

USAG St. James

JLJ

Plot 0 Row 9 Gr 24
Date of Burial: 16 June 1950
Verified by GRS Officer:
R. J. Rodriguez
R. J. RODRIGUEZ, CWO, USA

DISINTERMENT DIRECTIVE

966
6/2/50

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3574 00000
DATE: 15 01 48
DAY MONTH YEAR

NAME: *43 Unknown St Avold X-3419*
SERIAL NUMBER: UNKNOWN X-003419
RANK: []
ARM: Q
DATE OF DEATH: [] DAY [] MONTH [] YEAR
CEMETERY: ST AVOLD - METZ
DISPOSITION OF REMAINS: 3503 80
CODE DIST. PT.
CAUSE OF DEATH: 6
PLOT: RRR ROW: 11 GRAVE: 121 COUNTRY: FRANCE

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ~~SAINT AVOLD, FRANCE~~ ST JAMES, FRANCE
~~(BY ADMIN STRATIVE ORDER)~~
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-26 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-003419
SERIAL NUMBER: []
RANK: []
DATE OF DEATH: []
DATE DISINTERRED: 13 July 48
IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: UNKNOWN
RELIGION: []
IDENTIFICATION VERIFIED BY: MELVIN W BLACKBURN, EMBALMER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM & MATTRESS COVER
CONDITION OF REMAINS: MISSING: L/HUMERUS, R/ULNA, L/RADIUS. FRACTURED: R/ULNA/TIBIA. DISARTICULATED. FINAL STAGE OF DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: EMBOSSED PLATE WITH REMAINS

MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE: 19 July 48 BY: MELVIN W BLACKBURN, EMBALMER

CASKET SEALED BY: MELVIN W BLACKBURN, EMBALMER
EMBALMER (Signature): *Melvin W. Blackburn*
MELVIN W BLACKBURN

CASKET BOXED AND MARKED: ~~XXXXXXXXXXXX~~ All markings, tags and plates verified by: JESSE C HARRIS, 1st Lt AGC
DATE: 19 Jul 48 BY: MELVIN W BLACKBURN, EMBALMER

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

FINAL CASKETING BY: *Jesse C Harris*
JESSE C HARRIS, 1st Lt CAC
JESSE C HARRIS, 1st Lt CAC, 7857 AGRC ZONE 3 HQ
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Consignee changed by Reg. Div. *(signature)*
FILE
RECORDS ANNOTATED
DATE: 8-1-50

USAG St. James

JLJ

Plot 0 Row 9 Gr 24
Date of Burial: 16 June 1950
Verified by GRS Officer:
R. J. Rodriguez
R. J. RODRIGUEZ, CWO, USA

DISINTERMENT DIRECTIVE

966
6/2/50

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ORGANIZATION: UNKNOWN
RELIGION: []
IDENTIFICATION VERIFIED BY: MELVIN W BLACKBURN, EMBALMER
NAME AND TITLE

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CONDITION OF REMAINS: MISSING: L/HUMERUS, R/ & L/ULNA, L/RADIUS. FRACTURED: R/ & L/TIBIA. DISARTICULATED. FINAL STAGE OF DECOMPOSITION.

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DATE: 19 July 48 BY: MELVIN W BLACKBURN, EMBALMER

CASKET SEALED BY: MELVIN W BLACKBURN, EMBALMER
EMBALMER (Signature): *Melvin W. Blackburn*
MELVIN W BLACKBURN

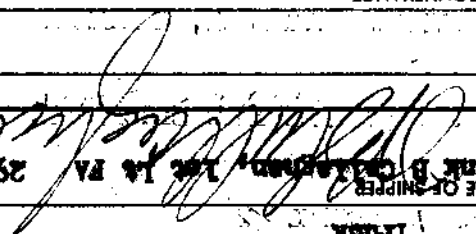
CASKET BOXED AND MARKED: ~~XXXXXXXXXXXX~~ All markings, tags and plates verified by: *Jesse C. Harrell*
DATE: 19 Jul 48 BY: MELVIN W BLACKBURN, EMBALMER

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
FINAL CASKETING BY: *Jesse C. Harrell*
JESSE C HARRELL, 1st Lt CAC
JESSE C HARRELL, 1st Lt CAC, 7857 AGRC ZONE 3 HQ
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Consignee changed by Reg. Div. *(signature)*
FILE
RECORDS ANNOTATED
DATE: *8-1-50*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		USMC St Avold France	
TO		OIC Hewitts Belgium	
KIND OF CONVEYANCE		Truck	
NAME OF CONVOYER		Cpl Stephen J Wilson, RA-39587409	
SIGNATURE OF SHIPPER		 Frank B Callaghan, 1st Lt RA	
DATE		29 Oct 49	
FROM		XXXXXX XXXXX All members' cars	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
3. SHIPPED			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER		UNKNOWN	
DATE			
4. SHIPPED			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
5. SHIPPED			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
6. SHIPPED			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
7. SHIPPED			
FROM			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			

1. FILE UNDER NO.

299- Unk. France X-3419 (St. Avoird)
SYNOPSIS

2. TYPE OF DOCUMENT:

1st Ind.

3. DATE:

2/6/50

4. FROM:

OQMG

5. TO:

Chief, Registration Div., 7857 GHDet., APO 58, N.Y.

6. SUBJECT:

Certificates of Unidentifiability of remains transmittal

letter #4738

7. DOCUMENT FILED
UNDER NO.

314.6 GRS Europe (T/1 #738)

OF

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.

X 293
Lund France X-2000
10/1/50

3106 GRS Europe
T/L 4738

~~QMG 293~~ 1st Ind
GRS EUROPEAN
SUBJECT: Certificates of Unidentifiability of remains
Transmittal Letter #4738

Dept. of the Army, OQMG, Washington 25, D.C., 6 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 in
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

4 Incls: w/d

T. H. METZ
Lt Colonel, OMC
Memorial Division

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

RRE 293

24 Jan 50
(Date)

293 Unknown - France X-3419 (St. Avoild)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X-3419, Plot RBR,
Row 11, Grave 121, USMC St. Avoild, 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. 2674, dated
24-2-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Received 3 Feb 50
Not identifiable from
information presently
available

E.D. MULVANITY, LT COL, O-359598
EDWARD F. PRICE, JR., CAPT, O-1588236
LEODRE GONDREAU, CWO, W-2113434

NAN
File 3 Feb 50
Schultz
Sgt R

HEADQUARTERS
AMERICAN GRAVE REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

RFE 293

24 January 1950
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 3/19, Plot RRR, Row 11, Grave 121, 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 2674, dated 24-2-48.

3. Remarks :

See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

E.D. Mulvanity
Lt Col. E.D. MULVANY, O-359599 QMC

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

1st Lt. Gaylord E. LUTZ, O-159565 QMC

Ledore Goudreau
CWO Ledore GOUDREAU, W-2113434 USA

Received 3 Feb 50 **QMG**
Not identifiable from
information presently
available

Incl #2

UNKNOWN NO. 3419

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains of Unknown X-3419 (USMS Saint Avold) were recovered from Haldenfriedhof Cemetery, Diefflen, Germany. Tooth chart and physical characteristics of X-3419 compared against like characteristics recorded on Form 371's for unresolved casualties on Map Sheet K-50 without results. In view of this these remains are being declared **U N I D E N T I F I A B L E**.

L. Pierpoint
23 January 1950

gfb

6

293

DISINTERMENT DIRECTIVE

UNK France X-3419 St. Avold

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 15 01 48 DAY MONTH YEAR

NAME UNKNOWN X-003419 SERIAL NUMBER RANK ARM DATE OF DEATH DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY RRW 11 121 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 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

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

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

IDENTIFICATION CHECK LIST

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

DD # 660, dtd 15 Dec 47

Unknown X- 3419

Cemetery ~~St-Avoid~~, France

Plot ~~RRR~~ Row ~~11~~ Grave ~~121~~

Date reprocessed:

1. ~~Revised date of reinterment:~~ **14 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 or~~ disinterred ~~by~~ and reprocessed by **Mobile Team # 1, 1st 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	NONE		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	Remnants of,		
Mackinaw	NONE		
Sweater	Remnants of, wool OD		
Jacket, HBT	NONE		
* Shirt, Wool OD	Remnants of		
Undershirt, Wool	Remnants of		
Undershirt, Cotton	NONE		
Trousers, HBT	Remnants of		
* Trousers, Wool OD	Remnants of		

MAR 5 - 1948

Belt, web **Remnants of**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **Remnants of OD Socks**

* Shoes **Remnants of** (type) **combat boots size #10-7"**

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? **AGF**
R femur 40.8 cm

6. Description of Remains :

Age **UTD** Height **Est 4' 11 3/4"** 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 **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, lushness, 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 21 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)

..... **UTD**

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 **Steady brown**
 (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, nail) (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 **Missing**

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

9. Remarks **remains received in advanced stage of decomposition, not in wrapper or container, clothing remnants found in debris. Reprocessed remains est weight 40 lbs.**

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT QMC
Rank Service

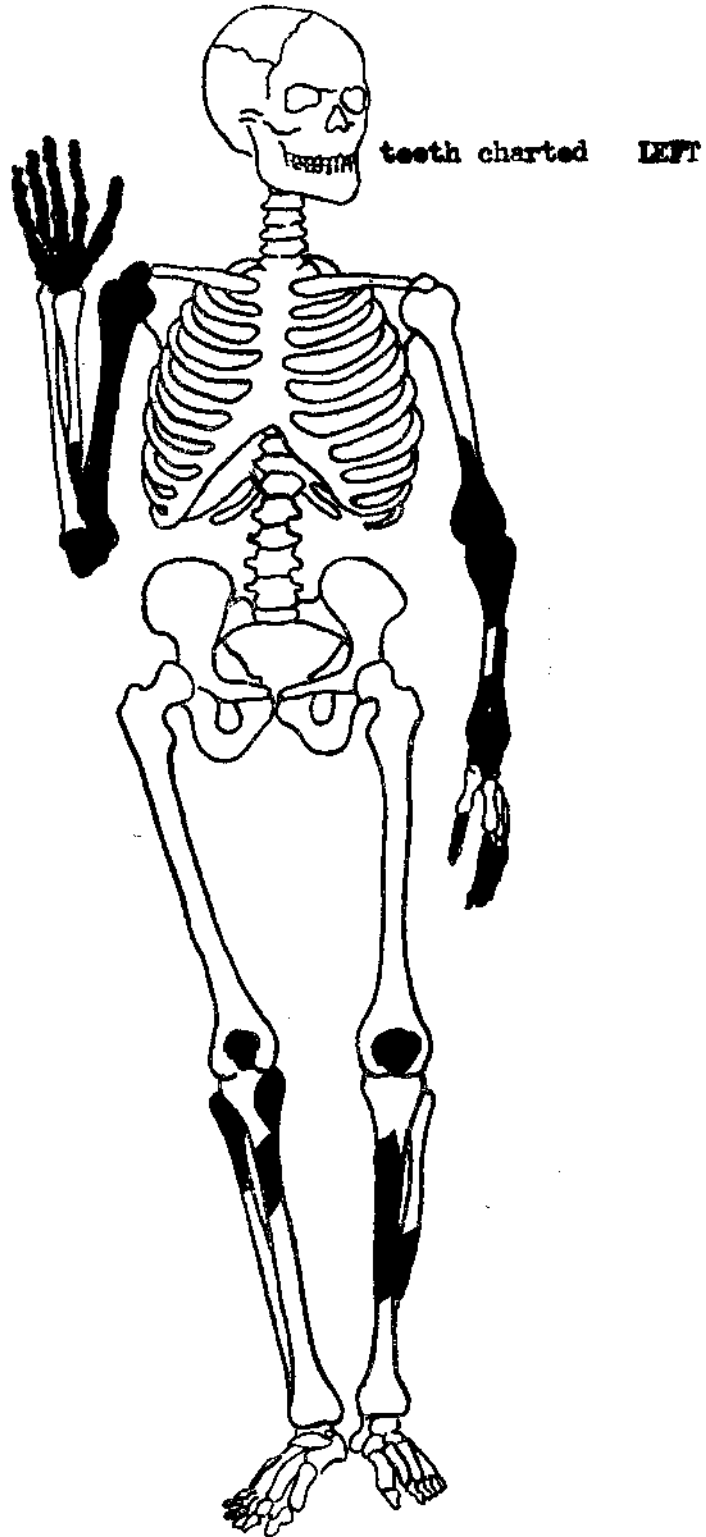
OPERATION'S OFFICER
(Organization)

X-3419

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT



teeth charted

LEFT

Yeast 40.8 cm

Est height 4'11 3/4"

CHART "A"

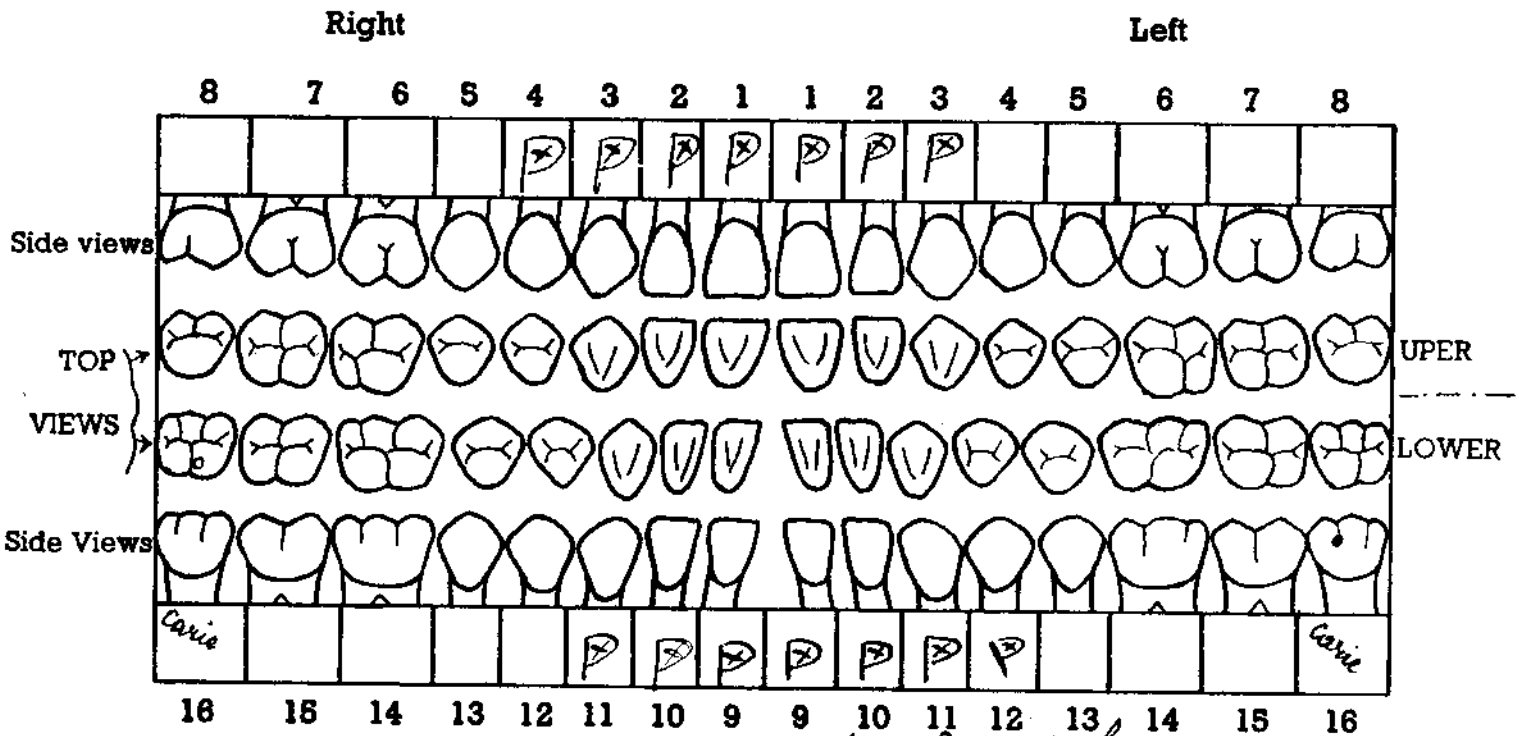
TOOTH CHART

14 Jan 48
Date

Unknown X-3419 Unk Unk
 Last Name First Initial Rank Serial No.

Unk AOV
 Unit Organization

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), 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.



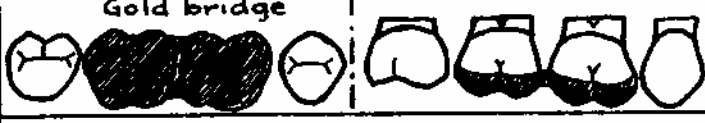

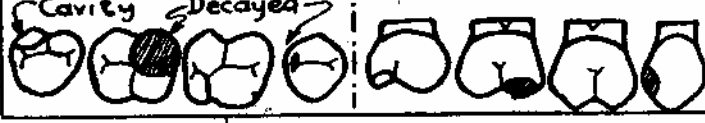
WALTER J. JABLONSKI
 USDA Civ IS

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. K. S. 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

Posthumously missing teeth R 1-2-3-4-9-10-11-L 1-3-9-1-11-12

R-8 L-8 have a distal version

Color white ivory

Size average

Alignment good

Graves of twelve American soldiers in the cemetery at DIEFFLEN, Germany

DIEFFLEN, GER.

Map: 1:250,000 Sheet K-50

Trier, Coords: WQ 2986

Location: Cemetery in DIEFFLEN, Ger.

Sketched by: T/5 Altki

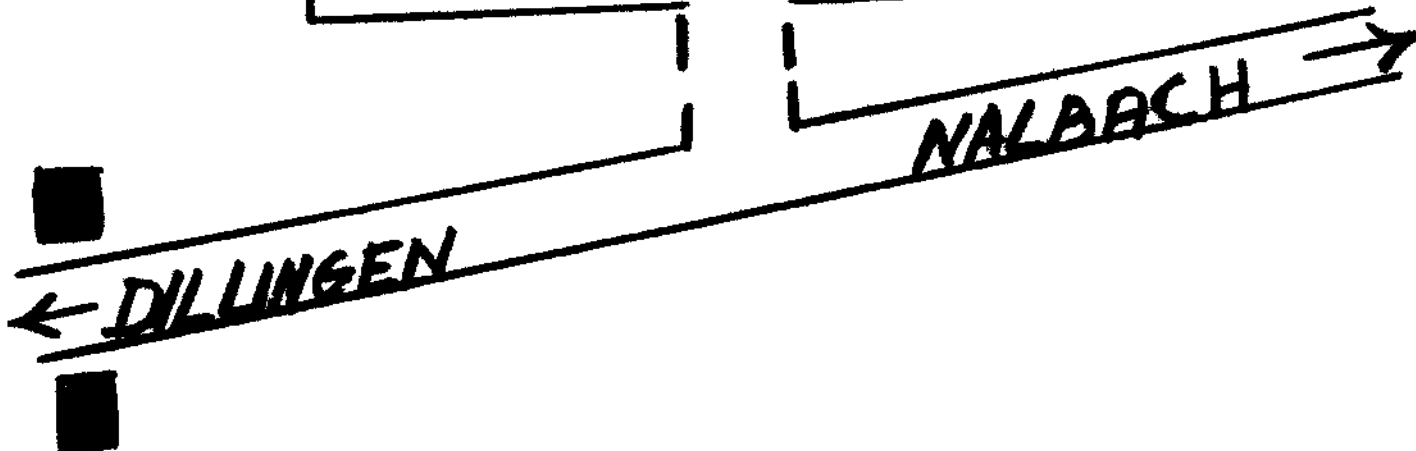
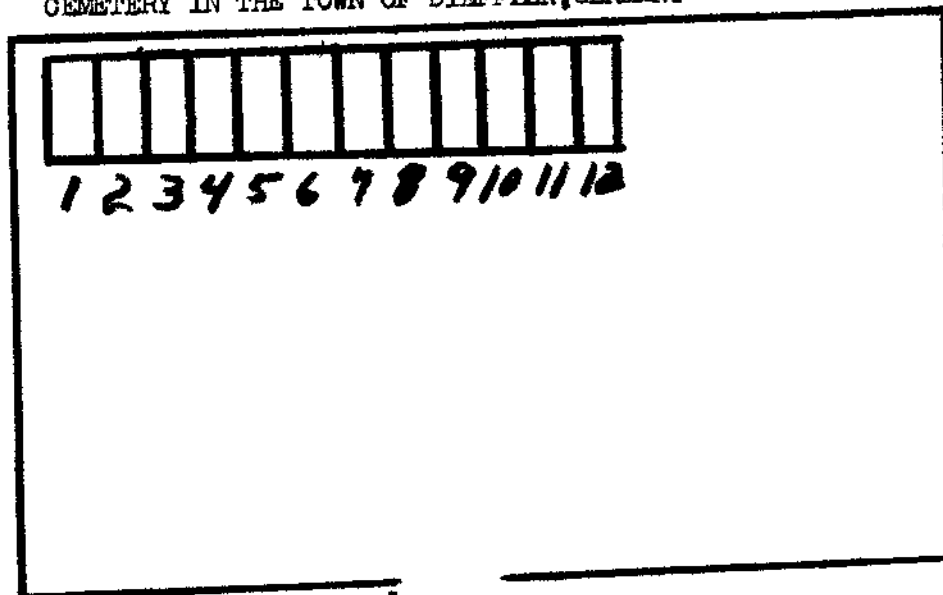
606 QM, G.R. Co.

Date: 22 Feb. 1946

Not to scale

- (1) Nick Matassini
- (2) Leroy A. Woods
- (3) Carl W. Wiest
- (4) X-3418
- (5) X-3420
- (6) X-3416
- (7) X-3419
- (8) X-3417
- (9) X-3415
- (10) X-3414
- (11) X-3413
- (12) X-3411

CEMETERY IN THE TOWN OF DIEFFLEN, GERMANY



TOOTH CHART

22 February 1946

Date

Unk. X-3419 (St. Armand, France)

unk.

unk.

Last Name

First

Initial

Rank

Serial No.

unk.

unk.

Unit

Organisation

DIEFFLEN, Ger., WQ 2986.

December 1944

SW of stomach

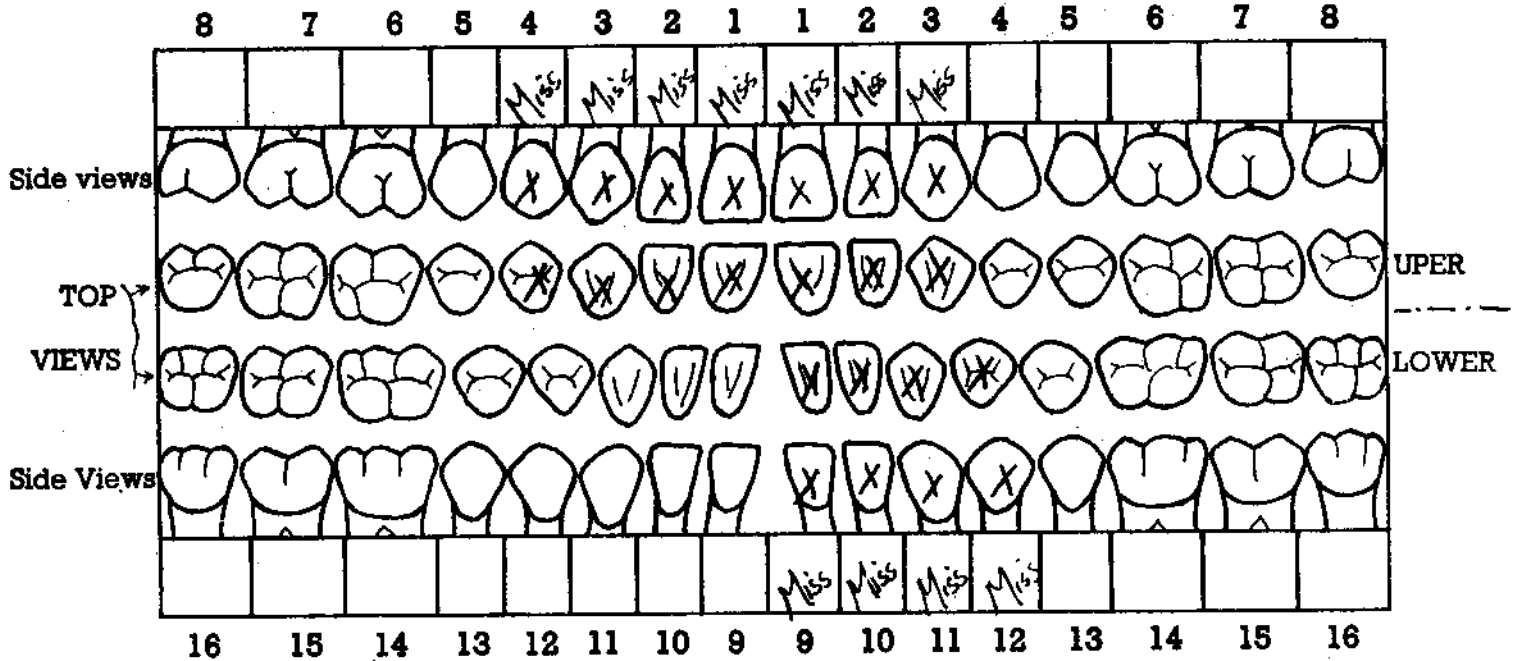
Place of Death

Date of Death

Cause of Death

Right

Left



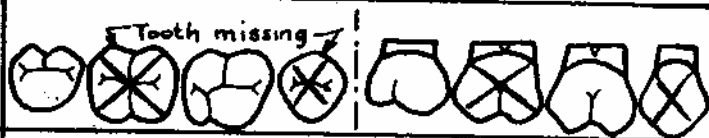
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Sgt. G. N. Newbold
 Signature of Officer or other person who prepared Tooth chart

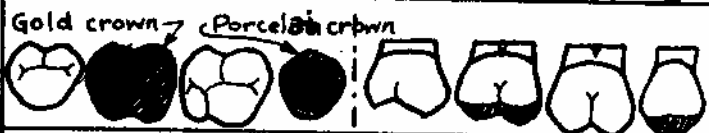
William H. Zerhan
 Verified by G. R. S. Officer

WILLIAM H. ZERHAN, 2nd Lt. Inf. 606 M. 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 :



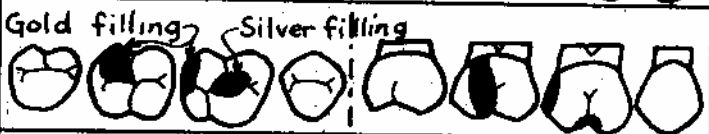
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

CHECK LIST FOR UNKNOWN

Pfc. Hinckey

(name of soldier processing remains)

1. Unknown X- 3419 ~~U.S. Military Cemetery~~ St. Avoild, France Coll. Pt. Homburg, Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1600, 16. Feb. 1946 From 606 QM.G.R.Co. Homburg, Germany
hour date collecting point
4. Place of death DIEFFLEN, Germany Map: 1:250,000 Sheet: K-50, Trier, Ger.
name coordinates and landmarks
5. coords: WQ 2986.
6. Remains recovered by Lt. Clark, 606 QM.G.R.Co.
name and organization
7. Evacuated to cemetery by Lt. Clark, 606 QM.B.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				
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat	none est.	36R	green	
32. Mackinaw				
33. Sweater	none est.	med.	O.D.	
34. Jacket, HBT	none est.	36 R	green	
35. *Shirt Wool OD	none est.	15-34	O.D.	
36. Undershirt, Wool	none est.	36	O.D.	
37. Undershirt, Cotton				
38. Trousers, HBT	none est.	36	green	
39. *Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool	none est.	33	white	
42. Drawers, Cotton				
43. Leggings				Note unusual lacing
44. Socks Wool combat	none est.	13	white	
45. *Shoes combat type	none	40 E	brown	
46. Oveshoes				
47. Web belt Equipment type	none est.	36	green	
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.

54. Bandages or dressings **none** 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 **teeth white, see tooth chart**
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 **brown, 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 **flesh 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 **white, see tooth chart**
white, size, unevenness, spacing, noticeable crowns, fillings, extractions
71. Chin **flesh and skin decayed** Cheekbones **flesh decayed**
prominent, receding, pointed, dimple double high, normal
72. Jaw **flesh decayed** Circumference of head in inches **est. 20* flesh and skin decayed**
large, small, normal hat band
73. Neck **flesh decayed** Larynx **decayed** Shoulders **est. broad**
size, long, short, normal wrinkled prominent, normal broad
74. Arms **est. 26* in. flesh and skin decayed**
straight, small, rounded length muscular, color, extent and quantity of hair
75. **flesh 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 worn
77.

78. Fingers fingers decayed thickness, length, color, size of knuckles missing fingers or joints
79. fingers decayed flesh and skin decayed Unusual characteristics of fingernails
80. Chest flesh and skin decayed size at nipples, color, quantity and extent of hair, large, small, normal
81. Back flesh and skin decayed quantity and extent of hair Waist 33 in. flesh decayed size, at navel, appendectomy, amount and color of hair
82. Circumcized decayed yes-no Pubic hair black color Hernioplasty no yes-no location
83. Legs 31 in. flesh and skin decayed inseam muscular, knock kneed, bowed, normal quantity, color and extent of hair
84. Feet flesh decayed size, corns, callouses : flat Toes flesh and skin 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 yes-no If not, explain see question 90
88. Have fingerprints been placed on GRS No I no yes-no If not, explain fingers decayed
89. Has tooth, chart been prepared? yes yes-no If not, explain
90. Remarks: Remains weigh approx. 125 pounds.
91. Remains in advance stage of decomposition. Body intact.
- 92.
- 93.
94. Body reburied in U.S. Military Cemetery, St. Avoild, France.
- 95.
- 96.

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

William H. Zerhan
Signature of GRO and Organization

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-3419 (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.
None
 4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: DIEFFLEN, Germany
Map: 1:250,000 sheet K-50 Trier Coord. WQ 2986
- 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):
Heldenfriedhof Diefflen, Germany, Grave 14, row 3.
 6. Approximate or established date of death (state which and give basis for date selected):
December 1944 (approximate) from Burgermeisters report.
 7. Approximate or established date of burial (give basis for date established):
January 1945 (approximate) from Burgermeisters report.
 8. Manner in which grave was marked, show information contained on the marker:
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 killed in December 1944 in a wooded area between Dillingen and Merzig, Germany. He was taken to the cemetery in Diefflen by German soldiers and was buried there in January 1945. All personal effects were taken by German soldiers.

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.			
.....
.....
.....

Not Applicable.

d. Engine serial number: Type:

William H. Zeffian

Signature of Investigating Officer

WILLIAM H. ZEFFIAN

2nd Lt. Inf. 0-1336585

606 QM Graves Registration Co.

Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): C.O. 606 QM. 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.

* Cross out word applicable.

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:.....

William H. Zerkhan

Signature of Investigating Officer

WILLIAM H. ZERKHAN

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Date of *burial/reburial:

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

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

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* Cross out word applicable.

Restricted **REPORT OF BURIAL**

21 February 1946

IM 10-60 AND AR 30-1813

Date

Unk. X-3419 (St. Avoird, France)

UNK.

UNK.

Last Name **UNK.** First **UNK.** Initial **UNK.** Rank **UNK.** Serial No.

DIEFFLEN, Ger. WQ 2986 December 1944 **UNK.** **SW of stomach**

Place of Death **1400-23 Feb/46** Date of Death **U.S. MIL. Cem. St. Avoird, France** Cause of Death **Q260 584**

Time and Date of Burial **1210** Name of Cemetery **U.S. MIL. Cem. St. Avoird, France** Name or Coordinates of Location **Cross**

Grave Number **1210** Row Number **1** Plot Number **1** 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 **Previously buried in isolated grave**

GRS No. **1** in bottle

located at **DIEFFLEN, Germany**
Map: 1:250,000 Sheet K-50
Trier Coord: WQ 2986

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

Who is buried on:

Deceased's Right: **Unk** **X-3420**
Name Serial No. Rank Organization Grave No.

Deceased's Left: **Start of row**
Name Serial No. Rank Organization Grave No.

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

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



Emergency Adresse **UNK.**
Name

UNK.
Address

Religion **UNK.**

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. C.R. Co.

Reinterring Officer **Charles F. Barney**
Verified by G.R.S. Officer
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: **brown** 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. Capable below, locate, and describe any scars, birthmarks, moles, deformities, etc.)

Tooth chart taken, No fingerprints taken.

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

None

Impossible to take, body decomposed

Impossible to take, body decomposed

TOOTH CHART

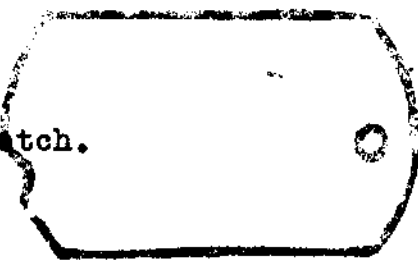
		Deceased's Right								Deceased's Left							
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Upper	See attached tooth chart																
Lower																	

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.



None

Left Hand

Right Hand

Index

Thumb

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)
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(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: DIEFFLEN, Germany
Map: 1:250,000 sheet K-50 Trier Coord. WQ 2986
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
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6. Approximate or established date of death (state which and give basis for date selected):
December 1944 (approximate) from Burgermeisters report.
7. Approximate or established date of burial (give basis for date established):
January 1945 (approximate) from Burgermeisters report.
8. Manner in which grave was marked, show information contained on the marker:
Wooden cross.
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:
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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 killed in December 1944, in a wooded area between Dillingen and Merzig, Germany. He was taken to the cemetery in Diefflen by German soldiers and was buried there in January 1945. All personal effects were taken by German soldiers.
Information from Burgermeister of Diefflen.
11. Give name and address of person who can guide disintering team to burial location:
Nickolaus Nalbach, Diefflen, Germany, Nalbacherstr. 146.