

7887 GRAVES DETACHMENT

~~Handwritten scribble~~
Coffey

943 unk. St. Avold ^{APD 757} X-3157

ms

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-3157 St. Avold

(POC) ST LAURENT

File
14 March 51
H. Martin

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial” when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes.
(if Special Investigation, so indicate)

2. Unk. K-3157 (St. Avold/France) unk. unk. unk.
(Full name of deceased) (Rank) (ASN) Organization

3. State: Means of identification, i. e. identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.
Presumed to be John Elber (from hospital records). No I.D. tags found, no fingerprints taken, no clothing marks. Tooth chart taken. Body intact.

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: ST. WENDEL/Germany, HQ 5996, Trier/Jer., K-50 1/250,000.

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

5. Full name of cemetery (include plot, row and grave if organized cemetery): Town Cemetery of St. Wendel/Germany, grave 3.

6. Approximate or established date of death (state which and give basis for date selected): Died 18 Dec 1944 in German hospital (from Burgermeister records).

7. Approximate or established date of burial (give basis for date established): 19 Dec 1944 (from Burgermeister records.)

8. Manner in which grave was marked, show information contained on the marker: Plain wooden cross.

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned: None.

10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information): This man was found around St. Wendel/Germany and was taken to a German hospital where he died from shrapnel wounds in the head and chest. He was buried on 19 Dec 1944 by the caretaker. This information was given to Burgermeister Kempf by a German doctor.

11. Give name and address of person who can guide disinterring team to burial location: Margot Lentz, St. Wendel/Germany, Schlachthofstr. 2, Burgermeister Kempf, St. Wendel/Germany, Schlossplatz.

REPORT OF INVESTIGATION - AREA SEARCHING

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„Report of Burial” when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes.
(if Special Investigation, so indicate):

2. Unk. K-3157 (St. Avoild/France) unk. unk. unk.
(Full name of deceased) (Rank) (ASN) Organization

3. State: Means of identification, i. e. identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.
Proceeded to tel John Elmer (from hospital records). No I.D. tags found, no fingerprints taken, no clothing marks. Tooth chart taken. Body intact.

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: ST. WENDEL/Germany, HQ 5926, Trier/Ger., K-50 1/250,000.

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

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9. List personal effects found in possession of, civilian and custodial personnel now retaining, furnishing name and address of individuals concerned: None.

10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information): This man was found around St. Wendel/Germany and was taken to a German hospital where he died from shrapnel wounds in the head and torso. He was buried on 19 Dec 1944 by the caretaker. This information was given to Burgemeister Kempf by a German doctor.

11. Give name and address of person who can guide disinterring team to burial location: Margot Lentz, St. Wendel/Germany, Schlachthofstr. 2, Burgemeister Kempf, St. Wendel/Germany, Schloßplatz.

12. Is this atrocity case: **No.** Is there evidence that it may be: **No.**
If answer is yes, has responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members: **Not applicable.**

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor: **Not applicable.**

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfr.	Serial Number	Calibre & Mfr.
---------------	----------------	---------------	----------------

Not applicable.

d. Engine serial number: Type:

William H. Zeman

Signature of Investigating Officer

WILLIAM H. ZEMAN

2nd Lt. Inf. o-1536585

606 Q.M. Graves Registration Co.

Rank

ASN

C.O. 606 Q.M.G. Co.

Disinterment approved by, (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: **9 February 1946**

Place of *burial/reburial U. S. Military Cemetery: **St. Avold, France**

Plot **222** Row **5** Grave **55**

NOTE: Additional particulars regarding investigation:

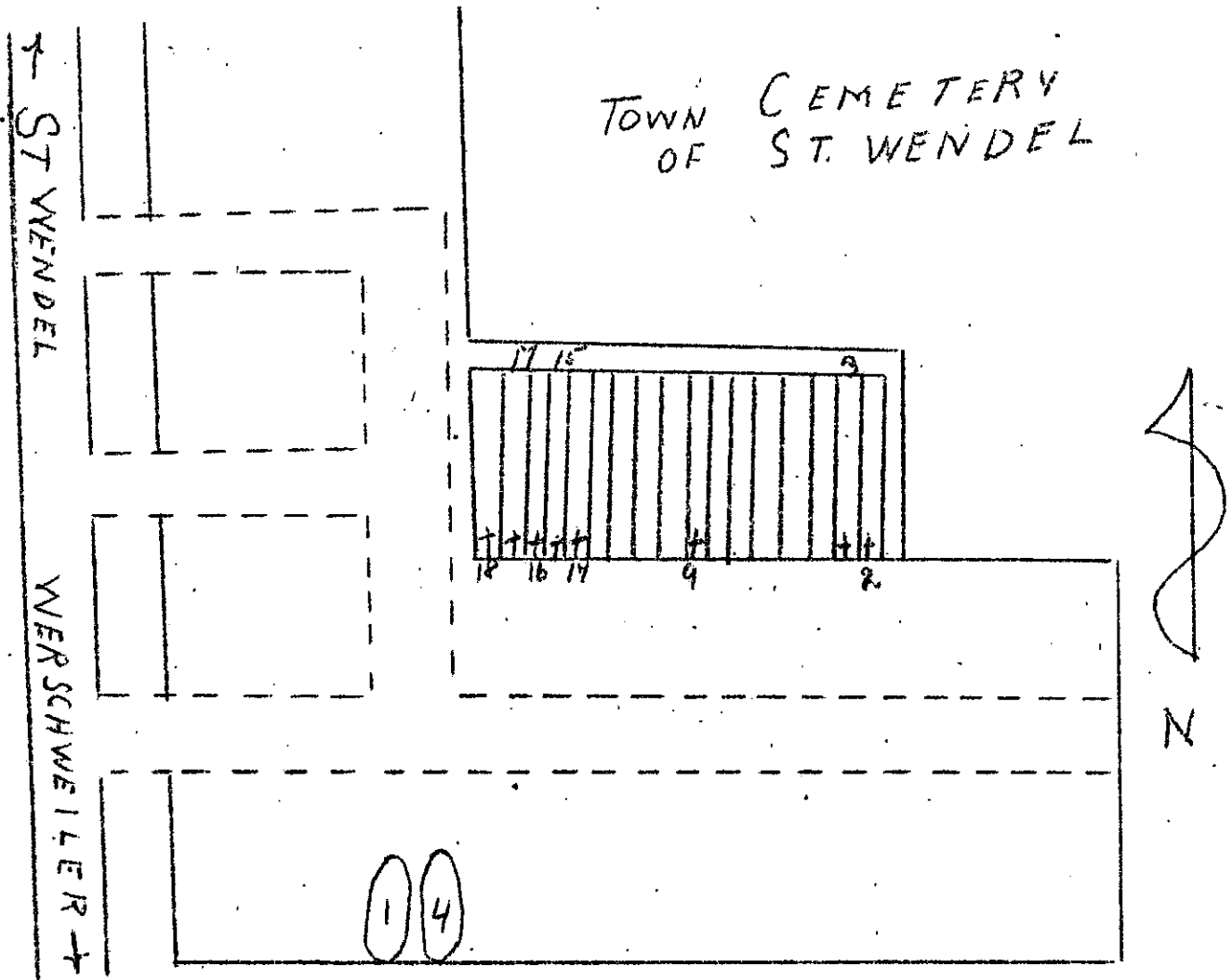
will be placed on additional sheet.

* Cross out word **Not applicable.**

Graves of 10 American soldiers buried in the civilian cemetery at ST. Wendel, Germany

- | | | |
|---------------------|-------------------------|-----------------------|
| 1) Bruno W. Zawacki | 4) Frederick Lecher | 16) Warren F. Johnson |
| 2) x-3156 | 9) Clifford L. Braley ✓ | 17) George R. Gibbons |
| 3) x-3157 | 14) x-3158 | 18) Fredic R. Balch ✓ |
| | 15) Ralph S. Dilelies | |

Map Germany 1/250,000
Sheet: Trier K-50
Coords: WQ 5996
Location: St. Wendel, Germany
Sketched by: Pvt. J. Berry
606 QM.G.R.Co.
Date: 7. Feb. 1946
Not to scale.



CHECK LIST FOR UNKNOWNNS

Pfc Blair
(name of soldier processing remains)

1. Unknown X - 3157 ~~XXXXXXXXXXXX~~ St. Avel, Germany Coll. Pt. Homburg Germany

2. If remains were disinterred, attach Check List for Disinterments.

3. Arrived at cemetery 1500, 29. Jan 1946 from 606 QM.G.R. Co. Homburg, Germany
(hour) (date) (collecting point)

4. Place of death St. Wendel, Germany Trier K-50 1/250,000
(name) (coordinate and landmarks)

5. WQ 5996

6. Remains recovered by Pfc Blevins 606 QM.G.R. Co.
(name and organization)

7. Evacuated to cemetery by Pfc. Blevins 606 QM.G.R. Co.
(name and organization)

8. Is load list attached no
(yes-no)

9. Are names of deceased found in same area as this Unknown starred yes
(yes-no)

10. Are circumstances described which may indicate organization of the deceased no
(yes-no)

11. If only part of body was received, was a careful search made for other parts of Unknown yes
(yes-no)

12. If remains come from vehicle, plane, etc: unknown
(type of vehicle or plane, nick name, serial number, organization or symbols)

13.

14. Crew list unknown
(names of other deceased and positions in which found)

15.

16.

17. If a tank, which hatches were free and available for escape use
not applicable

18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give
detailed information concerning vehicle or plane
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19.

20. unknown
(found in town field by road etc.) (damaged by mine explosion)

21. unknown (if any)
(names of men who escaped) (description of other vehicles or planes in same area)

22. Detailed description of personal effects No P.E.
(Indicate exact pocket or part of body where found)

23.

24.

25.

26.

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements)

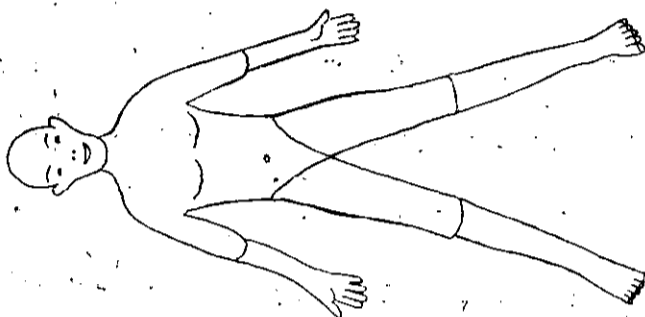
Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)	body nude			
28. Reincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD				
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton				
45. * Shoes (type)				
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

50. Chevrons or **none** (type and location; shirt jacket coat helmet) Shoulder Patch **none**
 Insignia **none**
 51. Description of Remains
 52. Age **unk.** (years) Height **unk.** (ft-in) Weight **unk.** (lbs) Description of wounds **S.W. of stomach and head**
 53.

54. Bandages or dressings **yes** Scars **flesh and skin decayed**
(length, width, location)
55.
56. Tattoos **flesh and skin decayed**
(number, location -- illustrate on sep. page)
57. Outstanding moles, warts or birthmarks **flesh and skin decayed**
(yes-no) (description, location)
58.
59. Sunburn or tan, other than hands and face **flesh and skin decayed**
60. Tobacco stain on fingers or teeth **seentooth chart, flesh and skin decayed**
(designate where extent)
61. Complexion **flesh and skin decayed** Build **(est) muscular**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
62.
63. Hair **black, small patch found**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)
64. **small patch found**
(distinctive cutting or other characteristics)
65. Sideburns **missing** Mustache **missing** Beard or goatee
(color, setting, shape) (color, size, shape) Length.
66. **Flesh and skin decayed**
(heavy, light, color, extent)
67. Eyes **decayed** Eyebrows **flesh and skin decayed**
(color, setting, shape) (color, bushiness, extent across nose)
68. Nose **flesh and skin decayed** Ears **flesh and skin decayed**
(size, shape, straight) (size set, close to or far from head)
69. Forehead **decayed** Mouth **flesh and skin decayed** **flesh and skin decayed**
(high, wide, wrinkled) (large, medium, small) (small, large, full)
70. Teeth **white, see tooth chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin **flesh and skin decayed** Cheekbones **flesh and skin decayed**
(prominent, receding, pointed, dimple, double) (high, normal)
72. Jaw **flesh and skin decayed** Circumference of head in inches **(est) 21** **flesh and skin decayed**
(large, small, normal) (hat band)
73. Neck **flesh and skin decayed** Larynx **decayed** Shoulders **(est) broad**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
74. Arms **(est) 25"** **flesh and skin decayed**
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)
75. **flesh and skin decayed** Hands **flesh and skin decayed**
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
76.
76. **flesh and skin decayed**
(marks on fingers indicating that rings were worn)
77.

78. Fingers **flesh and skin decayed**
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. **flesh and skin decayed**
(Unusual characteristics of fingernails)
80. Chest **(est) 38* flesh and skin decayed**
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **flesh and skin decayed** Waist **(est) 32* flesh and skin decayed**
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized **decayed** Pubic hair **missing** Hernioplasty **flesh and skin decayed**
(yes-no) (color) (yes-no) (location)
83. Legs **(est) 31* flesh and skin decayed**
(inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **flesh and skin decayed** Toes **flesh and skin decayed**
(size; corns; callouses : flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **no**
(nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery.



87. Have photographs been made and attached **no** If not, explain **see question 90**
(yes-no)
88. Have fingerprints been placed on GRS No I **no** If not, explain **flesh and skin decayed**
(yes-no)
89. Has tooth chart been prepared? **yes** If not, explain
(yes-no)
90. Remarks: **Body in advance stage of decomposition. Body intact.**
91. **Remains weigh approx. 120 pounds.**
- 92.
- 93.
94. **Body reburied in U.S. Military Cemetery**
95. **St. Avoird, France.**
- 96.

William H. Zerhan
 Signature of GRC and Organization

WILLIAM H. ZERHAN
 2nd Lt. Inf.
 606 QM.G.R. Co.

850
 000



USMC St Laurent
Plot: I, Row: 26, Gr: 22
Date of Burial: 27/6/50
Verified by GRS Officer:
R. J. Rodriguez
R. J. RODRIGUEZ, CWO USA

DISINTERMENT DIRECTIVE

966
7/2/50

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-003157		003157		Q	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 350 85 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
ZZZ	5	55	FRANCE	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST LAURENT, FRANCE.
~~SAINT AVOLD, FRANCE XXXXXX~~
~~(BY ADMINISTRATIVE ORDER) X~~

NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-19 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-003157		Unk	18 Dec 44	28 Apr 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY Elijah H Fields, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Disarticulated. In skeleton form and complete.
------------------------------------	--

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains as UNK X- 3157

MINOR DISCREPANCIES 1
None

INT
FILE
RECORDS ANNOTATED
DATE 27 JUL 50
NAME R. J. Rodriguez
R. J. RODRIGUEZ, BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET	DATE 5 May 48	BY Elijah H Fields, Embalmer
CASKET SEALED BY	Elijah H Fields, Embalmer	EMBALMER (Signature) <i>E. H. Fields</i> Elijah H Fields, Embalmer

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
5 May 48 Elijah H Fields, Embalmer DATE BY	All markings, plates and tags verified by <i>Frank B Callaghan</i> Frank B Callaghan, 1st Lt FA

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

Frank B Callaghan
Frank B Callaghan, 1st Lt FA, 337 QM Bn
SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div. 90

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold, France		TO OIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl William H Bryant, RA 33720418	
SIGNATURE OF SHIPPER Frank E. Callaghan 1st Lt FA	DATE 28 Oct 49	SIGNATURE OF RECEIVER E. E. STOUT, 1ST LT, CE	DATE

2. SHIPPED

FROM LIDO REMAINS STORAGE AREA		TO CEMETERY SUPERINTENDENT USMC ST. AVOLD, FRANCE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER E. N. HEISEY, 1ST LT, OMC	DATE	SIGNATURE OF RECEIVER E. N. HEISEY	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 (RA REMAINS STORAGE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER E. N. HEISEY	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

AIRMAIL

QMGMT 314.6

1st Ind

GRS European

(St. Avoird) France

SUBJECT: ~~Certificates of Unidentifiability of Remains~~
Transmittal Letter #4581

Dept. of the Army, OQMG, Washington 25, D. C., 7 February 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

4 Incls
w/d

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

Holden:cam
Clements
REB

JMN

TEC

X 2975
JMN
TEC
France - X - 3157
ST AVOIRD

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

6 December 1949
Date

193 Unknown France X-3157/St. Avoild
SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. The records pertaining to Unknown X- 3157, Plot ZZZ, Row 5, Grave 55, USMC St. Avoild, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2695, dated 15-3-48. No further information is available.

FOR THE COMMANDING GENERAL:

See Case History attached

Case reviewed by undersigned ^Members of the Board of ^Review

Col. H.P. HENRY, O-12589 QMC

/s/
/t/
Lt. Col. E.D. MULVANY, O-359598 QMC

Capt. Edward F. PRICE, jr., O-1588236 QMC

26 JAN 1950
Received _____ OQMG
Not identifiable from
information presently
available

*File NHT
2790050
H. L. L. L.
J. L. L. L.*

UNKNOWN NO. 3157

U. S. MILITARY CEMETERY Saint Avoild

The remains of Unknown X-3157 (USMC Saint Avoild) was recovered from the Town Cemetery of St. Wendel, Germany. Nine other remains were recovered at the same time all of which have been identified. All attempts to associate these remains with an unresolved casualty on Map Sheet K-50 through the use of dental information on Form 371's has been to no avail. Cemetery records list these remains as "John Elmer". No unresolved casualty listed as John Elmer. As no other means of identification are available these remains are being declared UNIDENTIFIABLE.

L. Pierpoint
6 December 1949



HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 U S ARMY

RRE 293

6 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3157, Plot ZZZ, Row 5, Grave 55, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2695, dated 15-3-48.

3. Remarks:

See Case History attached.

26 JAN 1950

OQMG

Not obtainable from information presently available

Case reviewed by undersigned Members of the Board of Review:

H. P. Henry
 Col. H. P. HENRY, O-12589 QMC

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

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWANTHOUT, Sr., O-267451 CE

Edward F. Price, Jr.
 Capt. Edward F. PRICE, Jr., O-1588236 QMC

1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GEER, W-2102925 USA

Capt. Jack C. HAYES, O-1577297 QMC

Incl #2

proced

UNKNOWN NO. 3157

U.S. MILITARY CEMETERY

Saint Avold
(Location)

The remains of Unknown X-3157 (USMC Saint Avold) was recovered from the Town Cemetery of St. Wendel, Germany. Nine other remains were recovered at the same time all of which have been identified. All attempts to associated these remains with an unresolved casualty on Map Sheet K-50 through the use of dental information on Form 371's has been to no avail. Cemetery records list these remains as "John Elmer". No unresolved casualty listed as John Elmer. As no other means of identification are available these remains are being declared U N I D E N T I F I A B L E.

L. Pierpoint
6 December 1949

C. J. [Signature]

293-Und-France X-3 157 (St. Avold)

154

1949 NOV 14 17 02 4

1980

DEPARTMENT OF THE ARMY
STAFF COMMUNICATIONS OFFICE
ACT 037

1949 NOV 14 17 08 CMC

RR UE PC

DE UFPOC 19

R 141537Z

Nov 15 10 41 AM '49
O. O. M. S.
TEL & CAB SECTION

154

AGRC PARIS
AGRC 6939
141537Z
QMC
74012

FM HQ AGRC, PARIS FRANCE

TO OQMG WASHDC
GRAVES GRNC

REF AGRC SIX NINE THREE NINE

ATTN MEMORIAL DIVISION

XRAY THREE ONE FIVE SEVEN ST AVOLD HAS BEEN ASSOCIATED WITH PFC

²⁹³
ELMER O. JONES THREE EIGHT FIVE SIX FIVE SIX FIVE NINE PD REQUEST

CIVILIAN DENTAL DATA WHICH WOULD AID IN IDENTIFICATION PD AGRE SGT

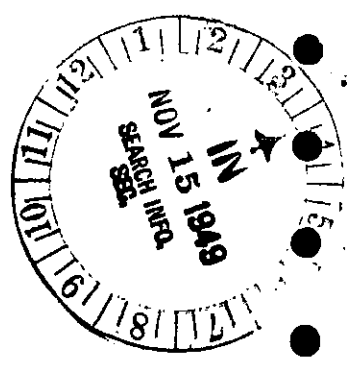
copy for
PECKHAM 293 Jones, Elmer O. (38565659)
mem (sent)

RECORD ATTACHED

ADMINISTRATIVE BRANCH
NOV 15 1 27 PM '49
MEMORIAL DIVISION

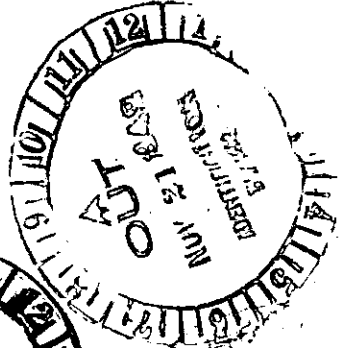
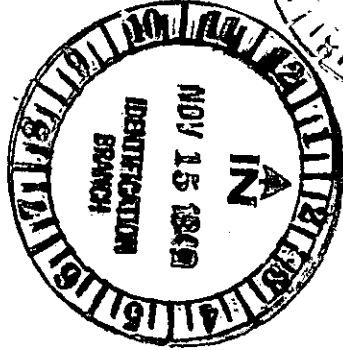
FILE
NOV 17 1949
SEARCH INFO

CFN JONES
14/1606Z NOV



CAROL JONES

NOV 15 1949



PAID 2
 NOV 15 1949
 ALBANY NY

6

DISINTERMENT DIRECTIVE

243 Work 4 - 3157 France (St Avold)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3574 00000

15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN - 003157				0	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - NETZ					0 3403 00 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
322	5	55	FRANCE		0

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
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.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial” when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes.
(if Special Investigation, so indicate)

2. Unk. X-3157 (St. Avold/France) unk. unk. unk.
(Full name of deceased) (Rank) (ASN) (Organization)

3. State: Means of identification, i. e. identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.
Presumed to be John Elmer (from hospital records). No I.D. tags found, no fingerprints taken, no clothing marks. Tooth chart taken. Body intact.

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: ST.WENDEL/Germany, WQ 5996, Trier/Ger., K-50
1/250,000.

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

5. Full name of cemetery (include plot, row and grave if organized cemetery):
Town Cemetery of St. Wendel/Germany, grave # 3.

6. Approximate or established date of death (state which and give basis for date selected):
Died 18 Dec 1944 in German hospital (from Burgermeister records).

7. Approximate or established date of burial (give basis for date established):
19 Dec 1944 (from Burgermeister records.)

8. Manner in which grave was marked, show information contained on the marker:
Plain wooden cross.

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:
None.

10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information):
This man was found around St. Wendel/Germany and was taken to a German hospital where he died from shrapnel wounds in the head and stomach. He was buried on 19 Dec 1944 by the caretaker. This information was given to Burgermeister Zempf by a German doctor.

11. Give name and address of person who can guide disintering team to burial location:
Wendel, Lentz, St. Wendel/Germany, Schloekhofstr. 2

REPORT OF INVESTIGATION - AREA SEARCHING

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None.

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This man was found around St. Wendel/Germany and was taken to a German hospital where he died from shrapnel wounds in the head and stomach. He was buried on 19 Dec 1944 by the caretaker. This information was given to Burgermeister Kempf by a German doctor.

11. Give name and address of person who can guide disintering team to burial location:
Margot Lentz, St. Wendel/Germany, Schlachthofstr. 2,
Burgermeister Kempf, St. Wendel Germany, Schlossplatz.

12. Is this atrocity case: No. Is there evidence that it may be: No.
If answer is yes, has responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members: Not applicable.

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor: Not applicable.

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfr.	Serial Number	Calibre & Mfr.
<u>Not applicable.</u>			

d. Engine serial number: Type:

William H. Zeran

Signature of Investigating Officer
WILLIAM H. ZERAN
2nd Lt. Inf. o-1336585
606 Q.M. Graves Registration Co.
Rank ASN
C.O. 606 Q.M.G.R.Co.

Disinterment approved by, (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 9 February 1946

Place of *burial/reburial U. S. Military Cemetery: St. Avoild, France

Plot: ZZZ Row: 5 Grave 55

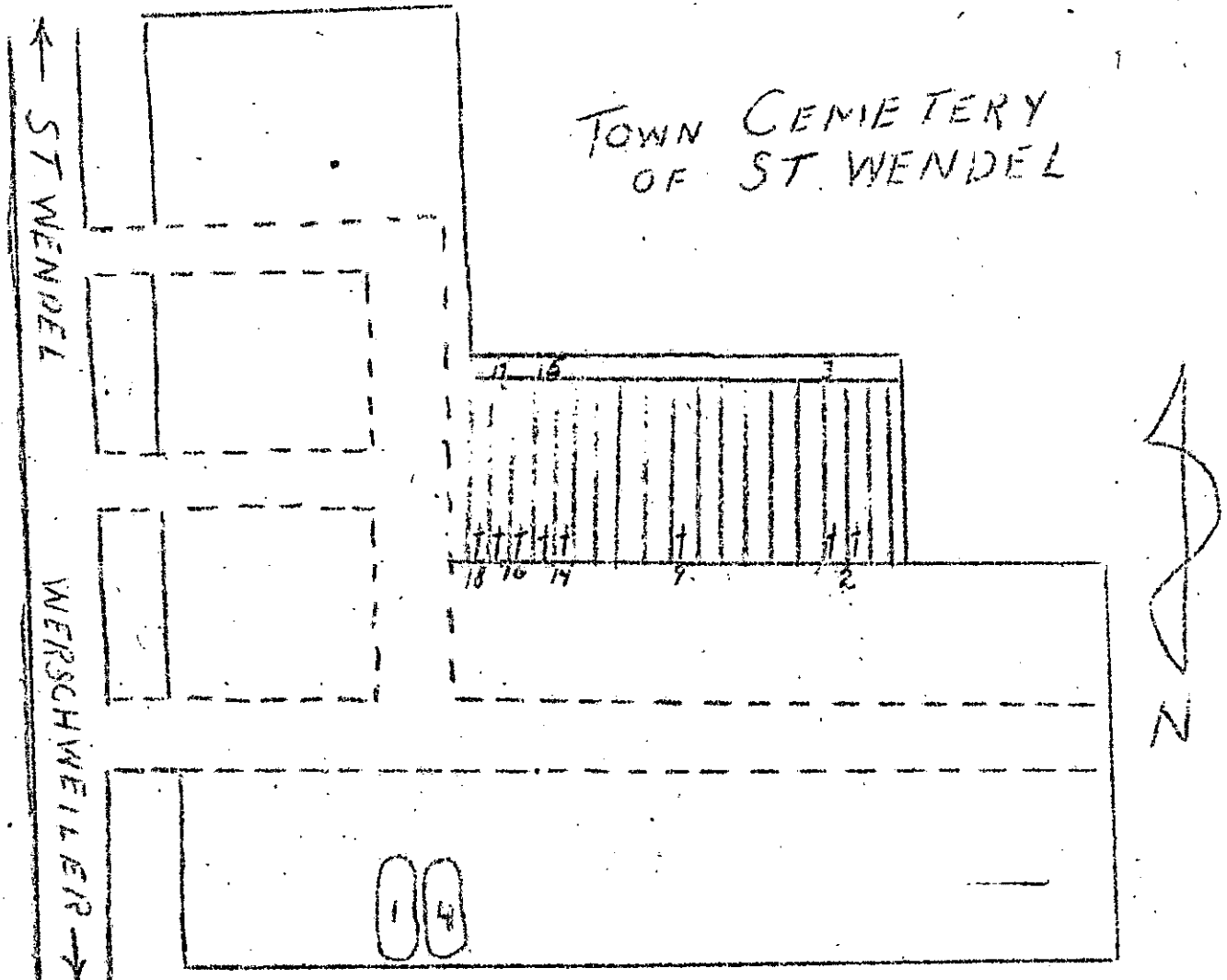
NOTE: Additional particulars regarding investigation:
will be placed on additional sheet.

* Cross out word not applicable.

Graves of 10 American soldiers buried in the civilian cemetery of St. Wendel, Germany.

- | | | |
|--------------------|-----------------------|-----------------------|
| 1) Bruno W Zawacki | 4) Frederick Locher | 16) Warren F. Johnson |
| 2) X-3156 | 9) Clifford L. Braley | 17) George R. Gibbens |
| 3) X-3157 | 14) X-3158 | 18) Fredic R. Balch |
| | 15) Ralph S. Billicie | |

Map Germany 1/250,000
Sheet ; Trier K-50
Coords ; W 5996
Location ; St. Wendel, Germany
Sketched by ; Pvt. J. Barry
606 QM.G.R.Co.
Not to scale.



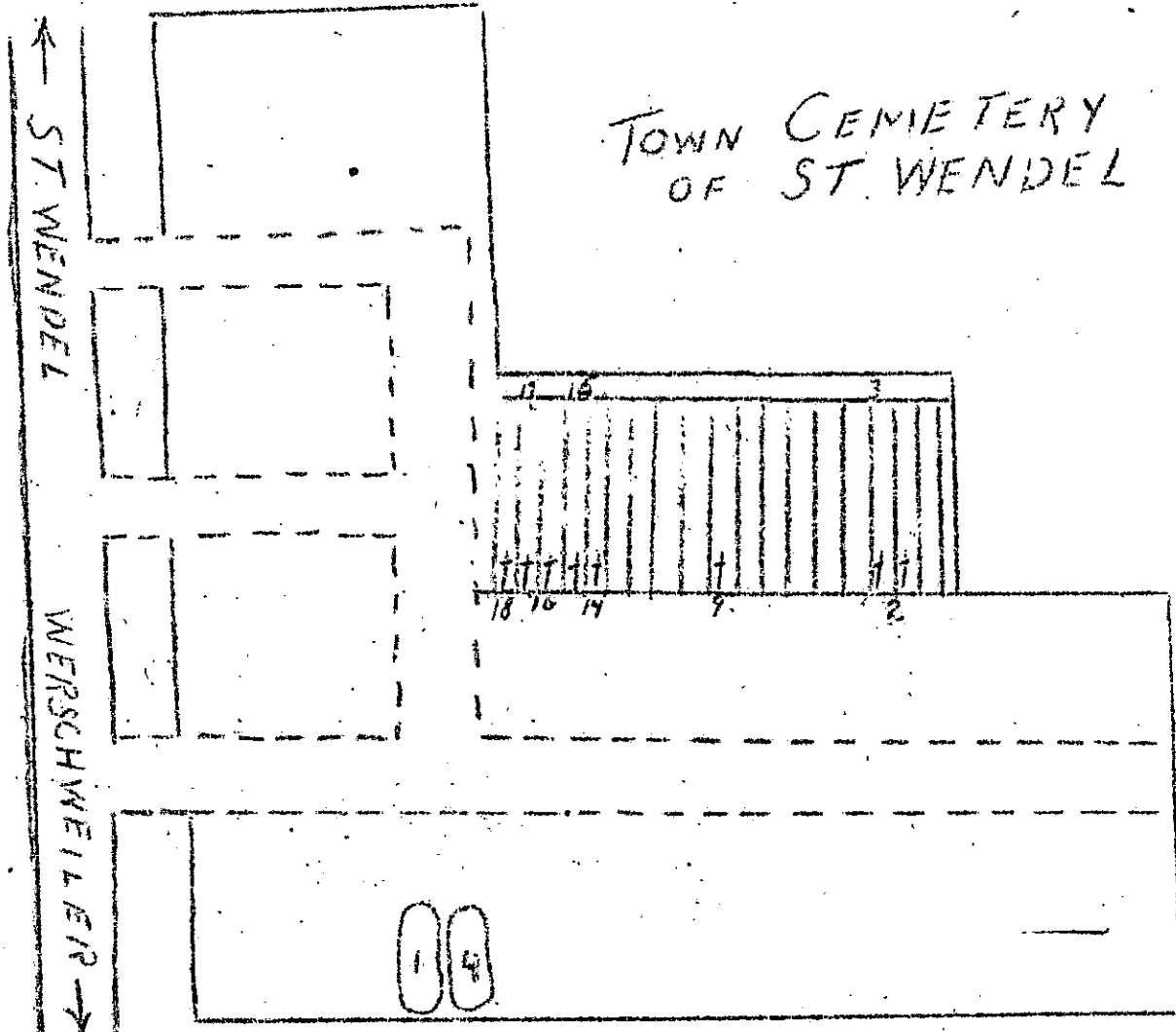
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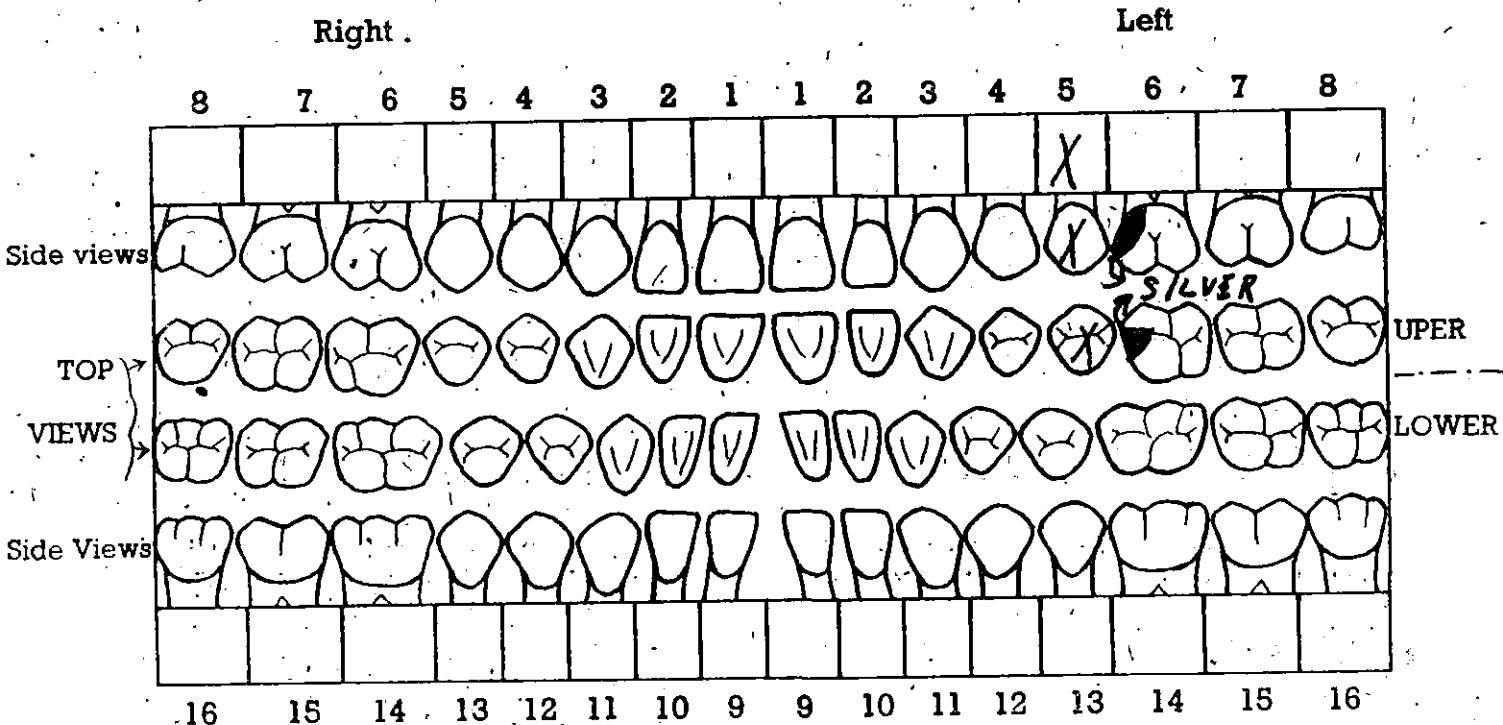
TOOTH CHART

30 JAN. 1946
Date

UNK X3157 ST. AVOLD FRANCE UNK
Last Name First Initial Rank Serial No.

UNK UNK
Unit Organization

ST WENDEL GER 18 DEC. 1944 S.W. OF HEAD & STOMACH
Place of Death Date of Death Cause of Death



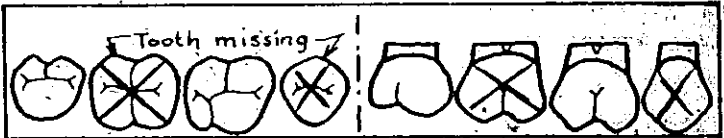
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

#5 UPPER LEFT NATURAL MISSING

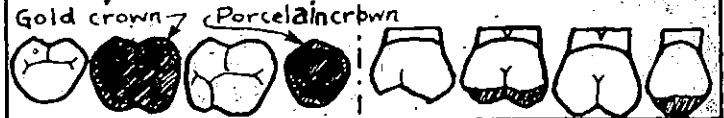
Sgt. Bobby Thomas / U.T.D.
Signature of Officer or other person who prepared Tooth chart

William H. Zerhan 2nd Lt. Inf
Verified by G. R. S. Officer
 WILLIAM H. ZERHAN

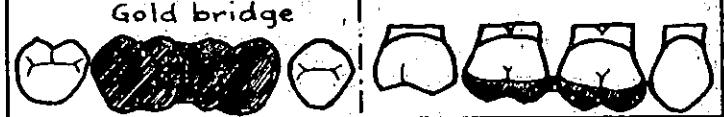
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



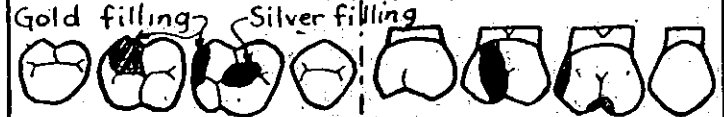
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or, gold and porcelain), thus :



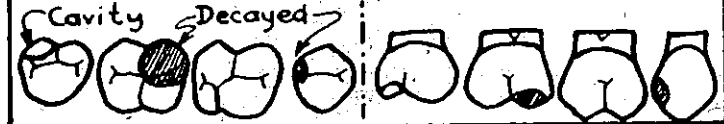
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



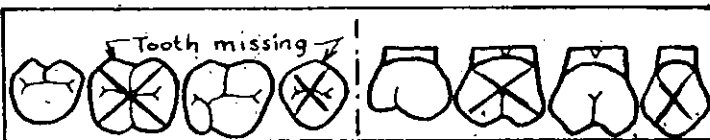
CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :



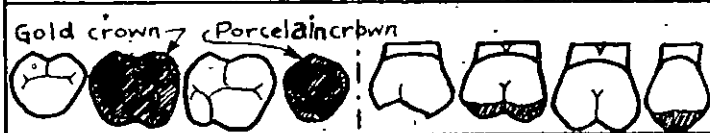
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS.

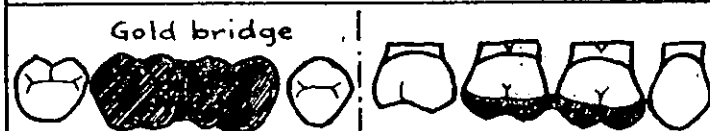
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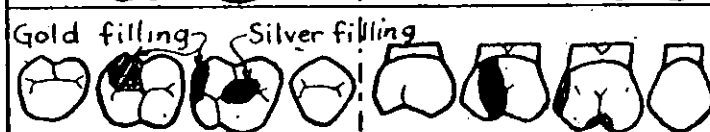
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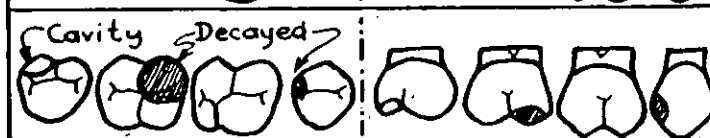
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DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS.

CHECK LIST FOR UNKNOWNNS

- Pfc Blair
(name of soldier processing remains)
- St. Avold, Germany
1. Unknown X - 3157 ~~XXXXXX~~ No. Cell. Pt. Homburg Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1500, 29 Jan 1946 from 606 QM.G.R. Co. Homburg, Germany
(hour) (date) (collecting point)
4. Place of death St. Wendel, Germany Trier K-50 1/250,000
(name) (coordinates and landmarks)
5. Wq 5996
6. Remains recovered by Pfc Blevins 606 QM.G.R. Co.
(name and organization)
7. Evacuated to cemetery by Pfc Blevins 606 QM.G.R. Co.
(name and organization)
8. Is load list attached no
(yes-no)
9. Are names of deceased found in same area as this Unknown starred yes
(yes-no)
10. Are circumstances described which may indicate organization of the deceased no
(yes-no)
11. If only part of body was received, was a careful search made for other parts of Unknown yes
(yes-no)
12. If remains come from vehicle, plane, etc: unknown
(type of vehicle or plane, nick name, serial number, organization or symbols)
13.
14. Crew list unknown
(names of other deceased and positions in which found)
15.
16.
17. If a tank, which hatches were free and available for escape use
not applicable
18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give
detailed information concerning vehicle or plane
(parts of markings or symbols) (burned) (pierced by shell fire - where)
19.
20. unknown
(found in town field by road etc.) (damaged by mine explosion)
21. unknown (if any)
(names of men who escaped) (description of other vehicles or planes in same area)
22. Detailed description of personal effects No P.E.
(Indicate exact pocket or part of body where found)
23.
24.
25.
26.

CHECK LIST FOR UNKNOWNNS

Pfc. Blair

(name of soldier processing remains)

St. Avold, Germany

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22. Detailed description of personal effects No P.E.
(Indicate exact pocket or part of body where found)

23.

24.

25.

26.

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.	
27. * Headgear (type)	body nude				
28. Reincoat					
29. Overcoat					
30. Jacket, Field					
31. Jacket, Combat					
32. Mackinaw					
33. Sweater					
34. Jacket, HBT					
35. * Shirt, Wool OD					
36. Undershirt, Wool					
37. Undershirt, Cotton					
38. Trousers, HBT					
39. * Trousers, Wool OD					
40. Belt, Web					
41. Drawers, Wool					
42. Drawers, Cotton					
43. Leggings					(Note unusual lacing)
44. Socks Wool Cotton					
45. * Shoes (type)					
46. Overshoes					
47. Web Equipment (type)					
48. (other item)					
49. (other item)					

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

50. Chevrons or none Shoulder Patch none
(type and location; shirt jacket coat helmet)

Insignia none

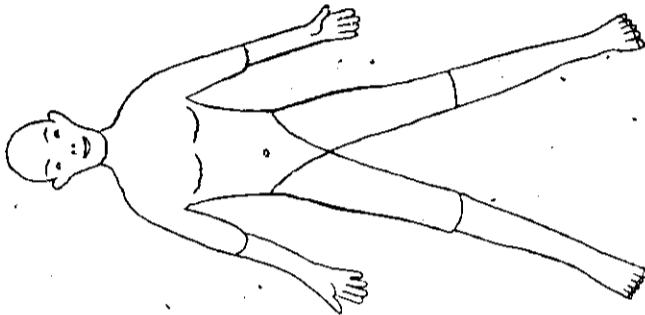
51. Description of Remains

52. Age unk. Height unk. Weight unk. Description of wounds S.W. of stomach
(years) (ft-in) (lbs)

53. and head

54. Bandages or dressings **yes** Scars **flesh and skin decayed**
(length, width, location)
55.
56. Tattoos **flesh and skin decayed**
(number, location — illustrate on sep. page)
57. Outstanding moles, warts or birthmarks **flesh and skin decayed**
(yes-no) (description, location)
58.
59. Sunburn or tan, other than hands and face **flesh and skin decayed**
60. Tobacco stain on fingers or teeth **see tooth chart, flesh and skin decayed**
(designate where extent)
61. Complexion **flesh and skin decayed** Build **(est) muscular**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
62.
63. Hair **black, small patch found**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)
64. **small patch found**
(distinctive cutting or other characteristics)
65. Sideburns **missing** Mustache **missing** Beard or goatee
(color, setting, shape) (color, size, shape) Length.
66. **Flesh and skin decayed**
(heavy, light, color, extent)
67. Eyes **decayed** Eyebrows **flesh and skin decayed**
(color, setting, shape) (color, bushiness, extent across nose)
68. Nose **flesh and skin decayed** Ears **flesh and skin decayed**
(size, shape, straight) (size set, close to or far from head)
69. Forehead **decayed** Mouth **flesh and skin decayed** **flesh and skin decayed**
(high, wide, wrinkled) (large, medium, small) (small, large, full)
70. Teeth **white, see tooth chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin **flesh and skin decayed** Cheekbones **flesh and skin decayed**
(prominent, receding, pointed, dimple, double) (high, normal)
72. Jaw **flesh and skin decayed** Circumference of head in inches **(est) 21** **flesh and skin decayed**
(large, small, normal) (hat band)
73. Neck **flesh and skin decayed** Larynx **decayed** Shoulders **(est) broad**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
74. Arms **(est) 25"** **flesh and skin decayed**
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)
75. **flesh and skin decayed** Hands **flesh and skin decayed**
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
76.
76. **flesh and skin decayed**
(marks on fingers indicating that rings were worn)
77.

78. Fingers flesh and skin decayed
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. flesh and skin decayed
(Unusual characteristics of fingernails)
80. Chest (est) 38" flesh and skin decayed
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back flesh and skin decayed Waist (est) 32" flesh and skin decayed
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized decayed Pubic hair missing Gernioplasty flesh and skin decayed
(yes-no) (color) (yes-no) (location)
83. Legs (est) 31" flesh and skin decayed
(inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet flesh and skin decayed Toes flesh and skin decayed
(size; corns; callouses : flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures no
(nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery.



87. Have photographs been made and attached no If not, explain see question 90
(yes-no)
88. Have fingerprints been placed on GRS No 1 no If not, explain flesh and skin decayed
(yes-no)
89. Has tooth, chart been prepared? yes If not, explain
(yes-no)
90. Remarks: Body in advance stage of decomposition, . Body intact.
91. Remains weigh approx. 120 pounds.
92.
93.
94. Body reburied in U.S. Military Cemetery
95. St. Avold, France.
96.

William H. Zerhan
 Signature of GRO and Organization
WILLIAM H. ZERHAN
 2nd Lt. Inf.
 606 QM.G.R. Co.

IDENTIFICATION CHECK LIST

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

Exh. O.# 647, dated 11 Dec 47

Unknown X - 3151

Cemetery St. Avoild, France

Plot 222 Row 5 Grave 55

Date reprocessed :

1. ~~Arrived at cemetery~~ 23 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by and reprocessed by I.S. First Zone
(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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

MAR 23 1948

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

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

Chevrons or
Insignia **None**
(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. Humerus 32.6** **R. Radius 24.3**
R. Ulna 26.1 **R. Femur 43.7**
R. Fibula 37.7 **R. Tibia 35.0**

Age **UTD** Height ^{Est} **5' 5"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(Length, width, location)

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

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

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**
(Light, medium, dark, clear, pimples, poeks, 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** 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, extracts)

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

Jaw **UTD** Circumference of head in inches **Est 20 3/16"**
 (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, 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 and extent of hair, large, small, normal)

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

Back **UTD** Circumcision **UTD** Pubic Hair **Missing**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **UTD**
 (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 **Too decomposed**

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

9. Remarks **Remains were received in the skeletal form, wrapped in a mattress cover. No clothing found. Teeth charted. Burial Report present with following information # X-3157 presumed to be John ELMAR due to hospital records. Estimated weight of remains : 22 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.

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

QMC

Service

OPERATION OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T

HUMERUS 32.5 cm

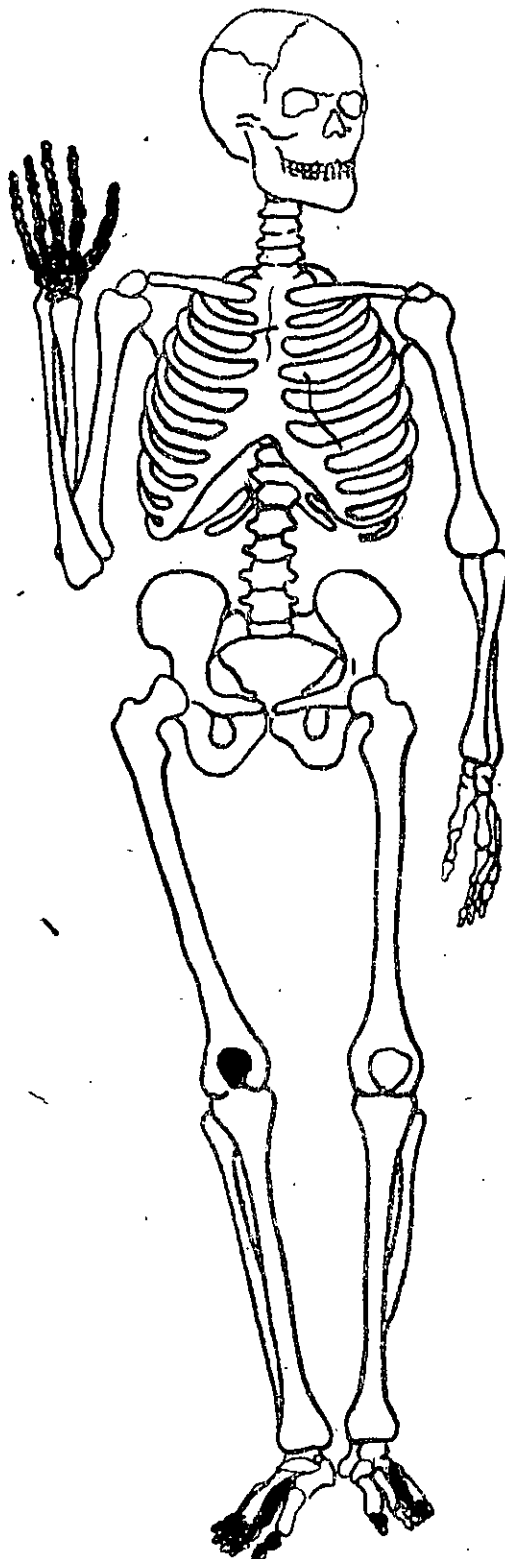
RADIUS 24.3 cm

ULNA 26.1 cm

FEMUR 43.7 cm

TIBIA 35.0 cm

FIBULA 37.7 cm



Est Height : 5' 5"

TOOTH CHART

23 Jan 1948

Date

Unknown X - 3157

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unk

Unk

Unit

Organisation

Place of Death

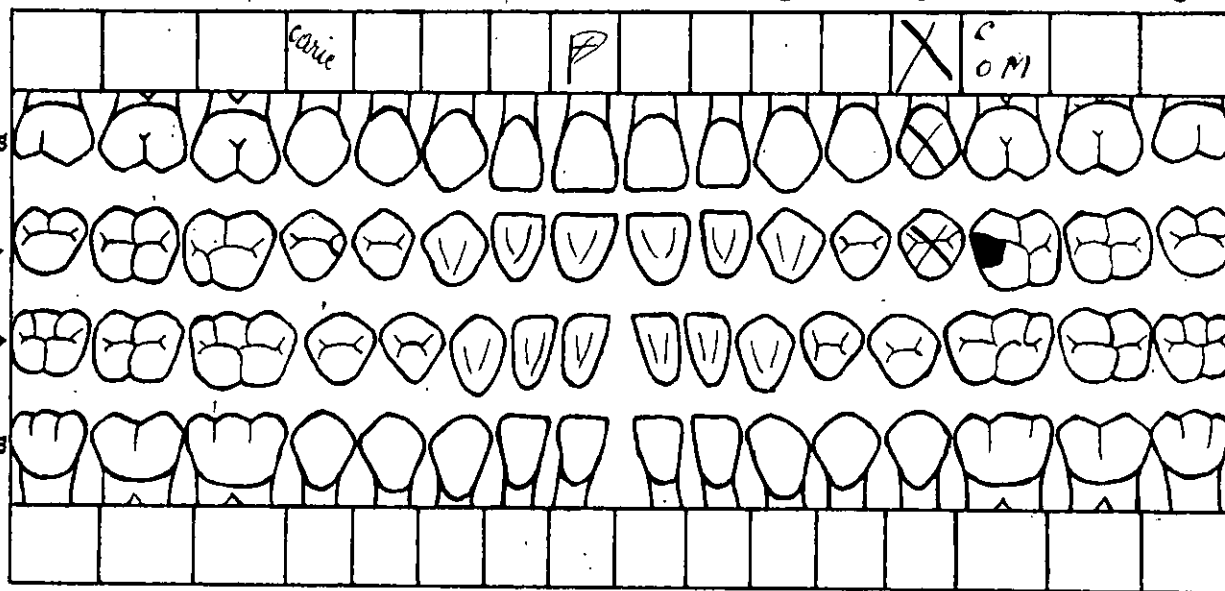
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



UPPER

LOWER

16 15 14 13 12 11 10 9 9 10 11 12 13 14 16 16

See remarks

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.

WALTER J JABLONSKI
US DA CIV IS

/s/

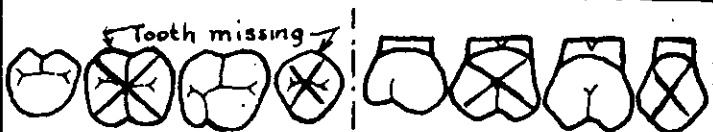
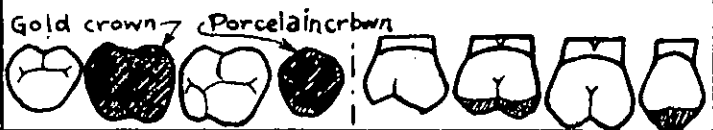
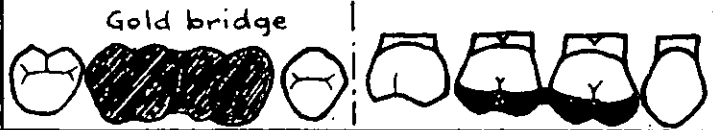
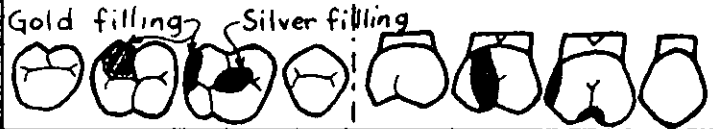

Walter J Jablonski

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf

Verified by G. R.C. Officer

<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

P - Teeth posthumously missing missing :R-1
 Teeth missing : L-5,
 Teeth worn: occlusal, incisors, cuspids, bicuspid and molars.
 Color : white ivory
 Size : Average
 Alignment : good.

REPORT OF BURIAL

6 Feb 1946

TM 10-630 AND AR 30-1815

Date

Unit: Inf. 3157, St. Avold, France Rank: unk. Serial No.: unk.

Last Name: unk. First: unk. Initial: unk. Rank: unk. Organization: unk.

Unit: unk. Organization: unk.

Place of Death: ST. WITTEL/GER. No. 5996 Date of Death: 18 Dec 1944 Cause of Death: SW of head and stomach

Time and Date of Burial: 1400 9 February 1946 Name of Cemetery: U.S. MIL. Cem. St. Avold, France Name or Coordinates of Location: 660 504

Grave Number: 55 Row Number: 5 Plot Number: 727 Type of Marker: CROSS

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified?

"See reverse".

What means of identification were buried with the body?

CRS # 1 in bottle.

ST. WITTEL/Germany

Map: 1:250,000, sheet, K-50, Thier/Gen
Coord. No. 5996.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: UNKNOWN X3161 Name Serial No. Rank Organization Grave No. 56

Deceased's Left: UNKNOWN X3154 Name Serial No. Rank Organization Grave No. 54

Signature of Person, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee: unknown Name

unknown Address

Religion: unknown

List only Personal Effects Found on Body and disposition of same

None.

Disinterring Officer: William H. Zerkman Signature of Officer or other person reporting burial
 Reinterring Officer: Claude J. Davis notified by G.R.S. Officer
 WILLIAM H. ZERKMAN
 2nd Lt. Inf.
 606 M.I.C.R. Co.
 CLAUDE J. DAVIS, 2nd Lt. Inf., 6800 M. CP Det.

REBURIAL

REPORT OF BURIAL

6 Feb 1946

TM 10-630 AND AR 30-1815

Unk. X-3157, St. Avoild/France	unk.	unk.
Last Name	Rank	Serial No.
unk.	unk.	

ST. WENDL/Ger. T/O 5996	18 Dec 1944	St of head and stomach
Place of Death	Date of Death	Cause of Death

1400 9 February 1946	U.S. Mil. Cem. St. Avoild/France	260 584
Time and Date of Burial	Name of Cemetery	Plot No.

55	5	722	CROSS
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker: Yes No

If No Identification Tags
How were remains identified?
"See reverse".

REBURIAL

What means of identification were buried with the body?
GPS # 1 in bottle. ST. WENDL/Germany
Map: 1:250,000, sheet, K-50, Trier/Ger
coord. 75 5996.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	UNKNOWN X3161	56
Deceased's Right:	Name	Grave No.
Deceased's Left:	UNKNOWN X3154	54
	Name	Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee	unknown
Name	
Address	unknown
Religion	unknown

List only Personal Effects Found on Body and disposition of same.

None.

WILLIAM H. ZERRINI
2nd Lt. Inf.
606 S.I. G.R. Co.

Disinterring Officer: *William H. Zerrini*

Signature of Officer or other person reporting burial

Reinterring Officer: *Claude J. Davis*

Verified by G.R.S. Office

CLAUDE J. DAVIS, 2nd Lt. Inf., 6800 QM GR Det.

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: est. 5'8" Laundry Marks: unk.
 Weight: unk. Number of Rife: unk.
 Color of Eyes: unk. Wear Glasses? unk.
 Color of Hair: black Is Tooth Chart Attached? Yes
 Race: unk.

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Tooth chart taken. No fingerprints taken.
 No clothing marks found. Body intact.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

Presumed to be:
 John Elmar (from hospital records).

Left Hand
Impossible to take, fingers decayed.

Right Hand
Impossible to take, fingers decayed.

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed, attach separate sheet. Indicate North.

Deceased's Right		Deceased's Left	
8	8	8	8
7	7	7	7
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
Upper	Lower	Upper	Lower

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by —; missing anchor teeth; replacements by artificial teeth X

REMARKS:
 1. See attached sketch.

