

Plot N Row 9 Grave 23  
 Date of Burial: 16 June 1950  
 Verified by GRS Officer:  
*R. J. Rodriguez*  
 R.T. RODRIGUEZ, CWO, USA

**DISINTERMENT DIRECTIVE**

*6/17/49*

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 00000	DATE 15   01   48 DAY   MONTH   YEAR
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NAME <i>3 Junk Stavold</i>	SERIAL NUMBER UNKNOWN X-003247	RANK	ARM Q	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY <i>ST AVOLD - METZ</i>				DISPOSITION OF REMAINS DAY   MONTH   YEAR 3503   80 CODE   DIST. PT.
PLOT RRR	ROW 7	GRAVE 77	COUNTRY FRANCE	CAUSE OF DEATH 6

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <del>SAINT AVOLD, FRANCE</del> <del>(BY ADMINISTRATIVE ORDER)</del> ST JAMES, FRANCE.	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)
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**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME UNKNOWN X-003247	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 13 July 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY CHARLES W FREDRICKS, EMBALLER NAME AND TITLE	

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS MANDIBLE MISSING. LARGE AMOUNT OF DECOMPOSED FLESH. DISARTICULATED.
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OTHER MEANS OF IDENTIFICATION  
 EMBOSSED PLATE FOUND WITH REMAINS.  
 REPORT OF BURIAL DATED 19 feb 46 FOUND WITH REMAINS.

MINOR DISCREPANCIES NONE	NAT FILE RECORDS ANNOTATED DATE <i>8-1-50</i>
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REMAINS PREPARED AND PLACED IN CASKET DATE 19 July 48	BY CHARLES W FREDRICKS, EMBALLER
--	-------------------------------------

CASKET SEALED BY CHARLES W FREDRICKS, EMBALLER	EMBALLER (Signature) <i>Charles W Fredricks</i> CHARLES W FREDRICKS
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CASKET BOXED AND MARKED DATE 19 July 48 BY CHARLES W FREDRICKS, EMBALLER	SHIPPING ADDRESS VERIFIED BY <i>W. H. TACKETT</i> W. H. TACKETT, 1st Lt QMC
---	---

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

FINAL PACKETING BY  
*W. H. Tackett*  
W. H. TACKETT, 1st Lt QMC

*W. H. Tackett*  
W. H. TACKETT, 1st Lt QMC, 7857 AGRC ZONE 3 HQ

SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div. *JD*

*ml 8*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St. Avoird France</b>		TO <b>OIC Neuville Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Stephen F Wilson, RA-39587409</b>	
SIGNATURE OF SHIPPER <i>Frank B. Callaghan</i>	DATE <b>27 Oct 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>(BY LTJAE ORDER)</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

1. FILE UNDER NO. 293 - Unk France X-3247 (St Avoild)

### SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 6 Dec 49  
4. FROM: OGCIC  
5. TO: CG, AGIC, RA, APO 53 c/o MI N.Y., N.Y.  
6. SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal letter # 4497

7. DOCUMENT FILED UNDER NO. 314.6 - GTS Europe (T/L 4497)

cb

**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

14 November 1949  
Date

*copy*  
293-Unk-France X-3247 (St. Avold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 3247, Plot RRR, Row 7, Grave 77, USMC St. Avold, 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.

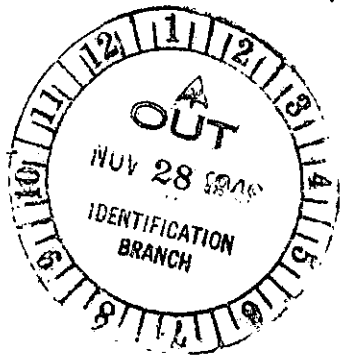
2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2656, dated 11 February 1948. No further information is available.

FOR THE COMMANDING GENERAL:

Received  
28 NOV 1949  
Not identifiable from  
information presently  
available  
OQMG

/s/ H. P. Henry  
/t/ Edward F. Price Jr.  
E. D. Mulvanity

NAT  
28 Nov 49  
C. E. Deuster  
Ed. Br.



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

RRE 293

14 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3247, Plot RRR, Row 7, Grave 77, 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. 2656, dated 11 February 1948.

Remarks: SEE CASE HISTORY ATTACHED

Received 28 NOV 1949  
Not identifiable from  
information presently  
available

QQMG

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 SWARTHOUT, 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 #1*

CASE HISTORY

UNKNOWN NO. X-3247 U.S. MILITARY CEMETERY Saint Avold  
(Location)

The remains of Unknown X-3247 (USMC Saint Avold) was recovered from civilian cemetery located at Castel, Germany with sixteen other remains the majority of which have been identified as members of the 301st and 358th Infantry Regiments. An attempt was made to associate these remains with one of the unresolved casualties of the aforementioned organizations but without results. As the tooth chart of X-3247 has limited value in that it is similar to numerous unresolved casualties and also the same is true of the estimated height it has been deemed necessary to call this case

UNIDENTIFIABLE

L. PIERPOINT  
10 November 1949

JLD *Len*

*AW*  
**6**

DISINTERMENT DIRECTIVE

*293*  
*UNK - France X - 3247 St. Avold*

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**3574 00000**

DATE  
**13 01 49**  
DAY MONTH YEAR

NAME

**UNKNOWN - 003247**

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

**ST AVOLD - NETZ**

DISPOSITION OF REMAINS

**3503 00**  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

**RRR 7 77 FRANCE**

CAUSE OF DEATH

**6**

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MAJOR 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.



# TOOTH CHART

3247

21 Feb. 1946  
 Date

UNK. - X-3247 (St. Avold, France)  
 Last Name First Initial

UNK.  
 Rank

UNK.  
 Serial No.

Unk.  
 Unit

UNK.  
 Organization

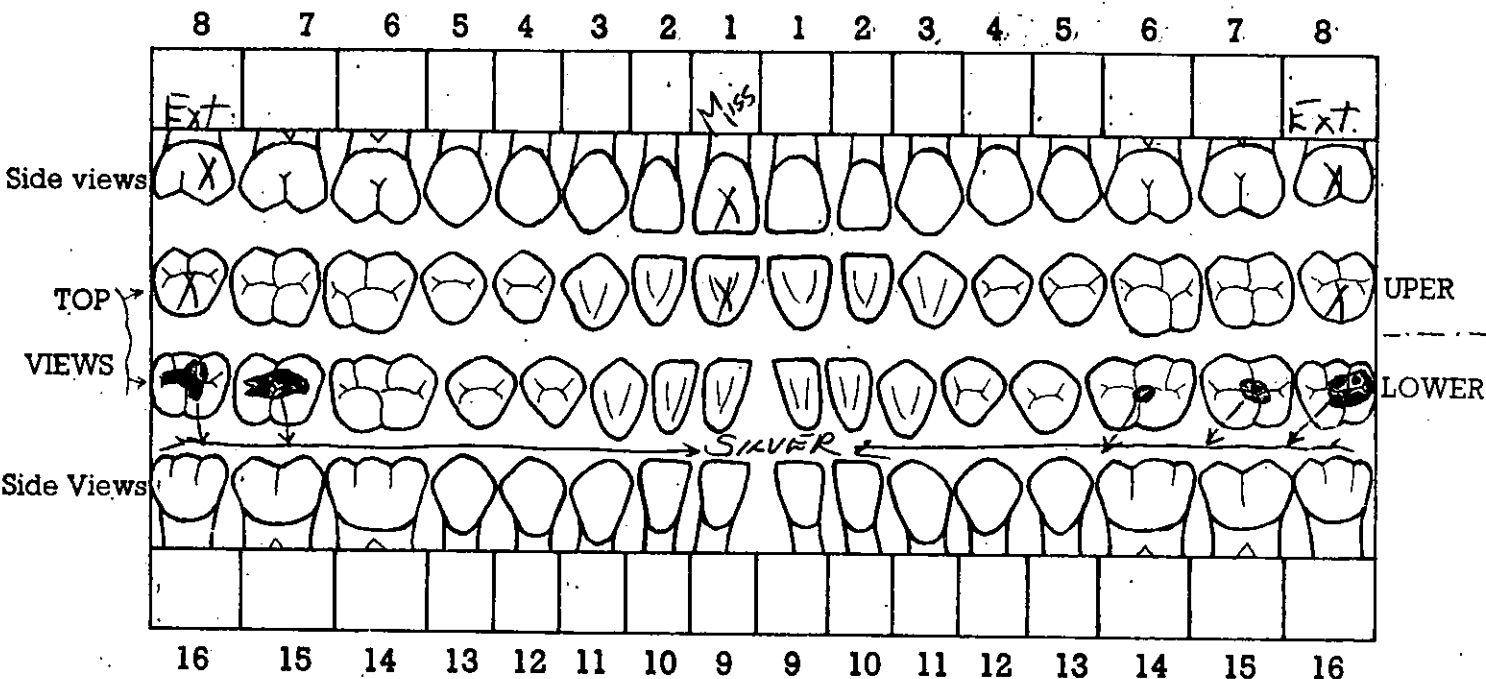
CASTEL, Germany WQ 1508  
 Place of Death

Unknown  
 Date of Death

S.W. of chest  
 Cause of Death

Right

Left

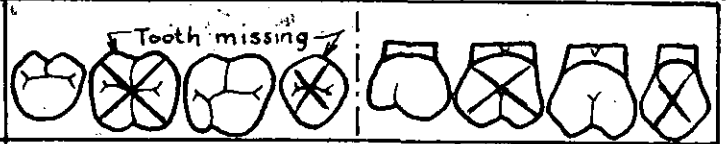


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

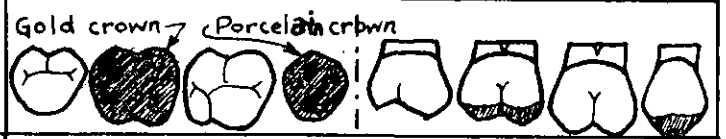
*Sgt. G. H. Newbold*  
 Signature of Officer or other person who prepared Tooth chart

*William H. Zerhan*  
 Verified by G. R. S. Officer  
**WILLIAM H. ZERHAN**  
 2nd Lt. inf  
 6060M. G.R.Co.

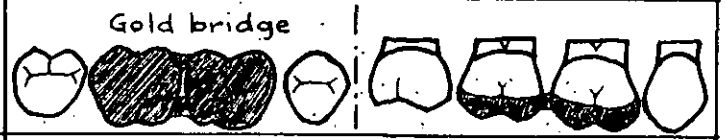
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



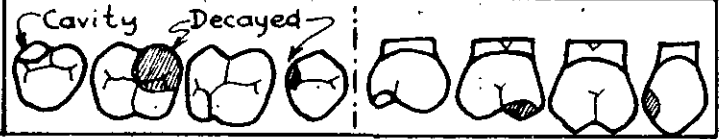
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

# TOOTH CHART

3247

21 Feb. 1946

UNK. X-3247 (Capt. Avoird, Franco)

Initial

UNK.

UNK. Serial No.

Unk.

UNK.

CASTEL, Germany Wt 1508

Unit

Unknown

Organization

S.W. of chest

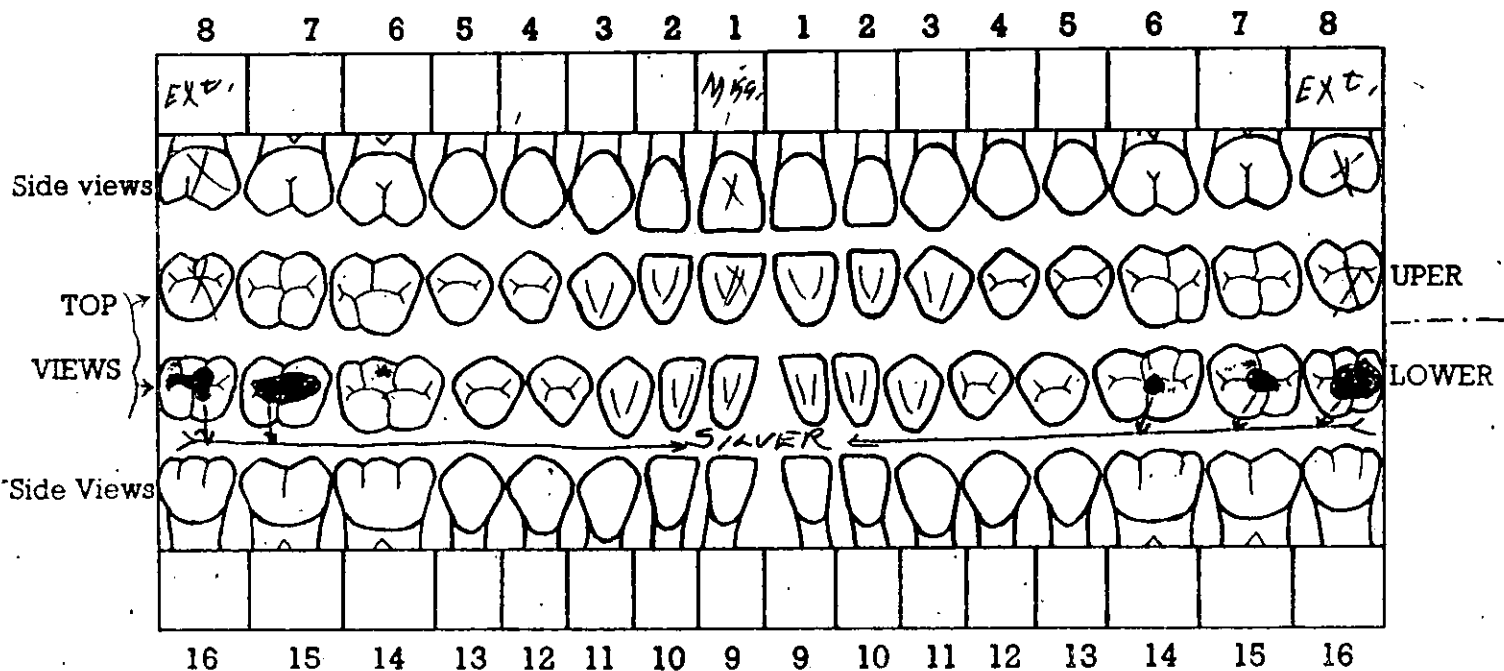
Place of Death

Date of Death

Cause of Death

Right

Left

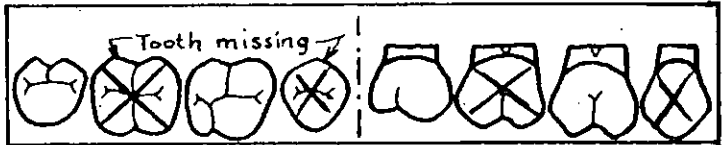


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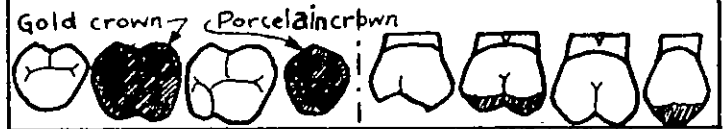
*W. G. H. Newbold*  
 Signature of Officer or other person who prepared Tooth chart

*William H. Zeman*  
 WILLIAM H. ZEMAN  
 2nd Lt. 4th  
 6050th. G.R.Co.  
 Verified by G. R. S. Officer

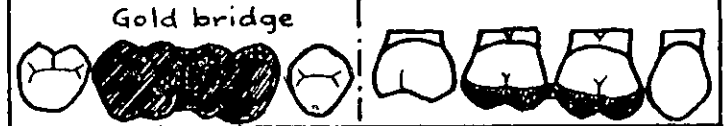
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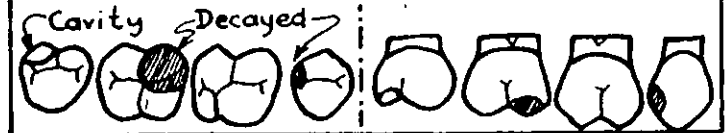
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

# CHECK LIST FOR UNKNOWNNS

T/5 Blair

(name of soldier processing remains)

St. Avold, France

1. Unknown X- 3247 ~~US War Department Cemetery~~ Coll Pt. Homburg, Germany

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

3. Arrived at cemetery 1700, 19. Feb. 1946 From 606 QM.G.R.Co. Homburg, Germany  
hour date collecting point

4. Place of death CASTEL, Germany Map: 1: 250,000 Sheet: K-50, Trier, Ger.  
name coordinates and landmarks

5. Coords: WL: 1508.

6. Remains recovered by T/5 Blevins 606 QM.G.R.Co.  
name and organization

7. Evacuated to cemetery by T/5 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 started 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 body intact  
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.

19. parts of markings or symbols burned pierced by shell fire - where

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				
28. Raincoat				
29. Overcoat				
30. Jacket, Field'				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none			
34. Jacket, HBT				
35. *Shirt Wool OD	none est.	15-32	O.D.	
36. Undershirt, Wool	none est.	38"	O.D.	
37. Undershirt, Cotton				
38. Trousers, HBT				
39. *Trousers, Wool OD	none	32"-31"	O.D.	
40. Belt, Web	none	36"	web	
41. Drawers, Wool	none	32"	O.D.	
42. Drawers, Cotton				
43. Leggings				Note unusual lacing
44. Socks Wool Cotton	none est.	16"		
45. *Shoes..... type				
46. Oveshoes				
47. Web..... Equipment type				
48. tankers coveralls other item	none		brown	
49. other item				

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

50. Chevrons or.....  
type and location: shirt jacket coat helmet  
Insignia none  
Shoulder Patch..... none

51. Description of Remains

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

53. ....

54. Bandages or dressings none Scars flesh decayed  
length, width, location

55. ....

56. .... Tattoos flesh 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 decayed

60. Tobacco stain on fingers or teeth teeth white - fingers decayed  
designate where extent

61. Complexion flesh 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, or definite parting, baldness, widows peek

64. ....  
distinctive, cutting or other characteristics

65. Sideburns flesh decayed Mustache flesh decayed Beard or goatee flesh decayed  
color, setting, shape color, size, shape Length

66. ....  
heavy, light, color, extent

67. Eyes decayed Eyebrows flesh decayed  
color, setting, shape color, bushiness, extent across nose

68. Nose flesh decayed Ears flesh decayed  
size, shape, straight size set, close to or far from head

69. Forehead flesh decayed Mouth flesh decayed Lips flesh decayed  
high, wide, wrinkled large, medium, small small, large, full

70. Teeth teeth white - / see tooth chart  
white, size, unevenness, spacing, noticeable crowns, fillings, extractions

71. Chin flesh decayed Cheekbones flesh decayed  
prominent, receding, pointed, dimple, double high, normal

72. Jaw flesh decayed Circumference of head in inches est. 22" flesh decayed  
large, small, normal hat band

73. Neck decayed Larynx decayed Shoulders est. broad  
size, long, short, normal, wrinkled prominent, normal broad

74. flesh decayed Arms est. 25 flesh decayed  
straight, small, rounded length muscular, color, extent and quantity of hair

75. flesh and skin decayed Hands flesh decayed  
vaccination scar, size of wrists large, small, normal, calloused noticeably

76. ....

76. flesh decayed  
marks on fingers indicating that rings were worn

77. ....

78. Fingers flesh decayed  
short, thick, long, slender; size of knuckles missing fingers or joints
79. flesh decayed  
Unusual characteristics of fingernails
80. Chest est. 38" flesh decayed  
size at nipples; color, quantity and extent of hair; large, small, normal
81. Back flesh decayed quantity and extent of hair Waist est. 32" flesh decayed  
size, at naval, appendectomy, amount and color of hair
82. decayed black flesh and skin decayed  
Circumcized yes-no black color flesh and skin decayed 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 size; corns; callouses : flat Toes flesh decayed  
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 decayed  
yes-no
89. Has tooth, chart been prepared? yes If not, explain \_\_\_\_\_  
yes-no
90. Remarks: Remains in advance stage of decomposition. Body intact.
91. Remains weigh approx. 140 pounds.
92. \_\_\_\_\_
93. \_\_\_\_\_
94. Body reburied in U.S. Military Cemetery, St. Avold, France.
95. \_\_\_\_\_
96. \_\_\_\_\_

*William H. Zerhan*  
 Signature of GRC and Organization

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



# 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-3247(St.Avoid, 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.  
None

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet; scale and series used; also name of nearest town CASTEL, Germany Map: 1:250,000 Sheet K-50  
Trier Coord: WQ 1508

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):  
German Military cemetery, Castel, Germany Grave no.

6. Approximate or established date of death (state which and give basis for date selected):  
Unk.

7. Approximate or established date of burial (give basis for date established):  
8 November 1944

8. Manner in which grave was marked, show information contained on the marker:  
Wooden board with grave number

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:  
All personal effects taken by German Officers when the body was buried.

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): The body of this man was picked up near by German soldiers and taken to the cemetery where it was buried by the caretaker A german Chaplain was at the burial but his name is unknown. Name of caretaker: Alois Leuk Castel, Germany No  
No. 18

11. Give name and address of person who can guide disintering team to burial location:

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: .....

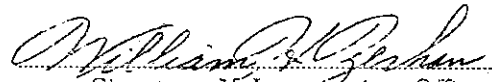
b. Plane or vehicle serial number: ..... Type: .....

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Not Applicable**

d. Engine serial number: ..... Type: .....

  
Signature of Investigating Officer

**WILLIAM H. ZERHAN**  
2nd Lt. Inf. 0-1336585  
606QM.G.R.Co.  
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation) **C.O. 606QM.G.R.Co.** .....

Disinterment and \*reburial/burial made by: .....

Date of \*burial/reburial: .....

Place of \*burial/reburial U. S. Military Cemetery: .....

Plot..... Row..... Grave.....

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

# IDENTIFICATION CHECK LIST

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

D.D.# 665, dated 16 Dec 47

Unknown X - 3247  
 Cemetery St. Avoild, France  
 Plot RRR Row 7 Grave 77

**Date processed :**

1. ~~Arrived at cemetery~~ 12 Jan 47  
 (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or discovered by~~ processed 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>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of wool O.D.</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

FEB 24 1948

L

Belt, web ..... Remnants of .....

Drawers, wool ..... Remnants of, O.D. size "34". .....

Drawers, cotton ..... None .....

Leggings, wool ..... None .....

Socks, ~~cotton~~ <sup>wool</sup> ..... Remnants of wool O.D. .....

\* Shoes ..... None ..... (type) .....

Overshoes ..... None .....

Web Equipment ..... None ..... (type) .....

(Other item) ..... Remnants of paratrooper's trousers. .....

(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

R.Humerus-31.6 R. Tibia-35.3

R.Ulna -25.8 R.Fibula-35.4

6. Description of Remains: R.Radius -23.9

Age UTD Est Height 5' 4" 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, pocks, freckles)

Build UTD  
(Large, fat, thin, muscular)

Hair UTD 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** ..... **UTD**  
(Prominent, receding, pointed, dimples, double)

Jaw ..... **UTD** ..... Circumference of head in inches ..... **Est. 20 3/8 "**  
(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 **Brownish-black**  
(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 received in advanced stage of decomposition. No evidence of mattress coverfound, clothing found in debris. Burial Report found but no GRS tags. Estimated weight of remains: 30 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

OMC

Service

OPERATIONS OFFICER

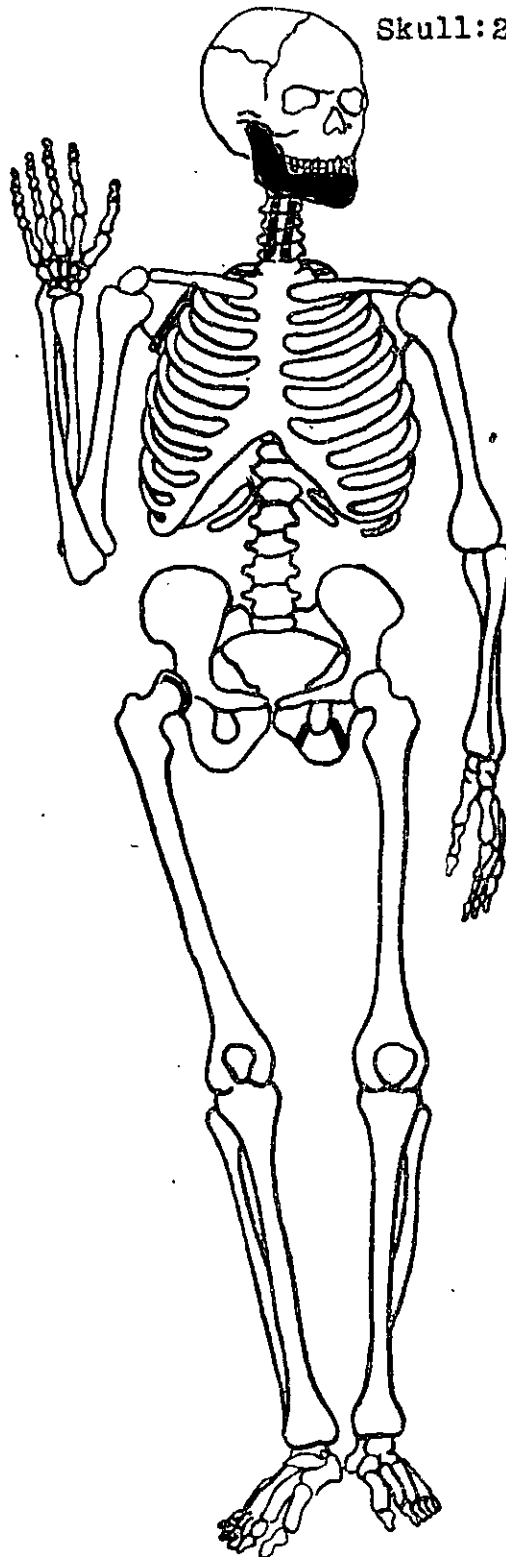
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

Skull: 20 3/8"  
L E F T



HUMERUS 31.6 cm

RADIUS 23.9 cm

ULNA 25.8 cm

TIBIA 35.3 cm

FIBULA 35.4 cm

Est. Height : 5' 4"

# TOOTH CHART

12 Jan 1948

Date

Unknown X - 3247

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

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

	<del>X</del>	CARIE	CARIE				R	R	R								NOTE
Side views	<del>X</del>																
TOP	<del>X</del>																
VIEW																	
Side Views																	
	M	A	N	D	I	B	L	E	-	M	I	S	S	I	N	G	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	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

WOODROW W WOLF  
 CAPT QMC OPER OFF

/s/ Walter J Jablonski

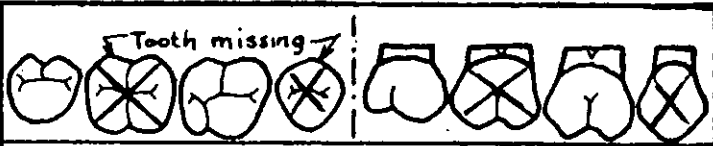
Signature of Officer or other person who prepared Tooth chart

*Woodrow W Wolf*

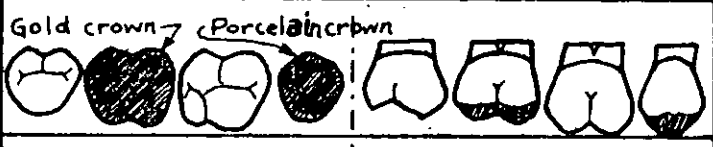
Verified by G. R. S. Officer



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



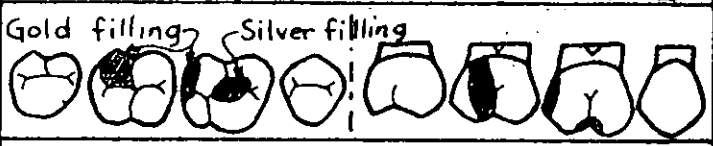
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



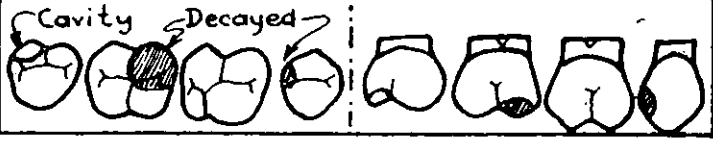
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Teeth posthumously missing R-1-2, L-1,  
 Spaces none  
 L-3 rotated distally 1/16 turn  
 Mandible missing  
 R-6, has a cavity facial filling is missing  
 Color -white  
 Size - average  
 Alignment - good.

Graves of seventeen American Soldiers in the Cemetery at CASTEL, Germany

CASTEL, Germany

Map: 1:250,000 Sheet K-50

Trier, Coord: WQ 1508

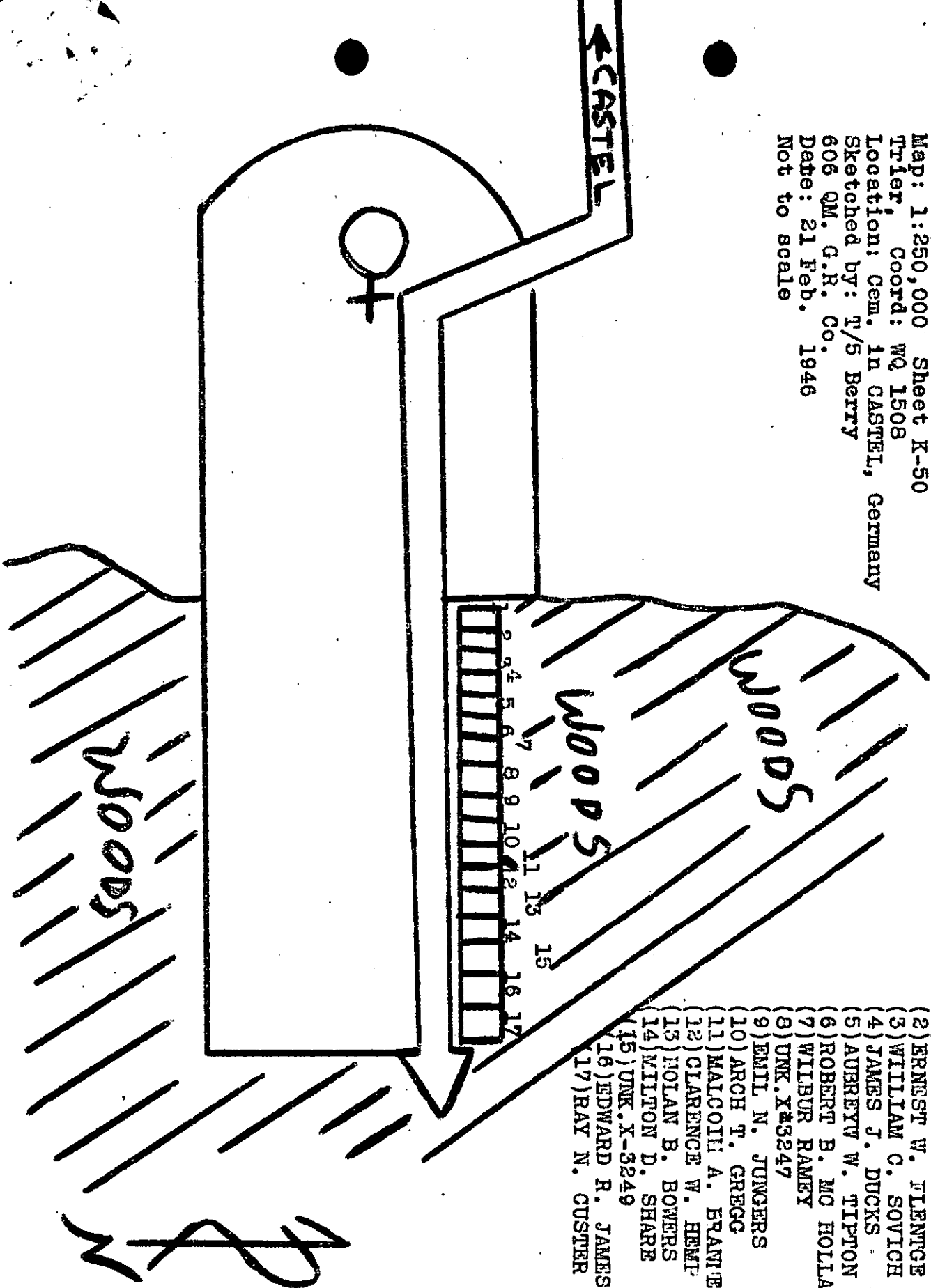
Location: Cem. in CASTEL, Germany

Sketched by: T/5 Berry

606 QM. G.R. Co.

Date: 21 Feb. 1946

Not to scale



- (1) UNK. X-3248
- (2) ERNEST W. TLENCE
- (3) WILLIAM C. SOVICH
- (4) JAMES J. DUCKS
- (5) AUBREY W. TIPTON
- (6) ROBERT B. MC HOLLAND
- (7) WILBUR RAMEY
- (8) UNK. X-3247
- (9) EMIL N. JUNGERS
- (10) ARCH T. GREGG
- (11) MALCOLM A. BRANTEN
- (12) CLARENCE W. HEMP
- (13) MOLAN B. BOWERS
- (14) MILTON D. SHARE
- (15) UNK. X-3249
- (16) EDWARD R. JAMES
- (17) RAY N. CUSTER

REBURIAL

GRAVES REGISTRATION  
FORM No. 1  
(Revised 1 Sept. 1943)

Restricted **REPORT OF BURIAL**

21 February 1946

TM 10-630 AND AR 30-1815

Date

**Unk. X-3247 (St. Avold, France)**

unk.

unk.

Last Name

First

Initial

Rank

Serial No.

unk.

unk.

Unit

Organization

**CASTEL, Ger., WQ 1508**

unknown

**SW of chest**

Place of Death

Date of Death

Cause of Death

**1430-22 Feb/46**

**U.S. Mil. Cem. St. Avold, France**

**Q 260 584**

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

**77**

**7**

**RRR**

**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?

**GRS # 1 in bottle.**

**located in isolated grave  
CASTEL, Germany  
Map: 1:250,000, sheet K-50, Trier,  
Ger., coord. WQ 1508.**

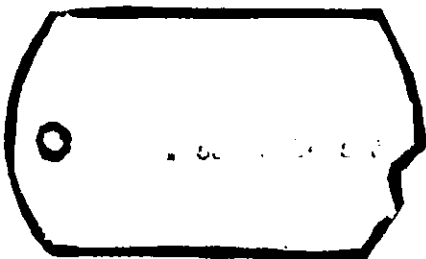
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Unk	X-3248			78
	Name	Serial No.	Rank	Organization	Grave No
Deceased's Left:	Unk	X-3246			76
	Name	Serial No.	Rank	Organization	Grave No.

Signature or 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 Address Name **unknown**

**unknown**  
Address

Religion **unknown**

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

**None.**

Disinterring Officer

*William H. Zerhan*  
Signature of Officer or other person reporting burial

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

Reinterring Officer

*Charles F. Barney*  
Signature of Officer or other person reporting burial

**CHARLES F. BARNEY, 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: **unk.**                      Laundry Marks: **none**  
 Weight: **unk.**                      Number of Rifle: **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.

**Impossible to determine, body badly decomposed.**

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

**None.**

**Impossible to take, badly decomposed.**

**Impossible to take, badly decomposed.**

### TOOTH CHART

		Deceased's Left							
		<b>See attached tooth chart</b>							
		8	7	6	5	4	3	2	1
Upper	8								
Lower	8								

Indicate missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Date:

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.

Remarks:

**1. See attached sketch.**

Left Hand

Right Hand

Thumb

Thumb