

7887 GRAVES DETACHMENT

AFO 757

243 unk St. Avold X-3447 A *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 - 3447. A St Avold.

7 (POC) ST AVOLD

*File  
to file  
26 Feb 55*

## 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-3447 unk. unk. INFANTRY  
(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. no identification tag, no fingerprints taken, no clothing marks found, no no tooth chert taken.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: PACHTEN, Germany map 1:250,000, sheet: K-50  
prier, Germany, coords. WQ 2585.  
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):  
Community cemetery, Pachten, Germany.
6. Approximate or established date of death (state which and give basis for date selected):  
22 December 1944. Est. from cemetery caretakers record.
7. Approximate or established date of burial (give basis for date established):  
20 October 1945. From cemetery caretakers record.
8. Manner in which grave was marked, show information contained on the marker:  
Wooden cross - helmet hanging on cross. Inscription on helmet - T.O.
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): Deceased died in combat on Pachten, was buried by cemetery caretaker Peter Waschbuesch - Address, Pachten, Wertstr. No. 14.
11. Give name and address of person who can guide disinterring team to burial location:  
Peter Waschbuesch - Address, Pachten, Germany, Wertstr. No. 14.

12. Is this atrocity case: <sup>no</sup> Is there evidence that it may be: <sup>no</sup>  
If answer is yes, has responsible War Crimes representative been notified: *J. H. [unclear]*

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. Gerhan*  
Signature of Investigating Officer  
WILLIAM H. GERHAN  
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 not applicable.

# CHECK LIST FOR UNKNOWN

T/5 **Burns**  
(name of soldier processing remains)

1. Unknown X - **3447** ~~XXXXXXXXXXXX~~ **Coll. Pt. Homburg, Germany**

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

3. Arrived at cemetery **1400, 9 Feb. 1946** From **606 QM.G.R.Co. Homburg, Germany**  
hour date collecting point

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

5. **coords: WQ 2585.**

6. Remains recovered by ~~XX~~ **Pfc. Nash 606 QM.G.R.Co.**  
name and organization

7. Evacuated to cemetery by **Pfc. Nash 606 QM.G.R.Col**  
name and organization

8. Is load list attached **no**  
yes-no

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

10. Are circumstances described which may indicate organization of the deceased **yes**  
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. **unknown**

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

15. **unknown**

16. **unknown**

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 **not applicable**  
parts of markings or symbols burned pierced by shell fire - where

19. **unknown**

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

21. **unknown (if any)**  
names of men who escaped

22. detailed description of personal effects **no P.E.**  
Indicate exact pocket or part of body where found

23. **unknown**

24. **unknown**

25. **unknown**

26. **unknown**

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	none		green	small piece
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none		O.D.	
34. Jacket, HBT				
35. *Shirt Wool OD	none		O.D.	small piece
36. Undershirt, Wool	none		O.D.	
37. Undershirt, Cotton				
38. Trousers, HBT				
39. *Trousers, Wool OD	none		O.D.	small piece
40. Belt, Web				
41. Drawers, Wool	none		O.D.	small piece
42. Drawers, Cotton				
43. Leggings				Note unusual lacing
44. Socks Wool Cotton				
45. *Shoes type				
46. Oveshoes				
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

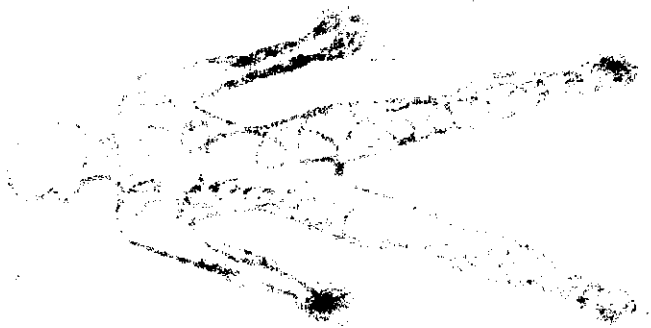
52. Age **unk.** Height **unk.** Weight **unk.** Description of wounds **multiple wounds**  
years ft-in lbs

53.

54. Bandages or dressings **none** Scars **flesh and skin decayed**  
length, width, location
55. ....
56. Tattoos **flesh and skin decayed**  
number, location - state on sep. page
57. Outstanding moles, warts or birthmarks **flesh and skin decayed**  
number, description, location
58. ....
59. Sunburn or tan, other than hands and face **flesh and skin decayed**
60. Tobacco stain on fingers or teeth **teeth and fingers missing**  
designate where extent
61. Complexion **flesh and skin decayed** Build **not est.**  
light, med. dark, deep, purple, pinkish, dusky large, fat, thin, muscular
62. ....
63. Hair **missing**  
color, length, density, curl, wavy, straight, or definite waving, baldness, widow's peak
64. ....
65. Sideburns **flesh decayed** Mustache **flesh decayed** Beard or goatee **flesh decayed**  
color, setting, shape color, size, shape length
66. ....
67. Eyes **missing** Eyebrows **flesh and skin decayed**  
color, setting, shape color, bushiness, extent above, above
68. Nose **flesh decayed** Ears **flesh decayed**  
size, shape, setting color for, from, set
69. Forehead **flesh decayed** Mouth **flesh decayed** Lips **flesh decayed**  
light, dark, wrinkled lips, medium, small small, large, up
70. Teeth **missing**  
white, dark, unevenly appearing, noticeable crowns, fraying, extraction
71. Chin **flesh decayed** Cheekbones **flesh decayed**  
pointed, receding, hearted, double, double high, normal
72. Jaw **flesh decayed** Circumference of head in inches **est. 21 in.**  
size, shape, shape
73. Neck **missing** Larynx **missing** Shoulders **not est.**  
size, long, short, normal, warted prominent, normal broad
74. **mangled** Arms **not est. dismembered and decayed**  
straight, small, rounded length, normal, color, extent and quantity of hair
75. **flesh decayed** Hands **missing**  
circumference, color, size of wrist face, small, normal, callused, noticeably
76. ....
76. **fingers missing**  
number, length, color, whether or not nails were worn
77. ....



78. Fingers ..... **missing**  
short, thick, long, slender, size of knuckles, missing fingers or joints
79. .... **missing**  
Unusual characteristics of fingernails
80. Chest ..... **not est. dismembered and decayed**  
size of nipples, color, quantity and extent of hair, large, small, normal
81. Back ..... **flesh decayed** ..... Waist **not est. dismembered**  
quantity and extent of hair size at naval, appendectomy, amount and color of hair
82. .... Circumcized **dec.** Pubic hair **miss.** Hernioplasty **flesh and skin decayed**  
yes-no color yes-no location
83. Legs ..... **not est. dismembered and decayed**  
linear muscular, knock knee, bowed, normal quantity, color and extent of hair
84. Feet **missing** ..... Toes **missing**  
size, convex, concaves, flat slender, straight, crooked, overlap
85. Evidence of healed fractures ..... **no**  
head, 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**
88. Have fingerprints been placed on GRS No 1 **no** If not, explain **fingers missing**
89. Has tooth chart been prepared? **no** If not, explain **teeth missing**
90. Remarks **Body in advance stage of decomposition. Hand and feet missing.**
91. **body badly dismembered and decayed.**
92. **Remains weigh approx. 40 pounds**
- 93.
94. **body reburied ~~and damaged~~ in U.S. Military Cemetery, St. Avoild, France**
- 95.
- 96.

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

# TOOTH CHART

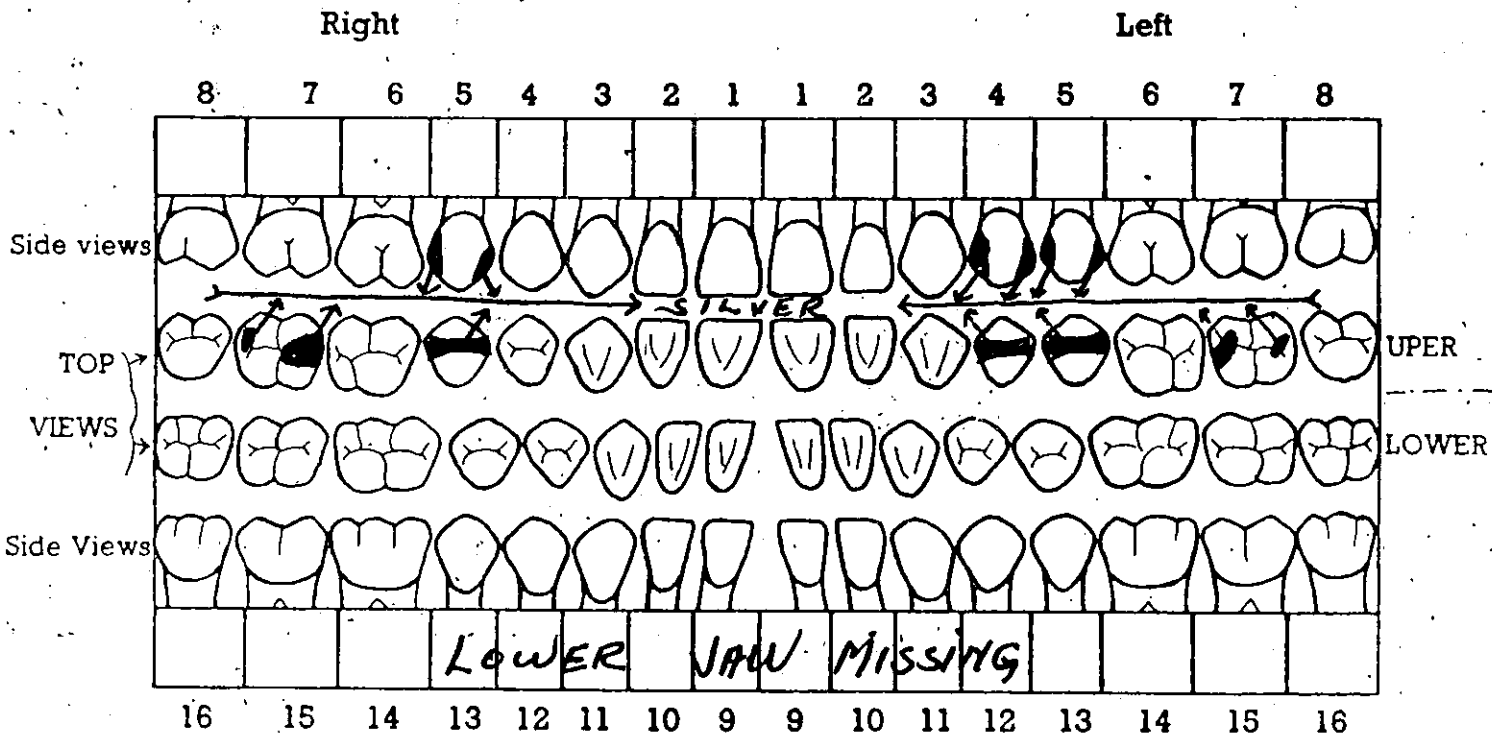
27 Feb. 1948  
 Date

Unk. X-3447 (ST. AVOID, France)  
 Last Name First Initial

Unk. Unk.  
 Rank Serial No.

Unk. Unk.  
 Unit Organization

PACHTEN, Germany WQ 2585 5 to 22 Dec. 1944 multiple wounds  
 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.

*S/Sgt. G. P. Neubald*  
 Signature of Officer or other person who prepared Tooth chart

*William H. Zerhan*  
 Verified by C. R. S. Officer

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



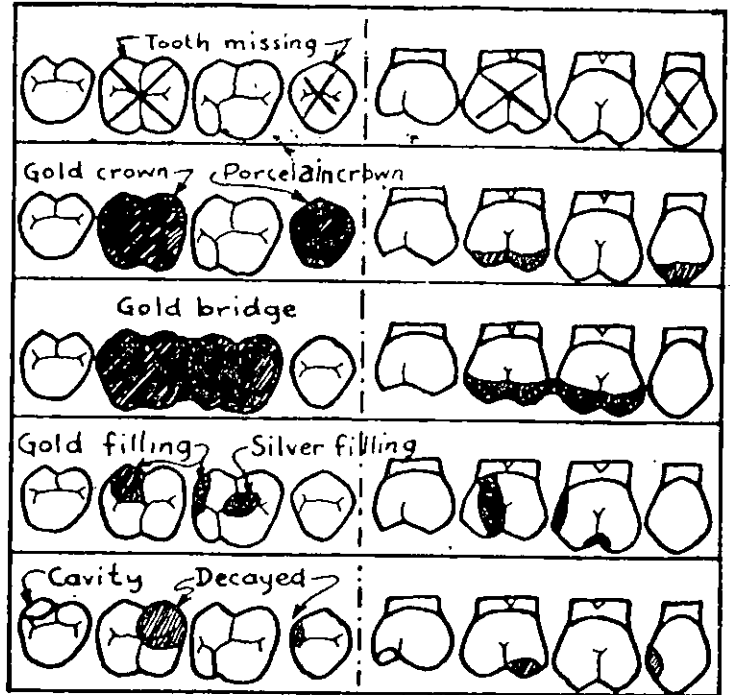
**MISSING TEETH . . .** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:

**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**

EO 2429 PRIORITY IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNIT - A. 3447 - A				2. DATE OF REPORT 27 SEPT - 49	
3. NAME OF CEMETERY USMC ST. AVOLD		4. PLOT PP	5. ROW 3	6. GRAVE 36	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 18-23	9. ESTIMATED HEIGHT 5' 6 1/8"	10. COLOR OF HAIR NONE	11. RACE VFD
------------------------------	----------------------------------	---------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

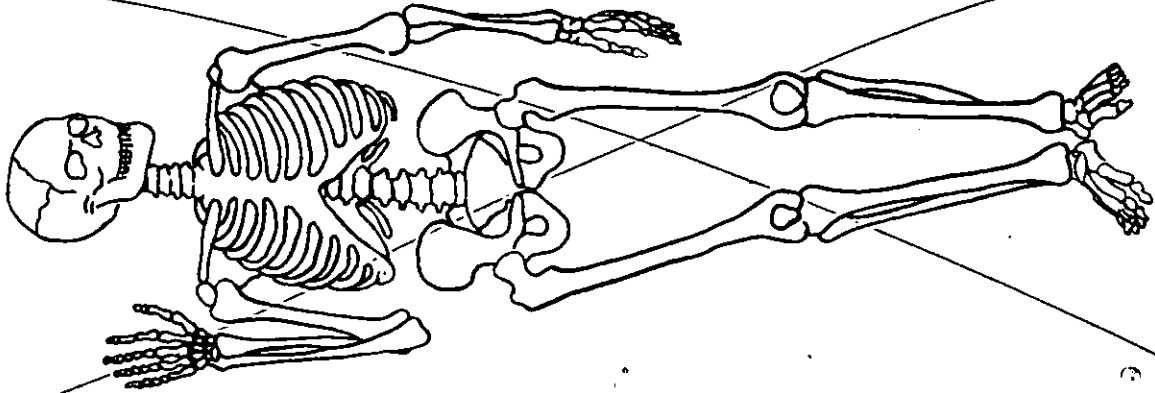
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None





SEE SKELETAL CHART.

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATE MARKED UNK-K-3447-A RECEIVED WITH REMAINS. DIS POSITION REPINNED TO BLANKET CONTAINING REMAINS.

HAIR - NONE.

TEETH - SEE TOOTH CHART

EDT. AGE - 18 - 23

EDT. HT. 5' 6 1/8"

PETERSON

GREEN - CLERK.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

John E. Byrd

Chart # 1  
**TOOTH CHART**

Unknown X-3447-A  
 St. Auld PP-3-36  
 O. 2429

27 Sept. 1949  
 Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death	Cause of Death	

Right

Left

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

Note	A		A								A	A		A	Note
0-2			DOM								DOM	DOM		0-2	
Side views															
TOP															UPPER
VIEWS															LOWER
Side Views															
P	A													A	
FO														FO	

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


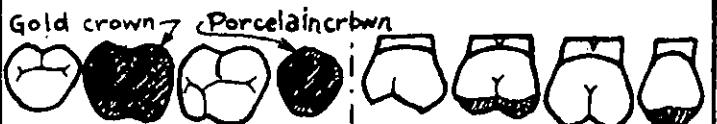

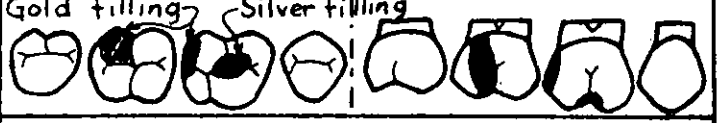

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Oden Raluth*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

X

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

*Size: Average*  
*Color: Dull ivory*  
*Stain: Slight.*  
*Calculus: Slight.*  
*Alignment: Generally good.*  
*Anterior teeth mandible section crowded*  
*L + R 10 varied distally.*

**NOTE:**

*R 8 + L 8 not fully erupted before death*

SKELETAL CHART  
(BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

E-0-2429

RIGHT

LEFT

X-3447-A  
St. Avold  
See tooth chart  
P. PP-R-3-6-36

STERNUM

HUMERUS

30.9

HUMERUS

ULNA

26.8

ULNA

RADIUS

24.7

RADIUS

FEMUR

45.6

FEMUR

TIBIA





37.7

TIBIA

FIBULA

36.9

FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

COLOR OF HAIR None

ESTIMATED AGE 18-23 Yrs

ESTIMATED HEIGHT 5 Ft. 6 1/2 In

ESTIMATED WEIGHT \_\_\_\_\_ LBS

Sculco  
Signature

CHART "A"



Full CFT

1 ✓

USMC, ST. AVOLD, FRANCE  
Plot D, Row 35, Grave 35  
Date reburied: 16 Dec 48

DISINTERMENT DIRECTIVE

3446 B

*Donald H. Tackett*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DONALD H. TACKETT  
1st Lt., QMC

DIRECTIVE NUMBER  
3574 00000

DATE  
15 08 48  
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-0034463 GRADE: Q ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: ST AVOLD FRANCE PLOT: 4P ROW: 8 GRAVE: 92 DISPOSITION OF REMAINS: 3503 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
ST AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN  
BY ADMINISTRATIVE DECISION

293-Consolidated with X-3447A

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

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:

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

All tags and stencils made to read: X-003446-B

F I I F

REMAINS PREPARED AND PLACED IN CASKET

19 MAY 1948

DATE: BY: CASKET SEALED BY: M.H. McWhorter, Emb.

EMBALMER (Signature): M.H. McWhorter, Emb. BRANCH: M.H. McWhorter, Emb.

CASKET BOXED AND MARKED: 28 Oct 48 BY: M.H. McWhorter, Emb.

SHIPPING ADDRESS VERIFIED BY: all markings, tags, and plates verified by Dewey R. Bell, 1st Lt, CAV

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: Dewey R. Bell, 1st Lt, CAV. Dewey R. Bell, 1st Lt, CAV, 7857 AGRC Zone 3 Hq  
*Dewey R. Bell* SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>[Signature]</i>	<i>[Date]</i>	<i>[Signature]</i>	<i>[Date]</i>



**DISINTERMENT DIRECTIVE**

Section A Name & Burial Location of deceased		3574	Directive Number		Date
		Day	Month	Year	
NAME UNKNOWN X-3446-B		SERIAL NUMBER	RANK	ARMY	DATE OF DEATH Day Month Year
CEMENTERY ST. AVOLD				Disposition of Remains	
PLOT	ROW	GRAVE	COUNTRY		
4P	8	92	FRANCE		
			Code Dist. Pt.		
			Cause of Death		

**Section B. Consignee and Next of Kin**

Name and Address of Consignee	Name and Address of Next of Kin.

**Section C. Disinterment and Identification.**

NAME UNKNOWN X-3446-B	Serial Number	RANK	Date of Death	Date Disinterred 6 July 48
Identification tag on Remains Marker <input checked="" type="checkbox"/> EMB	Organization	Religion	Identification verified by: RICHARD F PETERSON, EMBALMER Name & Title	

**Section D. Preparation of Remains for Shipment**

Nature of Burial MATTRESS COVER	Condition of Remains REMAINS CONSIST OF L/TIBIA & FIBULA
------------------------------------	---

Other means of Identification:

REPORT OF BURIAL FOUND WITH REMAINS

Minor Discrepancies:

NONE

Remains prepared and placed in transfer box

Date 13 Aug 48	By <i>Richard F. Peterson</i> RICHARD F PETERSON, EMBALMER
Casket sealed by	Embalmer (Signature)
Casket Marked	All markings, tags, plates verified
Date	By

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

*Kanemitsu Ito*  
KANEMITSU ITO, 1st Lt INF, 7857 AGRC ZONE 3 HQ  
Signature of GRS-Inspector (Gr & Org)

1. Prepare Discrepancy Report OMC Form 1194a for major discrepancies.  
OMC Form 1194 - This form modified by Hq Third Zone, AGRC, EA, APO 58  
US ARMY. Dated 4 March 1948.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Dec 48

Date

*293 Unk. France X-3447A (St. Avoild)*

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-3447A, Plot PP, Row 3, Grave 36, 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. 2822, dated 12-5-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ 1st Lt QMC  
Actg Asst Adj Gen

*NAT  
file 4-5-49  
Schroth  
Ident Br*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

22 DEC 1949  
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 3447A, Plot PP  
Row 3, Grave 36, USMC St-Avoid, 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 OK  
by letter of transmittal No. 2822, dated 12/5/48.  
No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 5 April 49 OQMG  
Not identifiable from  
information presently  
available *Schrauth*

Incl # 45

This grave for ~~previously~~ occupied by: UNKNOWN X- 06. Disinterred: 9 June 1949  
USMC ST AVOLD, FRANCE  
Plot F, Row 13, Grave 36  
Date reburied: 9 June 1949  
**DISINTERMENT DIRECTIVE**

1

*M. R. SWART*  
CAPT., QMC

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

NAME: **292 UNKNOWN X-003447A** SERIAL NUMBER: **0** RANK: **0** ARM: **0**  
DATE OF DEATH: **1 1**  
DAY MONTH YEAR

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

CAUSE OF DEATH: **6**  
PLOT: **PP** ROW: **3** GRAVE: **36** COUNTRY: **FRANCE**

SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **ST. AVOLD, FRANCE**  
**(BY ADMINISTRATIVE ORDER)**  
NAME AND ADDRESS OF NEXT OF KIN: **FILE**  
**12 JUL 1949**  
**REPATRIATION BRANCH**  
**MEM. DIV.**

SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED:  
IDENTIFICATION TAG ON:  REMAINS  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:

**SEE ATTACHED WORK SHEET**

MINOR DISCREPANCIES: **Suffix (A) added (Hq.AGRC)**

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.

*JJ*

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*no letter necessary*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

JUN 29 1 27 PM '41  
 FEDERAL BUREAU OF INVESTIGATION  
 REPAIRS  
 SCOFFS BRIDGE

## 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. VAUGHN SERVICE	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

This grave formerly occupied by: UNKNOWN X-006706. Disinterred: 9 June 49  
USMC ST AVOLD, FRANCE  
Plot F, Row 13, Grave 28  
Date reburied: 9 June 49

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
M. R. SWARTZ  
CAPT., GMC  
DIRECTIVE NUMBER 3574  
DATE

NAME UNKNOWN X - 3447 - A  
SERIAL NUMBER  
GRADE  
ARM  
RACE  
RELIGION  
CEMETERY ST AVOLD FRANCE  
PLOT 2 P  
ROW 3  
GRAVE 36  
DISPOSITION OF REMAINS P D  
CODE  
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NAME AND ADDRESS OF NEXT OF KIN

FILE  
12 JUL 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 3447 - A  
SERIAL NUMBER  
GRADE  
DATE OF DEATH  
DATE DISTINTERRED 6 Jul 48  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER GRS  
ORGANIZATION  
RELIGION  
IDENTIFICATION VERIFIED BY Melvin W Blackburn, Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover  
CONDITION OF REMAINS Missing R/tibia and fibula.  
Body in skeletal form. Disarticulated. Final stage of decomposition.

OTHER MEANS OF IDENTIFICATION  
Report of Burial found with remains

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)

Extra teeth with remains

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Jul 48 BY Melvin W Blackburn, Embalmer  
CASKET SEALED BY Melvin W Blackburn, Embalmer  
EMBALMER (Signature) Melvin W Blackburn,

CASKET BOXED AND MARKED 27 Jul 48 Melvin W Blackburn  
DATE BY  
All markings, tags and plates verified by Jesse C Harrell, 1st Lt CAC

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

Jesse C Harrell, 1st Lt CAC, 7857 AGRC Zone 3 Hq  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.  
Frank B Callaghan, 1st Lt FA

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

RECEIVED  
 RECORDS DIVISION  
 JUN 29 - 1 27 PM '49  
 FEDERAL BUREAU OF INVESTIGATION  
 DEPARTMENT OF JUSTICE

Narrative

Teeth  
E.O. 2429  
27 Sept 1949

Reference letter of instructions E.O.2429; laboratory prepared tooth charts; and Form 371 for GILMAN, Zebulon O., ASN 31282773

Following changes made in placement of, for reasons as given:

1. Extra maxilla described on Chart # 2 dated this date removed from Unknown X-3450 and placed with Unknown X-3446A, because contours, color, alignment, size and condition of teeth compare very favorably with same characteristics of teeth in mandible recovered with Unknown X-3446A. Portion of skull to which subject maxilla is attached articulates perfectly with skull fragments also recovered with Unknown X-3446 A. Occlusion of subject maxilla and mandible cannot be tested nor can skull be articulated to torsal section.

2. Extra maxilla described on Chart # 2 dated this date removed from Unknown X-3447A and placed with Unknown X-3449, because portion of skull of which maxilla in a part articulated with portions of skull recovered from Unknown X-3449. No other comparisons or articulations can be made.

3. Maxilla, mandible and teeth remaining with Unknown X-3450 and described on Chart #1 compare very favorably with teeth described on Form 371 for GILMAN, Zebulon O., 31282773. Occlusion of maxilla and mandible is correct.

Estimated height determined from measurement of fractured femur is 5 ft 6 1/8 in; height given on Form 371 is 5 ft 5 in. Difference of 1 1/8 in. can be explained and allowed for by fact that one condyle is missing from femur, thus making it difficult to place femur on scale and make accurate measurement.

Color of hair and estimated age of subject remains also compares with information on Form 371 for GILMAN, Zebulon O.

4. All other teeth left with remains from which originally recovered.

C  
O  
P  
Y

*See X-3446 A.*



# IDENTIFICATION CHECK LIST

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

**E.O. # 707**

Unknown X 3447(A) B  
Cemetery St. Avoird, France  
Plot FP Row 3 Grave 36

- Date reprocessed**
1. ~~Amixed cemetery~~ 14 April 1948  
(Hour) (Date)
  2. Place of death Pachten, Germany  
(Name of closest town) WQ 2585  
(Coordinates and letter Prefix, maps)  
  
(Sheet, scale and serials used)
  3. Remains ~~covered in dirt and covered by~~ Reprocessed by Mobile Team # 1, IS  
(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>Remnants of</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>WOOL OD, Remnants of</u>		
Jacket, <del>HBT</del> <u>FIELD M-43</u>	<u>Remnants of</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

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: **Humerus - 30.5** **Femur - 44.8**  
**Ulna - 26.5** **Tibia - 36.3**  
**Radius - 24.2** **Fibula - 36.1**  
 Age UTD Height <sup>EST</sup> 5'4 1/2" Weight UTD Description of wounds UTD

Bandages or dressings None 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 UTD  
(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 with case A papers**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... **UTD** ..... Circumference of head in <sup>cm.</sup> ~~inches~~ **No inch type measure**  
 (Large, small, normal) **52.5**  
 (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 ..... **UTD**  
 (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 ..... **None**  
 (Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

8. Has tooth chart been prepared? Yes If not, explain (Teeth could belong to case A or B).  
(Yes-no)

9. Remarks Narrative : Case X-3447 was reprocessed as per E.O. # 707. Parts of two men were found . Case X-3447 was changed to case X-3447 A and B. Segregation was possible because of difference in size and structure of the bones. Teeth and unmarked clothing were common among the remains and could belong to either case. The teeth and clothing were buried with case A. Tooth charts are with case A papers. The skulls of both cases were disarticulated. Report of burial

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.

found, no QRS tags found. No evidence of old or healed fractures or amputations was found.

Est. wt. of reprocessed remains, case "A" - 18 lbs.  
Est. wt. of reprocessed remains, case "B" - 1 lb.

/s/ LAWRENCE R. FEINDT

(Officer's Name)

Est. ht. - Case "A" - 5' 4 1/2"  
Est. ht. - Case "B" - 5'10-3/4"

SP-6

Rank

AGRC

Service

Case A was reburied in grave from which disinterred, that is : Plot PP

Row 3  
Grave 36

MOBILE TEAM # 1, I.S.

(Organization)

Case B buried in : Plot FPPP  
Row 8  
Grave 93

A CERTIFIED TRUE COPY

*Woodrow W. Wolf*  
WOODROW W. WOLF  
CAPTAIN QMC  
OPERATION S OFFICER

# SKELETAL CHART

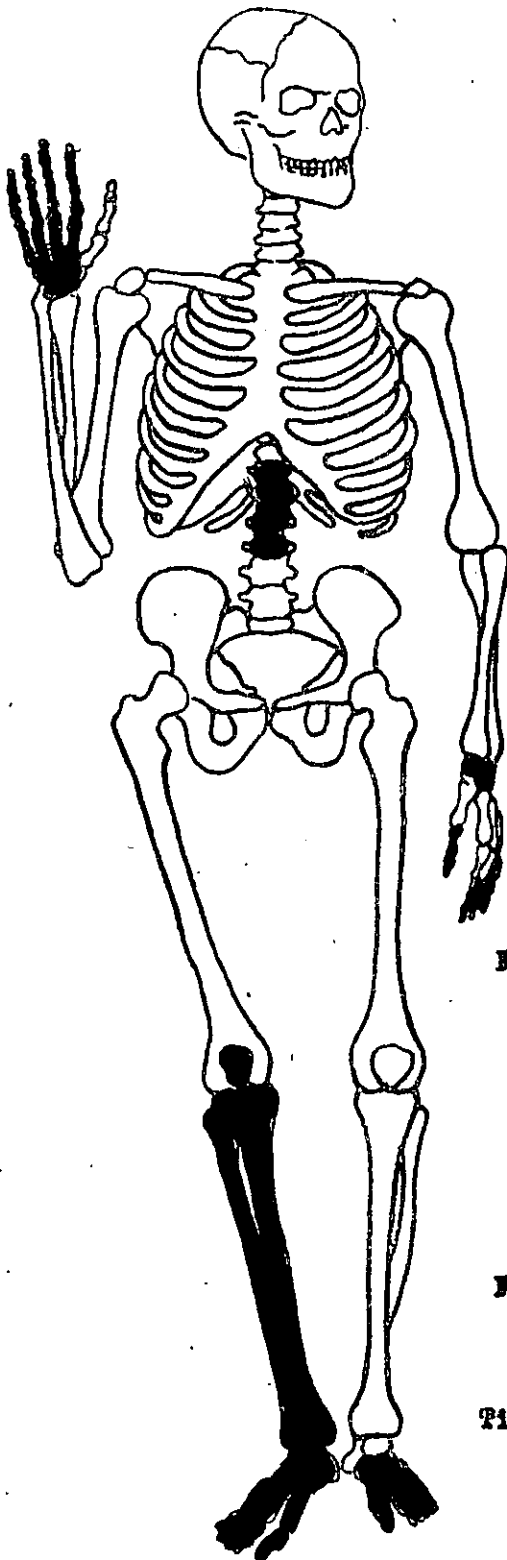
X-3447 (A) B  
USMC. ST. AVOLD

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

14 April 1948  
Plot PP, Row 3,  
Grave 36

RIGHT

LEFT



Humerus..30.5.....cm

Ulna.....26.5.....cm

Radius..24.2.....cm

Femur.....44.8.....cm

Fibula.....36.1.....cm

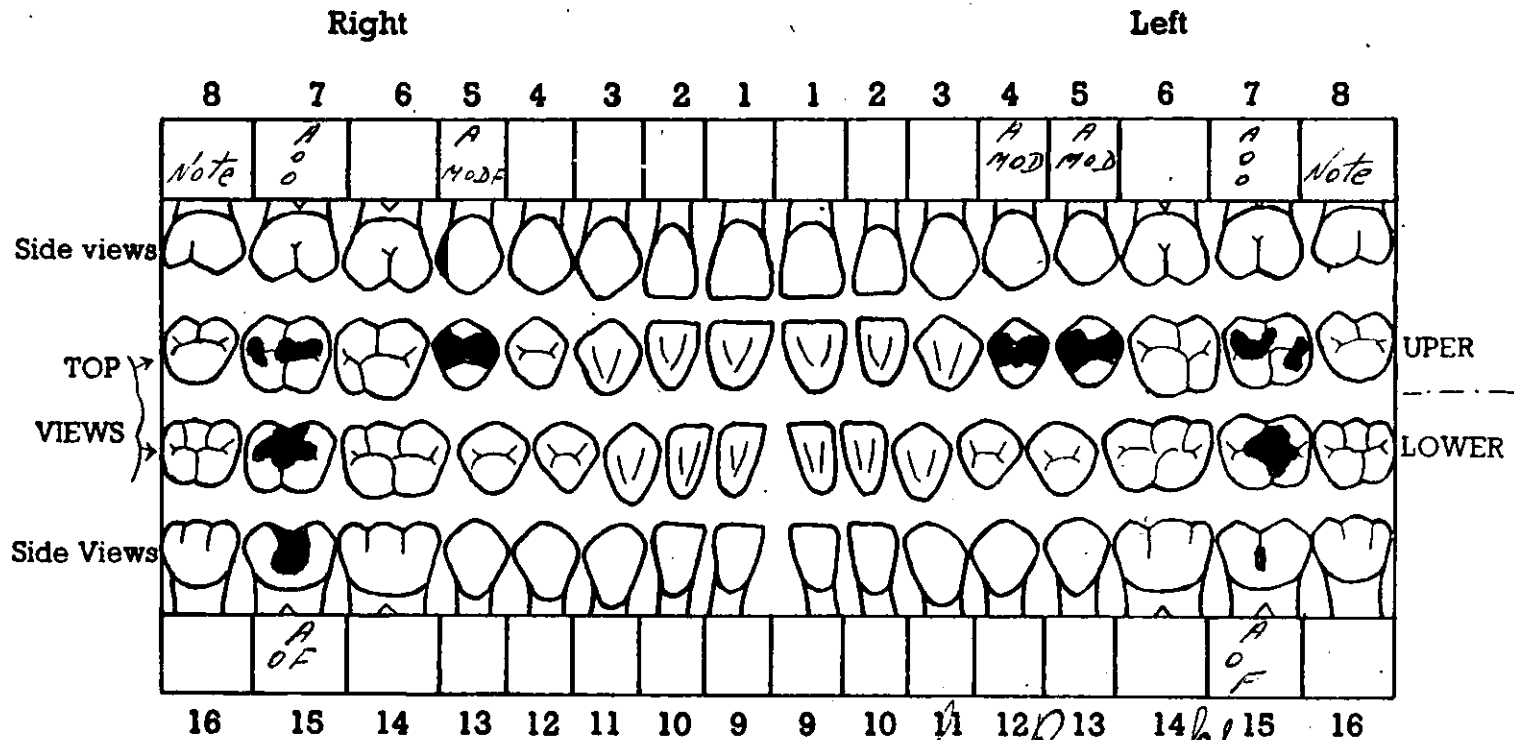
Fibia.....36.3.....cm

Est. Height - 5' 4 1/2"

Chart # 1.  
**TOOTH CHART**

E.O. # 707  
 USMC, St. Avold

X-3447 (A) B	Plot PP, Row 3, Grave 36				Date
X-3447 A (B)	Plot PPP Row 8, Grave 93				Unk
Last Name	First	Initial	Rank		Serial No.
Unk			Unk		
Unit		Date of Death		Cause of Death	
Pachten, Germany		5 to 22 December 44		Multiple wounds	
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.

Insufficient spaces for remarks : See reverse

IVOR J. FOSMO  
 US DA CIV IS

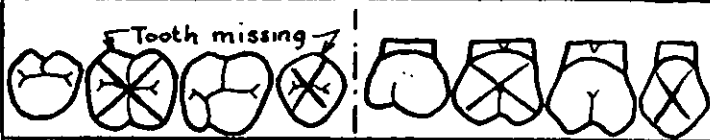

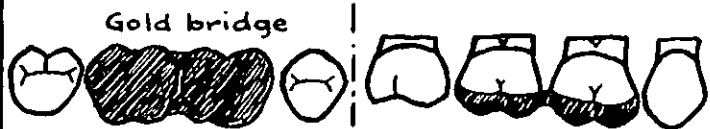


/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF  
 CAPT QMC OPER OFF

Verified by G. R. S. Officer

*Tooth Chart # 2 is now with X-3449*

<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

Posthumously missing  
Space : R-3-4 : 1MM.

Color - white Ivory  
Size - Average  
Alignment - Good

MAXILLA

R-8 - unerupted before death  
L-8 - unerupted before death.

MANDIBLE

R-12 - rotated 1/16 of a turn distally  
L-10 - rotated 1/16 of a turn mesially  
L-11 - rotated 1/8 of a turn distally and has a lingual version.  
Lower incisors L-10 to and including R-10 have a facial version.

NOTE

Teeth for two men found. Teeth charted separately and placed with case (A).

# TOOTH CHART

27 Feb. 1946  
 Date

Unk. X-3447 (ST. AVOID, France)  
 Last Name First Initial

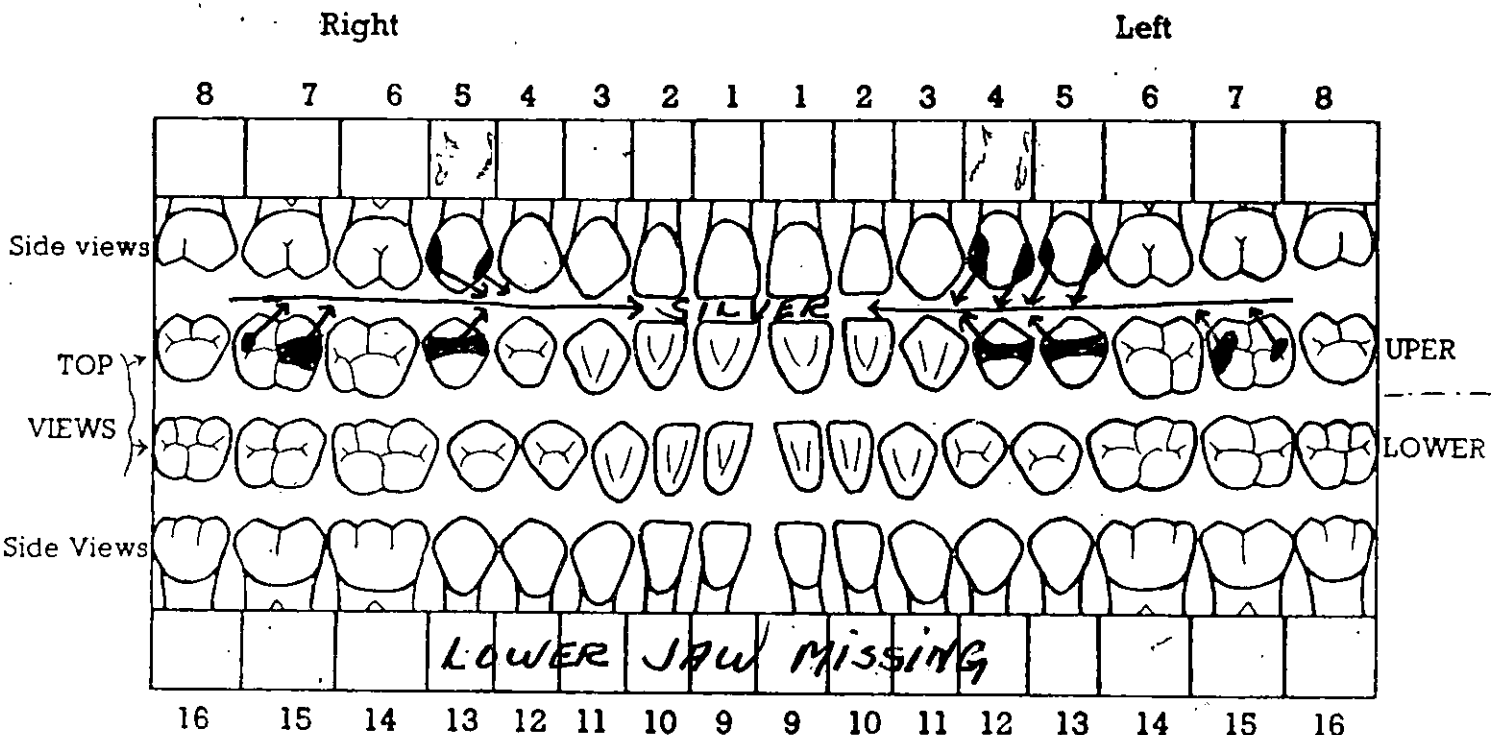
Unk.  
 Rank

Unk.  
 Serial No.

Unk.  
 Unit

Unk.  
 Organization

PACHTEN, Germany WQ 2585 5 to 22 Dec. 1944 multiple wounds  
 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.

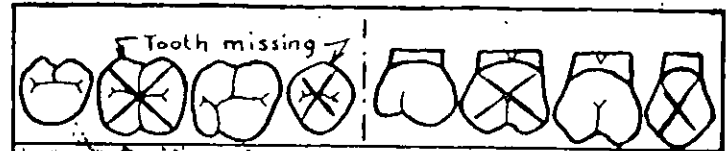
*Sidgt. A.N. Neubold*  
 Signature of Officer or other person who prepared Tooth chart

*William H. Zerhan*  
 Verified by G. R. & E. Officer

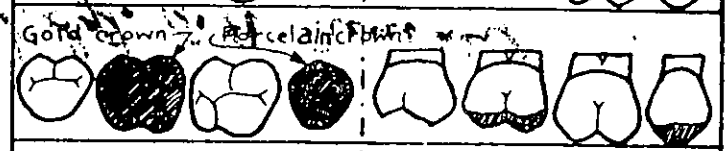
WILLIAM H. ZERHAN 2nd Lt. Inf. 606 QM G.R. Co.



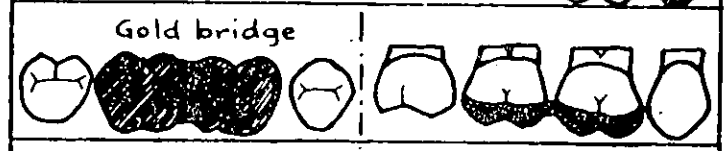
**MISSING TEETH . . .** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



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



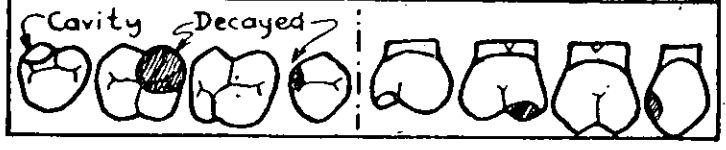
**BRIDGE WORK . . .** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**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

T/5 Burns  
(name of soldier processing remains)

1. Unknown X - 3447 St. Avoild, France U.S. Military Cemetery No. Coll. Pt. Homburg, Germany

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

3. Arrived at cemetery 1400, 9 Feb. 1946 From 606 QM.G.R. Co. Homburg, Germany  
hour date collecting point

4. Place of death PACHTEN, Germany Map: 1:250,000 sheet: K-50, Trier, GER.  
name coordinates and landmarks

5. coords: WQ 2535.

6. Remains recovered by HR Pfc. Nash 606 QM.G.R. Co.  
name and organization

7. Evacuated to cemetery by Pfc. Nash 606 QM.G.R. Co 1  
name and organization

8. Is load list attached no  
yes-no

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

10. Are circumstances described which may indicate organization of the deceased yes  
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. unknown

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

15. unknown

16. unknown

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 unknown  
parts of markings or symbols burned pierced by shell fire where

19. unknown

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. unknown

24. unknown

25. unknown

26. unknown

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	none		green	small piece
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none		O.D.	
34. Jacket, HBT				
35. Shirt Wool OD	none		O.D.	small piece
36. Undershirt, Wool	none		O.D.	
37. Undershirt, Cotton				
38. Trousers, HBT				
39. Trousers, Wool OD	none		O.D.	small piece
40. Belt, Web				
41. Drawers, Wool	none		O.D.	small piece
42. Drawers, Cotton				
43. Leggings				Note unusual lacing
44. Socks Wool Cotton				
45. Shoes type				
46. Oveshoes				
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 multiple wounds  
 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 and fingers missing**  
designate where extent

61. Complexion **flesh and skin decayed** Build **not est.**  
light, med. dark, clear, pimples, pocks, freckles large, fat, thin, muscular

62. ....

63. Hair **missing**  
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 **missing** Eyebrows **flesh and skin 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 **missing**  
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. 21 in.**  
large, small, normal hair bands

73. Neck **missing** Larynx **missing** Shoulders **not est.**  
size, long, short, normal, wrinkled prominent, normal broad

74. **mangled** Arms **not est. dismembered and decayed**  
straight, small, rounded length, muscular, color, extent and quantity of hair

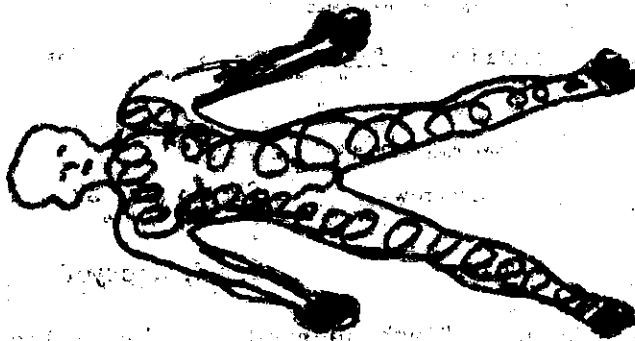
75. **flesh decayed** Hands **missing**  
vaccination scar, size of wrists large, small, normal, calloused noticeably

76. ....

76. **fingers missing**  
marks on fingers indicating that rings were worn

77. ....

78. Fingers ..... missing .....  
short, thick, long, slender, size of knuckles ..... missing fingers or joints
79. .... missing .....  
Unusual characteristics of fingernails
80. Chest ..... not est. dismembered and decayed .....  
size at nipples, color, quantity and extent of hair, large, small, normal
81. Back ..... flesh decayed ..... Waist ..... not est. dismembered .....  
quantity, and extent of hair ..... size, at naval, appendectomy, amount and color of hair,
82. .... Circumcized dec. Pubic hair miss. Hernioplasty flesh and skin decayed .....  
yes-no ..... color ..... yes-no ..... location
83. Legs ..... not est. dismembered and decayed .....  
Inseam muscular, knock kneed, bowed, normal ..... quantity, color and extent of hair
84. Feet missing ..... Toes ..... missing .....  
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 fingers missing  
yes-no
89. Has tooth chart been prepared? no If not, explain teeth missing  
yes-no
90. Remarks Body in advance stage of decomposition. Hand and feet missing.
91. Body badly dismembered and decayed.
92. Remains weigh approx. 40 pounds
93. ....
94. Body reburied ~~and damaged~~ in U.S. Military Cemetery, St. Avoild, France
95. ....
96. ....

*William H. Zephan*  
 Signature of GPO and Organization

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

Graves of five American soldiers in the town of PACHTEN, Ger.

PACHTEN, Germany

Map 1:250,000 Sheet K-50

Trier Coord: WQ 2585

Location: Cemetery in PACHTEN, Ger.

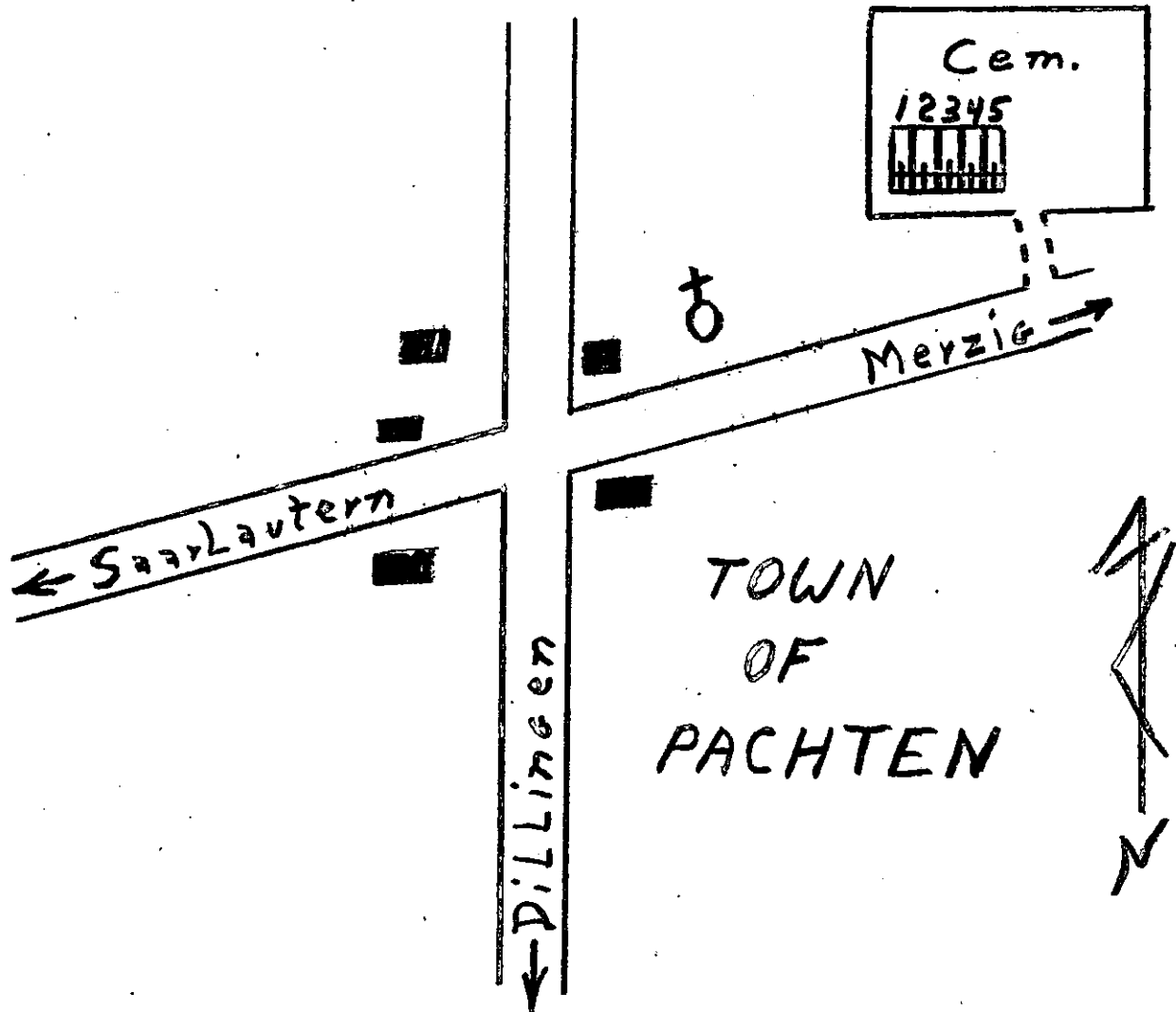
Sketched by: T/5 Akiki

606 QM.G.R.Co.

Date: 26 Feb. 1946

Not to scale

- (1) Unk. X-3449
- (2) Unk. X-3446
- (3) Unk. X-3448
- ~~(4) Unk. X-50~~
- (4) Unk. X-3450
- (5) Unk. X-3447



## 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-3447                      unk.                      unk.                      INFANTRY  
(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. No identification tag, no fingerprints taken, no clothing marks found, no no tooth chart taken.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: PACHTEN, Germany      map 1:250,000, sheet:K-50  
Trier, Germany, coords:WQ 2585.  
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):  
Community cemetery, Pachten, Germany.
6. Approximate or established date of death (state which and give basis for date selected):  
22 December 1944. Est. from cemetery caretakers record.
7. Approximate or established date of burial (give basis for date established):  
20 October 1945. From cemetery caretakers record.
8. Manner in which grave was marked, show information contained on the marker:  
Wooden cross - helmet hanging on cross. Inscription on helmet - T.O.
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): Deceased died in combat in Pachten, was buried by cemetery caretaker Peter Waschbuesch - Address, Pachten, Wertstreet No. 14.
11. Give name and address of person who can guide disinterring team to burial location:  
Peter Waschbuesch - Address, Pachten, Germany, Wertstr. No. 14.



12. Is this atrocity case: <sup>no</sup> Is there evidence that it may be: <sup>no</sup>  
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. Zephan*  
 Signature of Investigating Officer  
 WILLIAM H. ZEPHAN  
 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 not applicable.



MAY 27 1946

CORRECTED COPY

REPORT OF BURIAL  
GRAVES REGISTRATION FORM NO. 1  
FORM 10-630 AND AR 30-7815

14 April 1948

X-3447 (A)		Unk		Unk	
Last Name	First	Initial	Rank	Serial No.	
Unk		Unk		Unk	
Unit		Organization			
Pachten, Germany		5 to 22 December 1944		Multiple wounds.	
Place of Death		Date of Death		Cause of Death	
1030 1 March 1946		USMC, St. Avold, France		Q-260584	
Time and Date of Burial		Name of Cemetery		Name of Coordinates of Location	
36		pp		Temp. Wdn. Cross	
Grave Number	Row Number	Pit 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? **Remains segregated from former X-3447.**

What means of identification were buried with the body?

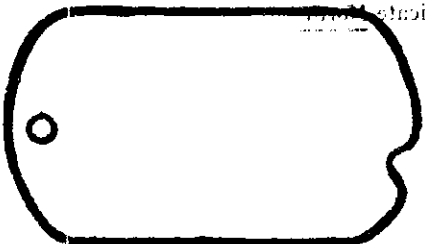
One copy of GRS Form # 1, placed in a burial bottle and buried with remains.

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

Who is buried on:

Deceased's Right:	<u>End of Row.</u>	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>X-3446</u>	Name	Serial No.	Rank	Organization	Grave No.

Signature and 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 Addressee \_\_\_\_\_

Address \_\_\_\_\_

Religion \_\_\_\_\_

List only Personal Effects Found on Body and disposition of same: **None**

Remains previously buried in same grave as now interred.

This corrected copy of Report of Burial prepared at IS. Hqs First Zone, A.G.R.C., APO 58, US Army by :

A CERTIFIED TRUE COPY  
*Woodrow W. Wolf*  
WOODROW W. WOLF  
CAPTAIN QMC  
OPERATIONS OFFICER

/s/ Albert G. Richardson USDA Civ.  
Signature of Officer or other person reporting burial

/s/ Jesse R. Ward Capt.  
Verified by G.R.S. Officer

CORRECTED COPY

# 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: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(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.

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

publi 1971

3

2

1

Thumb

4

3

2

1

Right Hand

Thumb

## TOOTH CHART

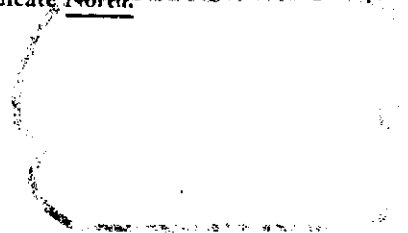
		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

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

Characteristics:

Other Data:

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.



AS P BR HQ 505 722560

IDENTIFICATION SECTION  
REPUTATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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

# REPORT OF BURIAL

Restricted **TM 10-630 AND AR 30-1815** 27 February 1946  
Date

UNK. X-3447 (St. Avoild, France) unkn. unkn.  
Last Name First Initial Rank Serial No.

Unit: PACHTEN, Germany WC 2585 Date of Death: 22 Dec. 1944 Organization: Multiple wounds  
Place of Death: 1030-1 Mar/46 Cause of Death: Multiple wounds  
Time and Date of Burial: 36 Name of Cemetery: U.S. Mil. Cem. St. Avoild, France. Name or Coordinates of Location: -260584  
Plot Number: PP

Grave Number: 36 Row Number: 3 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 "

REBURIAL

What means of identification were buried with the body? **None in isolated grave**

U.S. #1 in bottle

PACHTEN, Germany map 1:250,000  
sheet: X-50, Trier, Germany  
coords: WC 2585.

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

Who is buried on:

Deceased's Right:	End of row	Name	Serial No.	Rank	Organization	Grave No
Deceased's Left:	Unk	Unk	X-3446			35

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 Adresse Name: unknown  
Address: unknown  
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*  
Verified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt. Inf, 6800 QM GR Det

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

# REPORT OF BURIAL

27 February 1946  
Date

Restricted TM 10-670 AND G. AR 30-1815-1000

UNIT X-3447 (St. Avoird, France)

unk. unk.

Last Name First Initial Rank Serial No.  
unk. unk.

Unit PACHEM, Company WC 2585 Organization  
Date of Death 5 to 22 Dec. 1944 Cause of Death Multiple wounds

Place of Death 1030-1 Mar/46 U.S. Mil. Cem. St. Avoird, France. Cause of Death (-260584)

Time and Date of Burial 36 3 Name of Cemetery PP Name or Coordinates of Location

Grave Number Row Number Plot Number 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 "

REBURIAL

What means of identification were buried with the body?  
C.R.S. #1 in bottle

C.R.S. #1 in bottle

PACHEM, Germany map: 1:250,000  
sheet: X-50, Trier, Germany  
coords: WC 2585.

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

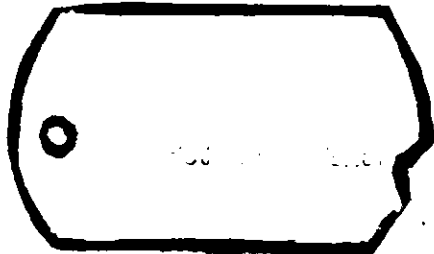
Who is buried on:

Deceased's Right: End of row  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unk X-3446  
Name Serial No. Rank Organization Grave No. 35

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 Adresse Name unknown

Address unknown

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*  
Verified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt, Inf, 6800 QM GR Det

# FINGERPRINT INFORMATION

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

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) If 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, fingers decayed

Right Hand

Left Hand

impossible to take, fingers decayed

Thumb

Thumb

## 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	8																
Upper	7																
Upper	6																
Upper	5																
Upper	4																
Upper	3																
Upper	2																
Upper	1																
Lower	8																
Lower	7																
Lower	6																
Lower	5																
Lower	4																
Lower	3																
Lower	2																
Lower	1																

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

