

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. ST. AVOLD, X-7161

SUBJECT

Francis

GMC FORM 1121  
1 Aug 45

49 7500

7887 GRAVES DETACHMENT

APC 757

293 Unk. St. Avold 4 7161

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 I - 7161 St Avold

(POC) NEVILLE

✓  
File - nan  
13 nov 51  
m martin  
2d Br

# IDENTIFICATION CHECK LIST

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

*Prov. G: C. P. Ryan*  
*A. M. Pass*  
*Chk: A. P. ...*

E. O. #797

**ST AVOLD**

Unknown X 7161  
Cemetery St. Avold, France  
Plot JJJJ Row 5 Grave 121

1. Date reprocessed: 17 May '48  
~~Assessed~~ (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, I.S.  
(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 _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

*None*

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

*None*

\* 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? *UTD*

6. Description of Remains

*R. Humerus 30.1*                      *R. Femur 41.7*  
*R. Radius 22.5*                      *R. Tibia 34.7*  
*R. Ulna 24.3*                         *R. Fibula 32.8*

Age *UTD* Height *5' 3 1/2"* Weight *UTD* Description of wounds \_\_\_\_\_ *UTD*

Bandages or dressings \_\_\_\_\_ *None* Scars \_\_\_\_\_  
 (Length, width, location)

Tattoos \_\_\_\_\_  
 (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_ *UTD*

Complexion \_\_\_\_\_  
 (Light, medium, dark, clear, pimples, packs, freckles)

Build \_\_\_\_\_  
 (Large, fat, thin, muscular)

Hair \_\_\_\_\_ *Brown, 6" long, slightly wavy*  
 (Color, length, quantity, curly, wavy, straight, whorls, (or definite parting))

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

Sideburns \_\_\_\_\_ 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 Teeth Chart*  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin \_\_\_\_\_  
 (Prominent, receding, pointed, dimples, double)

Jaw \_\_\_\_\_ Circumference of head in <sup>cm.</sup> ~~inches~~ *50.2*  
 (Large, small, normal) (Hat band)

Neck \_\_\_\_\_ Larynx \_\_\_\_\_  
 (Size, length, short, normal, wrinkled) (Prominent, normal)

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

Hands \_\_\_\_\_  
*Decomposed*

Fingers \_\_\_\_\_  
*Decomposed*  
 (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 \_\_\_\_\_  
 (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 too decomposed

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

9. Remains received in skeletal form. No clothing found.  
Teeth found intact in skull. Skull disarticulated.  
Report of Burial found, no GRS tags. Estimated  
weight of reprocessed remains: 14 pounds.  
Estimated height: 5'-3/4"

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.

No evidence of old or  
healed fractures or  
amputations found.

CARL O. RICE  
(Officer's Name)

SP-7 AGRC  
Rank Service

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

A. Richardson

○  
SKELETAL CHART

○ X-7161.  
14 MAY - 48. ST. AROLD

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

JJJ - 5 - 121

RIGHT

HUMERUS - 30.1  
RADIUS - 22.5  
ULNA - 24.3

FEMUR - 41.7

TIBIA - 34.7

FIBULA - 33.8

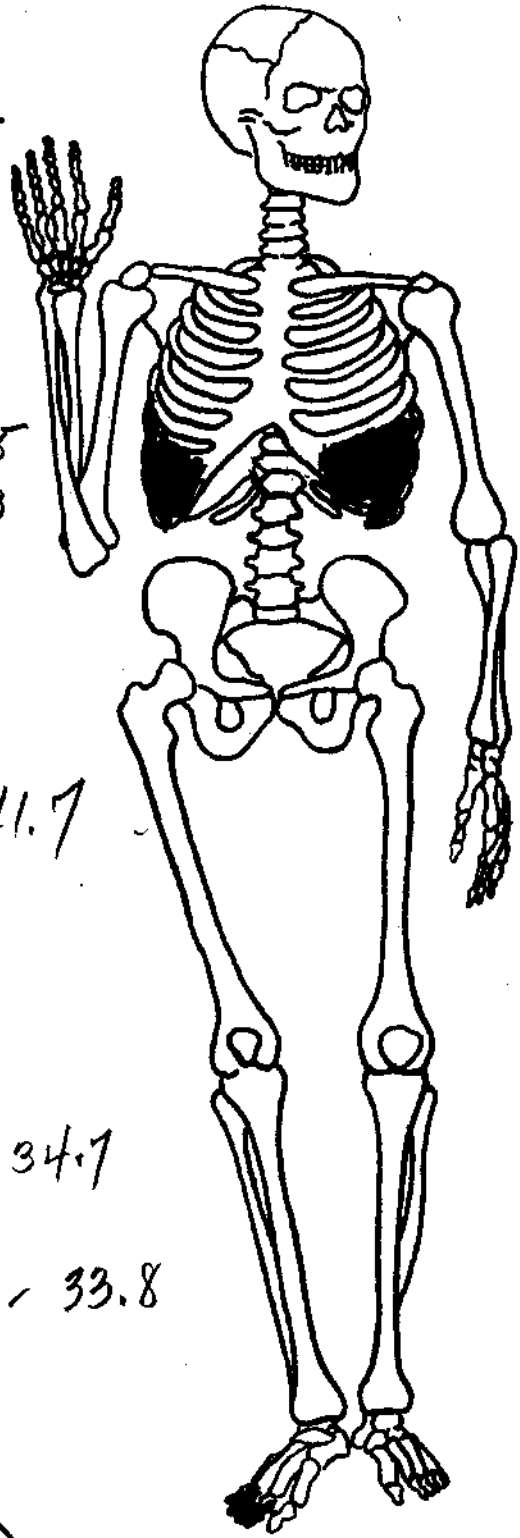


CHART "A"

EST. HEIGHT 5'-3/4"

RH

# TOOTH CHART

Plot - 1111  
Row - 5  
GRAVE - 121

E.O. # 797  
USMC - ST. AVOLDO

14 - MAY - 48

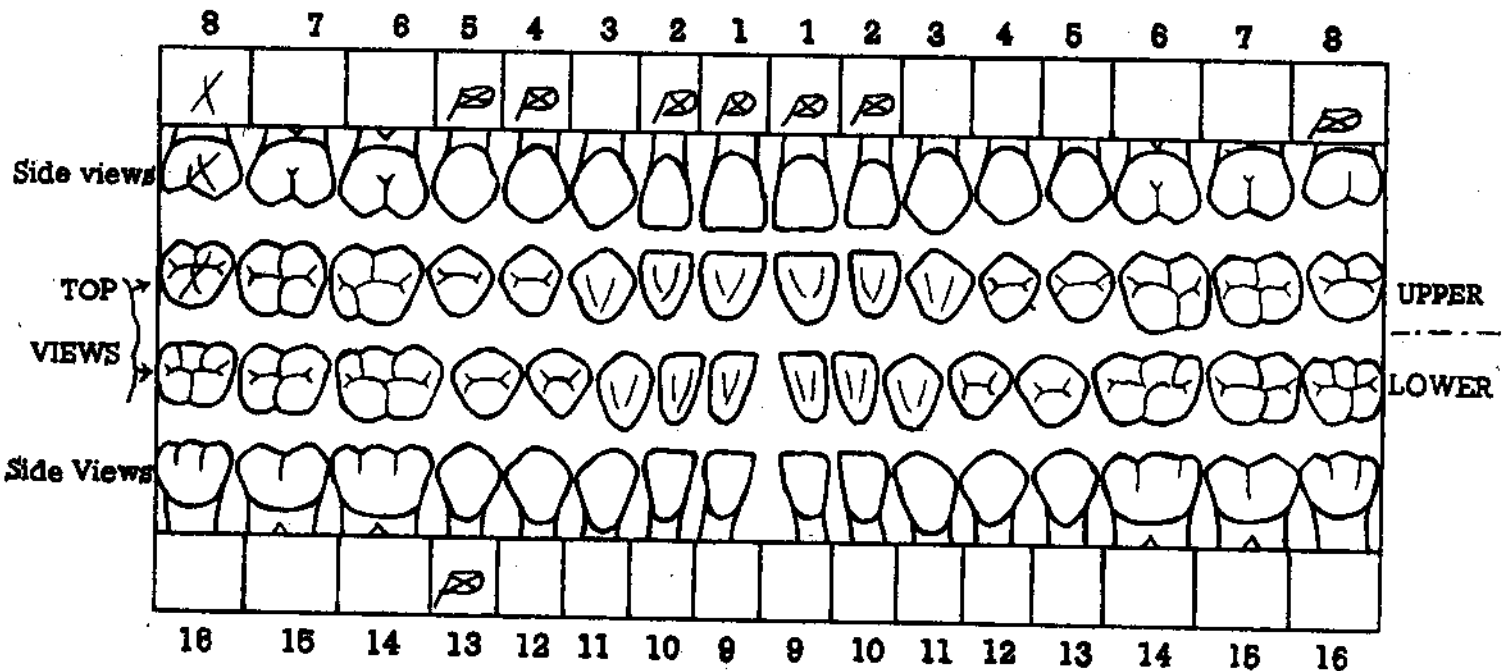
X-7161

Last Name	First	Initial	Grade	Serial No.
			UNK	UNK
Unit			Organization	

Place of Death      Date of Death      Cause of Death

Right

Left



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

See Reverse  
for  
Remarks

*Edward J. Francis*




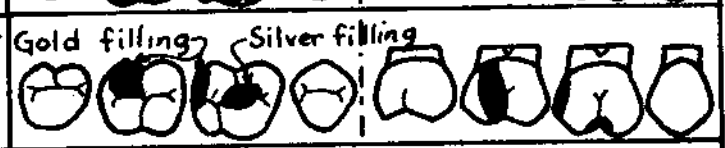
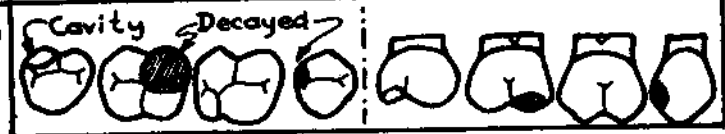
SP# 7

*Doc*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer



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

SIZE = LARGE

ALIGNMENT = VER Good

MAXILLA

NO REMARKS

MANDIBLE

R-12 = SLIGHT DISTAL ROTATION.

R-11 = SLIGHT FACIAL MALPOSITION.

R-10 = ✓ DISTAL ROTATION

L-9 = ✓ MESIAL ✓

NOTE

TEETH HAVE AN EXCESS OF TARTAR. TEETH BADLY ABRASED ON OCCLUSIAL SURFACES — INDICATES POOR ENAMEL.

USMC Neuville en Condroz  
Plots: C Rows: 32, Gr: 8  
Date of Burial: 9 May 50  
Verified by GRS Officer  
M.R. Swart, Capt QMC

DISINTERMENT DIRECTIVE

18

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER 3574 00000  
DATE 15 10 49  
DAY MONTH YEAR

NAME UNKNOWN  
SERIAL NUMBER NX-007161  
GRADE  
ARM J  
RACE O  
RELIGION 6

CEMETERY ST AVOLD FRANCE  
PLOT 4J ROW 5 GRAVE 121  
DISPOSITION OF REMAINS 1202 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM  
NAME AND ADDRESS OF NEXT OF KIN  
(NO RECORDS AVAILABLE)  
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49).

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION  
SEE ATTACHED SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET  
DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS UNIDENTIFIABLE  
FILE  
RECORDS ANNOTATED  
DATE 28 June 50  
NAME  
Texaco BR. MEN. DIV.  
(10/2)

Incl # 98

X-2-2

1

# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE		
NAME <b>UNKNOWN</b>				SERIAL NUMBER <b>X-007161</b>		RANK		ARM <b>J</b>
CEMETERY				DATE OF DEATH		DAY	MONTH	YEAR
PLOT <b>4J</b>				ROW <b>5</b>		GRAVE <b>181</b>		COUNTRY <b>ST AVOLD FRANCE</b>
DISPOSITION OF REMAINS				CODE		DIST. PT.		CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME <b>UNKNOWN X-007161</b>		SERIAL NUMBER	RANK <b>Unk</b>	DATE OF DEATH <b>Est 28 Aug 44</b>	DATE DISTINTERRED <b>13 May 48</b>
<input checked="" type="checkbox"/> REMAINS GRS <input checked="" type="checkbox"/> MARKER GRS		ORGANIZATION		RELIGION <b>Unk</b>	IDENTIFICATION VERIFIED BY <b>Charles W Fredricks, Embalmer</b>

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL <b>Mattress cover</b>	CONDITION OF REMAINS <b>The remains show sign that the person was very small - skeleton form -</b>

OTHER MEANS OF IDENTIFICATION  
**Report of Burial found with remains**

MINOR DISCREPANCIES /  
**None**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **24 May 48** BY **Charles W Fredricks Embalmer**

CASKET SEALED BY **Charles W Fredricks, Embalmer**  
EMBALMER (Signature)  
*Charles W Fredricks*  
**Charles W Fredricks**

CASKET BOXED AND MARKED  
DATE **24 May 48** BY **Charles W Fredricks, Embalmer**  
ALL markings plates & 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.  
**Bruce E Blair**  
**BRUCE E BLAIR, 1st Lt QMC, 337 QM BN**  
SIGNATURE OF GRS INSPECTOR

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

*Incl # 42*

*(2 of 2)*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avold, France</b>		TO <b>OIC Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Robert B Chapman, 31447565</b>	
SIGNATURE OF SHIPPER <i>Robert B Hubbard</i> <b>Capt Hubbard</b>	DATE <b>15 Nov 49</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	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		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

## 7. SHIPPED

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

RRE Form #43  
20 Sep 48

293 Unk. St. Avold X - 7161

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 7161

(Temp.: ST AVOLD)

(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)
-------------	--------------	-----------	--------	-------

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC NEUVILLE-en-CONDROZ, Belgium

Incl #

**STATION FILE**

REPORT OF INVESTIGATION

# 6007

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

13 June 1946

Date

NAME Unknown RANK Unknown ASN Unknown

ORGANIZATION A.A.F.

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 :

a. NAME Unknown RANK Unknown ASN Unknown

b. ORGANIZATION A.A.F.

2. Was partial identification established?

If so, state the facts as to whom you

believe the deceased to be : (B.T.B.)

a. NAME LA MANNA, Francisco RANK unknown ASN unknown

b. ORGANIZATION unknown

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY see attached list

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

a. Date of above burials approx 28/8/44 Common Graves? no

AGRC

5. Name and Type of Cemetery Gras Central Cemetery  
(Military or Civilian)
6. Map Coordinates of the Cemetery M B 8460  
a. Town Gras Country Steiermark Austria
7. Give exact location in cemetery of the remains.  
a. Section B Row I Grave 7  
b. Is Sketch attached? no
8. If remains are not located in a cemetery, give exact location.  
a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_  
b. Is sketch attached? \_\_\_\_\_  
c. Is area mined? \_\_\_\_\_
9. How is the grave marked? wooden cross
10. If grave is marked with cross, give exact markings thereon  
Francisco LA MANNA Amerik.Flieger 28/8/44  
a. From what source was this information obtained? presumed Identity Tags  
(Identification tags, personal effects)  
b. By Whom German Graves Registration Unit
11. Where are the cemetery records? Burgermeisters Office  
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? Francisco LA MANNA NY 19/9/19, -28/8/44,  
Boe Lar V Gras 13/1/7
- b. Where was the information obtained? Hospital Record, Personal effects  
c. By Whom? Hospital Authorities (presumed)
12. What is the date of death? 28/8/44  
a. Give basis Cemetery Records
13. What is the cause of death? not known positively  
b. Give basis unable to contact anyone who can give information
14. What is the date of burial? 28/8/44  
a. Give basis Cemetery Records

15. Where was the place of death? Box 125 V (Hospital) Graz Coords X B 8460  
 Give basis Genetary Records
16. Where were the remains found? \_\_\_\_\_ Coords \_\_\_\_\_  
 a. By Whom? \_\_\_\_\_  
 b. Is sketch attached? no
17. Was a casket used? yes Who furnished the casket? German  
 Type of casket wooden How marked? \_\_\_\_\_
18. Who made the burial? German Military  
 (Civilian, American Mil. or German Mil.)  
 a. What are the names and addresses? unknown  
 b. Are certificates and statements attached? none

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

19. Were remains found in the plane wreckage? no  
 a. Give location in plane from which the bodies were removed information not available  
 (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). scene of crash not known at this time  
 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? unknown Anti-aircraft  
 Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_



22. Did plane explode in the air? unknown On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? unknown
25. What was the civilian opinion regarding destination of plane? unknown
26. Had bombs been released prior to the crash? unknown
27. Does specific time and date of crash correspond with date of death of above named deceased?  
unknown
28. Number of planes in formation prior to crash unknown
29. State precise time and date of plane crash unknown  
(Night? Day?)
30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

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

31. Were remains found in wreckage of a tank? \_\_\_\_\_
- 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) \_\_\_\_\_  
 If so, give, complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 none \_\_\_\_\_
- a. Were identification tags found at the time of death? unknown \_\_\_\_\_  
 Where? \_\_\_\_\_ By Whom? \_\_\_\_\_  
 Present disposition unknown \_\_\_\_\_
- 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? unknown \_\_\_\_\_  
 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? \_\_\_\_\_
42. Was Deceased given first aid? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_
- 
43. Was deceased evacuated to a German civilian hospital? **yes**  
 WHERE? **Graz** Names of people concerned **unknown- Name of Hospital**  
**Res Lee V**
- 
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **no**
- 
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?  
**no**  
 (Burnt? Decapitated? etc)
- 
46. Do facts surrounding death show any evidence that it might be an atrocity case? **no**
- 
- a. If so, give basis for positive assumption \_\_\_\_\_
- 
- b. If so, has higher headquarters been notified? \_\_\_\_\_
- 
47. Was case previously investigated? **no** By Whom? \_\_\_\_\_  
 When? \_\_\_\_\_
- 
48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_  
**Burgmeister Graz - MOO Graz Stadt Lt. Col. W.S. Simpson**  
**Caretaker Cemetery - Priest (atholic) at Cemetery**
- 
49. Are all positive statements regarding identification and particulars surrounding death attached?  
**none**
-

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) 3106

52. Give Brief Narrative No MACH, Dulag Luft, or other Reports available on this case to date. Cemetery records give grave location, Hospital in Oran as place of death, possible home

(Use attached sheets, if necessary)

*Leonardo Di Filippo*  
Signature of Interpreter

*Robert J. Owen*  
Signature of Investigator

S/SGT  
Rank

421 3015  
ASN

2nd Lt  
Rank

O-2020196  
ASN

6977 CA DET (CA)  
Organization

6977 CA DET (CA)  
Organization

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293 unk. France (St. Avold) X - 7161 4 August 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7161, Plot JJJJ  
Row 5, Grave 121, 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.

2. Report of Reprocessing of remains was forwarded to your  
Office by Transmittal Letter No. 2876, dated 25-6-48.

3. Remarks:

*Spol. file  
to Det 19*

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

CMC

E.D. Mulvanity  
Lt. Col. E.D. MULVANITY, O-359598

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

Capt. E.F. PRICE, Jr. O-1588236

CMC

Edward E. Stout  
1/Lt. Edward E. STOUT, O-1594512

CE

*Incl # 25*

*T.L. # 4188, 5 Aug 49*



# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 10 48  
DAY MONTH YEAR

NAME

UNKNOWN (007191)

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

J

O

S

CEMETERY

ST AVOLD FRANCE

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

20

3

131

1202  
CODE

50  
DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NEUVILLE-EN-CANDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

NOT FILE

10 NOV 1948

SENT

NAME

R & R DR.

JUN 30 1948

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 24 JUN. 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-7161  
interred in Plot JJJJ, Row 5, Grave 121, USMC St. Avold  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.


Height Est 5'3/4"

Hair Brown, 6" long slightly wavy

Remarks: No evidence of old or healed fractures or amputations found

FOR THE COMMANDING GENERAL:

2 Incls:  
1 Tooth chart  
1 Skeletal chart.

  
BERNARD E CARROLL  
WOJG, AUS  
Actg Asst Adj Gen

ST AVOLD

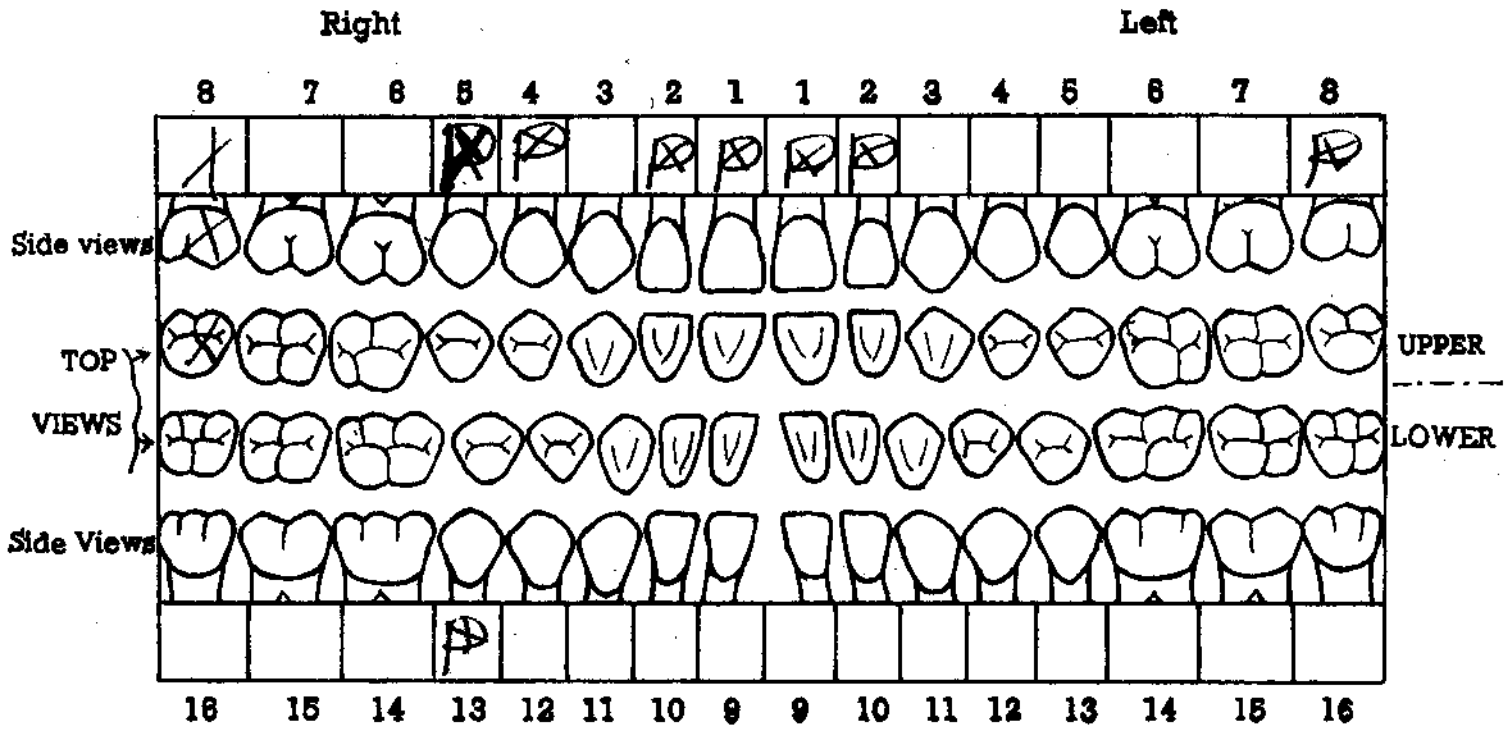
TOOTH CHART

*Not added*  
*Nov. 5*  
*June 121*  
*14 May 48*  
Date

X-7161

Last Name	First	Initial	Grade	Serial No.
Unit			Organisation	

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), 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.

A certified true copy:






*George R. Freeman*  
1st Lt. One

*S. J. FOSMIO*  
Signature of Officer or other person who prepared Teeth chart

*SP #7 - UAC*

Verified by G. R. C. Officer



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

Maxilla  
 No Remarks

Mandible

- R-12 Slight distal rotation
- R-11 slight facial malposition
- R-10 " distal rotation
- L-9 " mesial "

Note

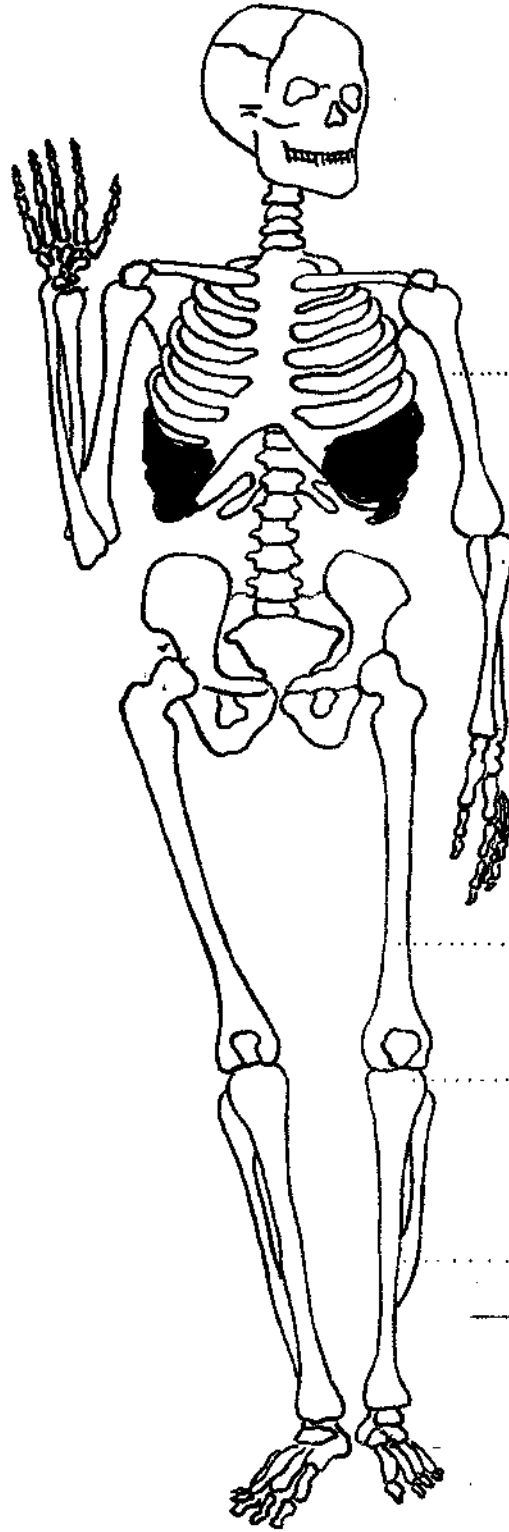
Teeth have an excess of tartar. Teeth badly abraded on occlusial surface - indicates poor enamel.

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)

X 7161  
St Avokel  
14 May 48  
DDH-5-121

## HEIGHT



Humerus- -30.1

CM. HUMERUS

Radius- - -22.5

CM. RADIUS

Ulna - - - -41.7

CM. ULNA

CM. FEMUR

Tibia - - - - 34.7

CM. TIBIA

Fibula - - - - 33.8

CM. FIBULA

5'3/4" ESTIMATED HEIGHT

PROCESSED BY: \_\_\_\_\_

# CHECK LIST OF UNKNOWNNS

6007

(to be completely filled out and attached to each copy of Report of Interment  
WD QMC Form 1012)

**B.T.B.**  
**LA MANNA, Francisco**  
Rank: **Unknown**  
ASN: **Unknown.**

Unknown X - **7161**  
Cemetery **ST. AVOLD FRANCE Q- 260-584**  
Plot **JJJJ** Row **5** Grave **121**

1. Arrived at cemetery **0930** **21 August 1946**  
(hour) (date)
2. Place of death **GRAZ, AUSTRIA** **Coord. XB-8460**  
(name of closest town) (coordinates and letter Prefex, maps)  
**Sheet C-48, Scale 1:250,000**  
(Sheet, scale and serials used.)
3. Remains recovered or disinterred by **535th QM GP Co.**  
(name and organization)
4. Evacuated to Cemetery by **C.I.P.**  
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Item	Clothing		Indicate unusual markings Color wear, tear, repairs, etc.
	Markings	Sizes	
*Headgear	<b>None</b> <small>(type)</small>		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>None</b>		
Jacket, HBT	<b>None</b>		
*Shirt, Wool OD	<b>None</b>		
Undershirt, Wool	<b>None</b>		
Undershirt, Cotton	<b>None</b>		
Trousers HBT	<b>None</b>		
*Trousers, Wool OD	<b>None</b>		

Belt, Web **None** # 6007

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **None**

(Other item) **None**

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

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

**UTD**

8. Description of Remains :

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

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 **Dark Brown**  
(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 **See Tooth Chart** (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 **APPROX. 20 3/4** (hat band)

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

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (length, muscular, color)

**UTD** (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 & extent of hair, large, small normal)

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

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

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

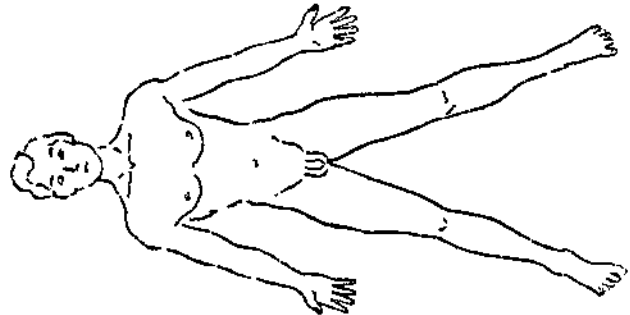
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **UTD**  
(size, corns, callouses, flat)

Torso **UTD**  
(scars, 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 **Decomposed.**

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

12. Remarks : **Entire body recovered nude except as noted on diagram.**  
**Evidence of T and A autopsy. Est. weight of remains**  
**recovered 40 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.

*Robert L. Owens*

Officer's Name  
**ROBERT L. OWENS**  
**2nd. Lt. INF**

Rank Service

**C.I.P.**

Organisation

#6007

U.S. ARMY  
OFFICE OF THE CHIEF DENTIST  
110, CAMP BARKER, WASHINGTON

X-7161

# TOOTH CHART

PTS. LA MANNA, Francisco  
Rank: Unk.  
ASN. UNK.

27 June 1946

Unknown - I 7161

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

AAF

Date

Organization

Gen. Austria

Ret. 28.8.1944

Plane crash.

Place of Death

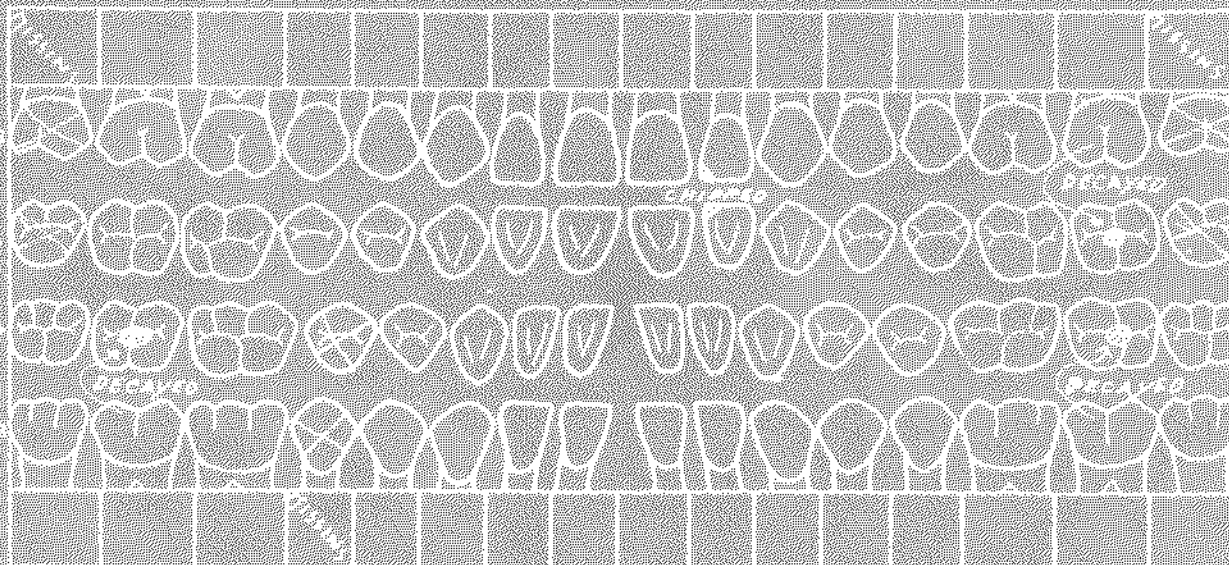
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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), 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.

*Thomas W. Turner*

THOMAS W. TURNER

*Robert L. Owens*

Signature of Dentist or other person who prepared Tooth Chart

ROBERT L. OWENS  
Ensign, Lt., INF. C.I.P.

199



**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**


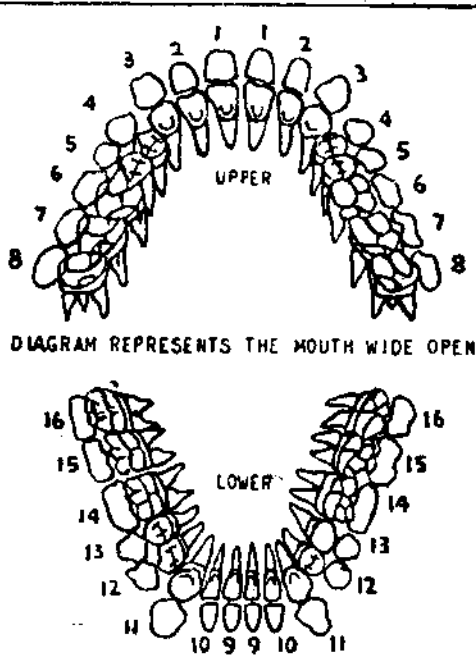





The maxillary right tooth number 8 was missing before death and number 8 left was missing since death.  
The mandible ~~has~~ has one tooth number 13 right is missing since death.



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 21 August 1946	
Imprint Identification Tag If Possible DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-7161 BTB. LA MANNA, Francisco			Unknown	
		GRADE Unknown		ORGANIZATION Unknown	BRANCH OF SERVICE AAF.	
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY		
PLACE OF DEATH GRAZ, Austria		CAUSE OF DEATH BTB. Plane Crash		DATE OF DEATH Est. 28 August 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 US Military Cemetery St. Avold, France (Q 260584)						
DATE OF BURIAL 21 August 1946	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE Temp wood Cross	PLOT No. JJJJ	ROW No. 5	GRAVE No. 121
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Central Cemetery Graz Austria Coord. XB-8460, Sht. C-48, Scale 1:250,000			PLOT No. B	ROW No. 1	GRAVE No. 7
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) STURGIS, JOHN A.		RANK S/Sgt	SERIAL No. 11033672	ORGANIZATION 135 Eng. "C" Bn	GRAVE No. 120	
BODY BURIED ON DECEASED RIGHT; NAME (Last, first, middle initial) UNKNOWN X-7137		RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 122	
SIGNATURE OF PERSON PREPARING REPORT ROBERT L. OWENS 2nd. Lt. Inf. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL E. PROCTOR JR. 2nd Lt. 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.						

OCT 14 3 21 PM '46  
 RECORDS SECTION  
 MEMORIAL

**RESTRICTED**

LEFT LITTLE FINGER	Section - UNIDENTIFIED REMAINS.			
LEFT RING FINGER	<b>INSTRUCTIONS:</b> (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.			
LEFT MIDDLE FINGER	HEIGHT <b>UTD</b>	WEIGHT <b>UTD</b>	COLOR OF EYES <b>UTD</b>	COLOR OF HAIR <b>Dark brown</b>
LEFT INDEX FINGER	WEAPON AND SERIAL NO. <b>None</b>		LAUNDRY MARKS <b>None</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>UTD</b>
LEFT THUMB	OTHER IDENTIFICATION CLUES Marking on Cross : "Francisco LA MANNA, Amerik.Flieger 28-8-44" - Camstery records state: "Francosco La Manna NY-19-9-19-28-8-44 / Res.Lazarett V Graz 13-1-7".			
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED			
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>			
RIGHT LITTLE FINGER	REMARKS: Attached: Form 11 Check List of Unknowns and Form IA Tooth Chart. Impossible to obtain fingerprints because of decomposition. - Est. weight of remains recovered; 40 Lbs.			

**RESTRICTED**