

7887 GRAVES DETACHMENT

243 unk St. Avold X-7289
APO 757

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-7289 St Avold

(POC) ST AVOLD

*File
E. J. Ford
J. B. R
26 Feb 51*

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)

STP Bwld

Unknown X 7289
Cemetery _____
Plot _____ Row _____ Grave _____

- 1. Arrived at cemetery _____
(hour) (date)
- 2. Place of death Stod, CZCH. WP - 9229 - N - 50
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

- 3. Remains recovered or disinterred by 611st QM Gr. Reg. Co.
(name and organization)
- 4. Evacuated to Cemetery by CENTRAL IDENTIFICATION POINT
(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
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool OD O.D. color, non-regulation, believed to be sport shirt.

Undershirt, Wool Long sleeves, does not appear to be American

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 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 5'6" Est. Weight 145lbs Description of wounds UTD

Bandages or dressings none Scars UTD
(length, width, location)

Tattoos UTD
(Numb. r, 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 See Tooth Chart
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw UTD Circumference of head in inches 21 1/2 inches
 (large, small, normal) (hnt band)

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

Shoulders UTD Arms Length - 25"
 (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, largo, small normal)

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

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

Hernioplasty UTD
 (yes-no; location)

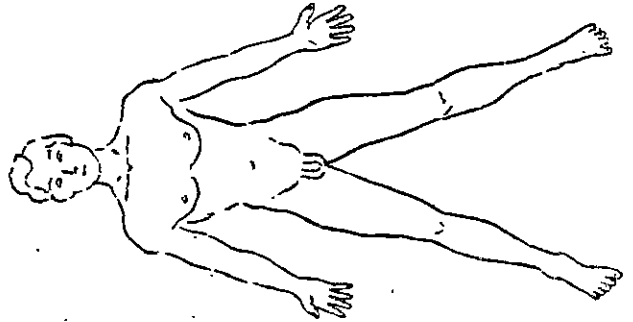
Legs Inseam - 26"
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed factures None
(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 too decomposed

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

12. Remarks : flesh was completely decomposed.

All that remained was skeleton

Estimated weight of remains recovered : 25 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.


JOHN S. MARTIN
Officer's Name

W.D. Civilian - Lab. Supervisor
Rank Service

C.I.P.
Organization

REPORT OF INVESTIGATION AREA SEARCH

31

AGRC Form 10 (Revised)

August 1946

1 January 1946

Date

NAME

UNKNOWN - X - 7239

RANK

UNK.

ASN

UNK.

ORGANIZATION

Air Born Unit

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? No If so, state the following information:

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 8 Unknown soldiers.

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

a. Date of above burials 15 April 1945

Common Graves?

Yes

5. Name and Type of Cemetery Not buried in a cemetery.

(Military or Civilian)

6. Map Coordinates of the Cemetery

a. Town

Country

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 Stod, Czechoslovakia

Coordinates WP 9229, N-50

b. Is Sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Monument

10. If grave is marked with cross, give exact markings thereon Not marked with a cross.

a. From what source was this information obtained?

(Identification tags, personal effects)

1. 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? 15 April 1945
- a. Give basis Civilians
13. What is the cause of death? They were beaten to death.
- b. Give basis Information from civilians.
14. What is the date of burial? 15 April 1945
- a. Give basis Civilians
15. What was the place of death? Stod, Czechoslovakia Coords WP 9229, N-50
- b. Give basis Civilians
16. Where were the remains found? Stod, Czechoslovakia Coords WP 9229, N-50
- a. By whom? A German civilian.
- b. Is sketch attached? No
17. Was a casket used? No Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial Germans
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Unknown

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? _____
- 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 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 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) Beaten to death
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? Yes
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased There were 9 American P.O.W.'s beaten to death by the Germans on a death march near Stod, Czechoslovakia.

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
 - a. Were identification tags found at the time of death?
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? Unknown If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? Unknown

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? Yes

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Yes

They were badly beaten.
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? Yes

a. If so, give basis for positive assumption Dr. Vilem Repka, Giral Vaclav from Stod,
Czechoslovakia.

b. If so, has higher headquarters been notified? Yes

47. Was case previously investigated? No By whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed Dr. Vilem Repka of

Stod, Czechoslovakia stated that they were beaten to death. Giral Vaclav,
Stod, Czechoslovakia.

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 There were 9 American paratroopers beaten to death by the Ger-

mans on a "death march" near Stod, Czechoslovakia.
(Use attached, sheets if necessary)

Vrba

Signature of Interpreter
Vrba

Warrant Officer

Rank ASN

Czechoslovakian Army
Organization

Calvin H. Atwood

Signature of Investigator
Calvin H. Atwood

T/5 44131458

Rank ASN

611 O.M. Gr. Reg. Co.
Organization

Translated from the original manuscript.

National Council in ~~Prague~~, ~~Prague~~, ~~Prague~~.

No ~~1001, 2207.~~

~~10 721 1910.~~

Matter: ~~transportation~~ transportation of death-corpse, permission.

~~to the American Military Division~~

~~Czechoslovakia.~~

On your request we give you the permission that the death-
corps ~~of unknown origin~~ ~~years old~~ who died on ~~April 1949~~ in ~~Prague~~
on ~~Prague~~ ~~death march~~
And transportation to

The following prescriptions are to be regarded:
~~The death-corpse~~ will be given to a simple wooden coffin inwardly
and outwardly well sealed.
The cover will be closed and sealed hermetically.
To this procedure will be present doctor of this place
who will give out a death-passport.
The transportation will take place on ~~10 721 1910~~ at ~~20~~
by ~~from~~ ~~via~~ ~~to~~ ~~Prague~~
The vehicle on which the death-corpse will be carried must be as-
cent, well sealed or at least well covered and no other things but
flowers can be enclosed to the coffin. The transportation will be
accompanied by a special guide who will be responsible that the
transportation will not stop unnecessarily that it will take the
prescribed road and that the coffin will be covered properly.
As soon as the transport will arrive to its destination the police
wing of ~~Prague~~ should be notified.

Translated from the original manuscript.

National Council in Strilow, - health dept.

No ~~989/~~ ~~strav.~~

~~12. VIII. 1946.~~

Matter: ~~transportation~~ transportation of death-corps, permission.

~~To the American Military Mission~~

~~Czechoslovakia.~~

On your request we give you the permission that the death-corps ~~an unknown American P.W.~~ years old who died on ~~1945~~ 1945 in ~~Czechoslovakia~~ on ~~the German death march~~ And transported to

The following prescriptions are to be regarded:
~~The death-corps~~ will be given to a simple wooden coffin inwardly and outwardly well sealed.
 The cover will be closed and sealed hermetically.
 To this procedure will be present doctor of this place ~~who will give out a death-passport.~~
 The transportation will take place on ~~12. VIII. 46~~ at ~~12.~~ by ~~from Strilow~~ via ~~Wilson~~ to ~~Prague~~.
 The vehicle on which the death-corps will be carried should be decent, well sealed or at least well covered and no other things but flowers can be enclosed to the coffin. The transportation will be accompanied by a special guide who will be responsible that the transportation will nowhere stop unnecessarily that it will take the prescribed road and that the coffin will be nowhere opened.
 As soon as the transport will arrive to its destination the Police wing office ~~should be notified.~~

Translated from the original manuscript.

National Council in Strimro, - health dept.

No. 929/ zdrav.

To the American Military Mission
Czechoslovakia.

D E A T H R E P O R T

According the rules a death-corps an unknown American P.W.

who died on a German death march

on April 1945

at the age of years

in Strimro

has to be transported by car

from Strimro via Pilsen to Bohnice

to be buried.

As the permission to the commenced transportation of the death-
corps was given on 12. VIII. 1945. at 12.

in the company of American Military Mission

All the concerned authorities through whose counties the death-
corps will be transported are hereby requested not to make any
difficulties and delays to the transport.

Strimro on 12. VIII. 1945.

Translated from the original manuscript.

State Police station
STOD, county of STRIBRO

2 July 1946

On the 6th and 7th of September 1945 a mass exhumation of 241 bodies took place in the Jewish cemetery of STOD. It was found out that among these victims of the "Death March", there were nine (9) U.S. Soldiers from parachute regiments, who should have been caught in the district of STOD in April 1945, killed and buried in the common grave on the 15th of April 1945.


No identification was possible, no details about the circumstances of their death.

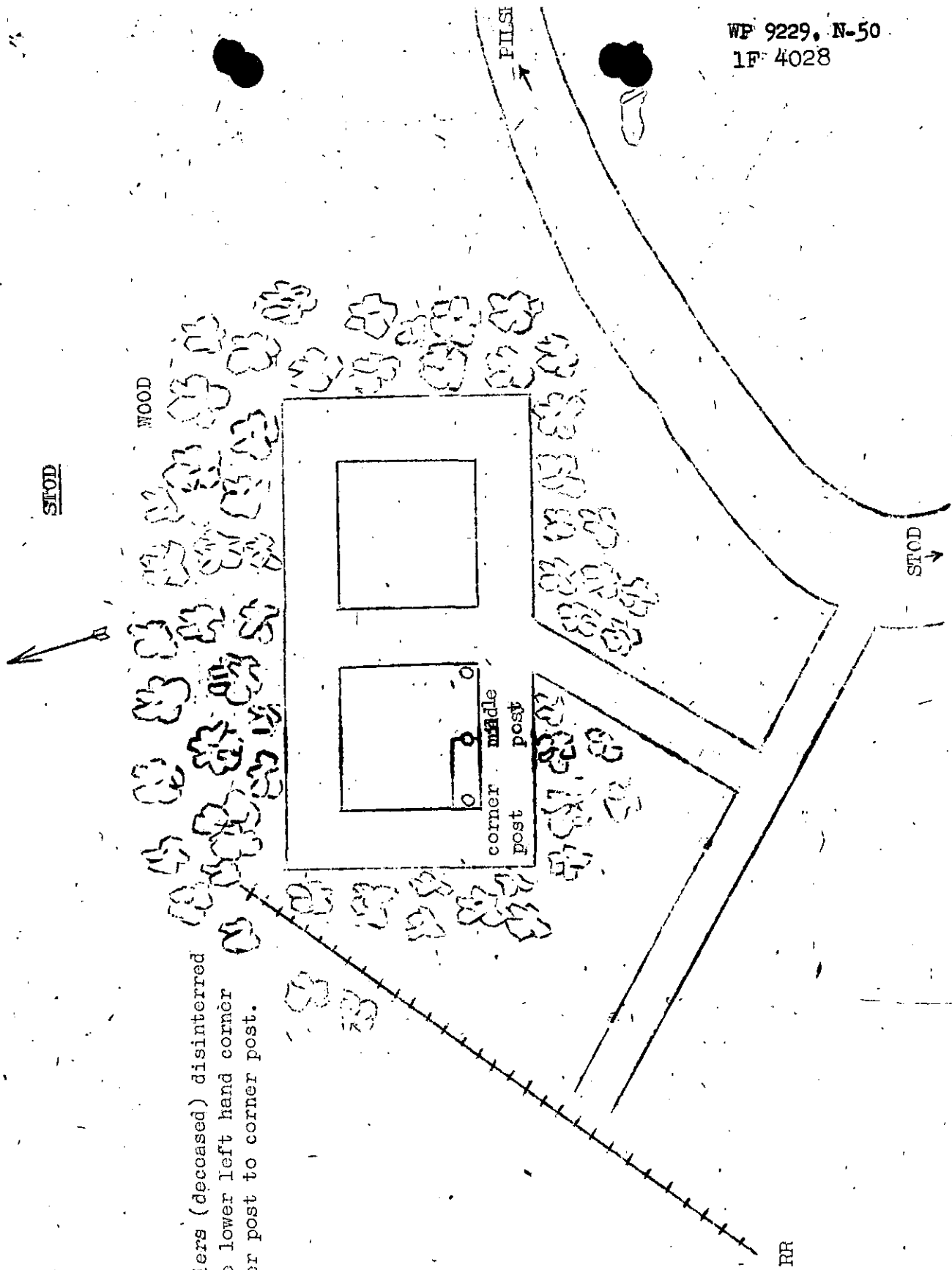
The American soldiers were buried on the 9th September 1945 into a common grave with the consent officer commanding the U.S. military unit at STOD, Captain Moor.

This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to PILSEN. The coffins with the remains of the U.S. soldiers are placed seperately from the other bodies, on the left hand side of the common grave, on the northern side.

Translated by:
Ervin Lebenhart

I certify that this is a true copy.


ALTON ANDERSON 0-1339028
2nd Lt., Inf.
611 QM Gr. Reg. Co.



Nine soldiers (deceased) disinterred
from grave lower left hand corner
from center post to corner post.

RR

NOTICE OF DISINTERMENT
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No 8

Date 31 August, 1946

(Datum)

Die unten angeführten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militaerfriedhof zur Bestattung ueberfuehrt worden.

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to a U.S. Military Cemetery.

<u>ST-AVOLD, FRANCE (Q - 260,584)</u>			for reburial
UNKNOWN - X - 7289	UNK.	UNK.	Stod, Czech. WP-9229 - N-50 Jewish Cemetery

(NAME) (NAME)	(RANK) (DIENSTGRAD)	(ASN) (ERKENNUNGS- MARKENNUMMER)	(PLACE OF DISINTERMENT) (AUSGRABUNGSSORT)
------------------	------------------------	--	--

Falls Gemeindefriedhof,
Grabplatz, Reihe, und Grab-
nummer angeben soweit moe-
glich

If communal cemetery show
Plot, Row and Grave No., if
available

isolated grave

15/ ALTON ANDERSON - 2nd Lt. Inf.
Officer or NCO in charge of Disinterment

611 QM Gr. Reg. Co.

Organization

AIRMAIL

QMGM 293

1st Ind.

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4333

Department of the Army, OQMG, Washington 25, D. C., 13 October 1949

TO: Commanding General, American Graves Registration Command,
European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. METZ
Lt. Colonel, QMG
Memorial Division

Rice/id
Foy
REB

3146 GRS Encl.

- #4333

X 693 Under Files X-70884 ST H 0043

REB

TEB

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 September 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7289, Plot KKKK
Row 5, Grave 110, 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. 2041, dated 1-10-46.

3. Remarks:

1. P. 4333, 15 Sept 49.
Oral Price
10 Oct 49 **QMG**

Case reviewed by undersigned Member ~~Not~~ ^{informal} Board of Review:
available

Col. H.P. HENRY, O-12589 **QMC** Lt. Col. E.D. MULVANEY, O-359898 **QMC**

Major R. BERGLER, O-251736 **ORD** Capt. JACK C. HAYES, O-1577297 **QMC**

Capt. E.F. PRICE, Jr. O-1588236 **QMC** 1/Lt. Gaylord E. LUTZ, O-1595665 **QMC**

Incl #1

1

This Grave formerly occupied by: UNKNOWN 06448-C
USMC ST AVOLD, FRANCE
Plot F, Row 5, Grave 8
Date reburied: 11 Oct 49 Date disinterred: 11 Oct 49

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

M-3

UNKNOWN X-007289

RANK

ARM
1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

0

DISPOSITION OF REMAINS

3503 80

CODE DIST. PT.

LOT

4K

ROW

5

GRAVE

110

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X- 007289

SERIAL NUMBER

RANK

Unk

DATE OF DEATH

15 Apr 45

DATE DISTINTERRED

23 Apr 48

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unk

IDENTIFICATION VERIFIED BY

George W Lowry, Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress cover

CONDITION OF REMAINS
Condals of right humerus,
distal ends of right and left femur
disarticulated. Body in skeleton form.

OTHER MEANS OF IDENTIFICATION

Decomposition complete.

Report of Burial found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Apr 48

BY George W Lowry, Embalmer

CASKET SEALED BY

George W Lowry, Embalmer

EMBALMER (Signature)

George W Lowry, Embalmer

CASKET BOXED AND MARKED

DATE 29 Apr 48 BY George W Lowry, Embalmer

SHIPMENT ADDRESS VERIFIED BY All markings, tags and plates verified by

Marshall C Dickinson, 1st Lt FA

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

Marshall C Dickinson, 1st Lt FA, 337 QMC

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

22 NOV 1949

BRANCH

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

REPATRIA
 RECORDS BRANCH
 NOV 2 3 33 PM '49
 ASIAN DIVISION

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 ST. WARD, BUNICE	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

TOOTH CHART

31 August, 1946
Date

UNKNOWN - X - 7289
Last Name First Initial

UNK.
Rank

UNK.
Serial No.

UNK.
Unit

Air Borne Unit
Organization

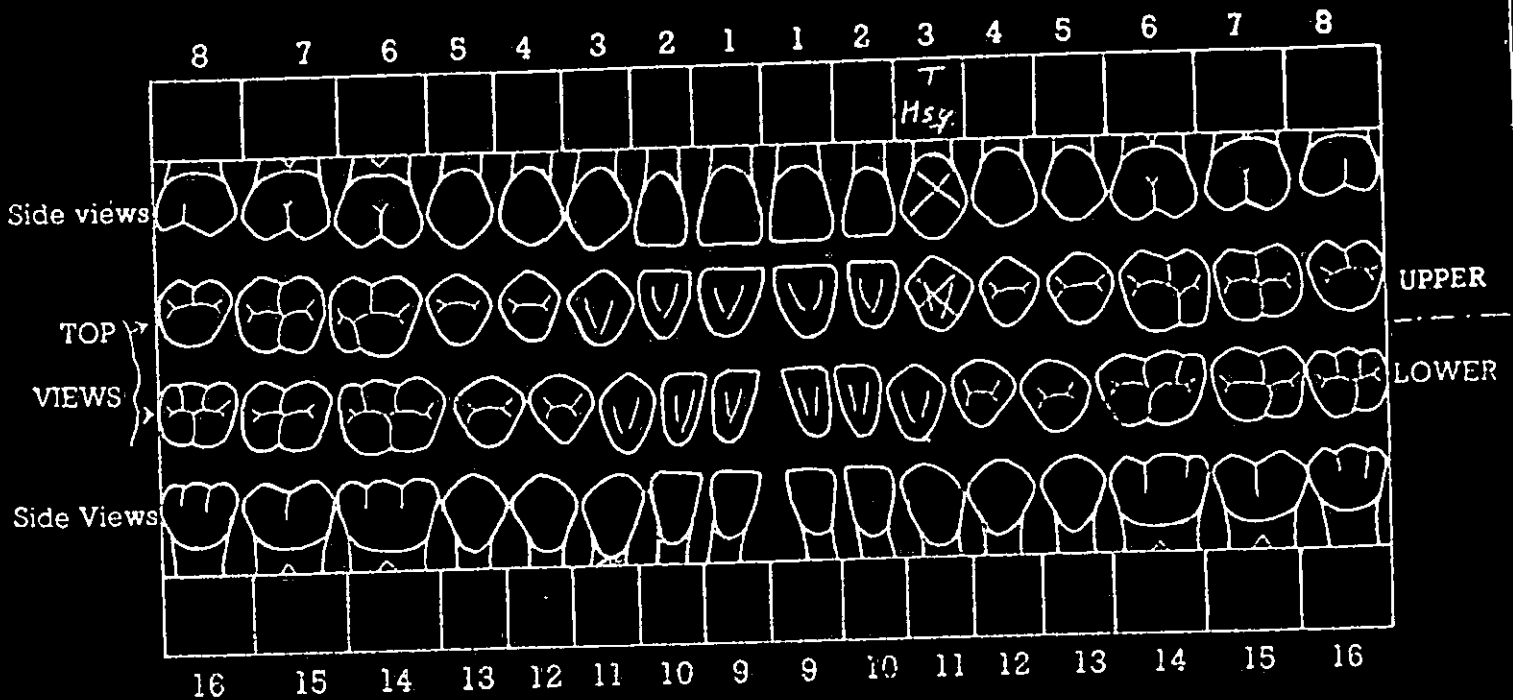
Stod., Czch.
Place of Death

15 April 1945
Date of Death

Beaten to 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.

Ralph W. Sleator
Signature of Officer or other person who prepared Tooth Chart

RALPH. W. SLEATOR, Major Inf. C.I.P.
Verified by G. R. S. Officer

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



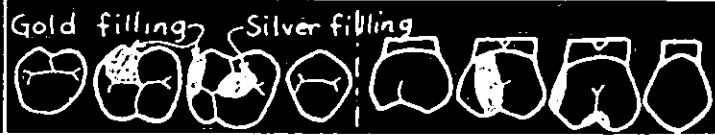
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

Teeth # 16-R and 16-L unerupted
 Tooth # L- 3 extracted recently before death: socket not closed up
 Teeth # 8-R and # 8-L unerupted

no fillings or cavity - teeth in perfect repair
 all stained heavily, brown bands halfway down from crowns to gum lines
 Teeth large, regularly aligned, even spacing of average closeness
 Bullet hole in left maxible directly under # 14, # 15-L at bottom of bone.

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 7289
Cemetery _____
Plot _____ Row _____ Grave _____

- 1. Arrived at cemetery _____
(hour) (date)
- 2. Place of death Stod, CZ60 WP - 9229 - N - 50
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

- 3. Remains recovered or disinterred by 611st QM Gr. Reg. Co.
(name and organization)
- 4. Evacuated to Cemetery by CENTRAL IDENTIFICATION POINT
(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
(type)
 - Raincoat none
 - Overcoat none
 - Jacket, Field none
 - Jacket, Combat none
 - Mackinaw none
 - Sweater none
 - Jacket, HBT none
 - *Shirt, Wool OD O.D. color, non-regulation, believed to be sport shirt.
 - Undershirt, Wool Long sleeves, does not appear to be American
 - 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 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 5'6" Est. Weight 145lbs Description of wounds UTD

Bandages or dressings none 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 (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 21 1/8 inches (hat band)

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

Shoulders UTD (broad, straight, small, rounded) Arms Length = 25" (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) Navel UTD (size of navel, appendectomy, amount)

(quantity & color of hair)

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

Hernioplasty UTD (yes-no; location)

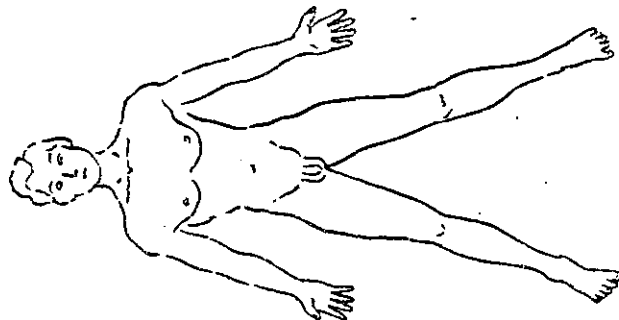
Legs Inseam = 26" (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet USD
(size, corns, callouses, flat)

Toes USD
(slender, straight, crooked, overlap)

Evidence of healed factures None
(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 too decomposed

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

12. Remarks : flesh was completely decomposed.

All that remained was skeleton

Estimated weight of remains recovered : 85 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.

John D. MARTIN
John D. MARTIN
Officer's Name

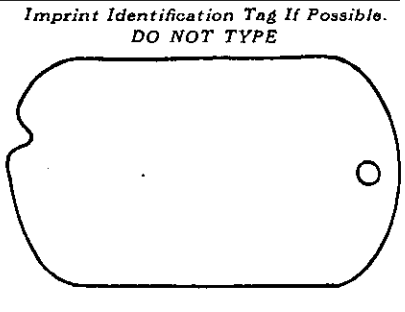
W.D. Civilian - Lab. Supervisor
Rank Service

C.I.P.
Organization

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
4 September 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN - X - 7289		SERIAL No. UNK.
GRADE UNK.	ORGANIZATION UNK.	BRANCH OF SERVICE Air Borne Unit
RACE UNK.	RELIGION UNK.	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Stod, Czech. WP - 9229 - N-50	CAUSE OF DEATH Beaten to death	DATE OF DEATH 15 April 1945
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EMERGENCY ADDRESSEE (Name, relationship, and address)
UNK.

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- 260,584)

DATE OF BURIAL 4 September 46	HOUR 1630	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER Temp. Wood Cross	PLOT No. K K K K	ROW No. 5	GRAVE No. 110
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Stod Czech. WP - 9229 - N-50
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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 OMC 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-7302	RANK Unk	SERIAL No. Unk	ORGANIZATION AAF	GRAVE No. 109
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-7285	RANK Unk	SERIAL No. Unk	ORGANIZATION AAF	GRAVE No. 111
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SIGNATURE OF PERSON PREPARING REPORT RALPH W. SLEATOR Major,	SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL E. PROCTOR JR. 2nd Lt.,	Inf. C.I.P.
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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.

9 5-110

Section 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.


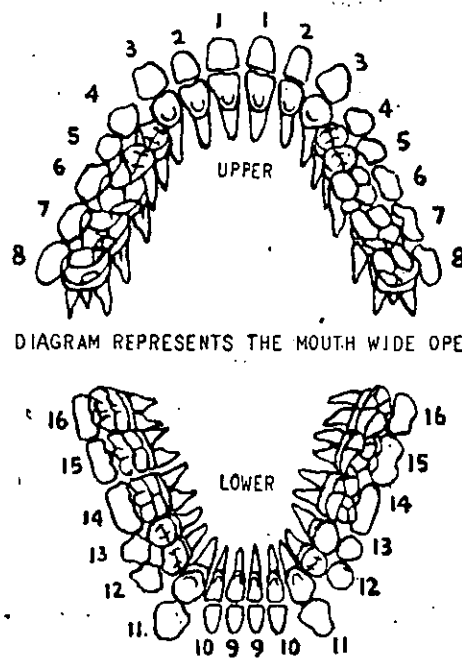




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT 5'6"	WEIGHT Est. 145 lbs	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
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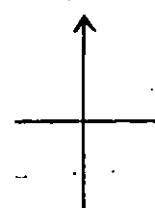
WEAPON AND SERIAL No. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Stod, Czech.
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OTHER IDENTIFICATION CLUES

None

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Form 1A Tooth chart
 Form 11 check list of unknowns
 have been accomplished
 No fingerprints, fingers decomposed
 Estimated weight of remains recovered: 25 lbs.