

7887 GRAVES DETACHMENT

APO 757

213 unk St. Avold X-7294

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-7294 St Avold

(POC) EPINAL

*file 2 mar 51  
Kirkland  
Ident.*

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

10 August 1946

1 January 1946

Date

NAME Unknown X-7294

RANK Unk

ASN Unk

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? 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? Unknowns

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. Flag 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 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 Americans POW'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 None found at the time of death.
- 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? 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, Gígal Vaclav, 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,

Stod, stated that they were beaten to death Gígal, 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 Germans on a death March near Stod, Czechoslovakia.

(Use attached, sheets if necessary)

Vrba

Signature of Interpreter

Vrba, W. O.

Rank

ASN

Czechoslovakian, Army

Organization

Calven H. Atwood

Signature of Investigator

Calven H, Atwood

T/5

Rank

44131458

ASN

611th Qm. Gr. Reg. Co.

Organization

Translated from the original manuscript.

National Council in Stribro, - health dept.

No 926/ zprav.

12.VIII.1946.

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

To the American Military Mission

Czechoslovakia.

On your request we give you the permission that the death-corps of an unknown American P.W.

\_\_\_\_\_ years old who died on April 1945, in Stribro  
on a 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 \_\_\_\_\_

by \_\_\_\_\_ from \_\_\_\_\_ via \_\_\_\_\_ to \_\_\_\_\_

The vehicle in 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 properly opened.

As soon as the transport will arrive to its destination the following officers \_\_\_\_\_

should be notified.

Translated from the original manuscript.

No. 926/zdrav

DEATH REPORT

According to 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 Strábro

has to be transported by car

from Stribro via Pilsen to Bohnice

to be buried.

As the permission to the commenced transportation of the death-corps was given on 12. VIII. 1946.

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.

Stribro on 12. VIII. 1946.

Translated from the original manuscript.

State Police station  
STOD, county of SPRIBRO

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.

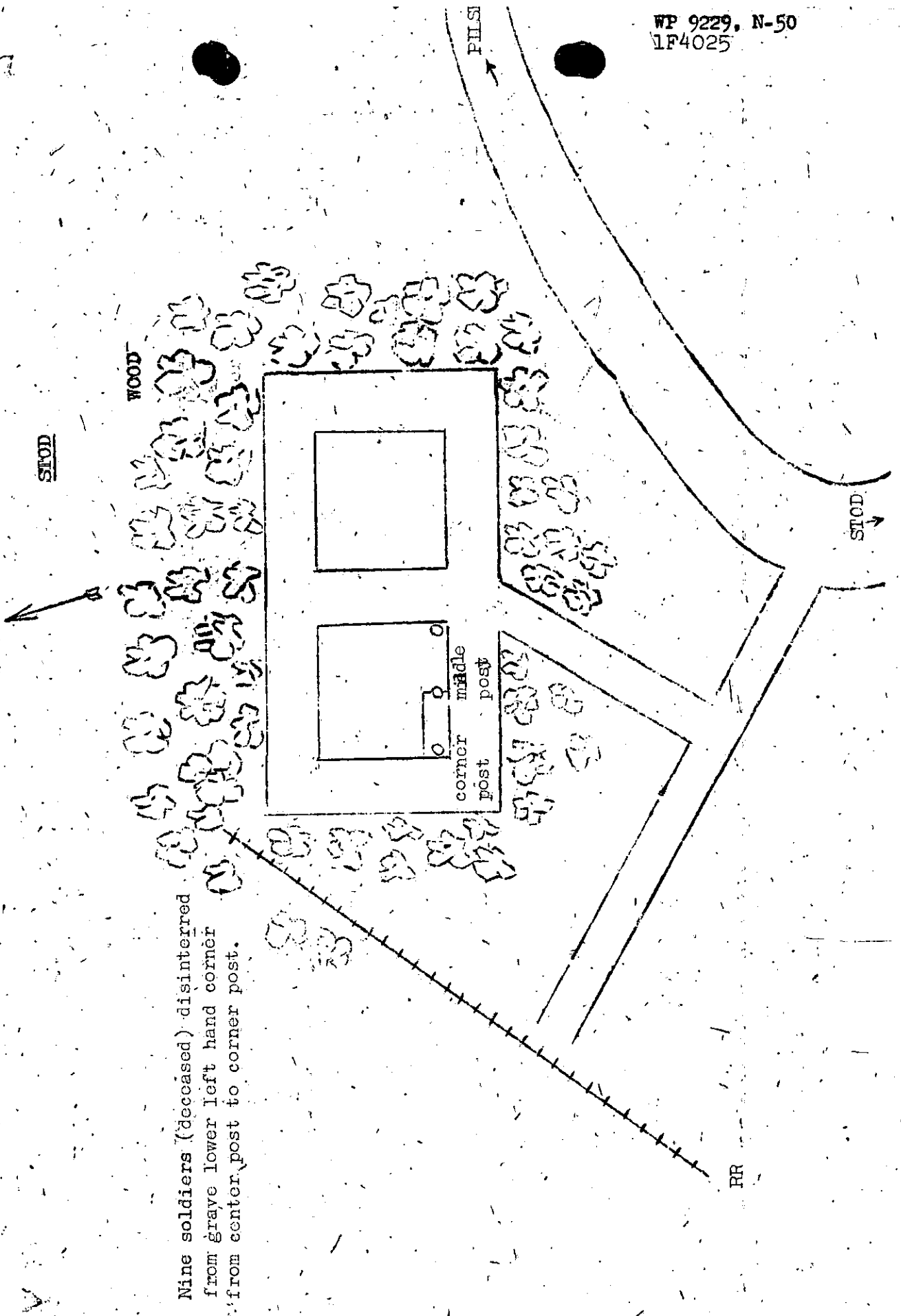
This grave is located in a small wooded area outside the town of STOD, on the left hand side of the road to PILSEN. The coffins with the remains of the U.S. soldiers are placed separately from the other bodies, on the left hand side of the common grave, on the northern side.

Translated by:  
Ervin Lehenhart

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.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

293 Und. France (St. Avold) X-7294

RRE 293

14 September 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7294, Plot KKKK  
Row 5, Grave 101, 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. 2039, dated 28-9-46.

3. Remarks:

*T.P. 4333, 15 Sept 49*  
Received *Opal Rice* ..... OQMG  
Not identifiable from *10 Oct 49*  
information presently available

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297 QMC

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

QMC

*Gaylord E. Lutz*  
1/Lt. Gaylord E. LUTZ, O-1595665 QMC

Incl #6

1

This Grave formerly occupied by: UNKNOWN X-000093

USMC EPINAL, FRANCE

DISINTERMENT DIRECTIVE

Plot A, Row 15, Grave 67

Date reburied: 27 Oct 49

Date disinterred: 27 Oct 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
M. R. SWART  
CAPT QMC

DIRECTIVE NUMBER  
3574 00000

DATE  
15 01 48  
DAY MONTH YEAR

NAME

UNKNOWN X-007294

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

1

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

0

DISPOSITION OF REMAINS

3502 80

CODE DIST. PT.

PLOT

4K

ROW

5

GRAVE

101

COUNTRY

FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

~~ST AVOLD, FRANCE~~ EPINAL, FRANCE

(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-007294

SERIAL NUMBER

RANK

Unk

DATE OF DEATH

15 Apr 45

DATE DISTINTERRED

23 Apr 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

Unk

Geo W Lowry, Embalmer

MARKER GRS

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress cover

CONDITION OF REMAINS

Body complete - Skeleton

Form - Decomposition complete - dis-articulated

OTHER MEANS OF IDENTIFICATION

Report of Burial found with remains

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Apr 48

BY

Geo W Lowry, Embalmer

CASKET SEALED BY

Geo W Lowry, Embalmer

EMBALMER (Signature)

Geo W Lowry

CASKET BOXED AND MARKED

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

DATE 29 Apr 48 Geo W Lowry

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 QMBN

SIGNATURE OF GRS INSPECTOR

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

Consignee changed as per authority Hq. A.G.R.C.

REPAIRATION BRANCH

Incl #11

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avoird France</b>		TO <b>Suporintendant Epinal</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpt L R Start, O-521097</b>	
SIGNATURE OF SHIPPER <i>Frank W Callaghan</i> <b>Frank W Callaghan, 1st Lt, FA</b>	DATE <b>27 Oct 49</b>	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 <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>ST AVOIRD FRANCE</b>	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

X-7294

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
H.Q. COM. ZONE, ETOUSA

IF 4025

# TOOTH CHART

30 August 1946  
Date

Unknown X-7294

Unk.

Unk.

Last Name Unk.

First

Initial

Rank

A.A.F.

Serial No.

Unit

Organization

Stod, Czechoelovakia

15 April 1945

Beaten to death

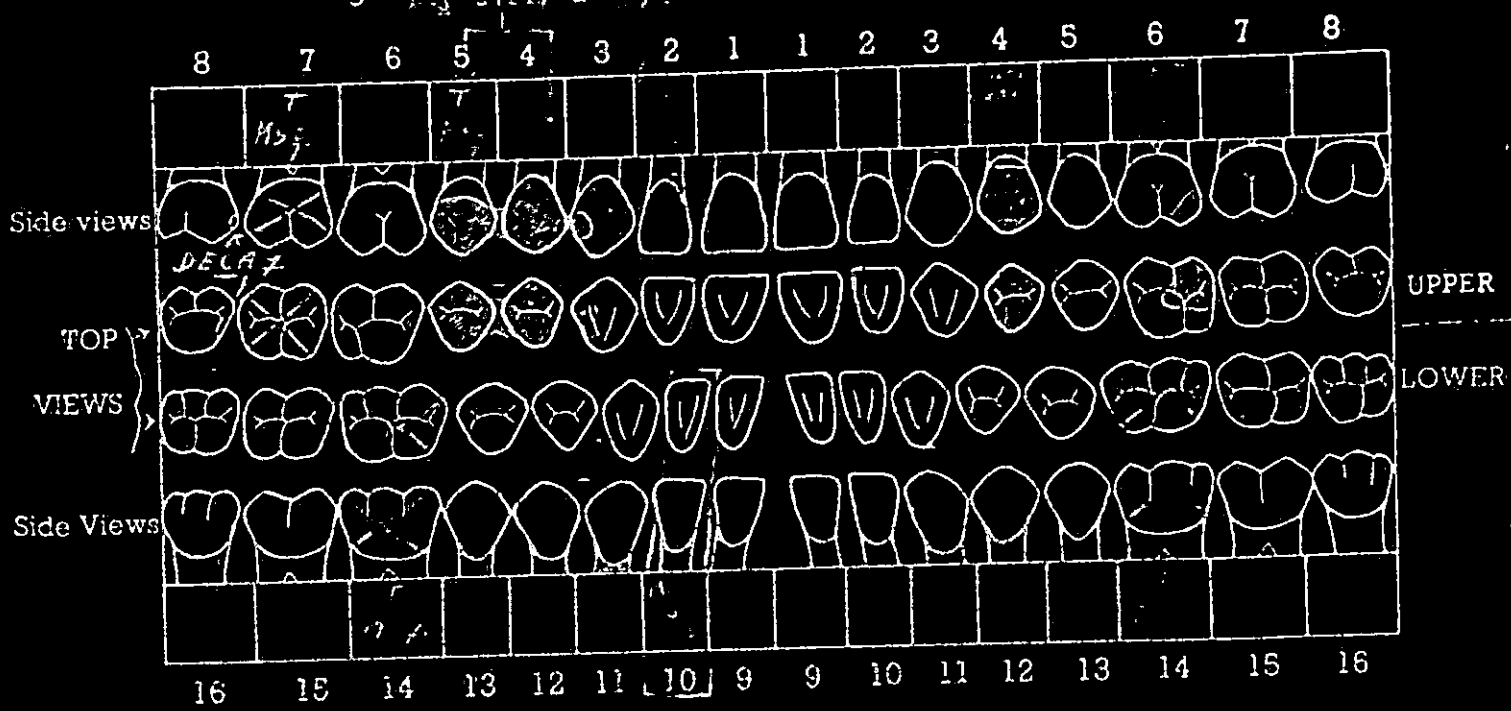
Place of Death

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.

Signature of Officer or other person who prepared Tooth chart  
 Ralph W. Sleator Maj. Inf. C.I.P.  
 Verified by C. R. S. Officer

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



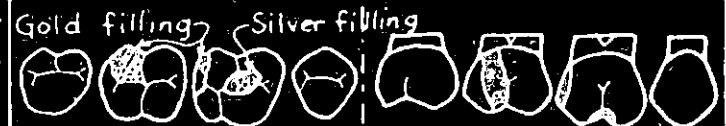
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



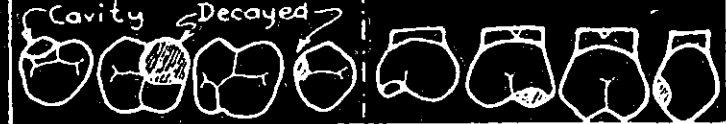
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Teeth R14 and L14 missing BD - extracted fossa closed

Crown of R17 leans to within 2.5 mm of R15

GAP: 2mm between R9 and L9

1.5 mm between L9 and L10

Teeth R9 and L9 unusually narrow Tooth #8 decayed mesial

Tooth R7, R5 missing BD - extracted - fossa closed

R5 replaced by fixed stainless steel bridge abutted to R4 by full stainless steel crown.

Tooth R2 unusually narrow : gap of 1.5 mm between R2 and R3

gap of 1.0 mm " R2 and R1

Gap of 1 mm between R1 and L1

Full crown, stainless steel, on L1

Anterior teeth very small, others normal, even.

Regularly aligned, unusual dentistry

Color, white with slight yellow tinge.

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 7294  
 Cemetery (Q 260584) St Avold France  
 Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death ... Stod, Czechoslovakia WP 9229, E-50  
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by 611 GI Bn  
(name and organization)
4. Evacuated to Cemetery by O.I.P.  
(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	<u>None</u> <small>(type)</small>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
*Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers HBT	<u>None</u>		
*Trousers, Wool OD	<u>None</u>		

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

\*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(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 <sup>Est</sup> **5'10"** Weight <sup>est</sup> **175 lbs** 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 **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"**  
(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)

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

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

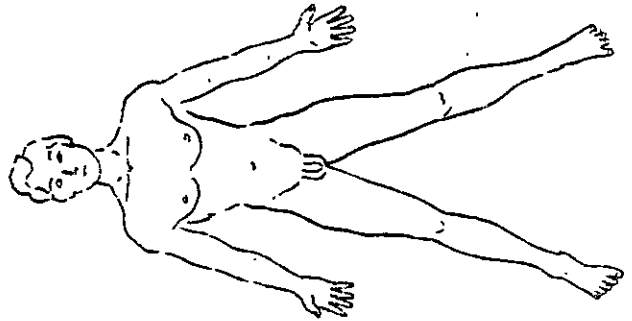
Hernioplasty **UTD**  
(yes-no; location)

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

Feet UPD Toes UPD **IF 4025**  
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures UPD  
(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 Fingers decomposed

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

12. Remarks : Top of Hospital pajama

Entire body recovered.

Wt. of remains recovered: 45 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  
John S. Martin  
Officer's Name

VD Civ. Lab. Supervisor  
Rank Service

C.I.P.  
Organization

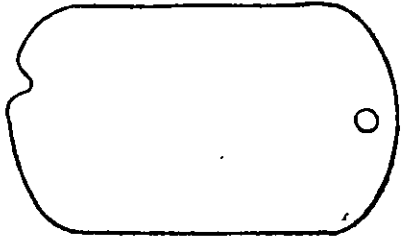
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WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

3 September 1946

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)	SERIAL No.			
		Unknown X-7294	Unknown			
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
Unknown	Unknown	A. A. F				
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
Unknown	Unknown					
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH				
Stod, Czechoslovakia	Beaten to death	15 April 1945				
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unknown						
IDENTIFICATION TAGS FOUND ON BODY (U. S. or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
None	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 (Q-260584) St Avold France						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 September 1946	1600	Casket	emp. Wooden Cross	KKKK	5	101
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	Stod, Czechoslovakia WP 9229, N-50					
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
General Service	CH. H.A. LEE, 1st Lt.	One copy of WD QMC Form 1042 - Report of Interment - placed in burial bottle and buried with remains.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	Yes, embossed plate					
BODY BURIED ON DECEASED LEFT: NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BEGINNING OF ROW						
BODY BURIED ON DECEASED RIGHT: NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
				102		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF CRE OFFICER PREPARING REPORT			
Ralph W. Skeator Maj. Inf. C.I.P. <i>Ralph W. Skeator</i>			Samuel E. Proctor Jr 2nd Lt. Inf. C.I.P. <i>Samuel E. Proctor Jr</i>			
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

40 5-101

**Section 3 UNIDENTIFIED REMAINS**

**INSTRUCTIONS:**


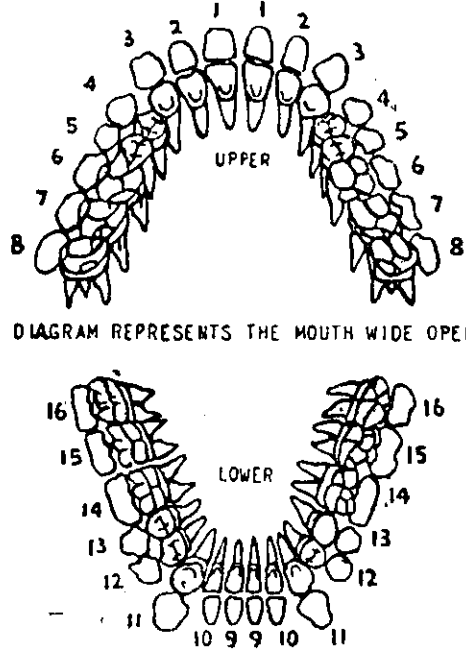




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

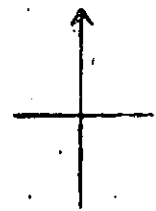
<b>HEIGHT Est.</b> 5'10"	<b>WEIGHT Est.</b> 175 lbs	<b>COLOR OF EYES</b> UTD	<b>COLOR OF HAIR</b> UTD	<b>BIRTHMARKS, SCARS, OR TATTOOS</b> UTD
<b>WEAPON AND SERIAL No.</b> None		<b>LAUNDRY MARKS</b> None		<b>WHERE BODY WAS BURIED OR FOUND</b> Stod, Czechoslovakia

**OTHER IDENTIFICATION CLUES**

None

<b>FILLINGS</b>	 <b>SILVER FILLING</b> <b>GOLD FILLING</b>	 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <b>CAVITY</b> <b>DECAYED</b>	
<b>MISSING TEETH</b>	 <b>TOOTH MISSING</b>	
<b>CROWNED TEETH</b>	 <b>PORCELAIN CROWN</b> <b>GOLD CROWNS</b>	
<b>BRIDGE WORK</b>	 <b>GOLD BRIDGE</b>	
<b>RIGHT THUMB</b>		

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



**REMARKS:** Form 11 Checklist of Unknowns and Form 1A Tooth Chart accomplished. Fingers too decomposed for fingerprints.

Est. Wt. of remains recovered: 45 lbs

OCT 14 3 27 PM '46

RECORDS BRANCH