

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

9 June 1949

RRE 293

(Date)

293 Unk. France (St. Avold) X-8112

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 8112, Plot JJJJ  
Row 7, Grave 173, 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. Not of, dated record.

3. Remarks:

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 G. HAYES, O-1577297

QMC

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

QMC

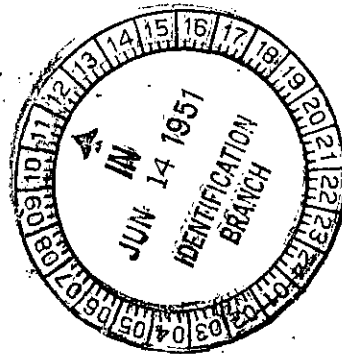
Edward E. Stout  
I/Lt. Edward E. STOUT, O-1594512

CE

Received Opal Keller OQMG  
Not identifiable from  
information presently  
available

23 June 49

Incl #8



PRIORITY

AIR MAIL

HQ., A.G.R.C., EA., APO 58, US ARMY, c/o PM NYC NY

UNCLASSIFIED

DEPARTMENT OF THE ARMY, OCMG

Air Mail  
Immediate

2nd & T Sts SW

WASHINGTON 25, D.C.

FILE REG 200.2 (UDB)  
10 June 1949

UNIDENTIFIABLE REMAINS - TRANSMITTAL LETTER #4007

In compliance with your letter dated 29 July 1948, file OCMGT 293 GRS European, subject: Final Resolution on Unknown Deceased, there are inclosed herewith eight (8) certificates pertaining to following Unidentifiable Remains:

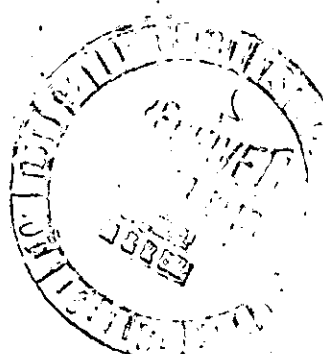
US Military Cemetery NEUVILLE -EN- CONDROZ, Belgium

|                |         |        |           |
|----------------|---------|--------|-----------|
| Unknown X-2518 | Plot F  | Row 12 | Grave 290 |
| Unknown X-2783 | Plot R  | Row 6  | Grave 141 |
| Unknown X-4458 | Plot Q  | Row 9  | Grave 207 |
| Unknown X-4462 | Plot Q  | Row 9  | Grave 217 |
| Unknown X-6870 | Plot EE | Row 3  | Grave 62  |
| Unknown X-7488 | Plot GG | Row 3  | Grave 63  |

US Military Cemetery ST AVOLD, France

|                |           |       |           |
|----------------|-----------|-------|-----------|
| Unknown X-6972 | Plot CCCC | Row 9 | Grave 108 |
| Unknown X-8112 | Plot JJJJ | Row 7 | Grave 173 |

FOR THE COMMANDING GENERAL:



UNCLASSIFIED

O. W. STEINSIEK

REG

10 June 49 CAPT., OCMG., Actg Asst Adj Gen

1

1

*Handwritten note:* 29 July 1948

RL 2/19

1

This Grave formerly occupied by: GOECKNER, Ambrose H PFC 36025827  
USMC St Avold, France DISINTERMENT DIRECTIVE  
Plot C, Row 17, Grave 44 Date disinterred: 21 June 49.  
Date reburied: 21 June 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-0008112 SERIAL NUMBER RANK ARM 1  
DATE OF DEATH

CEMETERY ST. AVOLD - METZ DISPOSITION OF REMAINS 0 3503 80  
CODE DIST. PT.

PLOT 4J ROW 7 GRAVE 173 COUNTRY FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN, X-008112 SERIAL NUMBER RANK Unk DATE OF DEATH Est Dec 44 DATE DISTINTERRED 14 May 48

IDENTIFICATION TAG ON REMAINS  MARKER  ORGANIZATION USAGF RELIGION Unk IDENTIFICATION VERIFIED BY Charles W Fredricks, Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform CONDITION OF REMAINS Missing: Skull, Mandible, L/Clavicle, Humerus, Ulna & Radius - Fractured: L/Femur, Tibia, & Fibula, R/Fibula & Pelvic girdle - Disarticulated

Report of Burial found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 May 48 BY Charles W Fredricks, Embalmer

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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by: Bruce E Blair, 1st Lt QMC

DATE 19 May 48 BY Charles W Fredricks, Embalmer

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

*Bruce E Blair*  
BRUCE E BLAIR, 1st Lt QMC, 337 QM Co I I C  
SIGNATURE OF GRS INSPECTOR

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

19 JUL 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

NLN

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

JUL 11 1 49 PM '45  
 MEMORIAL DIVISION  
 RECORDS BRANCH

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| 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 |

### 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 |

# CHECK LIST OF UNKNOWNNS

1F-1132

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

Unknown X - 8112  
Cemetery St. Avoild, France  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)  
2. Place of death Hurtgen, Germany  
(name of closest town) (coordinates and letter Prefex, maps)  
WF-0436

(Sheet, scale and serials used)  
3. Remains recovered or disinterred by 610 QM Graves Registration Co.  
(name and organization)

4. Evacuated to Cemetery by C.I.P.  
(name and organization)

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

| Item | Clothing |       | Indicate unusual markings<br>Color wear, tear, repairs, etc. |
|------|----------|-------|--|
|      | Markings | Sizes |  |

\*Headgear Steel helmet with liner and net camouflage cover and wool O.D.cap.  
(type)

Raincoat none

Overcoat none

Jacket, Field yes

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

\*Shirt, Wool OD yes

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

\*Trousers, Wool OD yes

Belt, Web yes

Drawers, Wool yes

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, Cotton wool socks.

\*Shoes none (type)

Overshoes none

Web Equipment none (Type)

(Other item) ammunition belt remnants, leather palmed gloves.

(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

Ground Forces

8. Description of Remains :

Age UTD Est. Height 5'3" Est. Weight 135 lbs. description of wounds none

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, clony, pimples, pocks, freckles)

Build UTD  
(large, fat, thin, muscular)

Hair none found  
(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 **missing** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **missing** (prominent, receding, pointed, dimple, double)

Jaw **missing** (large, small, normal) Circumference of head in inches **missing** (flat 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)

(quantity & color of hair)

Circumcision **UTD** (yes-no) Pubic hair **none found** (color)

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

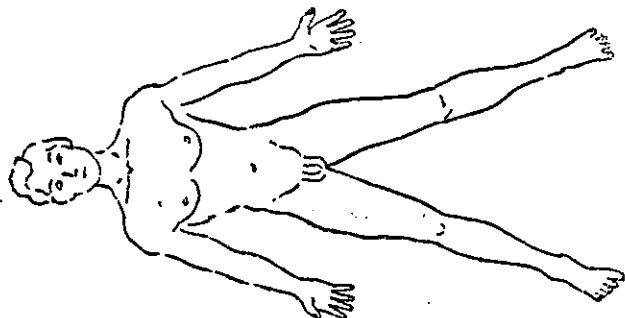
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)



Feet too decomposed Toes missing  
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures none found  
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery : **See chart**



10. Have fingerprints been placed on Report of Interment no  
(yes-no)

If not, explain missing

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

no teeth found

12. Remarks : About half of skeleton found. Has been exposed to the weather for a long period. Most bones fractured. Present weight Est. 5 pounds. Fluoroscopic Examination: Negative. Nothing found to warrant Chemical Laboratory Examination.

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.

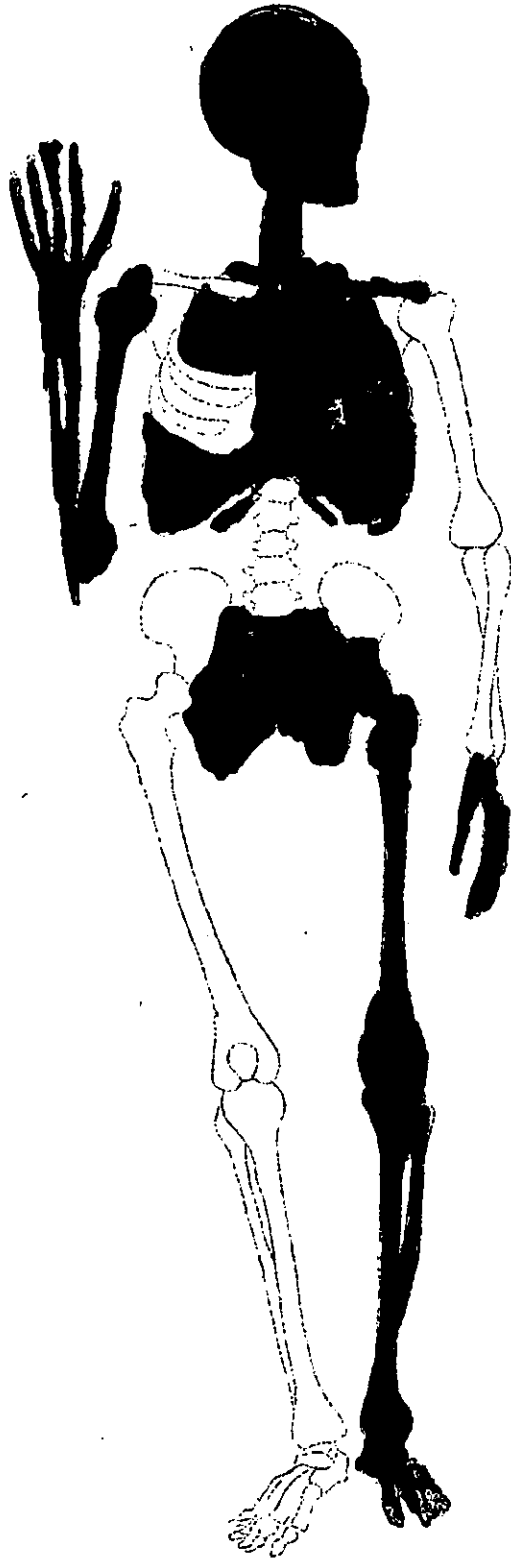
*R.G. Johnson*  
R.G. JOHNSON

Officer's Name

2nd Lt. Inf. Lab. Off.

Rank Service

Central Identification Point.  
Organization



# REPORT OF INVESTIGATION AREA SEARCH

ATTN: REG. DIV. AG. R. C.  
FOR USE IN  
CASUALTY CLEARANCE

AGRC Form 10 (Revised)

12 November 1946  
Date

1 January 1946

NAME Unknown X-8112 RANK unk. ASN unk.  
 ORGANIZATION unk. A.G.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? \_\_\_\_\_ 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 Unknown RANK Unk. ASN Unk.
    - b. ORGANIZATION Unk.
  3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY none
- (Use reverse side for listing of crew members from MARC)
- a. Date of above burials not buried Common Graves? \_\_\_\_\_
  5. Name and Type of Cemetery none  
(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? yes
  8. If remains are not located in a cemetery, give exact location.
    - a. Town Hurtgen Coordinates WF-0436
    - b. Is Sketch attached? yes
    - c. Is area mined? yes
  9. How is the grave marked? \_\_\_\_\_
  10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_
    - a. From what source was this information obtained? none  
(Identification tags; personal effects)
    1. By whom \_\_\_\_\_
  11. Where are the cemetery records? no records (Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? none
- b. Where was the information obtained? none
- c. By whom?
- 12. What is the date of death? Est: December 1944
  - a. Give basis Fighting took place at that time
- 13. What is the cause of death? hit by mines
  - b. Give basis found in mine field
- 14. What is the date of burial? no burial
  - a. Give basis
- 15. What was the place of death? HURTGEN, Germany Coords WF-0436
  - b. Give basis
- 16. Where were the remains found? HURTGEN, Germany Coords WF-0436
  - a. By whom? German Demining Company, Duren, Germany
  - b. Is sketch attached? yes
- 17. Was a casket used? no Who furnished the casket?
   
Type of casket How marked?
- 18. Who made the burial
   
(Civilian, American Mil. or German Mil.)
  - a. What are the names and addresses?

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? DOES NOT APPLY
  - 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? **DOES NOT APPLY**
  - 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? **yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased .....

**SEE ATTACHED SHEET**

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 **not with remains**
  - 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? **no**

43. Was deceased evacuated to a German civilian hospital? **no**

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 \_\_\_\_\_

**SEE SHEET ATTACHED**

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? **yes**

51. Was investigation preceded by advanced publicity? **no**

(If special investigation, give case number) \_\_\_\_\_

52. Give Brief Narrative \_\_\_\_\_

**SEE SHEET ATTACHED**  
(Use attached sheets if necessary)

Signature of Interpreter

*Henry C. Kloeffler*  
Signature of Investigator

Rank ASN

**HENRY C. KLOEFFLER**  
S/Sgt. 33985344  
Rank ASN

Organization

**610 QM.GR, Company, Cochem/Mosel**  
Organizational

NARRATIVE.

These remains presumed to be two (2) bodies were found in mined woods near Hurtgen, Germany (WF-0436) by the German Demining Company # 179 of Duren, Germany.

These bodies were mixed amongst each other and impossible to separate. On the remains was found 1 pistol-belt wich name that could be partially read William JIBS, Asn. Also rifle # M-1 - 2023999, M-1 - 2546273, M-1 # 26714558. First faid packt. J.O.M.D. 1942.

*Henry C. Kloepper*  
HENRY C. KLOEPPER  
S/Sgt. 33985344

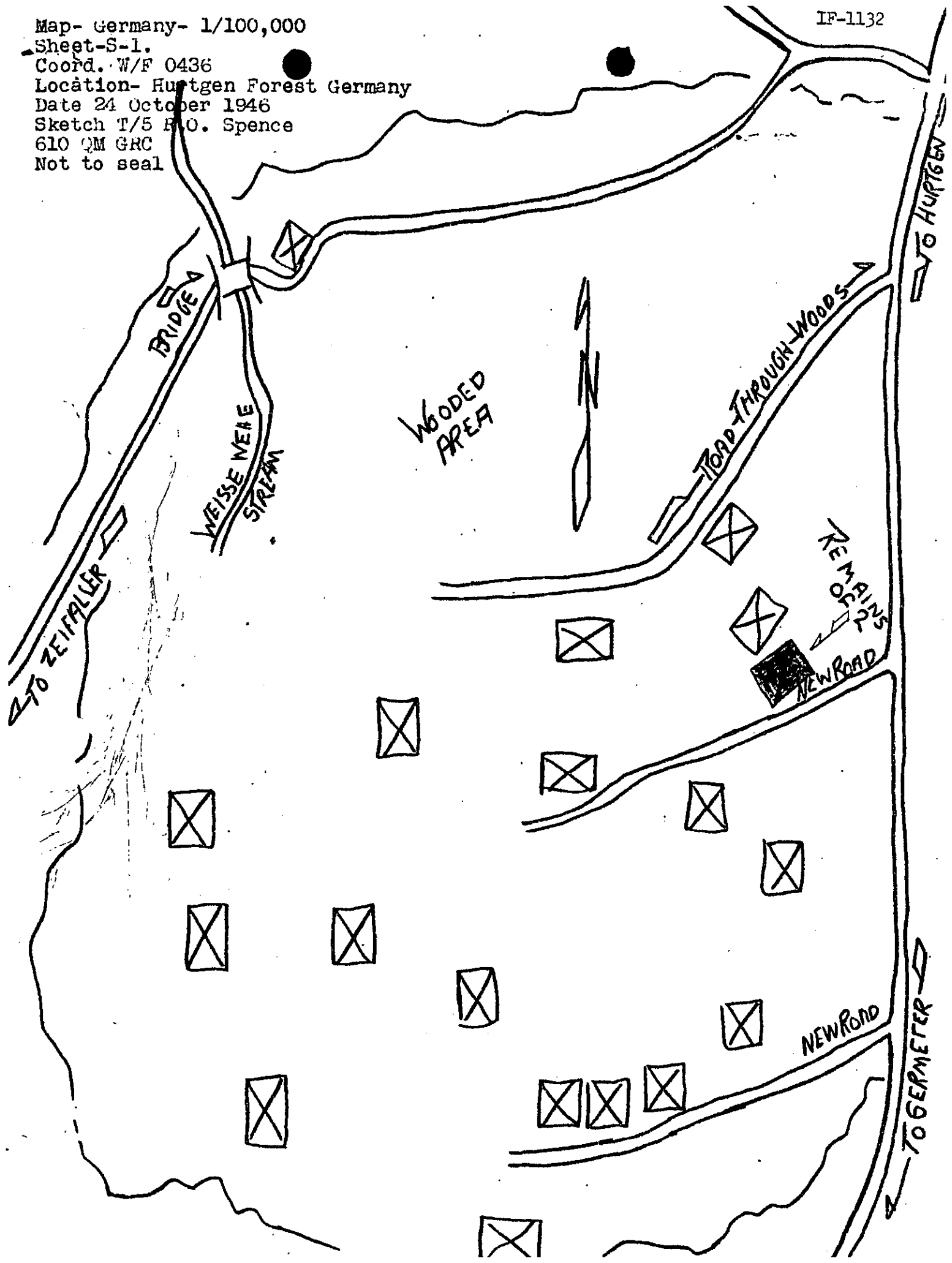
S T A T E M E N T

The following men, SCHINGMANN, HARRY, Duren Mine Company # 179, HELLWIG, ROBERT, Burgermeister, Hurtgen, House # 68, PRENZ, ROBERT, Hurtgen, House # 91, LEHDNER, Hurtgen, House # 39, BEHLEN, Hurtgen, House # 8. stated that these remains of these Unknown were found in the Hurtgen Forest Germany ( W/F 0436 )

*Henry C. Klopper*  
HENRY C. KLOPPER  
3/OCT 33985344



Map- Germany- 1/100,000  
Sheet-S-1.  
Coord. W/F 0436  
Location- Hurtgen Forest Germany  
Date 24 October 1946  
Sketch T/5 R/O. Spence  
610 QM GRC  
Not to seal



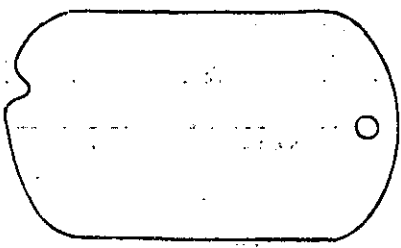
RZ mwp

RESTRICTED

1F-1132

110

|  |   |                                    |
|--|---|------------------------------------|
| QMC Form 1042<br>(Rev. 1 Apr. 1946)<br>(Supersedes GRS Form 1, and<br>Rev. of 1 Apr. 45, which may be used.) | <b>REPORT OF INTERMENT</b><br>(AR 30-1810 and AR 30-1815) | DATE OF REPORT<br>13 November 1946 |
|--|---|------------------------------------|

|  |  |                      |   |
|--|--|----------------------|---|
| Imprint: Identification Tag If Possible.<br>DO NOT TYPE.<br><br> | Section 1.—IDENTIFICATION.                           |                      |   |
|  | NAME (Last, first, middle initial)<br>UNKNOWN X-8112 |                      | SERIAL No.<br>unk.                                |
|  | GRADE<br>unk.  | ORGANIZATION<br>unk. | BRANCH OF SERVICE<br>AGF.                         |
|  | RACE<br>unk.   | RELIGION<br>unk.     | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |

|                                       |                                  |  |
|---------------------------------------|----------------------------------|--|
| PLACE OF DEATH<br>Hurtgen,<br>Germany | CAUSE OF DEATH<br>Mine Explosion | DATE OF DEATH<br>Est.<br>December 1944 |
|---------------------------------------|----------------------------------|--|

EMERGENCY ADDRESSEE (Name, relationship, and address)  
unknown

|   |  |
|---|--|
| IDENTIFICATION TAGS FOUND ON BODY.<br>(1, 2, or none)<br>none | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If not identified, fill in section 3 on reverse) |
|---|--|

|   |   |
|---|---|
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)<br>yes | COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HEREIN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|---|

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
none

DECEMBER 23 10 50 AM '46  
 REGISTRATION AND RECORDS BRANCH  
 MEMORIAL DIVISION

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-260584)

|                                    |              |   |  |                  |              |                  |
|------------------------------------|--------------|---|--|------------------|--------------|------------------|
| DATE OF BURIAL<br>13 November 1946 | HOUR<br>1500 | BURIED IN (Shroud, blanket, or name of other)<br>Casket | TYPE OF GRAVE MARKER<br>Temp. wooden Cross | PLOT No.<br>0JJJ | ROW No.<br>7 | GRAVE No.<br>173 |
|------------------------------------|--------------|---|--|------------------|--------------|------------------|

|   |   |          |         |           |
|---|---|----------|---------|-----------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br>no | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>Found on ground in Hurtgen, Germany<br>WF-0436 | PLOT No. | ROW No. | GRAVE No. |
|---|---|----------|---------|-----------|

|   |   |  |
|---|---|--|
| TYPE OF RELIGIOUS CEREMONY<br>Joint Service           | PERSON CONDUCTING BURIAL RITES<br>Ch. H. M. Trebaol, Capt.<br>Ch. Chas. R. Williams, 1/Lt | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY<br>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)<br>No | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br>Yes, embossed plate                  |  |

|  |             |                   |                     |                  |
|--|-------------|-------------------|---------------------|------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>Unknown X-7012 | RANK<br>Unk | SERIAL No.<br>Unk | ORGANIZATION<br>AAF | GRAVE No.<br>172 |
|--|-------------|-------------------|---------------------|------------------|

|   |               |                        |                              |                  |
|---|---------------|------------------------|------------------------------|------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>Misiak, Frank L. | RANK<br>S/Sgt | SERIAL No.<br>36365096 | ORGANIZATION<br>305 Hv Bb Gp | GRAVE No.<br>174 |
|---|---------------|------------------------|------------------------------|------------------|

|  |   |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT<br>CARLYLE D. JOHNSON, Jr.<br>U.S.W.D. Civ. A-441408<br><i>Carlyle D. Johnson</i> | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br>FRANCIS A. GIFFORD<br>Capt. T.C. C.I.E.<br><i>Francis A. Gifford</i> |
|--|---|

DISTRIBUTION OF REPORT: Signed original to 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.

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RESTRICTED

**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.

|            |            |               |               |                               |
|------------|------------|---------------|---------------|-------------------------------|
| HEIGHT Est | WEIGHT Est | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| 5'3"       | 135 lbs.   | UTD           | UTD           | UTD                           |

|                       |               |                                |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
| none                  | none          | Hurtgen, Germany               |

**OTHER IDENTIFICATION CLUES**

This deceased was found on ground in mine field at Hurtgen, Germany. Processing at Central Identification Point failed to reveal any identifying clues. Therefore this case is made "UNKNOWN".

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



REMARKS: Form # 11, Check List of Unknowns accomplished. Unable to obtain Form # 1-A, Tooth chart, and fingerprints because of missing portions. Est. weight of remains recovered : 5 pounds.