

7887 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-7428

MB

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-7428, ST AVOLD

(FOC) ST AVOLD

J. J. J.
E. Flora
J. B.
27 Feb. 51

IDENTIFICATION CHECK LIST

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

EO. # 1042

Unknown X 7428
Cemetery SAINT-AVOUD, - FRANCE
Plot 44 Row 10 Grave 237
LLLL

DATE REPROCESSED:

1. ~~Arrived at cemetery~~ 16 SEPT 48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or disinterred~~ by: REPROCESSED MOBILE TEAM # 1, C.I.P.
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

NONE

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

6. Description of Remains: R. PHLAMERLIS - 31.8 (SMOOTH FRACTURE)
R. RADILS - 24.5

Age UTD Height EST. - 5'4 1/2" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars (Length, width, location)

..... Tattoos (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair NONE (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns Mustache UTD Beard or UTD (Color, setting, shape) (Color, size, shape) (Length, heavy)

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

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

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

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

Teeth **SEE TOOTH CHART** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) **UTD** Circumference of head in inches **SKULL FRACTURED** (Hat band)

Neck (Size, length, short, normal, wrinkled) **UTD** Larynx (Prominent, normal) **UTD**

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

Hands **MISSING**

Fingers **MISSING** (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) **UTD** Circumcision **UTD** (Yes-no) Pubic Hair **NONE** (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) **UTD** Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures **NONE** (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain FINGERS MISSING

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

RE-
CASE PROCESSED AS PER EO # 1142

9. Remarks REMAINS RECEIVED IN SKELETAL FORM; WITH SMALL AMOUNT OF DECOMPOSED FLESH.
NO CLOTHING.

TEETH FOUND IN DERRIS with the Remains

ESTIMATED WEIGHT: 35 POUNDS (REPROCESSED REMAINS)

ESTIMATED HEIGHT: 5'4¹⁵/₁₆"

NO EVIDENCE OF PREVIOUS FRACTURES OR AMPUTATIONS

SKULL FRACTURED AND DISARTICULATED

Due to ins. evidence, this remains is classified UNKNOWN.

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.

PROCESSED BY:
~~C. RICE~~
~~R. DEPASS~~
~~P. TRAFF~~
CLERK: L. ROSE

G. GEORGE SCHWADERER
(Officer's Name)

USDA CIV. C.I.P.
Rank Service

Mobile Team #1
AGRC.
(Organization)

SKELETAL CHART

X - 7428

Black out parts
missing

ST AVOLD -

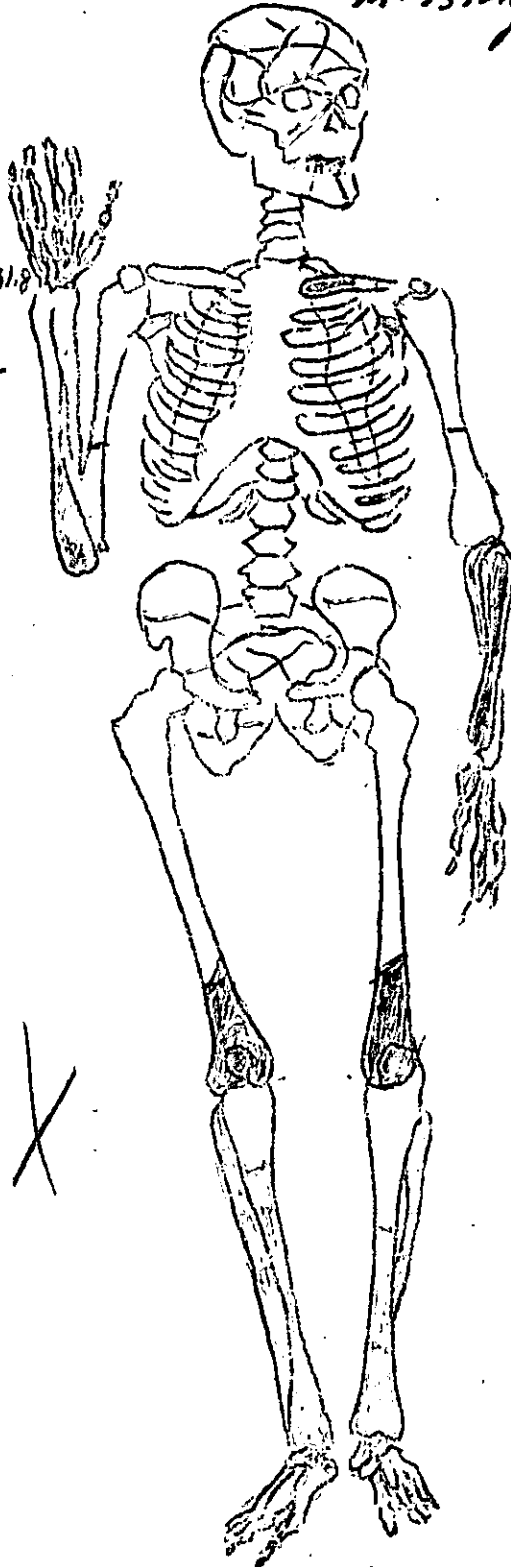
P-LLLL-R-10-G-237

16 Sept 1948

RIGHT

HUMERUS
(SMOOTH FRACT) 31.8

RADIUS - 24.5



Est. Ht. 5'4 ¹⁵/₁₆''

R.L.P.

SKELETAL CHART

X - 7428

Black out parts
missing

ST AVOLD

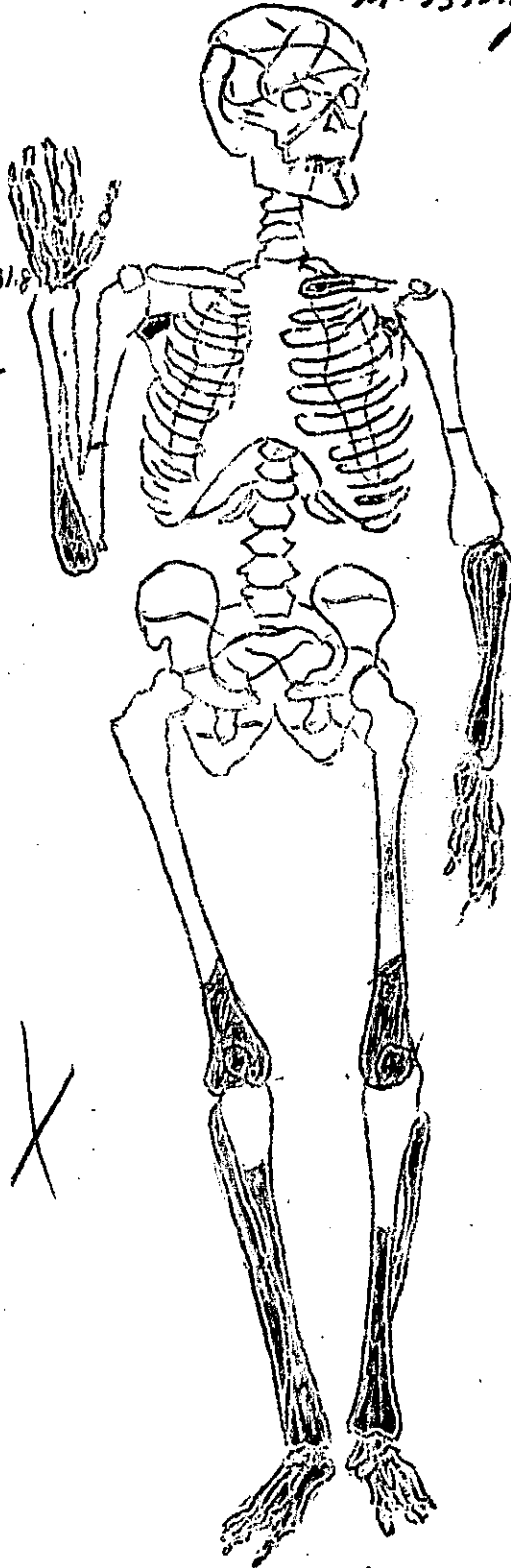
P-LLLL-R-10-G-237

16 Sept 1948

RIGHT

HUMERUS
(SMOOTH FRACT) 31.8

RADIUS - 24.5



Est. Ht. 5'4 ¹⁵/₁₆''

P.L.P.

TOOTH CHART

Plot - LLLL Row - 10 GRAVE - 237

E.O. #1142

S.T. AVOLD

16-SEPT 48

Date

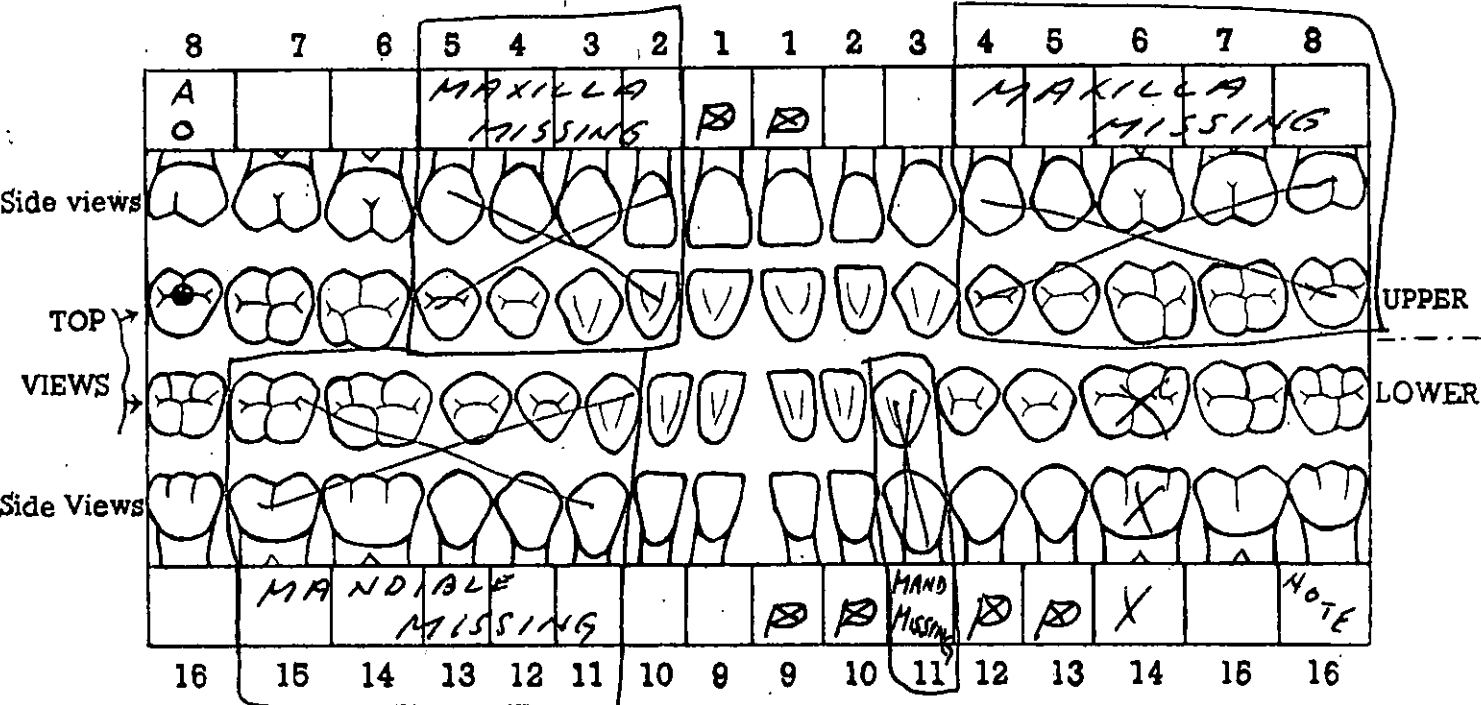
X-7428

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

See Reverse

Sp 7 DAB

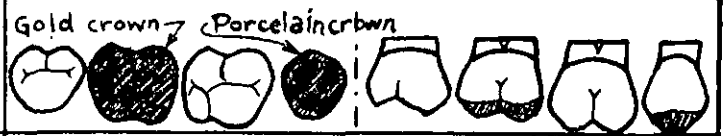
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. 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 :



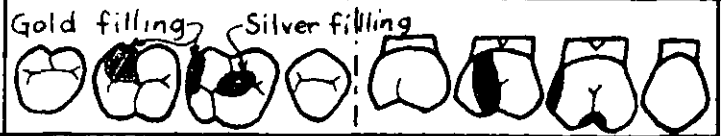
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



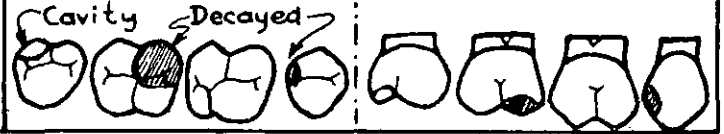
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

⊗ = POSTHUMOUSLY MISSING

SPACE = L-13-15 = 10 MM.

COLOR = DULL IVORY

SIZE = LARGE

ALIGNMENT = Good

R-8 = FACIAL VERSION

R-6 = LINGUAL VERSION

L-3 = ✓ ✓

MAXILLA

MANDIBLE

L-16 = INCOMPLETELY ERUPTED

REPORT OF INVESTIGATION 1 F 2081

AREA SEARCH Attention Registration Division "Hq. AGRC"-for use in Casualty clearance.

AGRC Form 10 (Revised)

14 September 1946

1 January 1946

Date

NAME Unknown X-7428

RANK

Unknown

ASN

Unknown

ORGANIZATION Unknown (Prisoner of War)

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 KULESIK, BERNARD J. RANK Pfc ASN 33709099

b. ORGANIZATION AAP

2. Was partial identification established? 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 See attached papers

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

a. Date of above burials _____ Common Graves? No

5. Name and Type of Cemetery Getrauden Cemetery, Halle
(Military or Civilian)

6. Map Coordinates of the Cemetery M52/D92

a. Town Halle Country Prov. Halle/S, Merseburg

7. Give exact location in cemetery of the remains.

a. Section 4 Row _____ Grave 4/872

b. Is Sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

a. Town _____ Coordinates _____

b. Is Sketch attached? Not applicable

c. Is area mined? _____

9. How is the grave marked? Cross

10. If grave is marked with cross, give exact markings thereon "Kulesik, am 7.4.45 USA"

a. From what source was this information obtained?

(Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? None found
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained hereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? **31 March 1945**
- a. Give basis **see attached basic documents**
13. What is the cause of death? **killed in air-raid**
- b. Give basis **same as 12 A.**
14. What is the date of burial? **7.4.1945**
- a. Give basis **cemotery cross**
15. What was the place of death? **Halle, Stalag 4b** Coords **N52/D92**
- b. Give basis **same as 12 2.**
16. Where were the reamains found? **Stalag 4b** Coords **N52/D92**
- a. By whom? **unknown**
- 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 **Unknown persons**
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **No information available**

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? **h**
This section not applicable
- 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? **This section not applicable**
- a. Give specific position in tank from which deceased was removed
- (Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc

33. What was the type of enemy action that resulted in the tank's disablement?

34. Did tank explode? Burn?

35. Number of tanks in immediate vicinity at time of disablement

36. Does specific time and date of disablement correspond with date of death of above named deceased?

37. Precise time and date of destruction of tank (Night?) (Day?)

38. Did any of the crew members escape? Prisoners?

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

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached?

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **Killed in air-raid on Halle while an inmate of Stalag 46**

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? **Unknown**

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 time of death? **Unknown**

Where? By whom?

Present disposition

c. Was deceased identified by living members of the crew at the time of death? **Possibly**

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? **No**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **No**

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

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

When?

48. Give full names, addresses, and information obtained from each person interviewed

No persons could be found who had information on the case.

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? **No; Soviet Zone.**

(If special investigation, give case number)

52. Give Brief Narrative **See attached papers.**

(Use attached, sheets if necessary)

JOHN W. BOWYER

Signature of Interpreter

Signature of Investigator

1st Lt. QMC. 0-552741

Rank

ASN

Rank

ASN

Organization

FPC. A.G.R.C.

Organization

Certified true copy

Jack E. Cauley
JACK E. CAULEY
2nd Lt. Inf

C O P Y

WAR DEPARTMENT

MESSAGEFORM

27 August 1945

MESSAGE

1. Inclosed herewith is a photostatic copy of a letter from Headquarters, First United States Army, 383.6 (A), dated 7 May 1945, Subject: Allegedly deceased U. S. Ex-Prisoners of War, with roster inclosed.

2. Some of the personnel listed on the attached list have been identified as the following who were reported missing in action on your casualty shipments as indicated:

	Pfc	Barnhart, Robert E.	7032645	209
	Pfc	Millette, Donat A.	31234473	018
	Pfc	Best, John E.	35901190	007
P.	Pfc	MacCrae, William P.	31368054	265
	Pfc	Smith, Robert M.	37563647	038
	Pfc	Kulesik, Bernard J.	33709099	004
	Pvt	Gromis, Samuel A.	33774950	008
	Pfc	Moser, Gideon	39603942	018
	M Sgt.	Hjerpe, Edward B.	36014343	004
	Pvt	Krashen, Sidney M.	36647713	256
	Tec 4	Broeker, Henry B.	36478213	006
	Pfc	Villalobos, Victor S.	39252997	131

All of the above listed personnel were subsequently reported as prisoners of war by the German Government.

3. Others on the attached list have been tentatively identified as follows:

	Sgt	William R. Johnson	20940030	159
	Pfc	Langendorf, Earl E.	36819182	003

4. This office is unable to identify the remaining personnel listed on the attached list.

5. Sgt. William R. Johnson, 20940030, was reported being returned to the United States by your message 169043, and a separate communication is being addressed to him requesting any information in his possession concerning the alleged deaths of personnel on attached list.

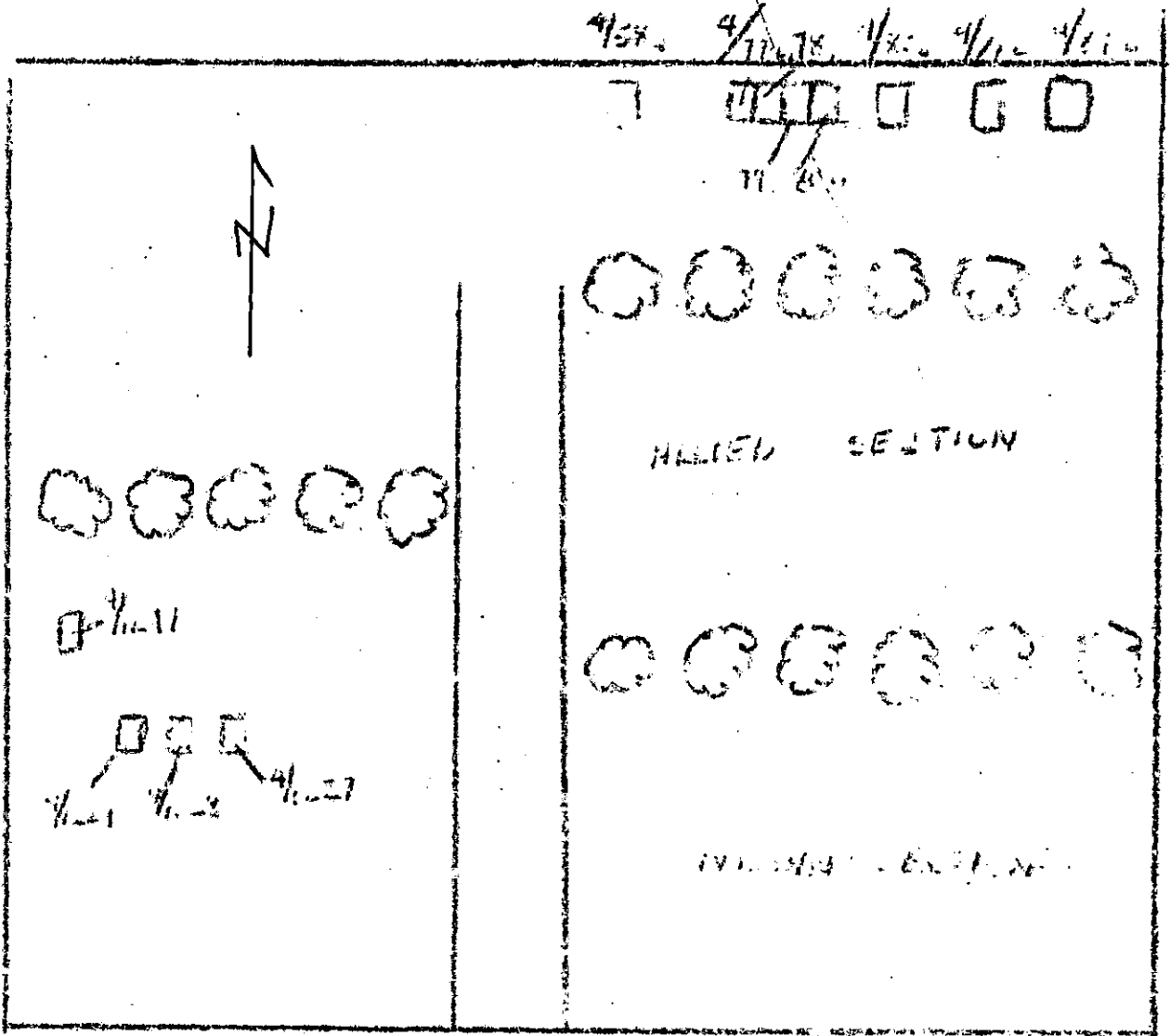
6. Pfc Robert M. Smith, 37563647, was determined dead based on a statement by Sgt Lawrence H. Madden, Jr. 33433941, that Pfc Smith was killed on 31 March 1945 in an air raid at Stalag 4B, Halle, Germany, having been crushed by debris during the raid and that he, Sgt Madden, was an eyewitness to the death. A separate communication is also being addressed to Sgt Madden concerning the remaining members on the attached list.

7. A copy of a letter from Pfc Eusebio Olaira, 42061510, formerly of Co. H, 423rd Inf Regt, 106th Div., a liberated prisoner of war, states that as a prisoner of war he was detained in Halle, in a Beer Garden in the center of town opposite a German hospital where German wounded were kept. He stated that after he had left he learned that the hospital and air raid shelter had been bombed and many of your prisoners were killed in the air raid shelter.

8. PWG ETO Form No. 19, American Dead List No. 99 for the period ending 15 July 1945 lists nine of the personnel on the attached list as having been killed in or died as the result of the bombing at Halle, Germany, on 31 March 1945.

9. Request an appropriate investigation be made of the alleged bombing of the hospital and air raid shelter to determine the casualty status of subject personnel who are still being carried as prisoners of war of the German Government. Further request that a copy of the report of your investigation and results there of be submitted to this office.

WITS:LL
ACTING THE ADJUTANT GENERAL



Section 4

Getzsdorf Civilian Cemetery

Halle, Germany

11 52 3 12 1/2 1/2 1/2

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 - 7428
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Stalag 4 b, Halle, Germany
(name of closest town) (coordinates and letter Prefex, maps)
M-52/D-92
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 95th QM Bn.
(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	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear _____ (type)			
Raincoat _____			no clothing found
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
*Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers HBT _____			
*Trousers, Wool OD _____			

Belt, Web
 Drawers, Wool
 Drawers, Cotton
 Leggings, Wool (Note unusual lacing)
 Socks, Cotton
 *Shoes **10 B** (type) **one (1)**
 Overshoes
 Web Equipment..... (Type)
 (Other item)
 (Other item)

no clothing found

*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.....
No

8. Description of Remains :
 Age **utd** Height **Est. 5'8"** Weight **Est. 160 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, pocks, freckles)
 Build **utd**
(large, fat, thin, muscular)
 Hair **black, 2" long, wavy**
(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 head crushed
(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 aist utd
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

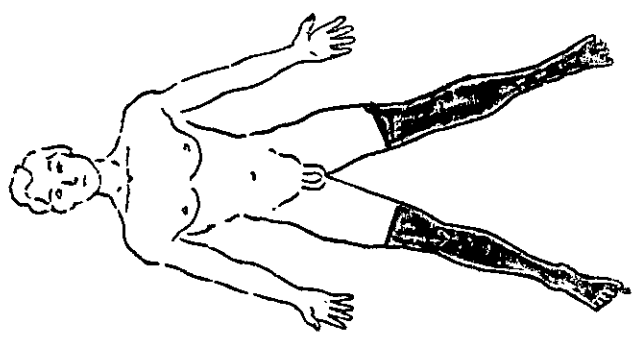
Hernioplasty utd
(yes-no; location)

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

Feet utd Toes utd
(size, corns, callouses, flat) (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 hands too decomposed

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

12. Remarks : These remains are in fair condition, torso intact with
flesh present. Entire body is completely crushed, in-
cluding the head. Indicates being crushed under heavy
weight. Grave marker found in casket Kulesik, buried 7.4.45

I certify that I have personally viewed the remains of subject deceased and all resulting information ^{USA.} has been recorded to the best of my knowledge.
Est. weight of remains recovered 60 lbs.

R G Johnson
Officer's Name
R.G. Johnson
2nd Lt. Inf
Lab- Officer
Rank Service

Central Identification Point
Organization

X-7428

TOOTH CHART

14 September 1946

Date

Unknown X-7428

Unknown

Unknown

Last Name

Unknown

First

(Prisoner of War)

Rank

Unknown

Serial No.

Unit

Stalag 4 b, Halle, Germany - Est. 31 March 1945 - Killed in air-raid

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	O A		O-D CEMENT M-A	MAXILLA MISSING			M A D	M A D					MAXILLA MISSING				
Side views																	
TOP																	
VIEW																	
Side Views																	
SEE NOTES			MANDIBLE MISSING				M A D			M A D	MAND MSG	M A D	M A D	T. MSG.		SEE NOTES	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	


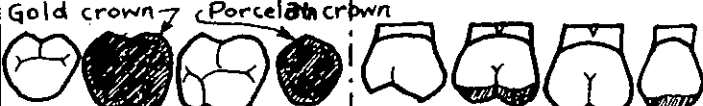

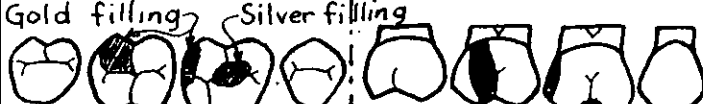

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

James Ventura W.D. Civ.
 Signature of Officer or other person who prepared Tooth chart

Ellsworth T. MacIntyre
 Verified by G. R. S. Officer

499
 Ellsworth T. MacIntyre - Capt. - QMC - C.I.P.

L.D.

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

L 16 only slightly erupted before death.
 R 16 not fully erupted before death.
 Teeth are large, uvoid, slightly pinkish in shape.

418

AIRMAIL

~~QCGRM 293~~

1st Ind.

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4251

Department of the Army, OCSG, 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, OCSG
Memorial Division

314.6 / GRS Europe
T/L # 4251

Rice/ld
Foy
RES

X 293 IncL France X-4428-1 ST RYOLD

RES
TEC

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

18 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7428, Plot LLL
Row 10, Grave 23 7, 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. 3195, dated 3-11-48.

3. Remarks: All the available dental information for the subject 10 deceased in Halle Bombing, have been compared with tooth charts obtained for X-175, X-7384, X-7391, X-7428 St. Avold, and X-5913 Neuville, and no definite association to establish identification could be made.

A. SWETNICK

Case reviewed by undersigned Members of the Board of Review:

[Signature]
Col. H.P. HENRY, O-12589

QMC

[Signature]
Lt. Col. E.D. MULVANY, O-359598

QMC

Major R. BERGER, O-251736

ORD

[Signature]
Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1586236

QMC

[Signature]
1/Lt. Gaylord E. LUTZ, O-1595665

QMC

T.P. # 4251, 19 Aug 49

Incl #6

AIR MAIL

QUART 293
GIC (European)

17 June 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Burial Reports for Unknowns X-175, 190, X-7384, X-7391 and X-7428 USMC St. Avold, France and X-5913 USMC Neville-en-Condroz, Belgium. These are the only remains recovered from Gortzhausen Cemetery, Halle, Germany as yet unidentified, or for whom a tentative association does not exist.

2. Previous investigation has resulted in the tentative association of all known dead resulting from the Halle bombing, with the exception of the following seven (7) men:

Thornhart, Robert E.	7032645
Hollar, David G.	35917406
Kraehen, Sidney H.	36647713
Langendorf, Earl E.	36819182
MacCrae, William P.	31368054
Morgan, Floyd H.	36002913
Villalobos, Victor S.	39252997

3. Inclosed are forms 371 covering all available identification data for these deceased. Efforts of this Office to associate any of the men referred to in paragraph 2 with the Unknowns listed in paragraph 1, above, have been unsuccessful to date; however, there is no record of a recent reprocessing of Unknowns X-175, X-190, X-7391 St. Avold, or X-5913 Neville.

4. It is requested that an investigation, to include reprocessing if necessary, be conducted by your Headquarters and if any identifications can be established that the facts be presented to a Field Board of Review and the findings forwarded this Office.

FOR THE QUARTMASTER GENERAL:

7 Incls:
Incls 1-7 XMG Forms 371 (in dup)
w/dental data atchl
(Thornhart, Hollar, Kraehen, Morgan,
Langendorf, MacCrae, Villalobos)

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

AIR MAIL

*X-7428 look. France
X-7428
1ST. Grade*

AIR MAIL

QUICBT 293
GIS (European)

17 June 1949

SUBJECT: Identification of World War II Deceased

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

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Hollar, David G.	35917406
Krashen, Sidney W.	36647713
Langendorf, Earl E.	36819182
MacCrae, William P.	31368054
Morgan, Floyd B.	36002913
Villalobos, Victor S.	39252997

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4. It is requested that an investigation, to include reprocessing if necessary, be conducted by your Headquarters and if any identifications can be established that the facts be presented to a Field Board of Review and the findings forwarded this Office.

FOR THE QUARTERMASTER GENERAL:

7 Incls:
Incls 1-7 OASG Forms 371 (in dup)
w/dental data atchl
(Barnhart, Hollar, Krashen, Morgan,
Langendorf, MacCrae, Villalobos)

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

AIR MAIL

X 7428 France X-7428 (St. Avold)

1. FILE UNDER NO. 295 - Unk. France X-7428 (St. Avoird)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 22 Mar 49

4. FROM: OCMG

5. TO: CG, AGRC, WA, APO 58, 4PM, New York

6. SUBJECT: Burial Information

Best, John E. Pfc. 35901190

* * * * *

7. DOCUMENT FILED UNDER NO. 293 - GRE, European (Ident.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date - 3 NOV 1948

SUBJECT : Reprocessing of Remains

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

The remains of X - 7428
interred in Plot LLLL, Row 10, Grave 237, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 4 15/16"

TEETH : Found with the Remains

SKULL : Fractured and Disarticulated

No evidence of Healed Fractures or Amputations. *See skeletal chart.*

Due to insufficient evidence, this Remains is classified "Unknown".

FOR THE COMMANDING GENERAL :

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

2 Incls. :

1. Dental Chart
2. Skeletal Chart

Incl #10

TOOTH CHART

E.O.1142

USMC St. Avold
LLLL : 10: 237

16 September, 1948
Date

X - 7428

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death Date of Death Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A			MAXILLA MISSING				⊗	⊗			MAXILLA MISSING					
Side views																	
TOP																	
VIEWS																	
Side Views																	
		MANDIBLE MISSING						⊗	⊗	MAND	⊗	⊗	⊗			NOTE	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

CERTIFIED TRUE COPY:

George L. Freeman
 GEORGE L. FREEMAN
 1st Lt OMC

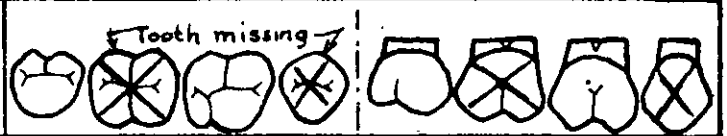
/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

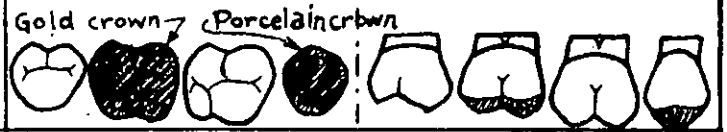
Verified by G. R. C. Officer

S.R.

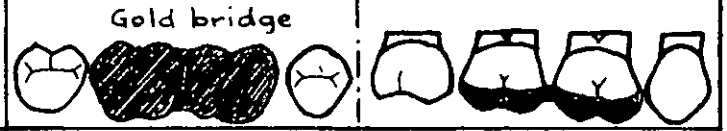
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



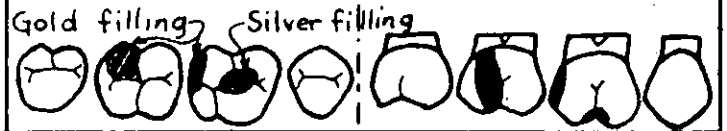
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



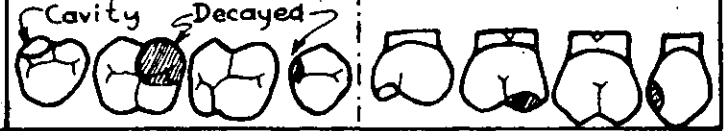
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



: Posthumously Missing

SPACE : L 13 - 15 - 10mm.

COLOR : Dull Ivory

SIZE : Large

ALIGNMENT : Good

MAXILLA

R 8 - Facial Version

R 6 - Lingual Version

L 3 - Lingual Version

MANDIBLE

L 16 - Incompletely Erupted

SKELETAL CHART

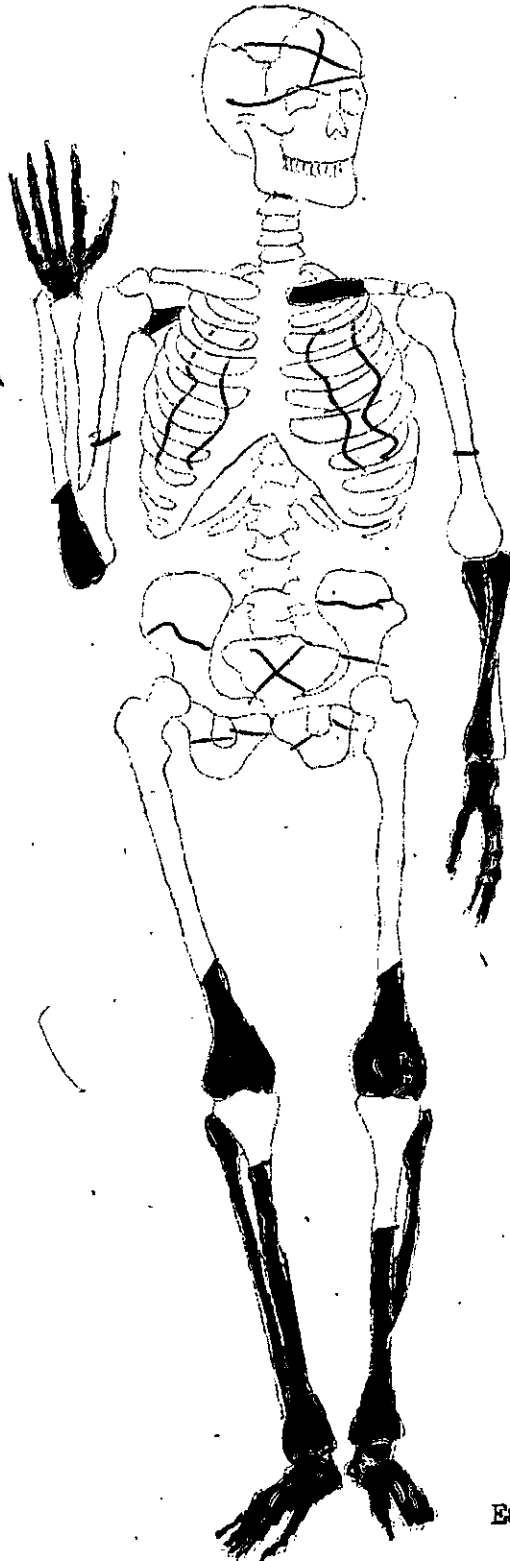
16 September, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) X - 7428

USMC St. Avold
LLLL : 10 : 237

R. HUMERUS 31.8
Smooth Fracture

R. RADIUS 24.5



Est. HEIGHT: 5' 4 15/16"

293 Smith, Robert M. (L.A. Armed / E.A.)
6 P.S. - 7428
X 293 Smith's reference X 7428 (Strawler)

293 Smith, Robert M.
37023647

ARMY DEPT OF ARMY WASH DC VOGL X 4652

UNCLASSIFIED

CG AGRC PARIS FRANCE

PRIORITY

XXXXXXXXXXXX

WGL. 37039
AGRC 5197

CHARGE GRAVES WW II

FROM GCMY REURAD ABLE GEORGE ROGER CHARLIE FIVE ONE NINE SEVEN

REFERENCE PVT FIRST CLASS ROBERT MIKE SMITH THREE SEVEN FIVE SIX
THREE SIX FOUR SEVEN PD REQUEST BY IMMEDIATE RADIO REPLY CURRENT STATUS
OF REPROCESSING OF UNKNOWNX XRAY SEVEN FOUR TWO SEVEN AND XRAY SEVEN
FOUR TWO EIGHT SAINT AVOLD AS REPORTS OF REPROCESSING HAVE NOT RPT NOT
BEEN RECEIVED THIS OFFICE TO DATE

AGRC 5197 IS MC IN 60743

(27 AUG 48)

UNCLASSIFIED

GCMY 293
GRAVES REGISTRATION EA

1 1515Z
NOV 48

O.J. MURRAY
MAJOR, GHC, MEM DIV

1. FILE UNDER NO.

293 - Unk. France X-7428 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

3 Sept 48

4. FROM:

OCMG

5. TO:

CG, AGRC, EUROPEAN AREA, APO 58, ~~SPM~~, New York, N. Y.

6. SUBJECT:

Identification of Unknown Deceased

7. DOCUMENT FILED

UNDER NO.

293 - GRS European (Ident.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

ARMY DEPT OF ARMY WASH DC CAMPBELL X 5641

UNCLASSIFIED

CG AGRC PARIS FRANCE

PRIORITY

X

20729

XXXXXXXXXXXX

CHARGE GRAVES WW II

FROM GAGNY

RELATIVE PVT FIRST CLASS ROBERT MIKE SMITH THREE SEVEN FIVE SIX THREE SIX FOUR SEVEN PD REPROCESSING REPORTS FOR UNKNOWN'S XRAY SEVEN FOUR TWO SEVEN AND XRAY SEVEN FOUR TWO EIGHT SAINT AVOLD HAVE NOT BEEN RECEIVED THIS OFFICE PD REQUEST BY RADIO REPLY APPROXIMATE DATE THESE REPORTS MAY BE EXPECTED

X 293
Lusk X
7428
F. Murray
Sgt. Lusk

UNCLASSIFIED

ARMY 293
GRAVES REGISTRATION EA
(Sheet)

25 1730Z
AUG 48

O.J. MURRAY
MAJOR, GAC, MEN DIV

29-3-65
S. S. (E.A.)
6.7.5.

This Grave formerly occupied by: UNKNOWN X-007465-B
USMC ST AVOLD, FRANCE DISINTERMENT DIRECTIVE
Plot D, Row 24, Grave 29
Date reburied:- 5 October 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED *M. R. SWART*
DIRECTIVE NUMBER 3574 00000
DATE 15 01 48
DAY MONTH YEAR

NAME UNKNOWN X-007428 RANK SERIAL NUMBER
CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0 3503 80
DAY MONTH YEAR
PLOT 4L ROW 10 GRAVE 237 COUNTRY FRANCE CAUSE OF DEATH 6
CODE DIST. PT.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007428 SERIAL NUMBER RANK Unk DATE OF DEATH Est: 31 Mar 45 DATE DISTINTERRED 1 June 48
IDENTIFICATION TAG ON REMAINS MARKER EMB ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY GEO W LOWRY, EMBALLER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER CONDITION OF REMAINS Skull, Mandible & all main bones fractured- R/&L/Tibiae & Fibulae missing. Final stage of decomposition -Disarticulated-

OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND WITH REMAINS

MINOR DISCREPANCIES 1 NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 June 48 BY GEO W LOWRY, EMBALLER
CASKET SEALED BY GEO W LOWRY, EMBALLER EMBALLER (Signature) *GEO W LOWRY*

CASKET BOXED AND MARKED ~~OPENING DOORS COVERED BY~~ all markings, tags & plates verified by: *Henry F Alzmann*
DATE 9 June 48 BY GEO W LOWRY, EMBALLER HENRY F ALZMANN, 1st Lt INF

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

Henry F Alzmann
HENRY F ALZMANN, 1st Lt INF, 337 QLI BN
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE
2 2 DEC 1949

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

REPARATION
 RECORDS BRANCH
 FEB 2 3 32 PM '49
 MEMORIAL 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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

02149

1947 OCT 07 18 21

FROM: AMERICAB71

REGISTRATION COMMAND APO 58 US ARMY Ø715Ø3Z

TO : RT E QUARTERMASTER GENERAL, WASHINGTON 25, D.C.

GR NC

REFERENCE NR 3915 IMI THREE NINE ONE FIVE PD REFERENCE WCL-24
633, PRIVATE FIRST CLASS JOHN E. BEST, 359Ø119Ø. SUBJECT DECEASED
MAY BE ONE OF THE FOLLOWING UNKNOWN: ST. AVOLD X-7391, X-7419,
X-7427, X-7488, NEUVILLE-EN-CONDROZ X-5913, X-5973 DISINTERMENT
FROM HALLE, GERMANY. HOWEVER MORE ACCURATE DENTAL CHART NECESSARY
TO EFFECT IDENTIFICATION. END AGRRRE.

P E C K H A M

M

Ø7153ØZ

FROM AGRC PARIS

MSGNO 3915

D.T.G. 07/1503Z

ACTION QMC

MC IN NO 52996

*file chgd to
them 7/31/47*

X-7488 St Avold, France

*now
file
10/13/47
Beynon*

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 - **7428**
Cemetery _____
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death **Stalag 4 b, Halle, Germany**
(name of closest town) (coordinates and letter Prefex, maps)
M-52/D-92
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **95th QM Bn.**
(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	Clothing	Indicate unusual markings
	Markings	Sizes
*Headgear _____ (type)		
Raincoat _____		
Overcoat _____		
Jacket, Field _____		
Jacket, Combat _____		
Mackinaw _____		
Sweater _____		
Jacket, HBT _____		
*Shirt, Wool OD _____		
Undershirt, Wool _____		
Undershirt, Cotton _____		
Trousers HBT _____		
*Trousers, Wool OD _____		

no clothing found

Belt, Web

Drawers, Wool

Drawers, Cotton

Leggins, Wool

Socks, Cotton

•Shoes **10 E** (type) **One (1)**

Overshoes

Web Equipment (Type)

(Other item)

(Other item)

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

no clothing found

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

No

8. Description of Remains :

Age **utd** Height **Est. 5'8"** Weight **Est. 160 lbs.** Description of wounds **utd**

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

utd 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 **black, 2" long, wavy**
(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 **head crushed**
(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** Aist **utd**
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

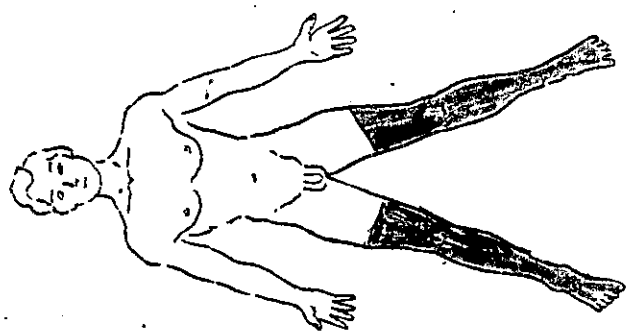
Hernioplasty **utd**
(yes-no; location)

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

Feet 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 hands too decomposed

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

12. Remarks : These remains are in fair condition, torso intact with flesh present. Entire body is completely crushed, including the head. Indicates being crushed under heavy

weight. Grave marker found in casket "Kulesik, buried 7.4.45 USA."

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. Est. weight of remains recovered 60 lbs.

R. G. Johnson
R.G. Johnson
2nd Lt. Inf
Lab- Officer

Rank Service

Central Identification Point

Organization

X-7428

TOOTH CHART

14 September 1946

Date

Unknown X-7428

Unknown

Unknown

Last Name

Unknown

First

(Prisoner of War)

Initial

Rank

Unknown

Serial No.

Unit

Stalag 4 b, Halle, Germany - Est. 31 March 1945 - Killed in air-raid

Organization

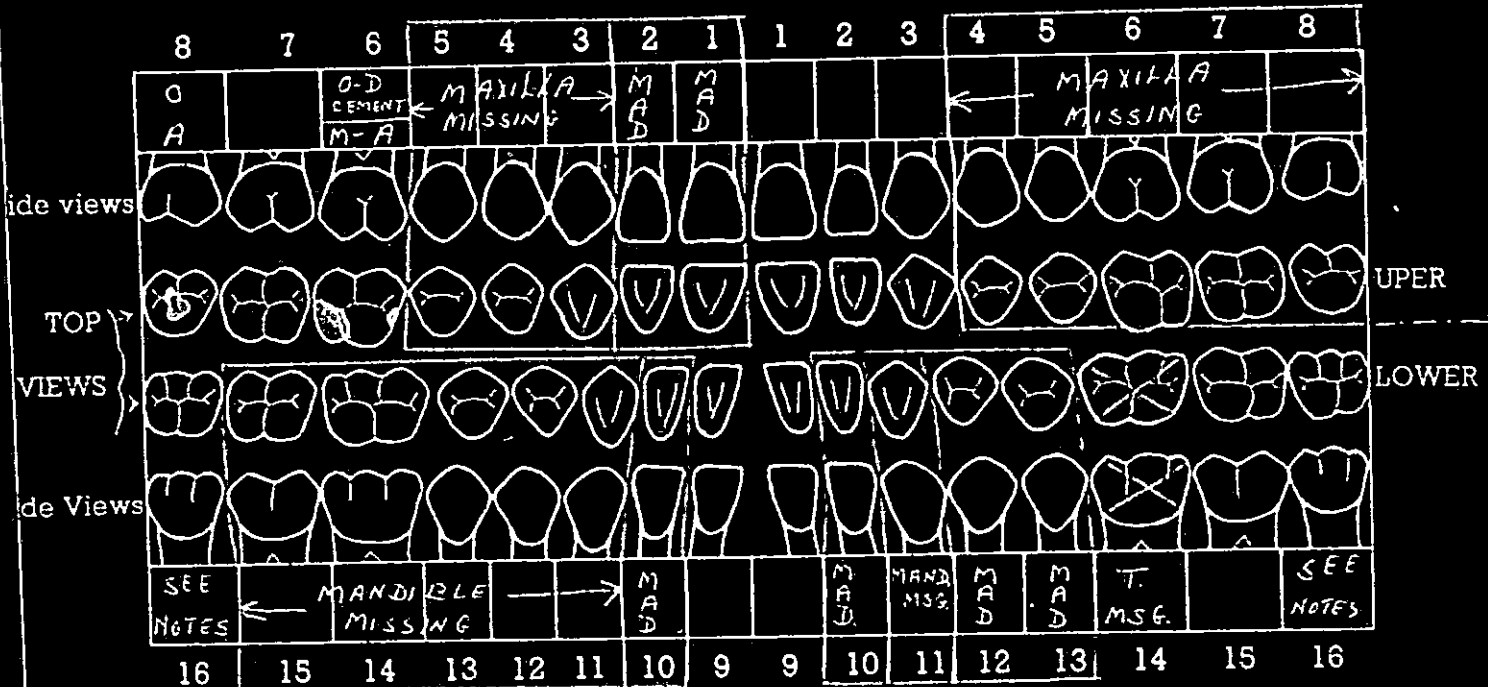
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

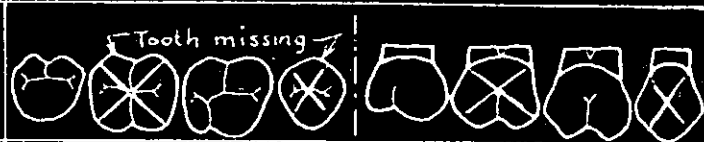
James Ventura
 Signature of Officer or other person who prepared Tooth chart

Ellsworth T. MacIntyre
 Verified by G. R. S. Officer

Ellsworth T. Mac Intyre - Capt. - QMC - C.I.P.

X-7428

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



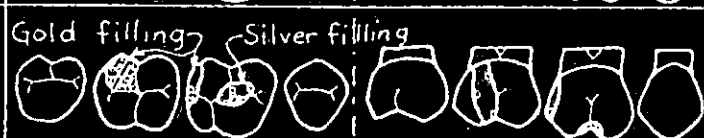
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



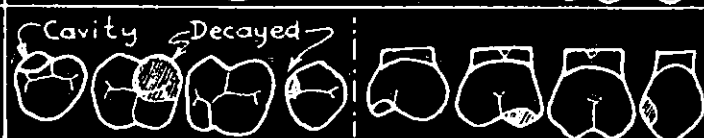
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 :

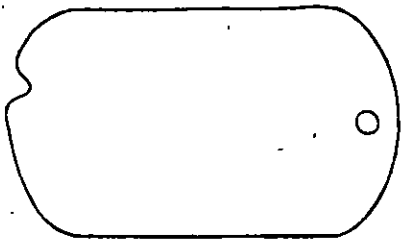


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

L 16 only slightly erupted before death.
 R 16 not fully erupted before death.
 Teeth are large, ovoid, slightly pinkish in shape.

41.8

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 16 September 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO.		
		NAME (Last, first, middle initial)			Unknown		
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		Unknown		Unknown		Unknown (Prisoner of War)	
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
Unknown		Unknown					
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Stalag 4 b Halle, Germany		Killed in air-raid			Est. 31 March 1945		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or 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		None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
US Military Cemetery (Q-260584) St. Avoird, France.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.	
17 September 1946	1500	Casket	Temp. wood-cross	LLLL	10	237	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
Yes	Gertrauden Cemetery Halle, Germany Prov. Halle-Merseburg, (M-52/D-92) 1:250,000						
	PLOT NO.	ROW NO.	GRAVE NO.				
	4		4/87a				
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
General Service	CH. Ch.R. Williams, 1st Lt.	One copy WD QMC Form 1042 Report of Interment placed in Burial Bottle and buried with remains.					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	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.			
Unknown-X-7414	Unk	Unknown	A.F.	236			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.			
Unknown-X-7432	Unk	Unknown	A.G.F.	238			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
Elizabeth T. McCarty Capt. QMC - C.I.P.			Verne C. Edwards 2nd Lt. Inf. C.I.P.				
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.							

Section 2. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


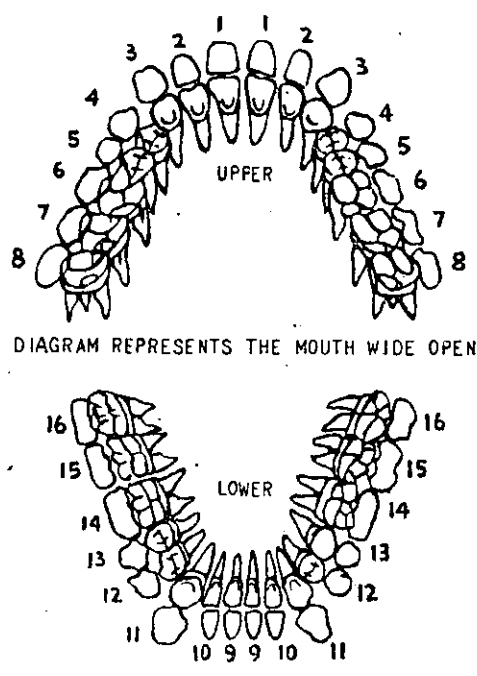




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

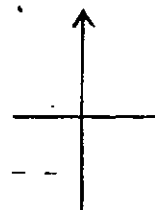
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5'8"	160 Lbs.	utd	utd	utd
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
none		none		Halle, Germany.

OTHER IDENTIFICATION CLUES

Grave marker found in basket;" Kulesik, beigesetzt (buried) 7.4.45- USA "inscription on cross " Kulesik, buried April 7, 1945/USA."
(see attached copy WD Messageform (27 Aug.1945))

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 11 check List of Unknowns and Form 1a Tooth Chart accomplished. Fingers too decomposed for fingerprints. Est.weight of remains recovered 60 Lbs.