

7887 GRAVES DETACHMENT

APD 757

213 unk St. Avold X-7301

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-7301, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

file 2 mar 51
Kirkland
Ident.

REPORT OF INVESTIGATION AREA SEARCH

ATTENTION
DIVISION
DATE

31 August 1946

AGRC Form 10 (Revised)

1 January 1946 UNKNOWN - X - 7301

NAME RANK UNK. ASN UNK. Date

ORGANIZATION A.A.P.

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 MACR)

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)

X-7301

- 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 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) ~~Deaten 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 was 9 American POW's beaten to death by the Germans on a death march near Sted, Czecho-slovakia~~

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 Renka, Gigal Vaclav.

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 Renka, Stod

stated that they were beaten to death, Gigal Baclav 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 Paratrooper beaten to death by the German on a

death march near Stod, Czechoslovakia

(Use attached sheets if necessary)

Vrba

Signature of Interpreter

Vrba W.D.

Rank

ASN

Czechoslovakia Army
Organization

Calvin H. Atwood

Signature of Investigator

Calven H. Atwood

T/5

Rank

44131458

ASN

611 CM Cr. Reg. Co.
Organization

Translated from the original manuscript.

National Council - Stribro
 health dept.
 No _____ 927/zdrav.

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 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 11.

by _____ from _____ via _____ to _____

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 following office _____

should be notified.

Translated from the original manuscript.

No. 27/zdrav.

DEATH MARCH REPORT

According to the rules a death-corps unknown American P.O.

who died on a German death march

on April 1945.

at the age of years

in Stribro

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. 1945. at 11.

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 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 forest 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.

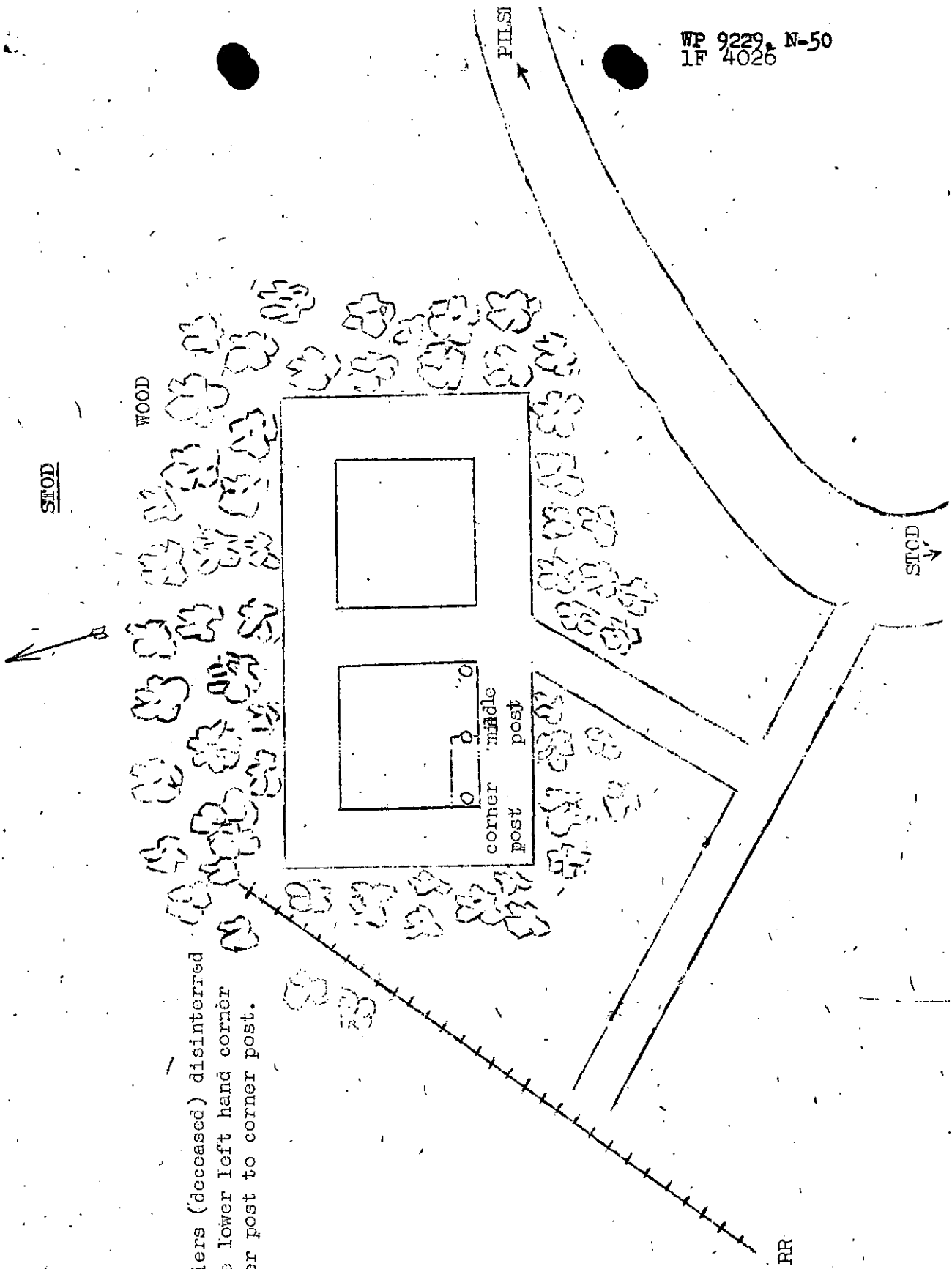
This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to PILSEN. The coffins with the remains of the U.S. soldiers are placed separately from the other bodies, on the left hand side of the common grave, on the northern side.

Translated by:
Ervin Lebenhart

I certify that this is a true copy.


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

X-7301



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

X-7301

GRS-GZ^AFORM No. 8

NOTICE OF DISINTERMENT

Date.....13 August, 1946.....

The below listed U. S. deceased personnel have this date been disinterred from the location as
 Strasbourg, France Processing Laboratory
 show and have been evacuated to U. S. Military Cemetery,
 for reburial.

.....1 Unknown.....Stoa, Czechoslovakia.....
(Name)	(Rank)	(ASN)	(Place of Disinterment)
			If communal cemetery show Plot, Row and Grave No, if available.

.....*William Kimmel Capt.*.....
 (Officer or NCO in charge of Disinterment)

.....611 Qm. Gr. Reg. Co.
 (Organization)

Headquarters American Graves Registration Command
 Versailles, France

X-7301

NOTICE OF DISINTERMENT
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No 8

Date 12 August 1946

(Datum)

Die unten angefuhrten 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.

ST,AVOLD, FRANCE (Q-260,584)

for reburial

UNKNOWN - X - 7301

UNK.

UNK.

Graves are located in a wooden Area outside Stod Czechoslovakia (Sheet N-51, 1, 250000-(WP9229))

(NAME)
(NAME)

(RANK)
(DIENSTGRAD)

(ASN)
(BEKENNUNGS-
MARKENNUMMER)

(PLACE OF DISINTERMENT)
(AUSGRABUNGSORT)

Falls Gemeindefriedhof, Grabplatz, Reihe, und Grabnummer angeben soweit moeglich

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

(S) ALTON ANDERSON 2nd Lt., Inf.

Officer or NCO in charge of Disinterment

611 QM Gr. Reg. Co.

Organization

X-7301

AIRMAIL

OSMT 293

1st Ind.

GNS European

**SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4333**

Department of the Army, CGNS, 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. MEYER
Lt. Colonel, GSC
Memorial Division**

*314.6 GNS Europe
TTL #4333*

**Rice/ld
Foy
JHB**

AIRMAIL

*X 393 have reference
X-7301 - ST R VOLD*

**TRE
TRE**

AIRMAIL

OSHT 293

1st Inf.

ONS European

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FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. WYSE
Lt. Colonel, OCSG
Memorial Division

3146 GRS Europe

77L #4333

9

Rice/16
Voy
HBS

*X 393 Unit #111111
X-7301 - ST R 010*

REB

YEU

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 - 7301, Plot KKKK
Row 5, Grave 104, 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:

V. L. 4333, 15 Sept 49
Received *Opals Rise* 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

Lt. Col. E.D. MULVANY, O-359598

QMC

Major R. BERGER, 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

Fac # 8

Interred 17 November 1949.
Dell 27 Draguignan.

Right: X-007293

DISINTERMENT DIRECTIVE

HADLEY H. KEATHLEY.
Cemetery Superintendent

Left; Open

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-007301

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

(ST AVOLD) - METZ

0

3503 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

4K 5 104 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

~~ST AVOLD, FRANCE~~
DRAGUIGNAN
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X- 007301

Unk

15 Apr 45

23 Apr 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

Unk

Elijah H Fields, Embalmer
NAME AND TITLE

MARKER GRS

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS Skull fractured.

Remnants of uniform and mattress cover

Disarticulated. In skeleton form.

OTHER MEANS OF IDENTIFICATION

Report of Burial found with remains, as UNK X-7301

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Apr 48

BY Elijah H Fields, Embalmer

CASKET SEALED BY

EMBALMER (Signature)

Elijah H Fields, Embalmer

Elijah H Fields, Embalmer

CASKET BOXED AND MARKED

SEARCHED INDEXED SERIALIZED FILED All markings, tags and plates verified by

29 Apr 48 Elijah H Fields, Embalmer

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.

James C Anderson, 1st Lt Inf, Hq&Hq Det 531 QM GP

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies. Consignee change per authority Hq. AGRC

Remains interred in US Military Cemetery Draguignan, France in order to complete symmetrical layout.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold France		TO Superintendent, Draguignan, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER R J Anzures 1st Lt Inf	
SIGNATURE OF SHIPPER <i>R V Hubbard</i>	DATE 8 Nov 49	SIGNATURE OF RECEIVER <i>Hadley H. Keathley</i>	DATE 10 Nov 49

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY COMMERCIAL AIR ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 31 VARIOUS AIRMAIL	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

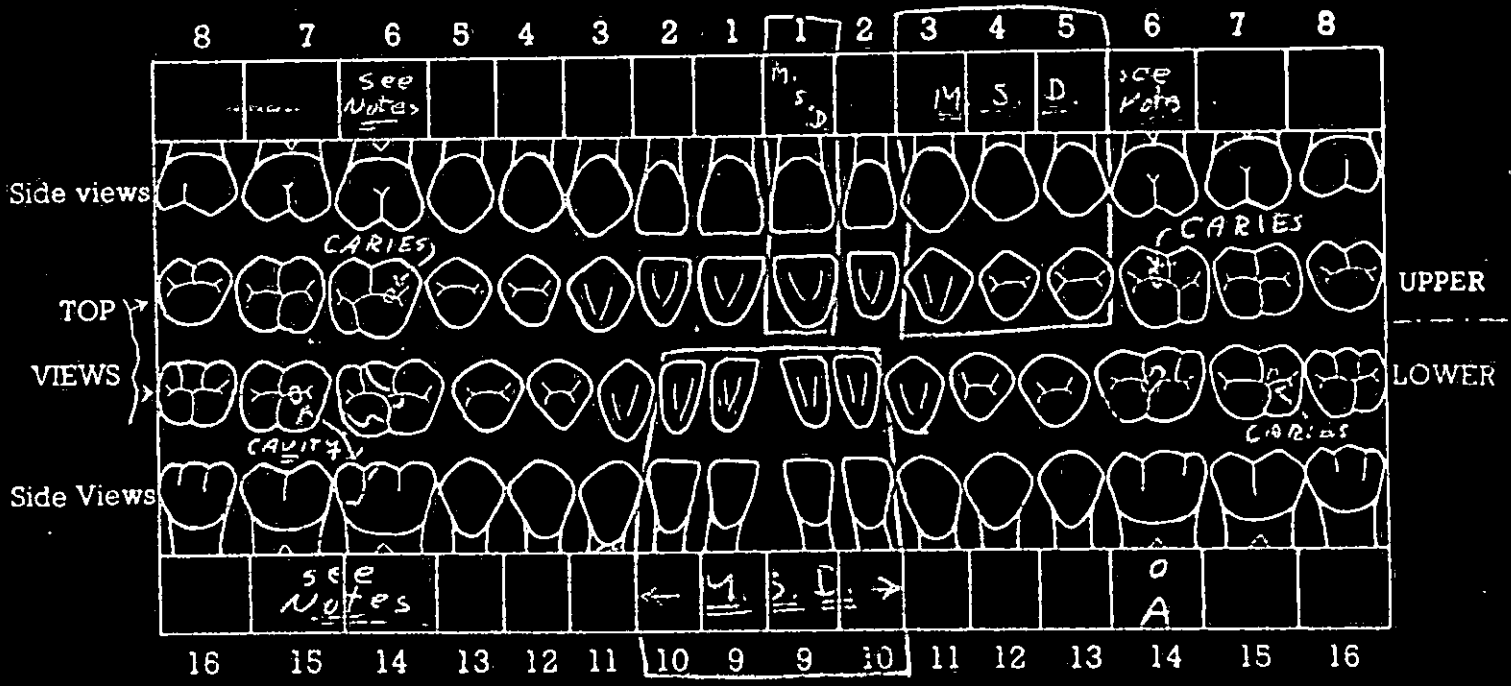
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

TOOTH CHART

31 August, 1946
 Date

UNKNOWN - X - 7301 UNK. UNK.
 Last Name First Initial Rank Serial No.
UNK. A.A.F.
 Unit Organization
Stod, Czechoslovakia 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.

Ralph W. Sleanor
 Signature of Officer or other person who prepared Tooth chart

RALPH W. SLEATOR, Major Inf., C.I.F.
 Issued by G. R. & E. DIV.

43

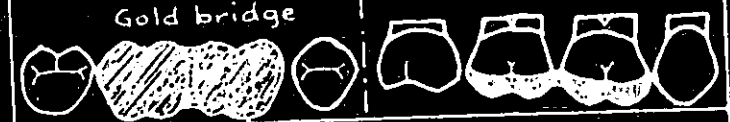
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus:



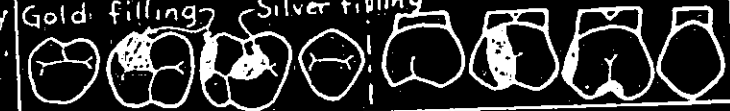
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



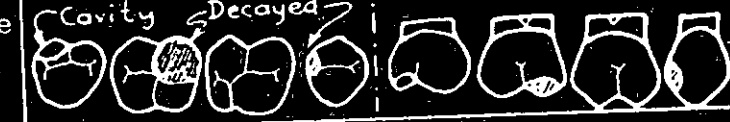
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

16-R lies on 350 angle to the lingual - in life just barely erupted
 # 14-R: large cavity I.O.F. about 3 mm deep
 Missing after death : R # 9, # 10 } sockets
 L # 9, # 10, # 3, # 4, # 5, # 1 } present
 # 15-R and # 15 L caries occlusal
 # 13-L offset lingually 1 mm.
 # 16-L unerupted in life - occlusal surface depressed 3 mm from normal.

6-R : caries occlusal
 # 6-L : caries occlusal
 # 8-R and # 8L occlusal surfaces depressed 2.5 mm from normal teeth lean toward distal side.
 Teeth have paint grey tinge, clear, enamel lustrous
 Alignment slightly irregular, surfaces comparatively even
 Only one filling, but five cavities.

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 7301
 Cemetery _____
 Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Graves located in wooden Area, Sted, Czech.
(name of closest town) (coordinates and letter Prefex, maps)
Sheet N-51, 1/250,000, (WP 9229)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 611th QM Gr.
(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 none

Undershirt, Wool none

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 Est. Height 5'7" Est. Weight 130lbs 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 (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 skull fractured (hat band)

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

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

(extent and quantity of hair)

Hands UTD

Fingers UTD (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD (size of nipples, color, quantity & extent of hair, large, small normal)

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

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

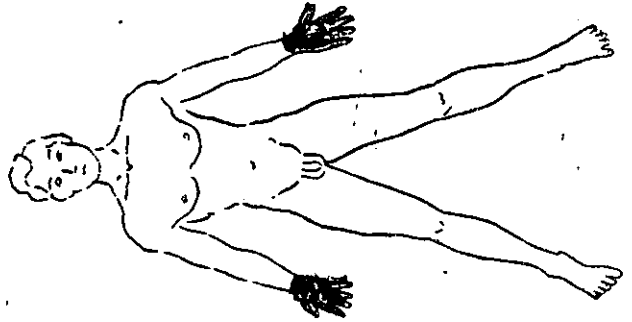
Hernioplasty UTD (yes-no; location)

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

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

Evidence of healed factures 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 (yes-no) If not, explain

12. Remarks : Remains recovered with left woolen sock

Only item of clothing

Skull fractured

all bones recovered

Estimated 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.

John S. Martin
JOHN S. MARTIN
Officer's Name

W.D. Civilian, Lab. Supervisor
Rank Service

C.I.P. Organization

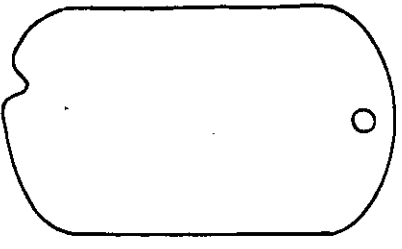
Rf: EL

RESTRICTED

IF - 4026

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WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 4 September 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN - X - 7301		SERIAL NO. UNK.
	GRADE UNK.	ORGANIZATION UNK.	BRANCH OF SERVICE A.A.F.
	RACE UNK.	RELIGION UNK.	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Stod, Czechoslovakia	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 1946	HOUR 1630	BURIED IN (Shroud, blanket, or name of other) Wooden casket	TYPE OF GRAVE MARKER Temp. Wood cross	LOT No. K K K K	ROW No. 5	GRAVE No. 104
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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 Not buried in a cemetery, graves are located in a wooden Area, outside Stod, Cze... Sheet No. 51, 1/250,000, (WP-9229)
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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 QMC Form 1042
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate	Report of Interment placed in burial bottle and buried with remains
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown-X-7268	RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 103
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-7288	RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 105
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SIGNATURE OF PERSON PREPARING REPORT RALPH W. SLEATOR Major	SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL L. 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.

RESTRICTED

3 5-104

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	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5'7"	130lbs	UTD	UTD	UTD
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		None		Stod, Czechoslovakia

OTHER IDENTIFICATION CLUES

None

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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 11 Check List and Form 1-A Tooth Chart accomplished
 Too badly decomposed for fingerprints
 Estimated weight of remains recovered: 40 lbs