of disablement correspond with date of death of above named deceased?
- 37. Precise time and date of destruction of tank _____
(Night? Day?)
- 38. Did any of the crew members escape? _____ Prisoners? _____

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

- 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) MINE
It so, give, complete and thorough results of the interrogation.
a. Are all certificates and statements of people who possessed knowledge of the case attached? YES
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____
SEE ATTACHED STATEMENTS

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

- 41. Were personal effects recovered by the investigating team No
If not, state reason Personal Effects, if any, left with body
a. Were identification tags found at the time of death? No
Where? _____ By Whom? _____
Present disposition _____
If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.
b. Were personal effects found at the time of death? No
Where? _____ By Whom? _____
Present disposition _____

- c. Was deceased identified by living members of the crew at the time of death? No.
-
- d. Did Cemetery register or cross indicate the immunization shot? No.
42. Was Deceased given first aid? No. If so, where? -----
 By whom? ----- Are statements from the medical people attached? -----
-
43. Was deceased evacuated to a German civilian hospital? No
 WHERE? ----- Names of people concerned -----
-
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No.
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
Upper part of the body blown off.
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No
-
- a. If so, give basis for positive assumption. No. -----
-
- b. If so, has higher headquarters been notified? -----
47. Was case previously investigated? No. By Whom? -----
 When? -----
-
48. Give full names, addresses, and information obtained from each person interviewed -----
Hueber Gottfried. Moser Franz.
Zirl Innsbruck Austria. (see attached statement.)
-
49. Are all positive statements regarding identification and particulars surrounding death attached?
Yes.
-

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

No

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) _____

52. Give Brief Narrative See below

(Use attached sheets, if necessary)

Hilde Kupbammer

Signature of Interpreter

Rank

ASN

MBU #3

Organization

William A Shaw

Signature of Investigator

Pvt. 38615924

Rank

ASN

538 QM&P MBU3

Organization

The Burgermeister of Zirl, Herr Reinhart informed us about an American body buried in a corn field near Zirl and also the name of the man who knew about it. Herber Gottfried told us he wasn't sure of the exact location whereupon I told him to be sure within three days.

Am dritten Juni 1944 zwei Frauen Namen ich nicht kennen haben mir erzählt dass ein Americanischer Soldat an der Kurve der Hauptstrasse am Zirlerberg beerdigt liegt Ich habe das Rote Kreuz Benachrichtigt Ein Americanischer Offizier kam um den Platz zu beerdigen ohne Sarg und Kreuz.

Der Offizier sagte weiterhin dass der Tote nicht untreucht werden darf noch irgendwelche Personalien von ihm entfernt werden dürfen, von den Rippen aufwärts und schräg ueder die Brust war der Koerpers haben wier nichtgefunden, Die genaue Urasche seines Todes wissen wier nicht es wured uns gesagt dass er jedenfalls auf eine Mine Getreten ist da die ganze Strecke mit Minen durchsteckt war. Das ist alles was ich nach gutem Gewissen aussagen kann.

TRANSLATION
CERTIFICATE

On the 3rd June 1944 two women (whose name I do not know) came to me and told me that an American Soldier was laying on the curve of the main road dead. I phoned the American Red Cross and reported the death of the American Soldier. An American first Lt came to me and I took him to the place where the body was laying. He ordered me to burie the body immediately without casket or marking on the grave. He also ordered me not to search the body and not to take anything off the body. As far as I know the body still has all the personal items on it. From the end of the ribs up was blown off diagonally across his body. The head and arms and other parts of the body we did not find. The exact cause of the death I do not know it was reported to me that he stepped on a mine. The area was heavily mined at the time. This is all I know concerning the death of the American Soldier.

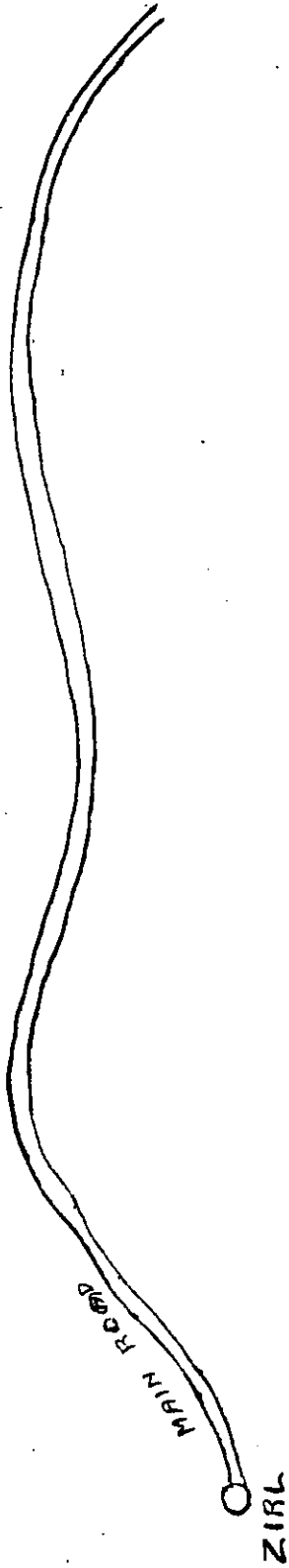
882 *Gottfried Hueber*
Hueber Gottfried

UNKNOWN X-6879
REINTERRED U.S. MIL. CEM.
ST. AVOLD, ILLI-4-47

CORNFIELD



GRAVE OF UNKNOWN
U.S. SOLDIER



Name: UNKNOWN
Rank UNKNOWN ASN. UNKNOWN
Map Sheet No. M-48
Map Series 1/250000 M-645-590

UNKNOWN X-6879
REINTERRED U.S.MIL. CEM.
ST. AVOLD, ILLI-4-47

X-6879

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

29 April 1949
(Date)

RRE 293

293 Unk. France (St. AVOID) X-6879

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6879, Plot III,
Row 4, Grave 47; USMC ST. AVOID, 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. 3037, dated 1-9-48.

Case reviewed by undersigned Members of the Board of Review:

Roger Bergner

MaJ. Roger BERGNER, O-251736 QMC GRD Capt Jack C.H. YES, O-1577297 QMC

Edward F. Price, Jr.

Capt. Edward F. PRICE, Jr. O-1568236 QMC 1/Lt Edward E. STOUT, O-1594512 CE

E. D. Mervant

~~1/Lt. Ernest J. OGLESBY, O-149004, Capt~~

Received 12 31 20 *Opal Rice*
Not identifiable from
...creation presently
available

Transmittal Ltr. 38-20
std of May 19

Incl #11

SEP 8 1948

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 1 SEP. 1948.

SUBJECT: Reprocessing of Remains

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

The remains of X-6879
interred in Plot IIII, Row 4, Grave 47, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

UNDERSHIRT, Wool : Remnants
SOCKS, Wool : Remnants of one (1) pair
SHOES : Remnants of (type) Service, One pair
HEIGHT : 5' 10 3/4"
SKULL : Not recovered
TEETH : Not recovered

No evidence of old or healed fractures nor amputations

FOR THE COMMANDING GENERAL :

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

1 Incl.
Skeletal Chart

Incl #11

SKELETAL CHART

(BLACK OUP PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6879
St. Avoild
IIII : 4 : 47
6 July, 1948



FEMUR 47.6

TIBIA 39.6

Est. HEIGHT 5' 10 3/4"

MMM

This grave formerly occupied by: **BONNER, Harold PFC, 34877056**
USMC ST AVOLD, FRANCE Disinterred: 2 June 1949
Plot D, Row 20, Grave 41 **DISINTERMENT DIRECTIVE**
Date reburied: 2 June 49

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
M. J. SWARTZ
CAPT. QMC
DIRECTIVE NUMBER: **3574 00000**
DATE: **15 01 48**
DAY MONTH YEAR

NAME: **293 UNKNOWNX-006879** SERIAL NUMBER: RANK: ARM: **0** DATE OF DEATH: DAY MONTH YEAR

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

PLOT: **41** ROW: **4** GRAVE: **47** COUNTRY: **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 JUL 1949 REPA TRIATION MEM. DIV.**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X - 006879** SERIAL NUMBER: RANK: DATE OF DEATH: **23 Jun 48** DATE DISTINTERRED:

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **GRS** UNKNOWN RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **Forrest L Brown, Embalmer** NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover** CONDITION OF REMAINS: **Disarticulated. Remains consist only of lower extremities; with all bones fractured except left femur. Missing right pelvic.**

OTHER MEANS OF IDENTIFICATION: **None**

MINOR DISCREPANCIES: **Report of Burial found with remains, impossible to read**

REMAINS PREPARED AND PLACED IN CASKET: DATE: **8 Jul 48** BY: **Forrest L Brown, Embalmer**

CASKET SEALED BY: **Forrest L Brown, Embalmer** EMBALMER (Signature): **Forrest L Brown**

CASKET BOXED AND MARKED: DATE: **8 Jul 48** BY: **Forrest L Brown, Embalmer** SHIPPING ADDRESS VERIFIED BY: **All markings, plates & tags verified by Donald H Tackett, 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: **Donald H Tackett, 1st Lt QMC** SIGNATURE OF GRS INSPECTOR: **Donald H Tackett, 1st Lt QMC, 7857 AGRC Zone 3 Hq**

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

UNKNOWN SHIPPED

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

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown ~~X-6879~~
Cemetery ~~(Q-260584)~~ **St Avoild France**
Plot **IIII** Row **4** Grave **67**

1. Arrived at cemetery **0830** **3 August 1946**
(hour) (date)
2. Place of death **NEAR ZIRL, AUSTRIA** **Sheet M48 (M-645.590)**
(name of closest town) (coordinates and letter Prefex, maps)
Scale 1:250.000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **538th QM GR.**
(name and organization)
4. Evacuated to Cemetery by **Major Wm. J. PELTON, Hq. Third Field Command, AGRC**
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Clothing Indicate unusual markings
Markings Sizes Color wear, tear, repairs, etc.

Item	
*Headgear	None <small>(type)</small>
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	None

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

Leggins, Wool **None** (Note unusual lacing)

Socks, ~~cotton~~ **wool remnants of**

•Shoes **One(1) pair** (type) **service shoes size "9 EE"**

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.

6. Chevrons or Insignia **None**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds

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

Tattoos **UTD**
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks **UTD**
(yes-no; description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med. dark, clear, pimples, peeks, 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** (color, setting, shape) Mustache **UTD** (color, size, shape) Beard or **UTD** (length, heavy)

Goatee **UTD** (light, color, extent)

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

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

Mouth **UTD** (large, medium, small) Lips **UTD** (small large, full)

Teeth **UTD** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **UTD** (prominent, receding, pointed, dimple, double)

Jaw **UTD** (large, small, normal) Circumference of head in inches **UTD** (hat band)

Neck **UTD** (size, length, short, normal, wrinkled) Larynx **UTD** (prominent, normal)

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (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 & extent of hair, large, small normal)

Back **UTD** (quantity & extent of hair) Aist **UTD** (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision **UTD** (yes-no) Pubic hair **UTD** (color)

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

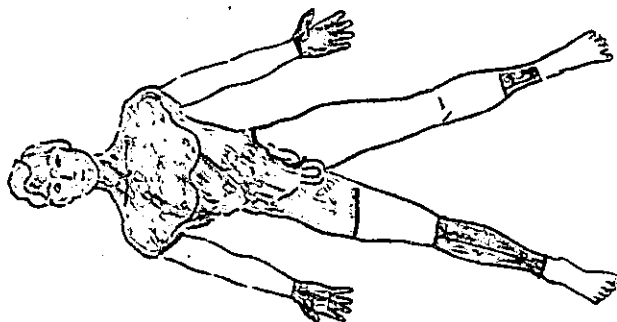
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed fractures UTD
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment NO
(yes-no)

If not, explain NO HANDS

11. Has tooth chart been prepared NO If not, explain NO HEAD
(yes-no)

12. Remarks : BODY COMPLETELY DECOMPOSED. EST. WEIGHT OF REMAINS RECOVERED 9 POUNDS

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.

Wm. J. Pelton (PK)
Wm. J. PELTON

Officer's Name

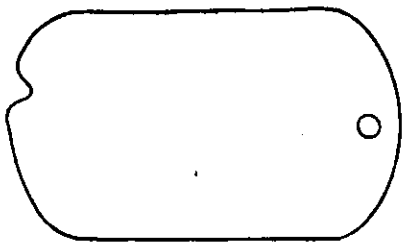
Major, QMG

Rank Service

Hq. Third Field Command, AGRC

Organization

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 3 August 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unknown X-6889			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Ground Forces	
RACE Unknown		RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH NEAR ZIRL, AUSTRIA		CAUSE OF DEATH B.T.B. MINE EXPLOSION		DATE OF DEATH Est. June 3, 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery St. Avold, France (Q-26.55)						
DATE OF BURIAL 3 August 1946	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Wooden cross	REGISTRATION BRANCH IIII	GRAVE No. 47	
WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Near ZIRL, Austria Sht M48 Scale 1:250.000 (M 645-590)			PLOT No.	GRAVE No. Isolated grave	
TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES Ch. H.A. LEE, 1st Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 - Report of Interment placed in burial bottle and buried with remains.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-6880		RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE No. 46	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6878		RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE No. 48	
SIGNATURE OF PERSON PREPARING REPORT Dorothea G. VERBEEK HQ. Third Field Command ACPG			SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR 3rd Field Command Major, Inf.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 1 — UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
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WEAPON AND SERIAL No. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND ZIRL, AUSTRIA
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OTHER IDENTIFICATION CLUES
None

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER	FILLINGS 	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
										CAVITIES 	
MISSING TEETH 											
CROWNED TEETH 											
BRIDGE WORK 											
(Empty space for additional notes)											

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

REMARKS: Attached Form 11 Check List of Unknowns.
 Impossible to obtain fingerprints or Tooth Chart because of missing portions.
 Estimated weight of remains recovered: 19 lbs